

**POLICY PRACTICE OF INTER COUNTRY VERSUS  
DOMESTIC ADOPTION BY CHILDCARE INSTITUTIONS:  
THE CASE OF ADAMA TOWN**

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**ADDIS ABABA**

## Declaration

I, the undersigned, declare that **“Policy and practice of Inter country versus Domestic Adoption by childcare institutions: the case of Adama town”** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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## Acronyms

<b>ACPF</b>	African Child Policy Forum
<b>ACRWC</b>	African Charter on the Rights and Welfare of the Child
<b>ART</b>	Antiretroviral Therapy
<b>CBC</b>	Community Based Care
<b>CRC</b>	Convention on the Rights of the Child
<b>FHI</b>	Family Health International
<b>GOE</b>	Government of Ethiopia
<b>HAPCO</b>	Federal HIV/AIDS Prevention and Control Office
<b>HIV/AIDS</b>	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
<b>IC</b>	Institutional Care
<b>ICA</b>	Inter-country Adoption
<b>MOLSA</b>	Ministry of Labour and Social Affairs
<b>MOWA</b>	Ministry of Women's Affairs
<b>MTCT</b>	Mother to Child Transmission
<b>NGO</b>	Non-Government Organization
<b>OVC</b>	Orphans and Vulnerable Children
<b>RFC</b>	Revised Family Code of 2000
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNICEF</b>	United Nations Children's Fund
<b>WCAO</b>	Women and Children Affairs Office

## **Abstract**

The thesis is study of policy practice of domestic and inters country adoption by childcare institution, the case of Adama city administration. Globally, the current trends of adoption practice shows domestic adoption is increasing in developing countries and decreasing in the developed countries. Whereas, inter country adoption is decreasing in developing countries, but increasing in developed countries. However, in the case of Ethiopia in general in Adama in particular, the practice maintained an opposite order. With this insight, this study is devoted to assess the current practices of domestic and inter country adoption, its advantages and disadvantages, analyze the government and NGOs preference among the two alternatives, analyze the existing policy frame works/guidelines and their implementations, and to assess the positions of the cultural childcare practices in the study area

Methodologically, the research employed qualitative research paradigm. Primary data were collected by formal interview, observation, case history, document analysis, and focus group discussion, supplemented with secondary sources.

Currently there are eight childcare institutions in the city administration under taking alternative child care service. The research reveals that, regardless of its numerous disadvantages, inter-country adoption is currently the most popular trend among other childcare alternative. This is found to be because of four main source; 1) the preference of inter-country adoption by most child care institutions, and 2) lack of awareness by birthparents, adoptive children, and the local people, as well as 3) due to the prevailing economic deficiency. The last but not least, is due in adequate monitoring on the implementation of existing policy and guidelines by concerned government and non-government organizations in the study area.

The research findings also show that there are legaldraw backs in which the guide lines contradict one another in some cases, and there is defieciency by concerned bodies in the implementation of these polocies and guidelines. Lastly, the study showed that, though it is full of limitations, modern adoption has managed to significantly undermine the customary practices.

## CHAPTER ONE

### 1. INTRODUCTION

#### 1.1. Background

The recent decades have seen the rise of significant efforts to developing standards and guidelines that promote family-based alternative care for children deprived of their family environment. Recognized by the United Nations General Assembly in 2009 and the United Nations Convention on the Rights of the Child (CRC), the '*Guidelines for the Alternative Care of Children*' (my emphasis) have already been instrumental in promoting worldwide legal and policy changes in the best interests of the child. For instance, articles 19, 24 and 25 of the African Charter on the Right and Welfare of Child (ACRWC) also encourage the establishment of alternative care systems for children deprived of their family environment. Explicitly, article 25(3) states that, "When considering alternative family care of the child and the best interests of the child, due regard shall be paid to the desirability of continuity in a child's upbringing and the child's ethnic, religious, or linguistic background" (Struckenbruck, 2013: 1-2). The idea of upbringing a child in his/her ethnic, religious, and linguistic background provides a strong connection to the concept of adoption.

The concept adoption is, however, a contentious one that it renders different meanings and conceptualizations across time and disciplines. For instance, Family Health International (2010) defines adoption as a social and legal process whereby a child is officially and permanently placed with a parent or parents other than their biological mother or father. For others, it is considered as one of the oldest social institutions, which historically occurred primarily to preserve and transmit family lines or inheritance, to gain political power forge alliances between families (UN, 2009: xv). The meaning of the term adoption also appears to have fine tuned over years in a sense that after the mid nineteenth century it is recognized as a means of promoting children's welfare by the principle of ensuring the best interest of the child. Today, adoption is defined as a child protection measure rather than a kinship institution (Ouellette, 2009:69). The term adoption is also variably defined in various academic and legal contexts (Ayalew 2002). In most legal literature, for instance, it is used as a form of contracts between parties to establish relationship of parent and child; whereas its sociological definition

connotes an institutional practice through which an individual belonging by birth to one kinship group acquires new kinship ties (ibid:54).

Defining adoption in all satisfying way, thus, is not an easy task; neither is it simple to provide meaning in a clear manner. By the same token, different types of adoption can be identified. This study however deals with two types of adoption: domestic and inter-country adoption. It is important to define these terminologies as both lay the founding bricks for this particular research. Accordingly, domestic adoption refers to an adoption in which the adoptive parents and the adopted child are of the same nationality and have the same country of residence. Inter-country adoption, on the other hand, refers to an adoption that involves adoptive parents from one country and an adopted child from another country (FHI, 2010, xv).

Ethiopia is also among countries in which adoption is recognized. This is so because there are sizable numbers of children who are without family care owing to different factors. Particularly, such problems as poverty and HIV/AIDS are considerably significant which compels Ethiopia to become signatory of different international and regional conventions, charters, and protocols concerning child right. To mention a few, United Nations Child Right Convention in 1991 and the African Charter on the Rights and Welfare of the Child in 2002, in which the later was published as the official law of the country on the proclamation number 283/2002 (UNICEF 2012:15).

Published in Negaritte Gazette as proclamation number 283/2002, the official law of Ethiopia on adoption obliges the country to provide necessary care and support for orphan and vulnerable children in the country by taking different measures. Thus, the government of Ethiopia is working on the issue by setting a number of regulations and guidelines to provide care and support for those orphan and vulnerable children. Designed and prepared by Ministry of Women's Affairs in the year 2001 and later revised by the Ministry in 2009, alternative childcare for orphan and vulnerable children is one among these guidelines. The guideline puts five options in which partners and stakeholders have to work on by prioritizing the alternatives. These alternatives are: 1) Community based care, 2) Reunification and Re-integration, 3) foster care, 4) Adoption and 5) Institutional care. Among these, the present study focuses on the fourth option, further divided into two parts: domestic and inter country.

According to UNICEF (2012:1) the population in Ethiopia is generally characterized by a very young structure, with children below the age of 18 years accounting for 52% of the national population out of which Oromia encompasses 34.5 percent of the total population (UNICEF 2012:5); where the number of children below 18 years old are counted for 52% of the total population of the region which is estimated to 16 million (Oromia Bureau of Finance and Economic Development, 2011:21). Consequently, the number of children living in difficult circumstances is noted to be significant due to social, economic, political as well as cultural factors (Oromia BOFED 2011:4). Currently, it is estimated that there are about 1.5 million orphans and vulnerable children, out of which 800,000 have lost their parents due to AIDS (Oromia Women and Children Affairs Bureau, 2012:5). Nowhere this is more considerable than in towns like Adama, which is chosen for the study area.

Adama is one of the towns found in the Oromia National Regional State in which large number of orphan and vulnerable children highly concentrated. According to Oromia BoWCA report (2011:2), there are 24,417 orphan and vulnerable children found in the town. In order to address the problem, childcare institutions are working in the town by signing project agreement with concerned sector offices of the town (Oromia BoWCA, 2011:7). These institutions are expected to give due consideration for all five alternative childcares mentioned hereinbefore, as set in the national guideline. In this study, the intended focus is to analyze the policy and practice of domestic and inter-country adoption as alternative childcare for orphaned and vulnerable children by childcare institutions found in Adama town.

## **1.2. Statement of the problem**

Adoption choices are made within particular constraints of adoptive parent characteristics, such as socioeconomic status, marital status, and sexual orientation, which inevitably impinge on the characteristics of the children available to potential parents to adopt like their gender, race, and nationality, and if they have special needs (Stolley, 1993, Feigelman and Silverman, 1997). For instance, international adoption is expensive, while domestic public adoption through the foster care system is free regardless of child's age or other characteristics (Maldonado, 2006).

According to Selman (2009: 44), even though until recently the number of children adopted from Ethiopia were very low, there has been a remarkable change in the last few years as the inter-

country adoption as alternative care is growing from time to time. For instance, between the years 2003-2010 Ethiopia has sent 22,221 children for inter-country adoption. Further, Selman argues that in year 2005 and 2006, Ethiopia was next to China in the number of children placed with European adoption agencies, and fourth to France. In the year 2006 alone, Ethiopia sent 732 children to the United States only and the number of children sent worldwide had grown to over 2,000 in the year (Selman, 2009:44). Particularly in the year 2011, the country sent 3000 children to foreign countries. Similarly, according to another source, in the year 2011, Ethiopia was the leading country among the top five African countries of origin to USA, France, Sweden, and Italy for inter-country adoption (ACPF, 2012:10). Both sources indicate that Ethiopia is one among the leading countries in sending children to inter-country adoption and now it marks as a major source of children for many countries. In terms of average, the country sent 2469 children per year from 2003 to 2010, and even this increased by 531 in 2011 (Selman, 2009:44).

In similar vein, Oromia BoWCA (2011) report reveals that Oromia in general; and the study area in particular takes the lion's share in this regard from where children are prepared for inter-country adoption. For instance, in the year 2013, 400 children were sent for inter-country adoption and only 12 children were adopted locally through the childcare institutions (Oromia BoWCA, 2013). Adama town is the leading municipality by the number of childcare institutions among zones and towns of the region. It hosts eight institutions (Oromia BoWCA, 2013:12). Out of these institutions, seven of them are working on both inter-country and domestic adoption and only one institution is working on domestic adoption alone. As this data shows domestic adoption is very low, while inter-country adoption is getting higher; irrespective of the national guideline that clearly pronounces that domestic adoption is more preferable than inter-country adoption.

On the other hand, according to United Nations (UN) (2009), while the number of domestic adoptions has been declining in many developed countries; several developing countries have experienced an increase in the number of domestic adoption, partly because of the implementation of policies to encourage local residents to adopt. However, in Ethiopia, both the number of inter-country adoptions and their share among all adoptions have been increasing (UN, 2009). These points also inspire another inquiry, to analyze and assess the Ethiopian and or the Oromia alternative childcare guidelines and its implementation as the

reality on inter-country adoption differs. Thus, to what extent the process of adoption is carried out in accordance with the national and international Conventions.

Correspondingly, many scholars have conducted researches on the issues of alternative childcare for orphan and vulnerable children. To mention a few; ‘*Guddifachaa* practice as child problem intervention in Oromo society’ by Dessalegn, (2006), ‘Community response for orphan and vulnerable children in Guagua town’ by Yohannes, (2006), ‘Birth families and inter-country adoption in Addis Ababa Ethiopia’ by Brittingham, (2010), ‘Improving care options for children in Ethiopia through understanding institutional child care and factors driving institutions’ by (FHI, 2010), Ayalews’ (2002), *Guddifachaa*: adoption practice in Oromo society with particular Reference to the Borana Oromo and ‘Child adoption: trends and policies’ (UN, 2009). Of these, four of them are found to necessitate further explication, which I shall turn to now.

To begin with, Dessalegn (2006:19) objectively adhered to collect and document valuable socio-cultural practices data in solving the problems of children, particularly *guddifachaa*; why it is practiced, whether its practice is community based problem intervention system and factors influenceing *guddifachaa*. By arguing that *guddifachaa* implies adopting a child by satisfying the economic, legal, and social rights, he presents about its practices as community based child problem intervention. He also establish how to create better environment for the next generations, how the Cultural knowledge and practices revitalized within the existing social structures. Through his research, he attempts to define the social work profession within the country’s socio cultural context. He suggested to focus on *guddifachaa* as the practice requires less resource, skills, and less expertise in the process.

The major objective of Yohannes (2006) was to come up with inputs for designing community-based programs and strategies to address the problem. Accordingly, he discussed the causes of vulnerability and current situation of OVC and caregivers; options to current problems and sustainable response, alternative and comprehensive care and support and integrative response, collaboration and scaling up of goods practices. Brittingham’s (2010) research is aimed at establishing the circumstances in which birth families relinquish their children for inter country adoption in Ethiopia; whereas Ayalews’ (2002) study is to document the indigenous *Guddifachaa* practices as ethnographic document by investigating and examining the beginning,

use, practices, and kind of, *guddifachaa*, in general and its role as advancing child protection and care and support in Oromo culture.

However, as far as the scanning of these literatures goes, none of these researchers analyzed the policy and practice of the two kinds of adoptions; inter country and domestic. The research works are far from answering the questions related to analyzing the policy and practice of domestic and inter-country adoption, which this study tries to fill. Further, this study took another step in briefly analyzing the role of the modern adoption practice in undermining the traditional adoption. Central to this research is thus addressing the following research questions.

### **1.3. The Basic Research Questions**

This research attempts to address the following basic research questions.

1. How do institutions in Adama practice adoption of orphaned and vulnerable children?
2. To what extent domestic and inter-country adoptions are practiced in Adama context?
3. How the existing policies and practices on adoptions are being implemented in order to solve the problems of orphan and vulnerable children in the study area?
4. What is the status of customary childcare practices/*Guddifachaa*/ in the modern adoption policies and practices in the study area?

### **1.4. Objective of the study**

#### **1.4.1. General objective**

The general objective of the study is to compare and contrast domestic and inter country adoption through examining policies and practices in addressing OVC problems in Adama city administration.

#### **1.4.2. Specific objectives**

The study aimed to meet the following specific objectives:

- To explore the current practices of domestic and inter country adoption in the study area.
- To identify and analyze the dominant types of adoption practiced by childcare institutions in Adama city administration.

- To explore and examine the existing policy practice and its implementations by childcare institutions on inter-country and domestic adoption in Adama city administration.
- To assess the positions of the cultural childcare practices in the environment dominated by modern adoption policies and practices.

### **1.5. Significance of the study**

The study would have both academic and applied significance. Academically, this study is believed to contribute positively to the knowledge in the study of childcare practices in Ethiopia by comparing and contrasting the two kinds of adoptions; inter country and domestic. It is believed to provide a brief and reliable account on the policy and practice of both adoption types. It is also believed to serve as a useful for those individuals interested to carry out in-depth studies on similar topics. In the applied sphere, it can also help governmental and non-governmental organizations which are working on orphaned and vulnerable children, the policy makers, the administrative bodies, Women, Children Affair departments, and other concerned bodies by providing useful information and analysis based on comparison of the two alternatives. Above all, the study would contribute a useful glimpse in preventing the problems, which could be encountered during choosing the appropriate alternative cares for orphaned and vulnerable children care and support program.

### **1.6. Scope of the Study**

The study is delimited to cover eight childcare institutions based in Adama town, the capital of Eastern Shewa Zone, Oromia Regional State focusing on comparing and contrasting domestic and inter-country adoption policy and practice implemented by childcare institutions as alternative care for vulnerable children in the town. Adama town is located at about one hundred kilometers East of Addis Ababa, the capital of Ethiopia and Oromia. The study mainly focused on childcare institutions, which provide alternative care for orphan and vulnerable children the town.

## **1.7. The Research Methodology**

### **1.7.1. The Research Design**

With the purpose of giving qualitative explanatory insights into the issues under scrutiny and to address the afore-listed research questions; I employed a qualitative research paradigm. Qualitative approach is employed to elaborate details of phenomena that are difficult to convey with quantitative methods (Strauss & Corbin, 1990). I emphasized the quality, depth, richness, and understanding of adoption practices, instead of the statistical representativeness and scientific rigor that are associated with quantitative techniques. Following the argument of Cousins and Milner (2007); and Grover (2004), I used qualitative approach that offers the opportunity to contribute directly to the research process rather than simply being an object of study (cited in Aitkin, and Herman, 2009). Thus, I have tried to present the voices of the participants in the study. As Strauss and Corbin (1990) argue, the paradigm helped me to uncover and understand what lies behind the current phenomenon of adoption of orphaned and vulnerable children in the study area. It also helped me understand the natural context of the children's life and the interpersonal and psycho-social influences from their perspectives, experiences and actions.

The aim of the research is to compare the practices of inter country adoption versus domestic adoption as an alternative cares for orphan and vulnerable children in Adama, Oromia. Thus, it embodies the logic of comparison in that it implies that we can understand social phenomena better when they are compared in relation to two or more meaningfully contrasting cases or situations (Bryman, 2004:53). As a result, the major units of analysis of this study are childcare institutions and individual children who are currently benefited from domestic adoption and post placement report of children placed in inter-country adoption. The study has been conducted by using various data collection instruments, such as interview, focus group discussion, case history, observation, and document analysis.

### **1.7.2. Sampling Technique**

In this research, I used purposive sampling while selecting participants to gain rich information to fit the study. The participants of the research are adoptive children's, adoptive parents, biological parents, childcare institution staffs, Women's and Children's Affairs experts, Judges, police officers and selected community members. Following Hancock's and Bob's (2006:39), argument, I have also identified key participants in condition whose knowledge may provide important insights regarding my research questions. Thus, to meet my objectives, I selected 12 key informants by the purposive sampling method and interviewed in detail. The key informants were selected from all categories of the participants.

### **1.7.3. Methods of Data Collection**

According to Aitken and Herman (2009), since there is no single perfect method or tool of assessing the experiences of the contemporary adoption practices, I attempted to use combination of various methods to investigate the problem deeply, and to ensure validity and reliability of the data. Hence, based on the above-mentioned principle, I used the following data collection techniques: observation, interview, focus group discussion, case history, and document analysis. To complement the data further, secondary data from different books, published and unpublished dissertations and thesis, bulletins, journals, articles and other relevant materials were collected in line with the study's objectives. It was with a belief that data from secondary sources supplement the primary information that enables me to recognize the gaps in the study.

#### **1.7.3.1. Observation**

Throughout different sociological and anthropological works, observation has been witnessed as an essential method to grasp first-hand information from actual natural settings (Bernard 2006:344). Observation aims to produce detailed, qualitative descriptions of human behavior that illuminate social meanings and shared culture (Foster 2006:62). Accordingly, I observed the whole setting of the daily life, and ways of lifecycle of those children who live in the childcare institutions in Adama town. I also observed the procedure, type, quality and the way the institutions treat and provide services for 'their' children, which helped me get insight on the works of the institutions

### **1.7.3.2. Interview**

An interview is a method of data collection, information, or opinion gathering that specifically involves asking a series of questions (Davies, 2006: 157). In this interview helped me to follow up, probe responses, motives and feelings, and observe my respondent's nonverbal interactions, facial expressions, and gestures that enriched the data. To this effect, I employed the semi structured and unstructured interviews. In semi-structured one, I prepared predetermined interview questions and asked my respondents in a specific order in which my respondents develop ideas and speak more widely on the issues I raised. In the unstructured one, however, I set some broad parameter for a discussion with my respondents. Since my respondents include adoptive children, I gave certain instructions and some specific question to be posed for them. Accordingly, I conducted 32 interviews with respondents. I identified and conducted twelve key informants' interviews: from Women and Children's Affairs Office, adoptive parent, Police office, Court, childcare institutions staffs, *kebele* level child right committee and from community members.

As regard to gender composition of the respondents, there are eleven females and nine male informants. My key informants include six females and six male respondents. Regarding their age composition, as I selected informants in condition whose knowledge may provide important insights about the issues of the study because of which most of my respondents were young people and children For the sake of confidentiality, real names are replaced with pseudo names in this research.

### **1.7.3.3. Focus Group Discussion**

Focus group discussion (FGD) is another method, which was used in this research. Focus group consists of a small group of people, usually between six and nine in number, who are brought together by a trained 'moderator' (the researcher) to explore attitudes and perceptions, feelings and ideas about a topic (Denscombe 2003:167-169). The selected discussants converse on the selected issues that enable me to clarify the soundness of gathered information through other primary methods. I believe that a focus group discussion provided relevant insights because the discussants generate what they know freely through brainstorming .Thus, two FGD sessions have been conducted for this study. For each FGD, as per the rule of FGD, six discussants were

selected from stakeholder informants, based on their experience and good will to discuss the issues.

### **1.7.3.3. Case History**

From interview results, I have come across case histories of the adopted children and adoptive parents. Three case histories were presented to highlight the practices modern legal adoption and the place of customary childcare practices. Individuals' life histories are provided to illustrate the subject. Life histories show also the way different forms of adoption are practiced and their consequences. The case histories are believed to demonstrate an ongoing process and future trends of adoption.

## **1.8. Document Analysis**

One of the purposes of document analysis in qualitative research is to explain causal factors related to some outcomes, actions, or events. It also served to supply pieces of information that are helpful in evaluating or explaining social or educational practices (Best, 2003). In this study, document analysis was done. Thus, such documents as institutional records and reports, different convention documents and reports on different seminars and workshops were consulted as scrupulously as possible. Similarly, different documents from Ministry of Women, Youth and Children office; Ministry of Labor and Social Affairs Bureau and other regional and zonal level offices were critically scrutinized and analyzed.

## **1.9. Data Collection Procedure**

As soon as the department of Social Anthropology approved the topic, literatures related to the topic were reviewed. Then research questions and objectives of the study have been identified, clarified and checklist was prepared. Detailed interview guide was administered and data was collected. The data collection instruments (interview guide, systematic observation, focus group discussion) were prepared in English and translated into the local languages (*Afaan Oromo and Amharic*). Prior to entering the scene, however, I made all necessary arrangements. Accordingly, since I realized it is necessary, I asked the Department of Social Anthropology to write a support

letter for me that helped the participants understand who I am and what the purpose of the study is.

While executing the fieldwork, interviews were made by going where the respondents are: childcare institutions, offices, and homes. After asking the willingness of these participants, I made an appointment based on a personal visit. Thus, the interview sessions were arranged based on the convenience of the respondent. Two Focus Group Discussion (FGD) sessions were held with stakeholders: workers from government offices and institutional workers were the medium of instruction is changed to Amharic, because some of them are from Amharic native speakers. I was the facilitator in keeping group discussion on track. Its purpose was to gather and have the overall perception of participants and it helped me to cross check information that was collected during the interview and other data collection tools.

#### **1.10. Method of Data analysis**

Since there is no appropriate set of rules of analysis or simple guidelines, which guarantee good results, the main difficulty I encountered was what to do with the data after it has been collected. However, following Sapsford's and Jupp's, (2006: 251-2) suggestion, the first task I did was assigning data to categories and developing the categories at the same time. The process entails mutual fitting between data and categories; then. The dynamic process focuses on the links between the problem, research design, strategy, research techniques, and theories (Bryman, Alan and Burgess, G. Robert, 2002:2). As making sense of information is a continuous process with the researchers' investigative progress (*Ibid*), I used a multidirectional interaction between the conceptual and empirical world, deduction and induction occurring at the same time in the processes of data analysis. I continuously examined and interpreted the data in order to reach conclusions by focusing on the research questions. Thus, I employed major idea analysis or thematic analysis techniques and content analyses by involving necessary element of creativity. Since thematic and content analysis is a descriptive presentation of qualitative data, data are displayed using qualitative descriptors and provide quotes from respondents throughout the report. In the process, I followed every data collection by analyzing concurrently by starting data analysis immediately after data collection. Reflection was made on every response through interpretation. In summary, the design and methods discussed allowed a holistic approach towards the study.

### **1.11. Ethical Consideration**

Prior to participation in the study, it is important for all participants to understand why the research is being done and what their participation will involve. Selected participants were given information sheet of the study mentioning aims of the study, eligibility to participate in the study, possible risks and benefits of participating in the study, and concerns with regard to data keeping and confidentiality issues. All of them were informed that participating in the study is voluntary and anonymity of their responses would be maintained. Copy of the information sheet was read or given away to those who agreed to participate in the study. Participants who were informed about the study were invited to participate in the study by signing on the informed consent. Before the actual utilization of the research techniques, I asked the consent of respondents to be part of the research issue and explained to the respondents that there is no power variation between them and me. In addition I told them that the purpose of the research and confidential aspect of the information. I am familiar and have smooth relationship with childcare institutions, since I am working in Oromia Women and Children's Affairs Bureau, which helped me to be welcomed by Childcare Institutions staff. They provided me with necessary data without any reservation. However, I tried my best to separate my official relation from the research.

Concerning the issue of confidentiality, despite the fact that some researchers argue instances when a researcher ought to breach confidentiality in the public interest (Sandelowski, 1994), in this thesis, I used pseudonyms for the quotes. As regard to privacy, I did not probe into areas that interviewee prefer to keep private. Similarly, as to informed consent, I found that it is important to make the participants know about the research and the privacy and confidentiality "rules" before being interviewed.

## **1.12. Limitations of the Study**

This research has several limitations. The most glaring and first and the most crucial limitation is lack of necessary data on internationally adopted children. The second limitation is related with the targeted population of this research. Since the direct participants of the research are supposed to be OVC children who cannot speak out the necessary information about themselves, I was forced to include wider stakeholders whose ideas are vigorously far apart from one another to participate in the research. This makes it challenging to negotiate the multisided arguments and smoothly analyze the attained data. Together with the above-explained limitations, the limited research resources enforced me not to claim my study is complete, exhaustive, and comprehensive.

## CHAPTER TWO

### 2. REVIEW OF RELATED LITERATURE

This section provides relevant review of literature from secondary sources of data. In so doing, I have surveyed different documents that are capable of informing about the overall issues of the topic as well as other supplementary issues that enrich our understanding of the subject matter. Thus, based on the research objectives and the research questions, I have identified various sub topics, that provides relevant information about the theoretical and empirical backgrounds as well as assumptions that are related to the purpose of the study.

#### **2.1. The Trends of Childcare in Africa**

Many Anthropologists study the life of aboriginal African families. Among these are Korbin (1981), Kilbride and Kilbride (1990), and LeVine (1994) studied the pattern of childcare and the effects of contemporary socioeconomic developments on indigenous family support system in sub-Saharan Africa. They have also discussed that Western legal systems and concept of human rights was also introduced after colonization and independence of most of African countries, which function along with customary law and cultural tradition across the continent (Stuckenbruck, 2013: 7). Stuckenbruck adds, since most of the Sub-Saharan African countries are characterized as agrarian society, children's have played a great role in continuation of the lineage, inheritance of land, reproduction, and labor for the family's livelihood. Hence, children have played important role in social reproduction of a given society; there is a variety of childcare systems in African societies. Families who were unable to bear their own child often adopt or foster their relative's child with motives of harmony and accountability towards the clan, thus the family escape the natural shame of infertility (Stuckenbruck, 2013: 7-8).

This illustrates that family ties and kinship structures are still central in African societies and children belonging to a certain community who cannot be raised by their own parents will most likely be raised within their clan. Kilbride and Kilbride confirm that, community, family, clan, lineage, or ethnic group has priority over the individual (1990:34). This is to mean that; parent has children for their social group. As a result, children are raised as social persons, who will be properly oriented to the group, its ancestors, and the needs of their own parents.

Similarly, in Ethiopia, traditionally there were different forms of alternative care for orphans and abandoned children. Through such mechanisms, children were adopted by people who had no children of their own, by those who wanted to help destitute families, or by those who wanted to strengthen their relation with other unrelated families. Generally, the act was sacred, and the adopters considered the adopted child as their own offspring. However, in the recent years we have seen significant efforts by the international child protection community to formalize and develop standards and guidelines to promote family-based alternative care for children deprived of their family environment (ISS/IRC, 2006:13).

## **2.2 Alternative Care Services for Orphan and Vulnerable Children**

Different literature provides diverging definition for alternative childcare. Hence, according to Article 20 (2) of the Convention on the Rights of the Child (CRC), alternative care accords children who are deprived of their family environment, or whose own best interests prohibit being allowed to remain with their family, the right to alternative care. Further, alternative childcare services are services that are set by government in order to address orphan and vulnerable children in the society. Thus, the purpose of alternative care is to protect and nurture children by providing a safe, healthy environment with positive support, with the aim of reunifying the child with his/her family or permanent placement depending on his/her situation and best interests. There are different alternative care services for orphaned and vulnerable children which I shall discuss each as follows.

One of the alternative care services for orphaned and vulnerable children is community-based care for orphan and vulnerable children; which many scholars have defined in different ways. For instance, David Tolfree puts forth the definition of community-based care as “a range of approaches which are designed to enable children either to remain with their own (or extended) families and to prevent the need for separation, or to be placed with an alternative family, if possible within his or her community” (2009: 10). Similarly, the Ethiopian alternative child care guideline also defines it as an alternative care designed to provide comprehensive service to protect the rights of orphan and vulnerable children by mobilizing community assets by utilizing and using traditional helping mechanisms of the community (MOWA, 2009:14). From the above definitions, thus, one can understand that community-based childcare is an alternative care that

provides care and support to the children in difficult circumstances within the community by mobilizing community resources and assets.

The other alternative care for orphaned and vulnerable children is family reunification and reintegration. It is a process of reunifying children who are separated from their families due to different causes (MOWA, 2009:34). Such different causes as natural disaster, armed conflict, civil war, earthquake and economic deprivation and HIV AIDS epidemic might be attributed (ACPF, 2012:51). According to African Child Policy Forum report, reunification, and reintegration can take place during the occurrence of social crisis. In the report, there stated UNICEF's report that indicates 7,010 Kenyan children to have been reunified with their families who were separated during the 2009 country's election related crisis.

On the other hand, foster care is a family-type child protection procedure taken into the child's best interest, which provides care within a family other than the natural one by a person especially selected and trained for this purpose (MOWA, 2009: 28). According to the guideline, foster care is more advantageous than institutional care because it places child in a family environment than in an institution (*ibid*). Accordingly, sending a child to inter country adoption or putting a child in an institutional care is not preferable to foster care option. Institutional care is placing orphan and vulnerable children who have no care providers in institutions (ACPF, 2012: 21).

According to African Child Policy Forum, adoption is one of several alternative cares in which societies throughout the world allow a child who is unable to stay with his/her parents due to different causes to be grown up in a stable family based environment (2012: 1). It is commonly practiced in different parts of the world. However, definitions of adoption vary from country to country and culture to culture. For instance, in the Ethiopian context, the country's alternative childcare guideline defines adoption as "childcare and protection measure that enables an unaccompanied child to benefit from a substitute and permanent family care" (MOWA, 2009:8).

## **2.2. Adoption as Alternative Care for Orphaned and Vulnerable Children**

In the past, adoption was regarded as the means for preserving family lineage, enabling the continuation of ancestor worship, creating political alliances, and ensuring care for the adoptive parents in their old age (UN, 2009: 5). From anthropological point of view, the study of adoption

is related to the study of kinship system. Most anthropologists argue that kinship derives from socially defined relations, interactions, behaviors, attitudes, networks of ties between human groups. The structural functionalist, Radcliffe-Brown (1950:4), for example, states that ‘kinship therefore, results from the recognition of social relationship, between parents and children which is not the same thing as the physical relations and may or may not coincide with it’. For anthropologists, besides biological connections, kinship refers to socially and culturally constructed networks of relations among people.

Most anthropological discourse on kinship looked at it as culturally constructed social structure. They have attempted to establish different means by which kinship is formed and the way it functions in the society. Accordingly, kinship relations are formed in at least three ways: blood ties (consanguinity), marriage (affinal) and varieties of fictive or artificial ways. Blood ties and marriage are the two major ways of forming kinship (Morgan 1877:404-5) and adoption is one of various ways of forming fictive kinship. Fictive kinship is formed and shaped by beliefs, values, customs, and other socio-cultural influences. Anthropological inquiries show that depending on cultural variations fictive relations are established through rituals or spiritual parenthood, fosterage (Goody 1973: 182) and adoption (Morgan 1877:80) among others.

However, as the purpose of adoption changed through time, the norms regulating adoption have also shifted over time. In many early laws, for instance, person with children of their own, individuals of reproductive age and women were not allowed to adopt. Unlike in the past, when adoption was regarded as the means of preserving family lineage and ensuring care for the adoptive parents in their old age, today adoption is undertaken mainly to provide a home for children deprived of parental care and to satisfy the needs of individual or couples to care for a child (Goody, 1969: 55). Further, ancient laws often did not permit the adoption of minors, clear evidence that the welfare and best interest of children were not the paramount consideration in the decisions related to adoption. Nevertheless, ancient legislation is the source of many of the key features of modern adoption laws, including the acquisition by the adopted person of the name of the adoptive parents, the right to inheritance from the adoptive family and the termination of the adoptive parents’ guardianship rights (UN, 2009: 5).

### **2.3. Adoption in Ethiopia**

Ethiopia has long history of culturally caring for children in the community. According to ISS/IRC (2006), traditionally different forms of alternative care existed in the country for orphans and abandoned children. Customary ‘*guddifachaa*’ practice which has the central socio cultural welfare among Oromo people can be taken as indigenous child problem intervention (Dessalegn, 2006:9). However, Ethiopia is currently practicing two types of adoptions; inter-country and domestic adoption. In section to follow, I will try to discuss the practices of each type of adoptions one after the other.

#### **2.3.1. Domestic Adoption Versus Inter-country Adoption**

It is contended that domestic adoption has no accepted definition. However, most of the time it is characterized as all those adoptions that do not involve an inter-country adoption procedure. In domestic adoption, therefore, there is no expectation that the adopted child will have to change country of residence because of the adoption (UN, 2009:65). According to FHI’s (2010) definition, domestic adoption is an adoption wherein the adoptive parents and the adopted child are of the same nationality and have the same country of residence (FHI, 2010).

On the other hand, inter country adoption is one of a range of options used to provide permanent care for children who are unable to live with their birth families due to different reasons. It involves a change in the country of residence of the adopted child. Because such a change of residence is an essential part of an inter-country adoption, both the country of origin and destination require procedures allowing the migration of the adopted child from one to the other. The placement process for inter-country adoption varies depending on the adoption agency providers they choose, the child’s country of origin, and whether or not the country is a party to the Hague Convention. As a child becomes available for adoption, he or she is matched by an adoption service provider with prospective parents who can meet that child’s needs (Child Welfare Information Gateway, 2010). The country of destination in particular, must have in place laws or regulations for the admission of foreign children for the purpose of adoption. Usually, those laws establish the conditions under which citizen of the country in question may secure the admission of a foreign child coming from abroad for the purpose of adoption (UN, 2009:65).

When compared, inter-country adoption differs in several significant ways from domestic adoption. Children eligible for inter-country adoption must have lost their birth parents to death or abandonment, or the birth parents must prove that they are incapable of caring for the children. In some cases, children adopted through inter-country adoption may have been raised in orphanages or institutional settings. There is generally less information about a child's birth and family history than in domestic adoption. Children adopted from another country, especially older children, will require sensitivity to their change in culture, including (possibly) language, food, customs, societal expectations, etc (Child Welfare Information Gateway, 2010).

In regards to the implications of developments and recent trends of inter country adoption (ICA) worldwide, Selman (2009) contends that the number of inter-country adoption has increased globally starting from the early years of the twenty-first century. He adds, even though the number of children adopted from Ethiopia was very low until recently, the country is characterized by dramatic change in sending children for inter-country adoption in the last few years (Selman, 2009:44). Thus, Ethiopia now features as a major source of children for many countries.

### **2.3.2. Guddifachaa: A Local Alternative Care in Ethiopia**

*Guddifachaa* is one of the best known of the traditional childcare in Ethiopia. It is a voluntary system of local adoption (Madhavan, 2004). Madhavan describes *guddifachaa* as voluntary arrangements “made between biological and foster parents that accord with cultural norms about child rearing.... [that] often takes the form of informal fosterage rather than formal adoption” (Madhavan, 2004:144). Similarly, Dessalegn argues that *guddifachaa* is one of the common cultural practices of caring for children, supporting, and protecting children's right used by Oromo society for a long period of time (2006:7). Dessalegn further asserts that the primary purpose of practices of fostering and adoption in Ethiopia has been “to enable childless couples to have children.” Extended families, the neighboring clans, or relatives are also ready to help orphan and neglected children (Dessalegn, 2006:32). Ayalew (2002) also argues that there are strong cultures caring for needy members of the community such as orphan children, the sick, the disabled not only by churches and mosques, but also by nuclear, extended family and by the community members. Since the term *guddifachaa*/Adoption/ is inherited from *Afaan Oromoo* language, people practiced it for many years until today, which government heeded to increase

awareness about the issue as good alternatives for orphan and vulnerable child care (Assefa, 1995 cited in FHI,2010: 38).

This being so, there is polarized debate around the capacity of local alternatives to provide placement options for OVC in many countries that place children for ICA. On the one hand, the extended family is considered a highly valued resource for the care of the 145 million orphans worldwide who have lost one or both parents (UNICEF, 2009: 9), and extended families are providing care for more than 90% of orphans in Sub-Saharan Africa (UNICEF, 2003: 15). On the other hand, however, many authors portray the extended family are unable to cope with the growing population of OVC. Advocates of ICA argue that the child's rights are not protected and that the child is deprived of permanency in local alternatives. Other authors highlight the resilience of the extended family and community to provide care and support for OVC and depict local alternatives such as kinship care, community based care, adoption, and foster care to be by far superior to ICA. As the strengths of traditional practices are respected, the child's right to an identity is upheld, there is continuity in the upbringing of the child (Bunkers, 2010:10), and it is more sustainable in the long-term, and many fewer resources are spent on the individual child. At stake, here is thus the current discussion in Ethiopia that (Bunkers, 2010:21) states "efforts has been taken about how to improve government oversight and implementation of alternative care programs, an issue that government authorities and UNICEF have recognized as a priority for the near future".

#### **2.4. The Policy Environment: A Glimpse at Legal Frameworks of Adoption in Ethiopia**

To put this study into policy context, let me briefly discuss the policies that give legal frameworks to adoption in Ethiopia. These legal frameworks to adoption in Ethiopia are broadly categorized into inter-national and national guidelines.

##### **2.4.1. International legal and policy frame works**

Different factors have contributed to the development of a policy environment in Ethiopia that is favorable to ICA. According to Howell (2006), in the early 1970s, Ethiopia began placing children for ICA "when thousands of children were orphaned or abandoned as a result of drought, famine, and severe and prolonged civil wars" (p. 203). The increase of HIV/AIDS cases

in Ethiopia has caused thousands more to be abandoned or orphaned due to the death of one or both parents (Ibid.).

In this regard, Ethiopia has undertaken some important steps towards ratification of some international instruments relevant to children. Among international conventions, the country has ratified the Convention on the Rights of the Child (CRC) in the year 1991 and the African Charter on the Rights and Welfare of the Child. The country is also a signatory to the African Union Social Policy Framework which has informed the development of a draft National Social Protection Policy, which is currently approved by the Council of Ministers. The new Social Protection Policy reflects a major transformation in the way the society of the country cares for its most vulnerable, including children. The policy's focal areas are mainly four; the aim is to protect and care for those that lack the capacity to protect their rights before the law, specifically children, women, the elderly, and the disabled (UNICEF, 2013:2-3).

According to the Fifth Ethiopia Country Reports to UN on the rights of children 2012, in an effort to protect and promote the rights of children with disabilities, Ethiopia ratified the Convention on the Rights of Persons with Disabilities (CRPD) on 7 July 2010. Moreover, Ethiopia signed the Optional Protocol on the Involvement of Children in Armed Conflict on 28 September 2010. In similar way, Several Articles of the CRC relate to the importance of the family environment and the child's right to alternative care if he or she is ever, for whatever reason, deprived of this environment, of which I mainly focus on the two articles (Article 20 and 21) with regard to my topic. Here, Article 20 of the CRC reads:

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

States Parties shall that alternative care for such a child in accordance with their national laws. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural, and linguistic background. (UNCRC, 1989:7)

Another feature of Article 20 is that it includes adoption among the alternative care options to be made available to children deprived of their family environment. This distinct feature of adoption was what led to it being devoted its own Article in the CRC, Article 21 (a) and (b) states that:

“State Parties that recognize and/or permit the system of adoption shall ensure the best interests of the child shall be the paramount consideration and they shall”:

- (a) Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child’s status concerning parents, relatives, and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counseling as may be necessary;
- (b) Recognize that inter-country adoption may be considered as an alternative means of care, if the child cannot be placed in a foster or adoptive family or cannot in any suitable manner be cared for in the child’s country of origin, (UNCRC, 1989:8).

The other is the African Charter on the Rights and Welfare of the Child, which was adopted by the Organization of African Unity (now African Union, or AU) in 1990 but entered into force only in 1999. It has been signed and ratified by African nations of which Ethiopia signed and ratified in 2002. The Charter also recognizes that children separated by internal and external displacements need to be supported with alternative care options like family tracing and reunification. All these characteristics of the Charter indicate that with regard to alternative care, the African instrument also provides protection for children who have the benefit of living in countries that have ratified both the CRC and the ACRWC.

Another important point worthwhile heeding is Article 24 of the Charter, which is entitled with Adoption and is very similar to CRC Article 21 and ACRWC Article 24 (a) and (b): states that: State Parties, which recognize the system of adoption, shall ensure that the best interests of the child shall be the paramount consideration and they shall:

- (a) Establish competent authorities to determine matters of adoption and ensure that the adoption is carried out in conformity with applicable laws and procedures and on the basis of all relevant and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and guardians and that, if necessary, the appropriate persons concerned have given their informed consent to the adoption on the basis of appropriate counseling;
- (b) Recognize that inter-country adoption in those States who have ratified or adhered to the international Convention on the Rights of the Child or this Charter, may, 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.

This clearly indicates that, African Charter on Right and Welfare of Children and UNCRC give due consideration to place orphan and vulnerable in alternative cares, like adoption and this helps Ethiopia, as signatory state develop her own guiding principles on alternative childcare, specially of adoption which is in order.

#### **2.4.2. National guiding principles for child care in Ethiopia**

It can be argued that the FDRE Constitution accords a pride of place to human rights. All the human rights provisions are equally applicable to children. Art 36 provides special rights of children. In a way that resonates well with the OVC, the Constitution in sub article five states, “The State shall accord special protection to orphans and shall encourage the establishment of institutions, which ensure and promote their adoption and advance their welfare, and education.” (FDRE constitution, 1995:11) Apparently, under the Constitution, orphan children have been given special emphasis. The government has the constitutional responsibility of encouraging the establishment of institutions that cater to the rights of children and adoption facilities for those children who lost one or both of their parents.

Concordantly, chapter ten, articles (180-196) of the federal revised family code; deals with adoption in general. Article 191 of the revised family code also highlights the lines of family relationship that are responsible to provide care and support to children who have lost their parents. Where the parents of the child are not in a position to take care of their children, the responsibility to take care of an orphan befalls the grandparents. According to article 192 of the revised family code, where a child is left without any relative that could be guardians, the government, or private orphanages can give the child to adopters. Under this article sub, article 2, the orphanage is responsible in providing necessary information to the concerned government office about the child, how the child admitted to the orphanages, background of the child and socio-economic status of adoptive families (Revised Family Code, 2000:30).

### **2.4.3. Alternative Childcare Guideline for OVC**

The other guidelines, which administer the services provided for orphan and vulnerable children, are National Alternative Childcare Guideline (MOWA, 2009: 2). In this guideline, each alternative has its own objectives, procedures, and laws (MOWA, 2009:38). Regarding both domestic and inter-country adoption, there are set of criteria that govern adoptive parents, eligibility of a child and concerned body's roles and responsibilities. As far as child eligibility is concerned, the child needs to be under the age of 18, an orphan who has no guardian/relatives to take care of him/her, abandoned, willing to be adopted if he/she is ten years and above, or a child whose parent/s or legal guardians give their consent to the court.

Furthermore, one can also adopt a child if he/she has able to produce a document certifying that the applicant's state law is consistent with the legal requirements of Ethiopia on adoption. Adoptive families should also be at least twenty-five years of age and at most 65 years of age. They also has to produce a document from a relevant authority certifying that he/she has an sufficient income to raise the child, he/she is free of any incurable and mental health problem, he/she is free from any criminal activities, a marriage certificate and applicant's spouse to adopt the child, in cases when the applicant is married (MOWA, 2009:41-42).

### **2.5. Theoretical Frameworks**

As this research is mainly a study of institutions rather than child adoption as such, mostly I analyze my empirical data against the international and national policies and guidelines. However, I also found it somewhat important to relate my study to some classical anthropological theories. Thus, I tried to relate to three theories briefly discussed below for the better understanding of the contemporary practices of adoption. The perspectives above differ, but all look at adoption in very practical ways. From the functionalist anthropologist point of view understanding that claims people to have universal biological needs could be applied to both domestic and international adoption. Particularly, Malinowski claimed that the basis of his approach was a set of seven biological needs and their respective cultural responses. Malinowski's seven basic needs are metabolism, reproduction, kinship, bodily comforts, shelter, safety; and their cultural responses are commissariat, movement, growth, health, protection, activities, training, and hygiene respectively. He argued that universal biological needs of human

beings have respective cultural responses; thus, biological foundations are incorporated into all cultures (Malinowski, 1944: 75–84 in Barnard, 2004). In line with this principle, children have basic needs that may be biological or social such as nourishment, shelter, protection, and guidance in early stages. He, the founder of functionalism would then look at how a society has shaped customs and institutions in response these human needs. In our case, these institutions might be both formal (childcare institutions) and informal (cultural institutions such as *guddifachaa*). All of these institutions in response to various personal needs allow for the maintenance of social state.

Thus, adoption from this perspective is two folds. On the one hand, it provides an orphaned child with the permanent home and set of parents who will provide them with nourishment, shelter, protection, guidance and much more. They will treat the adopted child just as they would their biological child. Adoption responds to the needs of children. It advances out of orphanages, out of foster homes and offers them the need to psychological, social, and even biological needs.

From a culture and personality perspective, adoption can be viewed as an attempt to meet normative expectations. According to Benedict (1976:189), in order to understand one's actions, it is essential to examine his/her congenial response to the behavior that is singled out in the institutions in his culture. In Oromo culture, both men and women, although there seem to be more pressure on women, it is the normative personality to adopt an orphaned child. In addition, those individuals or couples who choose not to have children for whatever reason are considered as strange and often not accepted in many community gatherings. This force the couples to be a parent and no couple do not want to be a parent of children in the customary law of the people. Thus, those who are unable to have child biologically, want to have children, to be parents. It is here adoption allows them to inter the adoptive personality. Despite the infertility, they are able to fulfill their personal wish to be a parent and visually show outsiders that they fit the normative expectations. People use to adopt for all sorts of reasons. Some are unable to have children biologically but chose to adopt regardless. (Ayalew, 2002:43)

From the attachment theory perspective, there is a strong causal relationship between an individual's experiences with his/her parents and his/her later capacity to make affection bonds. Attachment theory provides a critical developmental framework for understanding how early and continued close relationships affect the cognitive-affective structures that children use to

construct their expectancies, views of the world, and coping strategies. Second, it helps to understand more clearly the psychopathology that can develop among children when there is an absence of a significant attachment relationship, significant distortions in the quality of care, or traumatic disruptions or losses of attachment in childhood. Third, attachment theory would view adult related issues as centering on thoughts, emotions, and expectations about affection relationships (behavioral systems) as being elicited when experiencing stress, injury, or when frightened. Therefore, the ultimate goal would be to assist the adult in reclaiming psychological and physical wellbeing. Lastly, attachment theory is a valuable approach for improved services to children in the areas of family (parental caretaking), adoption, foster care, and even institutionalized care for children. This is done by informing practitioners, foster/adoptive parents, and policy makers on the implications of attachment theory to a knowledgeable understanding of client related issues and future intervention or preventive planning (Buchanan, 2004:9). Within the child welfare system, especially in adoption, attachment theory has significant implications for the work that takes place between the adoption professional and the family. In addition, it is relevant to prospective adoptive parents.

## CHAPTER THREE

### 3. DESCRIPTION OF THE STUDY AREA

#### 3.1. Geographical Location and Physical Characteristics of Adama Town

Geographically, Adama town is located in the East Shewa zone of Oromia National Regional State, 100 kilometers east of the capital Addis Ababa. Topographically, Adama established in flat area with slight variation of altitude and it has a flat surface that is surrounded by the hills of different land escapes and steep gradients that give numerous panoramic views. The landscape of the town ranges from plain areas in the center of the city to ridges in East and west of the city that are called 'Dabe' and 'Jogo' respectively. Adama has no much irregular physical patterns or topographic land features. Hills and ridges surround the city except in North direction and the remaining parts of the city is characterized by plains. It has an altitudinal range from 1600 to 1700 meters above mean sea level with 100 meters variation.

Referring to geological studies, the urban land management, and development agency of the town, the formation of great East African Rift Valley in the Tertiary Period has great relevance to land formation and geological events around the city of Adama. The town is located in seismic zone of geologically unstable areas of the Rift Valley, and thus, different seismic happened in this part of the country that has registered different Richter scale. The present physiographic of the area is the result of volcano-tectonic activities occurred in the past and thus deposition of sediment largely of fluvial and lacustraine origin (Adama City Administration, Annual Report, 2013:42).

According to data from Adama City Administration Finance and Economic Development Office (Adama City Administration Annual Report 2013:21), climatically, Adama falls in a semi desert climate. Since, the town is situated in the central Rift valley; it characterized by arid and semi-arid type of climate. The high wind velocity moderates the climate of Adama and play significant role in reducing scorching temperature. The towns' annual average of temperature is 21<sup>0</sup>c. Accordingly, there are two distinct seasons; cold season between July and September and the warmer season starts from October to June. Because of the semi desert nature of the town, Adama gets rare rainfall with unpredictable condition. Being bimodal in nature, most precipitation falls from July through September, and the short rain season extends from March to

April with 760 mm annual average. What's more, Adama experiences perpetual high wind speed that mostly blow from East to West from October to December that moderate the debilitating effects of high temperatures in Adama. The presence of this very strong speed of wind-paved way for the installation of wind turbines, alternative energy sources on the skirt of the city at 5 kilometers distance from the center of the city, which is named 'Adama wind farm'(Adama City Administration Annual Report 2013: 37).

### **3.2. Demography: Population size and composition of the Town**

Adama is the most rapidly growing city in terms of population in the region starting from the outset of its establishment due to ongoing urban sprawl, natural growth of population and high level of rural urban migrations. According to the municipality office of the Adama town, the last three consecutive censuses conducted in the country show large increase of population in the city (Adama City Administration annual report 2013:42). The first Ethiopian population and housing census conducted in 1984 shows that Adama city had a population of 77,237. The 1994 census reported that Adama had a total population of 127,842 of which 61,965 were males and 65,877 were females. The 2007 census shows that Adama is the second largest town in terms of population size next to Addis Ababa in the country. Accordingly, it has 222,035 populations with the land area of 133.6 km<sup>2</sup>, which means the overall population density is 1,161.93 persons per km<sup>2</sup>. However, the spatial distribution of population shows difference among different quarter of the city, varying from area to area (Central Statics Authority Population and Housing Census, 2007:576)

The population type of the city is divided into age segment of young, adult and old age. According to the 2007 census, children below the age of 15 years compose 28 % of the total population of the city. The population whose age ranges between 15-65 years constituted 69 % of the city residents and the populations whose age is above 65 years constitute 3 % of the total population of the city. Among these compositions, population whose age ranges from 0-14 and above 65, which accounts for 31 % of the total population is economically dependent group. The remaining 69 % whose ages are between 15 – 64 are believed to be the economically productive group among the total population (Central Statics Authority Population and Housing Census, 2007:16)

Likewise, according to the data from Culture and Tourism of the City Administration, many major towns in Oromia, Adama encompasses different ethnic group with diverse cultures. The four largest ethnic groups that have the lion share in Adama population are the Oromo (39.02 %), the Amhara (34.53 %), the Gurage (11.8 %) , the Silte (5.02) and other ethnic groups accounts for (9.45 %) of the population. Accordingly, the widely spoken, understood and commonly used languages in the city are Afaan Oromo and Amharic ((Central Statics Authority Population and Housing Census, 2007:51)

In respect of religious composition of the population, according to the 2007 population and housing census the majority of the inhabitants are followers of the Ethiopian Orthodox Christianity and Islam. As a result, the two major religions in the city are Orthodox Christianity and Islam, which account for 63.6% & 24.7 % respectively. The town culture and tourism office data show that the rest of the city residents are Protestant, Catholic, Traditional and others religions followers, which constitutes 10.6 %, 0.4 %, 0.3 % and 0.4 % respectively. Accordingly, there are 36 mosques, 21 evangelical churches, and 14 Ethiopian Orthodox Churches in the town (Central Statics Authority Population and Housing Census, 2007:38)

### **3.3. The Historical Emergence of Adama Town**

The study area, Adama got its name from the Afaan Oromo term '*Adaamii*' (cactus tree in English). According to local people, there were abundances of *Adaamii* trees in and around the area. Adaamaa remained the name of the town, until it was renamed as 'Nazareth' by Emperor Haile Selasse in 1944. However, recently, in the context of the post 1991 political reforms, the name Adaamaa has been restored, at least as a de jure name of the town.

According to Adama Town Culture and Tourism Office, the emergence of Adama as an important commercial and administrative centre seemed to have coincided with a number of factors in Ethiopian history mainly the construction of Addis Ababa - Djibouti railway and the Italian occupation. The historical development of the Adama administration and urban governance goes back to the Italian invasion. According to the town government communication affairs office, Adama had different administrative statuses since its founding in 1917. By referring to the available archives the office state that the Italians first established the Adama

municipal office immediately following Italian occupation in 1936. Since then, Adama served at different statuses in the hierarchy of local governance in the area; for instance it was a capital of Yerer and Karayu province between the years 1945-1988; and became capital of East Shewa Administrative Region from 1988-2000. Since 2000 it is a city administration (Adama City Administration annual report 2013:20).

### **3.4. Economic Activities**

As per information solicited from the Finance and Economic Development Office of the City Administration, the major economic activities of the people of the town are trade, industry, and tourism. This is due to the fact that, Adama is strategically located on the Addis Ababa - Djibouti rail line, which has played a significant role in triggering off trade in the town. The fact that it is a major transit route for trucks and buses travelling to and from Addis Ababa and the Eastern and Southern parts of the country, has made trade, hotels and restaurants important business activities possible. Primarily, the availabilities of factories and industries like the Wonji and Shewa Sugar factories within short distances from the city which encompass large labor employment has significant overflow of industrial activities in Adama. Likewise, the city and its surroundings currently have many industrial and service establishments. The relatively good infrastructure, utilities, and a large labor force, with its location have made the city attractive for investment because of which it has many industrial and service establishments, (Adama City Administration Annual Report 2013:31)

In a similar vein, data from the Adama city administration Trade, Industry and Market Development Office, reveals that Adama was a center for flourishing trade, hence, is one of the dominant features of town ever since its establishment. Consequently, the important trade routes and number of passengers crossing the town resulted in the emergence of different trading activities in the town. Due to the presence of attractive business, effectiveness of the market and investment setting of the city, many entrepreneurs are operating in increasingly growing markets that offer plenty of shopping options as a result which Adama is becoming a city where most banking, import-export trade, wholesaling, financial institutions, commercial buildings, light industries are concentrated since its inception. Hence, trade is one of the key aspects of the city's economic life that enriched commercial activity that spread throughout the town (Adama City Administration annual report 2013:83).

Growing at an alarming rate, the city has become center for shopping, retailing, and wholesaling businesses among which the majority of the traders are retailers. Many homegrown grain productions like haricot bean, lentils, chickpeas, peas and horse beans, oil seeds like linseed, nigger, and rapeseed, abundantly found in the city. There are also farm products in local market centers like cattle, fenugreek, fresh edible fruits and vegetables, honey, butter, used clothes, onion, leek, red pepper, spices, hide and skins, grass pea, oilseeds, grains that produced in many parts of the surroundings. Adama has many shops of fresh vegetables, hairdressers, barbers, laundries, office equipments, cosmetics, ready-made clothes, electronics shops, stationery, sport equipments, automobile spare parts, wholesalers, and retailers, furniture shops, furnishing materials, carpet, hard ware's and paints (Adama City Administration annual report 2013:84-5).

### **3.5. Social services**

Social services such as education and health care are benignly concentrated. According to the data gathered from education office of the town, regarding to modern education, one primary school established in 1947/48 and accommodated students from grade one to eight. Currently, Adama has a number of public schools, ten private colleges, and one government university. The expansion of the city created significant demands for schools and other public services in the city and a number of kindergartens, primary and secondary schools TVETs as well as colleges and universities are being constructed by the government and private sectors in the town. The pattern of school ownership in Adama is diverse those includes government, private, mission, religious and community schools. Including 11 colleges, currently Adama has 56 private and 25 governmental schools that give enough service for 71,000 students. Adama's primary and secondary school coverage has reached 98%. The media of instruction at elementary education is both Afaan Oromo and Amharic whereas in secondary, colleges and universities education a shift is made to English. Nonetheless, in majority of elementary schools Afaan Oromo is serving as a medium of instruction (Adama City Administration annual report 2013:103-5).

Literacy is not as such a glaring problem in Adama. Regarding this, the 2007 population and housing census, the overall literacy rate for male and female is 86.55 %. As the literacy rate between sexes are different in the town, both for male and for female is 92.5 % and 80.69 % respectively. In the same document there stated better enrollment to schools. Accordingly, school attendants of population below 5 years old and above are 34.08 % for both sexes in the town,

among which male accounts for 92.5 %, and female accounts for 80.69 % School attendants of population 5 years old and above both for male and is and respectively. The overall coverage of learning of both elementary and secondary schools reached in 2007 academic year 98 %. Later in the academic year 2011/2012, 11,273 children enrolled in kindergarten education, secondary education (9<sup>th</sup> and 10<sup>th</sup>) enrollment has was 13,049. Accordingly, the number of enrolled students in first cycle, second cycle, high schools, and preparatory schools were 28311, 25209, 14874 and 4589 respectively. The number of students who quit formal education for different reasons is decreasing in the city (Adama City Administration Annual Report 2013:108).

Another social service worth mentioning here is health care service, which shows sharp proliferation since recently. Back in history, Adama had only one clinic constructed during the Italian occupation for the number of years and then different efforts made at different times to improve health facilities and services in the city. Mennonite missionaries established the hospital in 1946, which is now one of the referral hospitals in Oromia. The city government of Adama has made tiresome work in improving health infrastructure and health service facilities by expanding, equipping, furnishing, and managing health related facilities to improve the health care system in the city besides enforcing national health care policy components that include disease prevention, health promotion, and curation. The total recurrent budget allocated to the town health has reached Birr 7,783,362 in 2004 Ethiopian Fiscal Year, of which 20.5% was for drugs and medical supplies. Concerning the health facilities, in 2012, according information gathered from Adama health office, 204 health professionals, 40 supportive staffs, four hospitals, five health centers, 73 clinics, 70 pharmacies and 7 medicine and medical equipment distribution shops are found in the city to ensure sufficient service and equity in health. Adama is a major hub of senior health professionals with equipped hospitals, health center, and clinics in the region and it has better provision and accessibility of health service delivery in the region. According to information gathered from Adama city health office, in 2012, based on the government's total number of four health centers, the coverage health services of the city is 77 %, (Adama City Administration annual report 2013:121)

Adama has many governmental, NGOs and private health institutions that give access to modern health services. Better health facilities and highly trained medical professional found in the city those are making the city preferable for medication in the region. Ownership pattern of health service indicates that many health services owned by private sector in the city. Adama hospital

initially established by missionaries and later transferred to the government. However currently there are many health care institutions in the town being categorized as specialized hospital, general hospital, and health center and health post. Health centers are lower than hospitals in size as well as the standard of health service they are offering in the city as elsewhere in the country. Five health centers are found in the city with qualified medical and administrative staffs (Adama City Administration annual report 2013:122).

### **3.6. Social Problem of the Town**

According to Adama town Labor and Social Affairs Agency, there is rapid increase in migration from rural to the town and majorities are poor people who have no fixed residence to live in. The labor force flow to the city from surrounding areas to escape from household odd jobs like farm duties is clogging some roads every morning and evening by roaming on the streets and tearooms. Some of the migrants who estranged from different social networks typically forced to work menial labor and lead rudimentary life in the city due to increased living cost. Some others laborers earn their living through serving as the construction workers, domestic servants and informal employment like mechanics, guards, metal works and employed in other low-level activities in different city development schemes being they arrive with low skill and resources without bonded labor (Adama City Administration annual report 2013:146).

In relation to this migration, those who earn insufficient income sometimes become the victims of sexual harassment, human right violation, denial of salary, domestic servitude, physical attack, labor exploitation, sexual assaults, and exploitation regardless of age and sex. Children are also among these groups of migrants, are the most prominent victims of different abuses and the government is tirelessly working to eliminate those threaten the right of them and assure their freedom and well-being in the city. The data further shows, there are also other social problems, like poverty and illegal human trafficking activities by unlawful brokers. These illegal traffickers are making money at the expense of these innocent citizens' suffering (Adama City Administration annual report 2013:147).

Moreover, in Adama, commercial sex workers abundantly exist, which is considered as the major social pathology. Among major factors that forced them to engage in such activity are early marriage, dysfunctional marriage, poverty, unemployment among other many things. The

activity consequently shares main route for the spread of HIV/AIDS. Thus, Adama is one of the cities of the country that is highly affected by HIV-AIDS. On the other hand, in order to reduce the transmission rates and its social impacts the city administration is working hard in collaboration with various governmental and non-governmental organizations. Among measures taken to avoid the secrecy and social stigma associated with HIV, fostering families affected by the AIDS pandemic, supporting/caring younger orphans uprooted from their houses, friends, and schools due to the death of their families by this pandemic. Accordingly, there are 23 voluntary counseling and testing centers working closely with the community in the city by teaching the people to be abstaining, faithful and use condoms/methods of protections. According to the information collected from the 13 HIV-AIDS examination-giving centers currently there are 26,586 victims living with HIV-AIDS in the city of which 13,559 are females. Consequently, according to data from the health office, there are 22, 164 children who lost their parents (one or both) in the city.( Adama City Administration annual report 2013:146-7).

## CHAPTER FOUR

### 4. THE CURRENT PRACTICES OF ADOPTION IN ADAMA TOWN

Under this chapter, the study discloses the current practices of domestic and inter-country adoption that the eight childcare institutions in Adama town are currently underway. To this end, first it highlights the existing childcare institutions as background information; year of their establishment, their legal status, and alternative childcares activities they are undertaking.

#### **Child Care Institutions in Adama Town**

At present, eight childcare institutions are working on orphan and vulnerable children in Adama town. These include 'Kingdom Vision International, Bethel Children's Home Association, Kids Care Children Welfare Association, Tewarina Wolajochanew Yatu Hitsanatena Yemebeltoch Bet, Selam Medium Childcare Association, Harmony Integrated for Life, Nobel Action Holistic Development, and My Father's House. Most of these institutions are established between the years 2008 and 2010. For detailed information about these institutions, each will be taken care of at length as follows.

#### **a) Selam Medium Childcare Association**

The institution was licensed by the Justice Bureau of Oromiya regional state<sup>1</sup> and established in 2009. The institution is currently providing care for 24 children, from which 11 are males and 13 of them are females. It has wider and child friendly compound with indoor and outdoor children games, with adequate lodging and dormitory services for the children. The institution has the following administrative and staff composition: these are administrators, accountants, cashier, childcare providers, nurses, purchasers, and cleaners. The elected board members administer the institution.

In regard to food and nutrition provision, based on my field observation, the institution prepare nutritious and sufficient food items for children, the food menu is separated into three

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<sup>1</sup> Childcare institutions can get their license from Regional (justice bureau) or Federal government office (charities and societies agency). Those who get their license from federal charity and society agency can operate in all regions of the country, while those from regional justice bureau can only work in that specific region.

categories; for children under two years, children between three to seven years and for children older than seven years. The toddler infants are supplied with formula milk every two hours and the younger children eat four times per day as per the list of food options. The quality of food prepared by the childcare providers is usually supervised by the nurses, thus, physically it seems children are well fed and in better conditions. Concerning, the health, sanitation, and hygiene condition of the children, there is adequate water supply in the compound. There are well-supplied first aid rooms where children get remedial services with regular medical checkup, especially for children below one year. All children younger than five years are vaccinated for the anti-six pandemic like measles and polio. For children with disability and live with HIV the institution provide exceptional care such as special dish provisions. The institution has also referral linkage to other medical institutions that care for the children in the case of serious illness emergencies.

With reference to education, the institution provides educational support for eight children in the organization. The institution pays school fees for these children. It also provides all kinds of educational materials that enable the children to perform well. The institution also provides psychosocial supports for those children. This is through providing entertaining services for children at intervals to different recreational places in the town. In addition, the children went for church and mosque events, ceremonies, and play with other community children.

#### **b) Kingdom Vision International**

Established in January 2008 and got approval by Charities and Societies Agency, Kingdom Vision International is currently providing institutional care to 45 children. This institution provided 294 sponsorship supports, 24 foster cares, reunified 13 children to their families and extended families. Apparently, the institution provided inter-country adoption for 68 children. Staff composition of the institution shows that, the institution has adequate technical and supportive staff; project coordinators, social workers, case manager for foster care, nurses, accountants, and child care providers.

As regard to service provision, particularly, food and nutrition, children below 4 months are provided with formula milk every 2 hours. Children who are between 6-12 months are provided with formula milk with supplementary food every 3 hours. The institution provides the children

with shelter, adequate lodging services (bedding separated for boys and girls), sufficient rest rooms, and library for all school-aged children living in the institution. Besides, children in the institution are offered with health and sanitation services. It has first aid rooms for health emergency and illness where nurses treat and/or refer to Adama Hospital, if the case is critical and complicated. Even, there are cases where specialists hospitals from provide children below one year regular medical checkup abroad.

Furthermore, recreational and psychosocial support for children is one component of the provision. Accordingly, the institution arranged recreation programs once every four months to different sites around the town. Hence, children would attend church programs; young children would go out with adults to the market for shopping, school aged children would pay a visit to community school and meet community children and play together. There is also established football team so that children can play and interact with community children.

#### **c) Kids Care Children Welfare Association**

According to the manager of the organization, the association was established in 2008, registered, and got legal license from Charities and Societies Agency (CSA). The institution signed project agreement to provide institutional care to children, however currently it is undertaking inter-country adoption as its main alternative childcare. At present, it is providing institutional care for only three infant children. It has been proving community sponsorship and inter-country adoption in the last four years for 100 and 40 children respectively. There is no child currently attending school as the focus of the association is on inter-country adoption. Nonetheless, as in the case of other institutions, it offers various services, such as food, shelter, and health services. Concerning food and nutrition, children below one year are provided with formula milk such as Mothers' Choice, and Cooker every two hours. Here too, children between 6-12 months are provided with formula milk with supplementary food every three hours.

The institution also provides, health services; it has first aids rooms for emergency with first aids drugs. It refers children to local and private health institutions for further medication of children. The institution has more lodging rooms than currently existing number of children and still waiting for children to be admitted for months. What is more, there is good record keeping and documentation of children history and other related personal data.

#### **d) Bethel Children Home Association**

This institution too was established in the year 2008, having licensed from Charities and Societies Agency. Even though its project agreement is institutional care, however, it chiefly involved in undertaking inter-country adoption. Currently, there is only one child that is getting service in the compound. The institution has neither financial document in place for the project budget utilization and implementations, nor separate bank account for the project activities. Further, there is no other alternative childcare like sponsorship and reunification in place for the project activities. Though the institution has no adequate professional staff in transitional home like nurse and administrator and few childcare givers, it has good hygiene and sanitation facilities satisfactory first aid rooms, for emergency illness and support. It refers sick children to private clinics for medication and treatments. Likewise, there is no child in the institution attending school.

#### **e) *Tewarina Wolajochachewun Yatu ye Hitsanatena Yemebeltoch Bet***

Established 2008, *Tewarina Wolajochachewun Yatu Yehitsanatena Yemebeltoch Bet* has been certified by Justice Bureau of Oromia national regional state. It is operating as per the project agreement involving institutional care and adoption, with other alternative childcares like sponsorship and reunification. Accordingly, the association has provided sponsorship for nine children living in the community, afforded inter country adoption for forty-seven children since its establishment, and currently seven children are being provided care in the institution. The institution provides food, shelter clothing, medical treatment, and educational services. The organization has better recording and filling system for children benefited through the institutions. Since, it has its own building under construction that offer sustainability role, it has enough rooms for various services.

The staff profile of the institution shows that there are sufficient employees who are discharging their institutional roles. The institution provides special food and nutrition for children living with HIV, formula milk every two hours for children less than one year, milk, and supplementary food to children 4-12 months in every three hours interval, food for children 4-7 years and above four meals a day. It has also, sufficient health professionals; a nurse check the food provided to

children every 3 days and check up the sanitation of children twice a day, in the morning and at late afternoon.

**f) Harmony Integrated for Life**

Harmony Integrated for Life is an organization established in 2010 and licensed from Charities and Societies Agency. Currently, it is providing care for twelve children some of which are living with HIV/AIDS. It reunified six children to the family and extended family and offered six children with inter country adoption. The institution provides food, shelter, education, and health services. There is special food and nutrition for children living with HIV, formula milk like S26 and mothers choice for infant children, milk, and supplementary food for children 4-12 months in every 3 hours interval, food for children 4-7 years and above four meals per a day. Nurse checks the food provided to children every 3 days. Besides, there is first aid room and medical emergency drugs; there is medical checkup regularly for children under one year with vaccination for major child epidemics, and there is referral contract arrangement whenever children get sick. Currently there are seven children attending their education in private schools.

**g) My Father's House**

Established in 2002, this institution was legally registered and licensed from Oromia Justice Bureau, and funded by American orphanage. Currently the institution is providing care for six children: four male and two female children who are waiting for inter-country adoption. Thus, the institution is undertaking inter-country adoption and no other alternative childcare. Until they succeeded in sending them to inter country adoption, the organization offers services like, shelter and health medications. Part time worker currently provides the health support, since the institution has no full time employee of its own. However, it does provide neither educational services nor psychosocial supports. Since the institution is running its tasks in the rented individual house, which is too narrow, even for individual life, kitchen, store, and office are under a single room. In addition to the absence of bank account in the name of the project, the institution lacks a clear finance provision. Profile data of the children too is not available.

## **h) Nobel Action Holistic Development**

Nobel Action Holistic Development is an organization established in 2010 and licensed from Charities and Societies Agency. Currently, it is providing care for fourteen children some of them were street children and children living with HIV/AIDS. It reunified eight children to their family and extended family and offered six children with inter country adoption. The institution provides food, shelter, education, and health services. There is special food and nutrition for children living with HIV, formula milk like S26 and mothers choice for infant children, milk, and supplementary food for children 4-12 months in every 3 hours interval, food for children 4-7 years and above four meals per a day. Nurse checks the food provided to children every 3 days. Besides, there is first aid room and medical emergency drugs; there is medical checkup regularly for children under one year with vaccination for major child epidemics, and there is referral contract arrangement whenever children get sick. Currently there are nine children attending their education in private schools.

To wrap it up, from anthropological point of view, I would argue that the services of these institutions could fit into functional approaches. Everybody in the institutions talk about the basic practical functions the institutions are providing. From the functionalist anthropologist point of view understanding that claims people to have universal biological needs could be applied to these institutions. Particularly, Malinowski claimed that the basis of his approach was a set of seven biological needs and their respective cultural responses. Malinowski's seven basic needs are metabolism, reproduction, kinship, bodily comforts, shelter, safety; and their cultural responses are commissariat, movement, growth, health, protection, activities, training, and hygiene respectively. He argued that universal biological needs of human beings have respective cultural responses; thus, biological foundations are incorporated into all cultures (Malinowski, 1944: 75–84 in Barnard, 2004). Next, I will discuss some common problems I observed in these institutions during my fieldwork.

### **4.1. Common Problems of Child Care Institutions in Adama**

During my visit to childcare institutions in Adam town, I observed myriads of common institutional problems. Though these problems can be identified as institutional ones, their foundational causes differs; it includes service provision problems, difficulties linked with

institutional workers, and problems related to organizational structures of the institutions. Thus, concerning the service provision predicaments quality care is somewhat inadequate in many childcare institutions, due to limited financial resources, lack of supervision, and minimal awareness about child development issues. From my observation of the childcare institutions in Adama town, I found many of them to be inappropriate environment for child development. Therefore, what they commonly lack is proper rooms for dining with proper food storage, suitable living space, proper room for clinical treatment, and good refreshment areas.

Equally pertinent problem with the childcare institutions are staffing and organizational structuring. Here staffing comes as the most glaring problem as there are shortages of professional knowledge among the employees, and thus they lack awareness and responsiveness about child development issues such as disrespect for the children. In regards to difficulties linked to organizational structures of the institutions, primarily, there is lack of appropriate and efficient data base system about the children in the institutions. A significant number of childcare institutions did not have adequate documentation or case planning for each child. Following, children who would leave institutional care in the near future have probability of lacking the necessary skills to cope with life outside of the institution, because of some institutions are not teaching the children formal education and almost all of them do not train the children other life techniques. In fact, these children have no sources to acquire experiences on alternative jobs such trading, and supplementary income generating mechanisms. Finally, most of the institutions have no transparent financial flow, no bank account in the name of the institution. Therefore, even though I could not come across any case in this regard, it is logical to argue that most of the institutions' improper financial handling could pave the way for personal benefits of the institution's owners.

#### **4.2. Actors, Process and Procedures of Admitting Children to the Childcare Institutions**

In this section, I will try to present the major actors in adoption practices in Ethiopian context that play significant role in one way or another. These include Ministry of Women, Children and Youth Affairs (MOWCYA), Court, Childcare institutions, Child Right Committee, and Adoption Agency providers. In sections that follow, I will discuss roles and responsibilities of these actors.

#### **4.2.1. Ministry of Women, Children and Youth Affairs (MOWCYA)**

In Ethiopia, the general process, practices, and procedures are dealt with the Ministry of Women, Children and Youth, Child Right Protection and Promotion Department at national level and the Bureau of Women, and Children Affairs at the regional state level (Dessalegn, 2006, 38; UNICEF (2013:2). My key informants also argue that the (MOWCYA) is responsible to fulfill the major administrative roles in the alternative childcare systems. The Ministry undertakes the task in collaboration with the First Instance Court (FIC), and the Charities and Societies Agency (CHSA); their corresponding regional government sector bodies; (mainly Bureau of Women and Children Affairs, in the case of Oromia Region).

The MOWCYA operation is multi- layered, from the kebele level, to district, zone and regional levels, and finally the federal level. Accordingly, the Ministry carries out adoption based on written documents with rules, procedures, proclamations of government, and the policies designed for the welfare of children in Ethiopia (Dessalegn, 2006:38). The childcare affairs directorate, which is placed within the MOWCYA, is dedicated to alternative care and adoption. This section serves in effectively handling all affairs of children and mainly inter-country adoption processed in the country. It is responsible to offer recommendation letter that shows whether the child is legible and that adoption is good for the child to be adopted internationally based on reviewing documents for the first instant court. It has the responsibility to monitor the well-being of the internationally adopted child.

In general, the 2009-revised national childcare guideline clearly puts ten responsibilities of MOWCYA in adoption process of Ethiopia. These are making a periodic visit to adoption agencies and childcare institutions to ensure if they are working according to the guidelines, confirming that the child and the applicant of adoption meet the criteria of eligibility for inter-country adoption. MOWCYA is also gives opinion to the court on whether adoption is beneficial to the child or not, considering the best interests of the child and making periodic follow-up on the status of the adopted children. The child affairs directorate in MOWCYA also provides technical supports to the adoption service facilitating organizations and designs appropriate working procedures, manuals, and guidelines on the standards of adoption services in the country. In consultation with other relevant authorities of the receiving state, the ministry is responsible for arranging alternative placement of a child if both the adoptive parents die,

abandon the child, or when they are legally, physically or mentally incapacitated. Respect the right of an adopted child to information about his/her parents, advocate and strive for legal reforms to discourage private adoption and monitor and evaluate inter-country adoption services in line with the policy, guidelines and procedures of the country (Revised National Alternative Childcare Guidelines, 2009: 40-41).

#### **4.2.2. Child Right Committee (CRC)**

According to my key informant<sup>2</sup>, in Adama city administration, there are child right committees from city administration to ‘*goxi*’ level<sup>3</sup>. At ‘*goxi*’ child, right committee members are peoples who are selected from the community, based on their social status to responsibly follow and report any issues regarding children in their locality. At city administration, they are selected from seven relevant offices, namely; Police, Health, Justice, Court, Finance, and Economic Development, and Women and Children’s Affairs Office. My key informant adds that the roles and responsibilities of these offices as child right committees are to monitor and supervise the childcare institutions on how the institutions are providing care and support for the children admitted to their organization. The ‘*goxi*’ level committees are charged with identifying and selecting the extremely poor family’s children, those who cannot care for their children owing to different reasons such as poverty, chronic disease and other social problems within their locality. After they screen and approve those needy children, they pass over the supportive documents to the family. Then, the family applies for approval at *kebele* social court, which validates the incapability of the family to provide necessary care for the child. Similarly, the committee identifies the needy children, such as semi or full orphan and documents the children’s necessary information to pass it over to the *kebele* administration. However, if the child is abandoned the *goxi* child right committee present information to Police and Women’s and Children’s Affairs Offices through free call line which is found in Women’s and Children’s Office of the city administration. Then Police and Women’s and Children’s Affairs Office in collaboration reach the stated area where the child is abandoned in order to save the life of the child and protect the child from abuse. After arriving at the place, they pick up the child and give it to the ‘waiting’ institution.

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<sup>2</sup> Interview with Asnake, Adama, March 25, 2014.

<sup>3</sup> *Goxi* is a sub-*kebele* or village administration recently as introduced by the current ruling party,

### **4.2.3. The Court**

The court is another prominent actor in issues related to adoption. Hence, *kebele* social court, *woreda*, zonal and federal first instant court have vital role in the adoption process in Ethiopia. The first three branches of courts facilitate domestic adoption, while the Federal Instant Court makes decision on inter-country adoption. However, the absence of procedural rules for adoption within the judiciary has been a challenge for many years. Judges usually appoint a guardian and request a case report from the office of Women and Children Affairs. According to the Family Code of Ethiopia, an agreement of adoption shall become effective only when approved by the court and once a contract of adoption is signed it is irrevocable. It is stated that “Before approving the agreement of adoption, the court shall decisively verify that the adoption is to the best interest of the child” (Revised Family Code, Article 194 (2)).

### **4.2.4. The Childcare Institutions**

The main purpose of childcare institutions is to provide institutional support for abandoned and unaccompanied children and children from poor families. The service provided by childcare institutions also include rehabilitative and development for the disabled. The institutions also deliver institutional childcare services and sponsorship, the provision of education support in formal, non-formal, day care, the feeding and rehabilitative programs for street children; the support extended to orphans; the access created to basic health care services; and the reunification of children with their families. They record, document detail, and up-to-date information about the background and progress of the children

In general, the childcare institutions have numerous roles and responsibilities in the adoption process. In collaboration with relevant bodies, the childcare institutions make every effort possible to encourage domestic adoption. They are also in charge to sensitize the public to encourage domestic adoption and give a child under their care to any legally registered and licensed adoption agencies through legal procedures. They are also accountable to provide sufficient information to the relevant authority, helping the authority to follow up the well being of children, the identity of the child, how the orphanage received the child and about the personal, social and economic position of the adopter before giving the child for adoption. In cases where the child is not having parents, the institution sign adoption agreement with the

adopter. They make sure that children admitted to a childcare institution are not given for adoption before; at least, two months of stay under institutional care and until all other alternatives are exhausted (MOWA, 2009:36).

#### **4.2.5. Adoption Agency**

Adoption agencies are those agencies, which are licensed from Federal Charity and Societies Agency to facilitate inter-country adoption, (MOWA, 2009:38). Their main objective is to sponsor the childcare institutions and find foreign adoptive families for the children found in childcare institutions. The sponsorship from adoption agencies assists in building the capacity of childcare institutions in an effort to organize and compile relevant and up-to-date data about the background and progress of children. They need to sensitize the public to encourage domestic adoption and make sure that the employees they hire have the required qualifications and experiences in the areas of childcare. Organize and document relevant data on children adopted by foreign countries and submit timely reports to the relevant government offices according to the timetable set for such reports. They provide post placement report to concerned federal office. Since they facilitate inter-country adoption, their licenses are from Federal Charity and Society's Agency and sign agreement with Ministry of Women, Children, and Youth Affairs. According to the national guideline, adoption agencies need to make sure that adoptive parents, unless forced by circumstances beyond their control, come to Ethiopia and take their adopted child/children in person (MoWA, 2009:39).

#### **4.2.6. Process and Procedures of Admitting Children to the Childcare Institutions**

The data about procedures of child placement to adoption process are gathered mainly through interview with key informants from childcare institutions and concerned experts from government offices of Adama town. There are various reasons that cause child adoption in care institutions. These mainly include abandonment of children, half or full orphaned and poor family who are unable to provide necessary care for their child. According to my key informants, the processes of admitting of these children into the childcare institutions start from the low-level governmental structure called '*goxi*'.

In Adama town, in case when they come across abandoned child, the community report to the child right committee through free call line. Similarly, the committee identifies the needy

children, such as semi or full orphan, documents the children's necessary information, and passes it over to the *kebele* administration. Once the needy child is identified, the necessity of placing the needy child in to childcare institution follows legal procedure. The *kebele* administration makes sure, if the child is eligible to be taken into childcare institution. In terms of procedure, children are admitted to care institutions through two ways: police and court. Let me discuss one after the other

#### **4.2.6.1. Police**

If a child is abandoned and found, he/she can be admitted to a care institution in order to get necessary care and support through police recommendation and the Women, and Children's Affairs office approval letter. Adama has a free call line center in the office of Women, and Children's Affairs through which the community reports any child abuse witness or even rumors related to it. Based on information through this free call line, the *goxi* (sub-*kebele*) child right committee and Police in collaboration with the WCAO reach the stated area where the child is abandoned in order to save the life of the child and protect the child from abuse. After arriving at the place where the child is abandoned, the group picks up the child and gives it to the 'waiting' institution. The waiting institution accepts the child based on recommendation letter written from police and approval letter written from WCAO of the city administration. Since abandoning a child is a crime, the Police responsibly ought to investigate the case in collaboration with concerned stakeholders and partners, such as child right committee.

Until the police finish investigation, the institution is held responsible for caring for the child and in case, the Police come up with criminal act and able to identify the perpetrator, the case would be handed over to court for further legal deliberation. However, in case police could not get the criminal, the WCAO of the city administration would take over the responsibility of caring and providing the necessary support and arrangement for the child, for instance, by providing them supportive letter for the waiting institution.

#### 4.2.6.2. Court

The other line through which children can be admitted to care institutions for further care and support is through court system. As per the information from my key informants<sup>4</sup>, court procedure is taken up in proving care for children from poor family and other cases exceptional to the children. Procedurally, the child right committee at *goxi* level identifies and selects the poor family, those who cannot care for their children due to different reasons, such as poverty, chronic disease and other social problems. After the *goxi* approves these needy children then they pass over the supportive document to the family. Then, the family applies for approval at *kebele* social court. The social court validates the incapability of the family to provide necessary care for the child due to convincing problems. The *Kebele* social court approves the application based on three witnesses.

Based on the social court's decision, the *woreda* level legal court critically examines the case and make sure that there is no objection if the child is given for adoption by the care institution. The *woreda* court also hears witnesses in order to make genuine decision. By presenting the two levels court decision, the family of the child again applies to WCAO of the city administration. After critically reviewing the decision of the courts, the WCAO writes letter to the institutions to place the child in their institution and provide him/her one of the five alternative cares.

#### 4.3. The Two Alternative Childcare: Domestic and Inter-country Adoption

According to MOWCYA, there is childcare institutions minimum requirements standard. Among these requirements, the institutions have to provide the five alternatives childcare programs namely community based care, reunification and reintegration, foster care, adoption and institutional care (MOWA, 2009:1). Accordingly, every childcare institution that wants to work for promoting the welfare of vulnerable and orphaned children should sign a project agreement that obligates the organization to undertake all the five alternatives chronologically.

The minimum requirement standard has chronological order in terms of the government preference. The institution obliged to initially start with community-based care, secondly, if the institution fail to succeed in community based care, reunification and reintegration follows. The thirdly preferred alternative is foster care, and followed by domestic adoption at fourth level. The

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<sup>4</sup> Interview with Fanose, Adama March 28, 2014.

fifth favored alternative is international adoption, and finally, the institutional care is the last alternative care. Since the focus of my research is on the two types of adoptions, I will briefly discuss the practices of both adoptions in the following sections.

#### **4.3.1. Domestic Adoption**

Domestic adoption is more preferable than inter-country adoption. According to UNCRC article 21 a, and b, a child can be sent for inter-country adoption if and only if domestic alternatives are not successful. In case when a child is given for domestic adoption, together with Police and the WCAO, the institution that is caring for the children announce that interested adoptive family can take a child to adopt. The interested adoptive families are registered at the city administration WCAO. Then the office and the childcare institution facilitate the process by which the applicants visit and select a child in the institution. If they agree to adopt the child, the adoptive family appeals to the *woreda* court to take the child from the institution. The Court asks the WCAO of the city administration to identify whether or not the adoptive family is legible to adopt the child.

Then, WCAO review the applicant's document and comment on the ability or inability of the applicant to adopt the child and pass it over to the court with recommendation letter. Based on the recommendation, the Court approves or disapproves the adoption. If the adoption is approved by the Court, WCAO take the responsibility to monitor the status of the adoptive child, whether or not the adoptive family is taking good care for him/her. In case the adoptive family is unable to give necessary cares for the child, the office appeals to the court to cancel the right of the adoptive family to adopt the child.

In line with this, at this junction, it is important to discuss the current practices of domestic adoption in Adama city administration in detail. According to 2013 report of the assessment on the performance of childcare institutions in Oromia National Regional State presented by Women and Child Affairs Bureau, Adama city administration is the leading in terms of the number of childcare institutions in the region (BOWCA, 2013:12). Six institutions are working on the different kinds of the alternatives, while the others are mainly working on inter-country adoption by adding one or two of the alternative cares. Among these institutions, only two, namely: My Father's House Children's Organization (which is working on only domestic

adoption) and Kingdom Vision International are working on both domestic and inter-country adoption.

Since their establishments, mainly between the years 2008 to 2014- only twelve children were adopted locally whereas in the same period, four hundred children were sent for inter country adoption from Adama city administration through the efforts of these childcare institutions.

No	Name of Childcare Institution	Number of Adopted Children Locally		
		Male	Female	Total
1	Kingdom Vision International	2	3	5
2	Bethel children's home Association	-	-	-
3	Kids Care Children Welfare Association	-	-	-
4	Tewarina Wolajochachewun Yatu yehitsanatena Yemebeltoch Bet	-	-	-
5	Selam Medium Childcare Association	-	-	-
6	Harmony Integrated for Life	-	-	-
7	Nobel Action Holistic Development	-	-	-
8	My Father's House Children's organization	4	3	7
<b>Total</b>		6	6	12

Table.1. number of children adopted locally (Source: The 2013 Oromia BOWCA childcare institution assessment report)

#### 4.3.2. Inter-country Adoption

If all the five domestic alternative cares are exhausted, the adoptive child can be sent for inter-country adoption. The Ethiopian Revised Family Code (2000) article 192 (b) clearly puts the

childcare institution has the right to place the child for inter-country adoption. Other than this, a child can also be sent for inter-country adoption, if he/she has to go abroad for medical care that is approved by government hospital medical board. According to my informant from Adama city administration Women's and Children's Affairs office<sup>5</sup>, after all the five domestic alternative cares are exhausted and care institutions get approval letter about a child from Women's and Children's Affairs Office, they can assign a child for inter-country adoption. This can take place through the following procedure.

According to my informant<sup>6</sup>, having approval letter about a child from Women's and Children's Affairs Office, childcare institutions appeals to *woreda* court, in order to get the guardianship right. The guardianship right provides care institutions with the right to search and place a child in their institutions to available alternative care options. Once the right of the institutions to guardianship is approved by the court, the institutions appeal to the office of Women and Children Affairs of the *woreda* to send the child for inter-country adoption. Then, the office writes the case for the zone and the zone transfers it to the regional bureau of Women and Children Affairs. Then the regional bureau submits the case to MOWCYA of the country, because adoption between two countries should be facilitated through the MOWCYA. Having solicited supportive letter from regional bureau of WCAO, childcare institutions then assign the child to one of the adoption agencies with which they are working. After supportive letter is obtained from Regional Women and Children's Affairs Bureau, the childcare institutions open the case at the Federal First Instance Court, since inter-country adoption takes place between two countries. The First Instant Court scrutinize all relevant documents produced starting from the *kebele* to national level by giving due consideration for the best interest of the child as articulated in article 188 (2) and make decision at the presence of foreign adoptive families (Federal Revised Family Code, 2000:56). After the Court approves the adoption, the adoptive families can take the child to their own country.

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<sup>5</sup> Interview with Fasil, Adama, June 13, 2014

<sup>6</sup> Interview with Jemila, Adama June 13, 2014.

No	Name of Childcare Institution	Number of Adopted Children internationally		
		Male	Female	Total
1	Kingdom Vision International	40	40	80
2	Bethel children's home Association	6	8	14
3	Kids Care Children Welfare Association	51	34	85
4	Tewarina Wolajochanew Yatu Hitsanatena Yemebeltoch Bet	37	39	76
5	Selam Medium Childcare Association	41	43	84
6	Harmony Integrated for Life	4	2	6
7	Nobel Action Holistic Development	30	25	55
8	My Father's House Children's organization	-	-	-
<b>Total</b>		209	191	400

Table2. Number of children sent for inter-country adoption (Source: the 2013 Oromia BoWCA childcare institution assessment report)

#### 4.4. Why Inter-country Adoption is preferred?

The fact that the number of children sent for inter-country adoption exceeds the number of children placed to domestic adoption in Adama town compelled me to further inquire the rational reasons behind the phenomenon. Commenting on reasons why the focus is on inter-country, rather than domestic adoption, my key informants<sup>7</sup> suggested diverse reasons. Among others, economic problem in the country and lack of awareness about adoption by the local people, childcare institutions preference for inter-country adoption, the preferences of biological family of the adoptive child to send their children and the adoptive children themselves preference to be

<sup>7</sup> Interview with Ayantu and Badane Adama, May 8, 2014.

sent to foreign countries. In these regard, my key informants from government offices emphasize on the role childcare workers of the institutions advise the children to prefer the inter-country adoption that would help them go abroad and “live the most comfortable life.” To promote their institution, most of the social workers from the childcare institutions inform the children that their institution could send them abroad through inter-country adoption “where they can live happy life”<sup>8</sup>. Similarly, my informant from WCAO of the city administration suggests, “the community members who sent their children for inter-country adoption are misinformed by the deceptive propaganda of some of the childcare institution workers in the city administration”<sup>9</sup>.

Inter-country adoption is also considered as one source of financial resource for the sending institution. If the institution sends a child for inter-country adoption, the foreign adoptive family donates some amount of money. In this regard, the 2013 report of the childcare institutions performance assessment done by the Oromia Women and Children Affairs Bureau shows that the majority of the childcare institutions in the region in general, and in Adama in particular, lack transparency in their financial flow systems. Specially, since most of them have no bank account, the institutions’ income gained through donations, specifically by sending children for inter-country adoption is not yet known. The lack of transparency on the financial flow might also encourage preferring inter-country adoption. The workers of the childcare institutions might corrupt this ‘donated’ money. This view is further supported by the African Child Policy Forum (ACPF); “the combination of vast amounts of money and the lack of transparency that characterizes too many inter-country adoptions from Africa today favor the maintenance, not to say the increased exploitation, of the status quos” (ACPF, 2012:22).

The child’s families have the right to mention their preference in court. According to revised family code of Ethiopia, article 191 states that “Both the father and the mother of the adopted child must give their consent to the adoption where they are alive and known<sup>10</sup>. Where one of them is dead, absent, unknown, or incapable to manifest his will, the other parent shall give his consent<sup>11</sup>” (Federal Revised Family Code 2000:57). Where the child has no parent capable of giving his/her consent, the court may approve the adoption agreement taking into account the

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<sup>8</sup> Interview with Lelissa may 24, 2014

<sup>9</sup> Interview with Kebede, Adama, May 24, 2014

<sup>10</sup> Federal revised family code article 191 sub article 1

<sup>11</sup> Federal revised family code article 191 sub article 2

interest of the child. Most of children's families prefer sending their children to foreign countries. This is so because they consider sending child to foreign countries confers a privilege or a good social status and is a hope for the future as the child would send them money after some times. This is a statement of one of my key informants among the biological parents who managed to send her son to childcare institutions, which could substantiate the above claim, and she states:

Since I have nothing to eat, I prefer to send my child to prosperous country in which he can get necessary care and support. After he grows up there, my child will not forget his mother, and he will send me money<sup>12</sup>

There are also other cases where the adoptive children prefer to be sent to foreign countries. Since the Revised Family Code of Ethiopia give due consideration for the best interest of the child, the adoptive child has also a voice in front of court on adoption process. It states that "Notwithstanding the provisions of Sub-Art. (1) of this Article, where one of the parents is not willing to give his consent and the child is ten and above years of age, the court may approve the adoption upon hearing the opinion of the other parent and of the child<sup>13</sup>" (Ethiopian Revised Family Code 2000:57). For instance, I asked ten years old boy if he is ready to be reunified with his extended family. He responded, "No! I do not want to reunify with my family, rather, I prefer to see my case quickly processed, and I want to go to America with the help of God." My next inquiry that followed from his answer was to know why he prefers to go to America. The child provides me with two reasons; first, he said, "Immediately when I join this institution, I was told that I would go to America to live more convenient life joining prosperous family, than what I am living in this institution." Secondly, he implied that he is inspired by the stories of some of his former friends' who were sent for inter country adoption. Especially post placement photographs of the inter-country adopted children, which are posted by the institutions, inspired him to go abroad. The child said, "From the posted photographs of my friend, I can imagine that he is living a very relaxed life with prosperous white family in America<sup>14</sup>."

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<sup>12</sup> Interview with Mulgeta, Adama, May 19, 2014

<sup>13</sup> Federal revised family code article 191 sub article 3

<sup>14</sup> Interview with Girma, Adama, May 12, 2014

#### **4.6. Incongruity between Policies and Practices in Childcare institutions in Adama**

UN (2009:227) states that the Ethiopian national legislations that govern the progression of adoption are the civil code and the family code. The government body responsible for approval of adoption is mainly the MOWCYA, in collaboration with the Ministry of Labor and Social Affairs, and the Judiciary. Since the adoption of the present constitution in 1995, with a number of provisions relevant for children's rights (particularly Article 36), the FDRE has taken significant administrative, policy and legal reform, measures aimed at ensuring compatibility of national laws with provisions of international human rights instruments that are relevant to the protection of the rights and welfare of children. Besides, the country has a 'Revised Family Code' amended in the year 2000 that provides the framework that governs both domestic and inter-country adoptions in the country. The Revised Family Code of Ethiopia captures a number of significant issues including the rights and responsibilities of parties in adoption procedures, role of the court and other government and non-government actors, and guideline principles on the placement of children into domestic or inter-country adoption.

The sole instrument to set minimum standards on alternative childcare services in Ethiopia is the National Alternative Child Care Guideline revised in 2009. The National Guidelines call for government to prevent unnecessary separation of children from their families by aiming at strengthening social welfare and alternative care responses in the country. Even though the guidelines recognize that some residential care will be needed for some children, the emphasis and priority of the guideline is on developing and supporting family-based care alternatives. By setting minimum standards pertaining to issues of eligibility, recruitment, placement, assessment, the guideline particularly addresses the management and operation of alternative childcare options including community-based childcare, reunification and reintegration programs, foster care, adoption and institutional care (ibid).

From this point, the idea obviously inspires us to see the legal frameworks or the adoption guidelines of Ethiopia and their implementations. The question may go like this: what are the drawbacks of the guidelines or the legal frame works and how they are being implemented. Because, such rapid growth in inter country adoption numbers from sending countries are frequently associated with many problems. To begin with, it may indicate that there is legislative and/or procedural ambiguity or inadequacies, in addition to lack of policy, enabling an

uncontrolled and probably unnecessary number of inter-country adoptions to take place (ACPF, (2012: 16). Similarly, according to data gathered from my focus group discussants<sup>15</sup> and available secondary sources, the problem of inter-country adoption increment obviously is related to both policy inadequacy and implementation deficiency among concerned government bodies and among childcare institutions working for needy children. Thus, the analysis begins with assessing the deficiencies of the existing guidelines and frameworks, and then proceeds to implementation deficiencies among childcare institutions and concerned government bodies.

In regards to guidelines' drawbacks, the numerous international convention, national guideline, and standards contradict one another in some cases. For instance the United Nations Convention on the Right of Children in article 21 (b) says:

State Parties that recognize and/or permit the system of adoption shall ensure that, the best interests of the child shall be the paramount consideration and they shall recognize that inter-country adoption may be considered as an alternative means of care, if the child cannot be placed in a foster or adoptive family or cannot in any suitable manner be cared for in the child's country of origin. (1989: 42)

In similarly vein, African Charter on the right and welfare of children on Article 24 (b) says that:

State Parties which recognize the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall recognize that inter-country adoption in those States who have ratified or adhered to the International Convention on the Rights of the Child or this Charter, may, 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. (ACRWC: 29)

Even though the Ministry claims the 2009 National Alternative Childcare Guideline is revised in accordance with the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, there are some contradictions. In UNCRC and ACRWC, inter-country adoption is considered as the last option, which is clearly stated in the above statement, however the National Guideline on Alternative Care favor inter-country adoption than institutional care as option in which the guideline puts adoption as fourth alternative.(MOWA 2009:1). On the other

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<sup>15</sup> Focus group discussion with group 1, Adama June, 13,2014.

hand, childcare institutions' minimum standard, which was, published 2013 by Ministry of Women, Children, and Youth Affairs, state that, institutions has to facilitate as child has to be reunified with his/her family, or facilitate sponsorship for children living with their family or relatives or place in community-based care. They also need to place children in foster care, domestic adoption. Lastly, if the child cannot benefit from the above and domestic alternatives packages, the institution can place the child to inter-country adoption, which clearly shows that inter country adoption is the last option (MOWCYA 2013:7).

However, in contradiction with the above statement, the other serious problem is related to implementation of policies. My key informant from Women and Children Affairs Office<sup>16</sup> strongly argues that most childcare institutions working for the needy children do not implement adoption in accordance with the existing guideline and frameworks. When they signed project agreement with the concerned government offices, they agreed to undertake the entire five alternative childcares equally; nevertheless, most of them fail in doing so. Some of them are working on the few kinds of the alternatives, while the rest are mainly working on inter-country adoption by adding one or two of the alternatives and only two are working purely on domestic adoption. For instance according to the guidelines, childcare institutions are expected to work on community-based care in order to benefit orphan and vulnerable children. This can be achieved by mobilizing community to help and care for orphan and vulnerable children in collaboration with concerned government offices and stakeholders. If the process fail to benefit the child in community based care, the institution needs to work for the second option, which is reunification and reintegration. The thirdly preferred alternative is foster care, and followed by adoption at fourth level. Finally, the institutional care is the last alternative care. From this perspective, in the very beginning childcare institutions in Adama town lack discharging their responsibility as per the agreement signed with the concerned government body. The concerned government bodies seem to recognize this. The revised national alternative childcare guideline document stated, "While inter-country adoption is taken as an alternative form of childcare, local adoption seems largely neglected or utterly out of the focus of attention of many adoption service provider organizations." (2009:38). Thus, according to the guideline, the provision of adoption service in general and that of inter-country adoption in particular requires strict adherence to the law of the land and guidelines and strict enforcement of the law on the part of the authorities in charge. It

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<sup>16</sup> Interview with Adamu, Adama, May 19, 2014.

also forces the childcare institutions to “make every effort possible to encourage domestic adoption in collaboration with relevant bodies and sensitize the public to encourage domestic adoption.” (2009:38-40). In this regard, the childcare institutions in Adama city administration are not discharging their responsibility in terms of encouraging domestic adoption as promoting domestic adoption demands time, energy, and resource with no financial gain for the institutions.

Instead, according to my key informant<sup>17</sup>, as soon as child is admitted to the childcare institution for temporary care, the childcare institutions come to office after two or three days in order to get the supportive letter to facilitate inter country adoption for a child, before looking for domestic alternatives. This clearly shows that childcare institution in Adama town is not working as per the policies. According to my informant from relevant office, the childcare institutions not only lack commitment to pursue domestic adoption, rather they deliberately decline the domestic adoption request in favor of the international one. In support of this claim, my informant narrates:

### **Case history 1.**

In 2013, an abandoned child was found in Adama city administration 01 Kebele. The child was given to a childcare institution with a recommendation letter from Police and supportive letter from Women and Children’s Affairs Office on temporary base. As the child was an abandoned and found, police took time to investigate the case, and until then, the childcare institution had to care for the child. Since the Women and Children Affairs Office is among the stakeholders in facilitating domestic alternative care for children, the office got family that wanted to adopt the child domestically. The Office referred the family to the childcare institution. However within the first three to four days after her arrival, the childcare institution had sent a photo of the child to an adoption agency provider for inter-country adoption. This is due to the fact that if the childcare institution send one child for inter country adoption, it gets money, the amount of which is not known by others, except by childcare institution, adoption agency, and foreign adoptive families. After a week, the domestic adopters came to the Women and Children’s Affairs Office for the second time. They were sent to a childcare institution with a child affairs expert from the Office to facilitate adoption process. The childcare institution registered the family as they would be adoptive family. Later on, the institution called the family and reported to them that the child had health problem. This shocked the family who had to run to the Women and Children’s Affairs Office for the third time. Then the child affairs expert in collaboration with a police officer went to the

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<sup>17</sup> Interview with Abraham, Adama, May 1,2014

childcare institution took the child and gave him to another institution until domestic adopters process the adoption procedure.<sup>18</sup>

This clearly shows how much childcare institutions are eager to send children for inter-country adoption. My key informants from childcare institutions<sup>19</sup> did not deny the fact that many childcare institutions encourage inter-country adoption. They primarily argue that they do it in order to get more donation and use for the rest of the children in the institution and to run other programs.

This problem of mismanagement of the childcare institutions also includes the government bodies. There is weak monitoring and supervision of childcare institutions. My informant mentions that the signatory offices did not undertake timely and organized supervision to make sure that, those institutions are working as per the agreement they signed. Due to weak monitoring and supervision, concerned government offices have no relevant data on the status of the institutions. According to ACPF (2012: 16), such rapid growth in inter country adoption numbers from a sending counties are frequently associated with many problems. Among others, one possibly lack of adequately trained human resources to deal with cases of inter-country adoption and to ensure that safeguards and legal processes and procedures are being respected.

Some offices I visited complain that there is no strong collaboration between key governmental bureaus, and offices working on childcare. According to my focus group discussants<sup>20</sup>, there are areas, which they should do in collaboration such as accreditation, and monitoring of institutions and adoption providers. These offices, on the other hand, complain shortage of, trained human resources and financial resources to properly undertake their business. The cumulative effect of this is the situation we see today in childcare institutions in Adama, which is in line with neither the national legal and international guideline nor the traditional customary adoption. The following discussion seems to be the result of this negligence from the concerned offices and the moral failure of childcare institutions.

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<sup>18</sup> Case history of informant Negash May 4 2014

<sup>19</sup> Interview with Debebe, Adama May 1 2014

<sup>20</sup> Focus group discussion with group 1, Adama, June, 11, 2014.

#### **4.7. Childcare Institutions as a family environment**

I have been arguing that considering the existing policies, regulations, and guidelines adoption practices in Adama town is not being implemented in line with both the international and national legal frameworks and guidelines. Continuing my argument, article 20 and 21 of the UN Convention on the Rights of the Child (CRC), ratified by Ethiopia in 1991, stress the importance of the family environment. It stated, “When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child’s ethnic, religious, cultural, and linguistic background,” (UNCRC, 1989:7). In contradiction to this, during my fieldwork in Adama I came across heart breaking case about an individual adoptive child.

##### **Case history 2:**

It was in 2011 that Oromia Women and Children’s Affairs bureau delegates, a team set off to undertake annual assessment on childcare institutions. The team arrived Adama without informing the childcare institutions. Their first assessment started with an institution called Almaz childcare institution that is found in Adama town, *kebele* 04. The institution accepts children through Women and Children Affairs Office in collaboration with other stakeholders. As soon as the team enters the childcare institution, they start observing unique and heartbreaking things. As the team started to assess the documents, regarding the children, one of the teams came up with a case of a child that is exceptional. Since the information on the document cannot tell about the child, the team began to inquire one the workers of the institution. This worker narrates the case as follows. A one-year-old child was taken from Adama *kebele* 02 at her infancy stage to this institution. However, rather than obtaining care and support, the child was suffering from a criminal act, that was inflicted by the institution itself. During arrival, the team witnessed the above-mentioned child was empathetically tied, immediately, next to a dog that was also tied. Additionally, no piece of information is found about the child on when and how she came to be taken by this institution. Thus, it became clear that the child was taken by the institution, without the fulfillment of any legal procedure. Later, the bureau of Women and Children Affairs of the Oromia closed ‘Almaz Child Care Institution’ based on the assessment result, because the institution was committing crime against child right and found below standard. Soon after this crime was made known, the Oromia Women and Children’s Affairs Bureau in collaboration with city administration’s Women and Children Affairs Office took the case to court and the founder of the institution sentenced for crime. The Court decided nine years prison punishment. Following that, all children who were in the institution were distributed over other childcare institutions in the town. Accordingly, the above-mentioned child was taken to ‘Selam Child Care Institution’. After some times, the new institution arranges domestic adoption for the child by getting adoptive parent for her. However, when the new adoptive parent took the child to her home, the child’s behavior was found absolutely

strange and abnormal. All of her actions and behaviors were strange. The child seemed to be imitating dogs; burking and biting like dogs and, even tries to urinate like dogs do. After two weeks, the adoptive parents could not deal with her behavior and they returned her back to the institution, where she is living until age six<sup>21</sup>.

The above-explained case shows the fact that some of childcare workers lack awareness of human dignity beyond disrespecting the right of the institutional children. This could also be interpreted as scientific knowledge gap they have in regards child development. In this regard, one of the underlying causes of violence against children is the lack of knowledge about child development.

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<sup>21</sup> Interview with Asnakech, Adama, April 16, 2014

## CHAPTER FIVE

### 5. ANALYSING ALTERNATIVE CHILDCARE FROM CUSTOMARY ADOPTION

My discussion in chapter four clearly indicates radical changes in childcare systems. This chapter analyzes the modern childcare practice and actors taking the case of the Oromo customary adoption as a reference.

#### 5.1. Customary Adoption: '*Guddifachaa*' Among the Oromo

Adoption is now largely accepted as a legal procedure through which a permanent family is created for children, whose birth parents are unable, or legally prohibited from caring for the children. Customary adoption is the way by which relatives, kinships, or other peoples get and care for a child without a legally recognized contract. The customary adoption has been practiced in many traditional societies. Research reveals that the customary adoptions have wide variation based on the nature of their arrangements and the social functions they perform. Among many societies, customary adoptions are used as means of strengthening the bond between different communities and clans, and bond between the birth parents and the child is frequently maintained (UN, 2009:28).

Among various populations of Sub-Saharan Africa, customary adoptions have been a common practice. For instance, the Oromo of Ethiopia traditionally practice a form of adoption that require the permission of the child's parents or relatives and is legitimated by ritual ceremony. In this tradition, only adult person could become an adoptive parent, where the adopted persons could not inherit from their birth families. Various evidences show that traditional adoption practices are still widely preferred over official adoption. According to Ayalew (2002:40), the Oromos adopt a child if they are infertile and lost children due to infant death in their family, by fulfilling customary rituals. Some African migrants who leave in foreign countries maintained the tradition of customary adoptions (UN, 2009:29-30). However, customary rituals may differ from one place to another place within the same society and in different societies as well, (Ayalew, 2002:42).

Dasselegn, (2006: 7) argued that the Oromo have common cultural practices of child caring, supporting, and right protection system known as *guddifachaa*. Further, *guddifachaa* enormously help to resolve childcare problems as a community-based approach as well as in responding to children at both social and economic risk. It is also one of the cultural institutions that Oromo people used as child acquiring systems for those childless families.

However, according to Asmarom, (2006:6), the term '*guddifachaa*' has a wide meaning beyond the English word 'Adoption'. The Oromo have developed a powerful method of incorporating aliens into their society and have taught the rest of Ethiopia some crucial lessons about the political issues of a multi-ethnic assimilations' ethic, as opposed to the type of elite assimilation practiced by the Ethiopian royalty. The Oromo have thus made a significant contribution to national integration. Remarkably, the Oromo word '*guddifachaa*' for 'adoption' has been written into the Ethiopian civil code with a meaning that is somewhat narrower than the Oromo original: the only meaning it carries is that of individual and familial adoptions. Both individual and communal adoptions were significant factors to the history of the Oromo and might partly explain the rapidity as well as the dynamics of their expansion throughout the length and breadth of the Ethiopian plateau (Tesema, 1986:53, cited in Asmarom, 2006:12).

In general, among Oromo, since it has many forms, *guddifachaa* partially means a system of moving a child from his/her biological parents to another community's family members through ceremonial rituals of the *guddifachaa* institution. According to the Oromo customary law, the *guddifachaa* child has all the rights with regard to status, marriage, inheritances, and maintenance (Taka, 1983, cited in Dasselegn, 2006:37).

## **5.2. Neglecting the Customary Adoption**

According to Guri and Hiemstra, in spite of a modern national political organizational system, the majority of African people who live in the rural areas are still organized around their indigenous institutions for carrying out the activities that are important for their development and well-being. In fact, civil society in rural Africa is embedded within their indigenous institutions and systems that are a key to the organization of people at the rural level for their political and socio-economic development. However, these institutions have been largely ignored by both colonial and postcolonial governments in the development equation in Africa, in favor of Western-styled institutions. Regardless of the fact that these institutions have good attributes that can be accorded Western-styled institutions, they do not capture the worldviews and wellbeing aspirations of rural communities. This paper argues that Western-styled institutions are exclusionary and leave out the bulk of Africa's human resources (indigenous institutions) in the development process. This situation is an important contributing factor to the demise of Africa's development, (cited in Stuckenbruck, 2013:73).

In the present situation, like many other indigenous institutions of African societies, the Oromo *guddifachaa* childcare practice has faced various changes and challenges. It has passed through different political, social, and cultural influences from within and outside of the Oromo society. Thus, the *guddifachaa* practice in the Oromo society has undergone remarkable changes in its ritual practice, and the extent of dealing with the needy children (Dessalegn, 2006:63).

According to my key informants from culture and tourism office of Adama town, *guddifachaa* as the customary alternative childcare is not much functioning and it has gone under extremely serious challenges now. Among these challenges are: existing policy and legal problems, peoples' economic incapability to adopt, and inability to fulfill the ritual responsibilities of customary adoption (*guddifachaa*), peoples' preference for legal/formal adoptions and the cultural changes that is taking place. Let me discuss some of these.

### **5.2.1. Culture Change**

Culture never stands static; rather it changes continuously. The change is not something that came to exist only in recent years with colonialism and globalization. Any culture is a complicated and sometimes contradictory combination of continuity and change, composed of everyday human practices including such institutions like religion (Eller, 2009:272). Hence, *guddifachaa* as a part of the traditional Oromo culture has moved through similar changes. In this regard, religion could be the major reason; because, *guddifachaa* has been a common practice for centuries among the Oromo community until conversion of the Oromo people to Christianity and Islam. These religions have been greatly reducing the importance and (cultural) features of *guddifachaa*. This pressure from powerful ideologies has strongly discouraged it, though it still exists (Dessalegn, 2006:16).

### **5.2.2. Imposition from the Modern Law of Adoption**

The modern legal system and the several actors in the modern childcare system in the country create problem/challenges to the customary *guddifachaa* as they miss the very rationale behind why the people practice *guddifachaa*. For them *guddifachaa* is a mechanical legal system as they do not understand the social, kinship, and rituals involved in establishing bond between the child and the adoptive family. Therefore, they consider modern legal based childcare institution as a replacement for *guddifachaa*. Thus, several actors created and struggle with a burden of dealing with the legal procedure to recognize the adoption. These arguments would be further discussed in the following section, basing its foundation on definite case study happened in Adama city administration and supplementing it with secondary data evidences.

### Case history 3

A man called Deresse a resident of *Kebele* 04 in Adama town, got an abandoned infant who was in her early childhood around his own house seven years ago. In fact, during that time, he did not report the case of the child to concerned government body. However, he had disclosed the matter to his neighborhoods and fulfilled what is culturally required of him as an adoptive parent. He raised the child until age seven. After seven years, the matter came to be exposed to the wider public and to the Women and Children's Affairs Office through the *kebele*. The office requested the *kebele* administration to report if there is any unofficial and illegal adoption taking place in the *kebele*. As a result, the *kebele* officials order Deresse to report his case to the Women and Children Office of Adama city administration. Then he reported and the office ordered him to legalize the *guddifachaa* by taking the case to the court. However, he insisted not to do so. Finally, the officials took the case to court, and the court denied him the right to adopt the child and decided that the child should be taken to care institutions. During my interview, Deresse describes his feelings and emotions. The following quote is taken from his extensive narrative. "When I heard the decision from the officials, I was really shocked and felt sad," he said. He said, "I do not want to go to court. Why would I go to the court? After all, I am confident enough that I raised my child by caring for her equal to my biological children. Everybody in the neighborhood knows this truth very well. I respect the custom and God also force us to do the same. Going to the court would affect the child psychological wellbeing as she would learn that she is not my biological child. Then, why is it necessary to go to court, since it is culturally unacceptable and incorrect? If you do not allow me to raise the child, you can take her away to wherever you want". Deresse responded to the officials. Finally, when I met him, Deresse said, "What I feared finally happened and they took my child away from me and gave it to the care institution."<sup>22</sup>

From the above case study, I recognized the restrictions that came from an imposition of the formal laws on present adoption practices in the study area. Now, the imposition from the legal system is threefold: first, it disregards the society's very aim of *guddifachaa* only by putting best interest of the child. However, in Oromo culture, the primary concern of *guddifachaa* was the interests of the childless adoptive parents. Second, the modern law is found to be a replacement for customary practice, without offering the existing cultural options as other alternatives. Third, it adds a burden of facilitating the legalization procedures.

Regarding to the law's imposition as disregarding the people's aim of *guddifachaa*, the above case shows that the current formal adoption practices absolutely fail to see and neglect the purpose of *guddifachaa* in the society. *Guddifachaa* was promoted to perpetuate the family name and lineage. Adoptive sons were seen as providing security in old age and played vital roles in

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<sup>22</sup> Interview with Deresse, Adama, April, 14, 2014.

funeral rituals of the adoptive parents. The people believe that they would gain the same love or security in old age from a *guddifachaa* son. It was influenced by patriarchal values: male children were preferred to provide a son for the sonless. In Oromo society, the adoption of a related child is also customary, because blood ties are very important. Traditionally, infertile couple asks a relative blessed with many children to relinquish one for adoption and acquire a child, (Ayalew, 2002:46).

However, the current adoption practice is directed by both international agreements like UNCRC, ACRWC, and national guidelines (FDRE Constitution, Family Law, and other national guidelines) that never recognize the objective of adopting a child and what it means to be a “parent” for the adoptive family. It also fails to see the right of the adoptive family by concentrating only on the child’s interests. For example, the convention on the right of children provides the normative base; it notably requires that the best interests of the child be ‘the paramount consideration’ in any adoption decision, and sets the principle of inter country adoption being subsidiary to all suitable domestic solutions to the child’s situation. In the same hint, it stipulates that any placement decision must pay due regard to the child’s ethnic, religious, cultural and linguistic background (ACPF, 2012:5). However, the principle did not have sense of parenthood and the right of the adoptive family. The present-day adoption laws and practices narrow the options to individual’s assumption of parenthood. Even, the spread of international adoption, matches with an expansion of laws regulating the movement of children (Judith, 2009:64).

Concerning the second imposition of the current legal system of adoption on customary *Guddifachaa* practice, it is found to be a replacement for the customary forms of adoption<sup>23</sup>. However, the replacement and dominance of legal adoption over customary adoption produces a disparity balance, in which custom faded, failed under the rigidity of law, where the law included almost every occurrence of child transfer. The case of Deresse, which was explained earlier properly, validates this argument. While Deresse had got abandoned child and providing necessary care and support as his own child by fulfilling the customary ritual, the officials oblige him to present the case in fronts of the court to legalize the *guddifachaa* only for the purpose of child right protection. This is because the national childcare guideline and family law of the country enforced the customary adoptions to be legalized in the courts. This is also the problem that contributed to the deterioration of the legal domestic adoption in Adama city administration.

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<sup>23</sup> Focus group discussion with group 2, June 13, 2014.

Here, I am not arguing that the law regarded *guddifachaa* as illegal practice; rather I have a doubt if it has properly recognized the customary practice.

Thirdly, the legal system attaches another burden on the people. Since it enforces every adoptive family to legalize the customary adoption, the formal law places additional responsibility such as dealing with the legal process and procedure. On the one hand, the people suspect what would happen to them when they are told to follow the legal procedure, as we have seen in the above case where *Deresse* says “when I heard the decision [of the court] I was really shocked and felt sad”. On the other hand, they are obligated to run the law’s course of actions: wasting their resources such as time and finance. The people undertake the action by standing between two probabilities: hoping that they may succeed to become legalized parents or despairing that they would be marked as unfit parent and the court may decide that the child should be taken from them.

Generally, I am not arguing against controls over the movement of children. Rather, I am suggesting that such control must not be limited to a legal structure that has its origins in the society’s cultural understanding about care, protection, parenthood, identity, and kinship. The parental responsibilities of the adoptive parent should not be narrowed down to love and care for the adoptive child. This is to mean: certain space should be given for the parents too, to consider what parenthood means in that particular culture of the people. That is because adoptive parents through their culture know how an adopted child should be taken care of.

### **5.3. *Guddifachaa* as an Alternative Child Care**

*Guddifachaa* has played a great role in decreasing problems of the current adoption practices in in Adama city administration. First, the concept and the practices of *guddifachaa* is not something new, hence the people are well familiar with it. However, when it comes to the legal/formal/modern adoptions, the case is a bit difficult and for one thing, it is a western approach. In fact, legal adoption is not quite known in most people of Ethiopian societies (ACPF, 2012:24). In this regard, if the customary practice, *guddifachaa* would have been encouraged without the interferences of law, or given due consideration in the modern legal systems, it would play a significant role in decreasing the current overflow of inter country adoption both in the study area and in the country. This is because, the more the people are encouraged to practice *guddifachaa* according to their customary law without the current legal impositions, the more chance children would have to be adopted in their own localities. According to this argument, the

country would succeed most in decreasing inter country adoption that is known as having numerous problems and disadvantages.

Second, the customary practice of *guddifachaa* can fill the objective gap that the current adoption practices have. This means the current legal adoption system mainly focuses on only the best interest of the adoptive child. In addition, this appears to address a partial aim without considering the adoptive parents' purpose and rights in that relationship.

In this regard, Judith, (2009: 64) clearly indicates that the recent adoption literature is preoccupied with issues like identity; it focuses on the adopted individual, especially on the trans-racial, trans-cultural, and transnational adoptee. Likewise, most of the conventions/agreements on inter country adoption and national guidelines on domestic adoption recognize that the child, for the full and harmonious development of his or her personality should grow up in a family environment, in a mood of happiness, love, and understanding. However, equal attention should be paid to the roles that adoption plays in the identity-forming processes, the right, and advantages of the adoptive parents to accomplishing the goal of adoption.

From this viewpoint, contrary to the legal/formal adoption, the customary adoption, *guddifachaa* promotes the wellbeing of both adoptive children and adoptive parents by clearly indicating the rights and responsibilities of the child and the adoptive parent that can promote the desired goal of adoption.

Third, far beyond respecting the culture of the participatory bodies, the customary *guddifachaa* enormously creates excellent social bonds among the birth parents and adoptive parents. The restriction of adoption practices under a national or international code for the movement of children, deny or limit the options that adoptive child and adoptive family have in respect to their own culture to form a family or care for needy children culturally. These restrictions might also eliminate affirmation of cultural identity that is associated with making kin.

In the legal adoption forms, "birthparent and adoptive parent are anonymous to one another, and the child's past becomes the province of the adoptive parents. Social bonds between the adults engaged in the transfer are nonexistent" (Schancher, 2009:64). According to traditional customary law, the appearance of *guddifachaa* recognizes the presence of birth parents, adoptive family, and the adoptive child in the social network. For the people *guddifachaa* represents the bond between the parents who exchange a child, and made them to know one another, after the *guddifachaa* ritual.

Fourth, the regulations proposed in many international agreements construct adoption as a contractual agreement drawn between units: the adoptive family, birth parent, institution, agency, and concerned government bodies. Thus, all information about the process is shared among these components. It is confidential, for the whole society and provided to the participants only with the approval of a central authority or concerned body (Judith, 2009:64). As we have discussed in chapter four, one of the problems of inter country adoption is that, it is difficult to get necessary information about the adoptive child both for the birth parent and government body that is responsible for monitoring. However, when we see in case of *guddifachaa*, all necessary information is publically known; the whole society member possess full knowledge of the terms of the arrangement. The entire adoptive children's and the adoptive parents' right and responsibilities are clearly acknowledged by the people; and everybody knows the status and the life condition of the adoptive children even after he/she is given to *guddifachaa*.

Fifth, the cultural significance of *guddifachaa* the etymological root of *guddisuu*, (raising up) naturalized the relationship between the adoptive parent and the adoptive children. In *guddifachaa* customary practice, the adoptive child is given once and for good for the adoptive family, it is not something that fails to continue; it has implication of belongingness. *Guddifachaa* does not involve signed contract as legal adoption, but it takes place under the control of social value and social contract. Thus, it is permanent, because the people never want to break the customary law after it is once recognized; but the contemporary legal adoptions are facing the problem of permanency guarantee from the modern legal system of adoption. Above all, the concept of belongingness in the *guddifachaa* is more preferable than the permanency that the legal adoptions perpetuate. Belongingness is central to an understanding of kinship in which persons become kin by being incorporated into a social network.

Generally, customary adoptions seem to be countered in practice. Families and communities must be empowered and enabled to play their traditional roles. The national and local authorities, civil society organizations, and development aid bodies should give priority to supporting their efforts rather than to allowing or promoting formal alternatives that are alien to the African context (ACPF, 2012: 24).

## CHAPTER SIX

### 6. SUMMARY AND CONCLUSION

The present study has primarily dealt with the current trends of domestic and inter-country adoption in Adama town. Eight childcare institutions in Adama city administration were explored. These institutions are currently under taking several alternative childcare activities. Adama is the leading city administration in a number of childcare institutions in the region. The thesis first highlighted the existing childcare institutions as background information; year of their establishment, legal status, and alternative childcare activities they are undertaking.

The research attempted to compare and contrast domestic and inter-country adoptions in the way they are undertaken in these institutions. The research reveals that the current popular trend among other alternative childcares in Adama city administration is inter-country adoption. Since these childcare institutions are working mainly focusing on inter country adoption, domestic adoption and other alternative childcare options are less practiced. The research data shows that in Adama city administration, four hundred children were sent for inter country adoption, while only twelve children benefited from domestic adoption during the same period from 2008 to 2014. Due to lack of appropriate theoretical frameworks, which deal with the issue adequately, the study focused on analyzing policy and practice of domestic and inter-country adoption by childcare institutions in the study area.

Furthermore, the study exposes the reason behind the popularity of the inter country adoption than other alternatives. Among other reasons, few of them could be mentioned. First, most NGOs working on childcare primarily focus on inter country adoption. However, the national alternative childcare guidelines, UNCRC, ACRWC put inter-country adoption should come subsequent to domestic alternatives. The reason is obvious that they acquire donation by sending children to inter-country adoption. It implies that most of these institutions are working against the national alternative childcare guideline. According to the guideline, childcare institution has to use their maximum effort to encourage domestic adoption, while the practice seems to contradict this outline. The UNCRC and ACRWC also stress that child should be grown up in their country of origin knowing ones' own culture, language, identity...etc, but this is not being carried out by these childcare institutions. When we see it from anthropological perspective, they surrender children to different environment, of which language, culture, color, religion, ethnicity etc differ. These differences may result in identity crisis and culture shock on the child. The constitution of the FDRE in article 36 (5) stated that government should take measure to place

orphan and vulnerable children in childcare institution or facilitating adoption generally. It has not clearly indicated which type of adoption, which seems in favor of childcare institutions that used it to their advantages. Second, usually the birthparents of the adoptive children prefer to send their children to inter country adoption. Third, the adoptive children themselves want to be adopted to foreigners. Furthermore, because of lack of awareness on the current formal adoptions and economic difficulties, the local people's participation in domestic adoption is minimal. The Ethiopian experience I described in this thesis is contrary to other developing countries.

UN (2009), stated that the number of domestic adoptions have been declining in many developed countries. Several developing countries have experienced an increase in the number of domestic adoptions, partly because of the implementation of policies to encourage local residents to adopt. However, in case of Ethiopia, both the number of inter-country adoptions and its share among all alternative childcare have been increasing. This is also due to the fact that, even though policies and guidelines, concerned government authorities are not undertaking necessary measurements to alleviate the problem of policy and existing legal frameworks implementation.

I have also tried to contrast the current modern childcare activities with the customary childcare practices in the locality. I focused on how the modern childcare activities imposed challenges on the *guddifachaa* practice. Here I focused on how the several childcare guidelines, policies, and legal frame works on adoption absolutely missed the rationale behind *guddifachaa* in the traditional society. It fails to look what it means to be parenthood for the adoptive family by focusing only on the best interest of the child, which can reduce the peoples' participation in adoption practices. Second, the modern adoption principle replaces the customary adoption and it neglects to recognize the customary practice as plausible alternative childcare. In revised family code of Ethiopia, it clearly stated that customary adoption is unacceptable unless approved by court. Thus instead of using the customary mechanisms, modern adoptions are over burdened by legal process and procedures. On the other hand, concerned government and non-government organization did not promote domestic legal adoption to the whole society. Thus, people's view of the local adoption is dominated by the complex legal process and procedures than the considerate kinship based and ritually bound customary adoption.

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**Addis Ababa University**  
**Department of Social Anthropology**  
**Informed Consent Form for Interview Participants**

Good morning/Good afternoon Sir /madam?

I am Tariku Ayana, from Addis Ababa University, masters' student in the Department of Social Anthropology. I am conducting a research project on the '*Inter country Adoption versus Domestic Adoption: a comparative study of Alternative cares for orphan and vulnerable children in Ethiopia: the case of Adama Town*'. My objectives are to compare and contrast the two alternatives and to forward useful recommendations based on the excavated findings. I planned to involve informants from the local community residents, and administrators and officers from selected institutions who can contribute their personal experiences on understanding the comparative advantage of both domestic adoption and inter-country adoption, in a way that provides an alternative care for orphan and vulnerable children.

Thus, your participation in this study is completely voluntary. There are no risks associated with this research. You are free not to answer any questions that may make you feel uncomfortable. With your permission, this interview will be audio taped. The audio tapes made will have no identifying information except your voice. Your interviews will be strictly confidential. Your name will not appear in any report of results. No one will use the information in any way that could cause problems for you. Interview will take approximately 40-50 minutes. If you agree to participate, the researcher will schedule an interview time and location that is convenient for you. If you have questions at any time about the study or the procedures, you may contact me, Tariku at 0913 07 32 15 or [tadmqq@yahoo.com](mailto:tadmqq@yahoo.com). If you have read this form and agree to take part in this study, please put your name and signature below.

Name ----- signature -----

**Thank you very much for your participation!!**

Annex II.

**Guide Line for Key Informants Interview from Child Care Institutions**

**I. Background information**

1. Name of organization -----
2. Type of organization (Go's NGOs) other (specify) -----
3. Type of program -----
4. Legal status -----
5. Position of the key informant in the organization on -----
6. Which Kinds of alternatives are undertaken by your organization for orphan and vulnerable children? -----
7. Among other child cares alternatives, does your organization is undertaking adoption? -----
8. If your answer for question number 8 is 'yes', in which type of adoption does your organization involved? -----
9. How many children benefited from Inter country adoption? Male-----female-----
10. How many children benefited from domestic adoption? Male-----female-----
11. What was the selection criteria employed for those children given to Domestic Adoption in your organization?
  - A. -----
  - B. -----
  - C. -----
  - D. -----
12. What was the selection criteria employed for those children given to inter country adoption in your organization?
  - A. -----
  - B. -----
  - C. -----
  - D. -----
13. What are the criteria of adoptive family? -----  
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-----  
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-----  
14. Why the organization needs to work on the program? -----

15. What are the advantages of Domestic Adoption?

A. For children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. For Adoptive family

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. What are the disadvantages of Domestic Adoption?

A. For the children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. for Adoptive family

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What are the advantages of inter country adoption?

A. For the children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. For Adoptive family

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18. What are the disadvantages of inter country adoption?

A. For the children

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B. For Adoptive family

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19. Among domestic and inter-country adoptions, which type of Adoption do you advocate to OVC in the context of this town?

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20. Why you more prefer to advocate, and why you do not advocate the other?

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21. Could you mention the existing policies/frame works of the country or the region on the alternative child cares?

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22. How your institution does implementing these policies/frameworks?

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23. Do you have any persona comments the existing policies/frameworks?

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24. Have ever got feedback from stakeholders like experts, somebody else from the community on both types' adoptions? If yes, what were those feedbacks?

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25. Do you have any additional comment on the two types of adoptions in general?

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**Annex III.**

**Guide Line for Key Informants Interview from Experts**

**I. Background information**

9. Name of the sector \_\_\_\_\_
10. Position of the key informant in the organization on \_\_\_\_\_
11. Which Kinds of alternatives child cares does your sector is responsibly undertaking in order to help the orphan and vulnerable children?  
\_\_\_\_\_  
\_\_\_\_\_
12. Among other child cares alternatives, does your sector is actively involving in adoption, may be in collaboration with child care institutions? \_\_\_\_\_
13. If your answer for question number 8 is 'yes', how does these institutions are currently working in partnership with your sector particularly in Adama town and how many are they in number?  
\_\_\_\_\_  
\_\_\_\_\_
14. If your answer for question number 9 is 'yes', are there child care institutions that your sectors is jointly working on adoption? If yes, which type of adoption?  
\_\_\_\_\_
15. How many children benefited from Inter country adoption in Adama city administration?  
Male \_\_\_\_\_ female \_\_\_\_\_
16. How many children benefited from domestic adoption in Adama city administration?  
Male \_\_\_\_\_ female \_\_\_\_\_
17. How do you describe the institutions' services for the children?  
\_\_\_\_\_  
\_\_\_\_\_
18. What are your sector's responsibilities in this regard?  
\_\_\_\_\_  
\_\_\_\_\_
19. What was the selection criteria employed for those children given to Domestic Adoption?  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
G. \_\_\_\_\_  
H. \_\_\_\_\_
20. What was the selection criteria employed for those children given to inter country adoption?  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
G. \_\_\_\_\_  
H. \_\_\_\_\_
21. What are the criteria of adoptive family?

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22. What are the advantages of Domestic Adoption?

C. For children

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D. B. For Adoptive family

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23. What are the disadvantages of Domestic Adoption?

C. For the children

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D. for Adoptive family

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24. What are the advantages of inter country adoption?

C. For the children

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D. For Adoptive family

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25. What are the disadvantages of inter country adoption?

C. For the children

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D. For Adoptive family

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26. As an expert, among domestic and inter-country adoptions, which type of Adoption do you support in the context of this town?

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27. Why you more prefer to advocate, and why you do not the other?

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28. In the real context of Adama town, which type of adoption is increasing and or more practiced? What reasons do you think are behind the situation?

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29. In the town which kind of adoption does NGOs or child care institutions choose to undertake? Why?

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30. In Ethiopia in general and in Adama in particular, which kind of adoption do government encourage more to be undertaken? Why?

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31. Could you mention the existing policies/frame works of the country or the region on the alternative child cares? And which branch of adoption does the policies/frame works inspire more?

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32. How does your sector office is implementing these policies/frameworks, how the intended purposes on the policies/frame works are fitting on the ground?

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33. If your answer for question '24' is positive how can you justify?

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34. If your answer for question '26' is 'no' where does the contradiction came from?

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35. As a professional person, do you observe any gap within the existing frameworks, and or any failure in its implementation by all the concerned bodies?

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36. Do you have any personal, professional comments the existing policies/frameworks?

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37. Have ever got feedback from stakeholders like childcare institution workers, somebody else from the community on both types' adoptions? If yes, what were those feedbacks?

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38. Do you have any additional comment on the two types of adoptions in general in the context of Adama town?

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## Focus Group discussion

### Dear Respondents or Participants

Title: - Inter country Adoption versus Domestic Adoption: a comparative study of Alternative cares for orphan and vulnerable children in Ethiopia: the case of Adama Town

Aim of the research: The study is going to be carried out with an ultimate goal of identifying plausible solutions which help to improve the provision of child care services in general and adoption related programs in particular. To this end respondents or participants are expected to provide relevant information which contributes to the problem solving endeavor of OVC related problems. More importantly the participants' response will be collected based on their consent at the same time the information will be kept confidential.

*The researcher would like to stress firstly that are not to decided about how I view the assessment of adoption Programs in Ethiopia. So the researcher would appreciate your honest views, I do not have a hidden agenda here.*

1. How do you evaluate the range of supports which are provided by the institution? What do you think it means? What do you think of the idea? **(Beneficiaries of adoption program)**

2. Do you think that the firm is working in line to the law and standards regarding to safeguarding the benefits and rights of beneficiaries which is mainly run by this institution? What are the practical manifestations of the role of the firm in shaping the life conditions of the beneficiaries? How do you feel about that? **(For Expert)**

3. Do you think that the values that are attached by beneficiaries of the adoption which is run by your organization is increasing or diminishing across time? .How do you evaluate it? What are your evidences in supporting your stand? **(For Expert)**

4. Do you think that the beneficiary is benefited from the adoption program or firm? Are they in a position to maintain the standardized manner of a given active citizen? If no, who takes the lions share in affecting the work ethic and world views of beneficiaries as well as in helping them to benefit from the sector? **(For community members)**

Appendix V:

**Observation Checklist**

NO	Things to be observed	Type and Description	Remark
1	:Type of alternative care Location and setting of the organization, Organizational assets in the Woreda, Number of projects in relation to child care, The presence of trained personnel, Types of support programs, The presence of government office that oversees activities related to child care, The categories of beneficiaries within the institution, The presence of different alternative child care institutions in the Woreda,		
2	Institutional interventions: NGOs/GOs, FBOs, CBOs, Professional institutions Others,		
3	Health facilities		
4	Transportation infrastructure		
5	Access to water		

4	Schools and their facilities		
5	Housing conditions		
6	Toilets and Sewerage facilities		
7	Changes in life conditions of beneficiaries		
8	Organization of patterns of support system in the Woreda: Developing intervention mechanisms, Organizing beneficiaries, Empowering beneficiaries to manipulate the support		
9	Agenda and content of the program: Range of programs, Contents of manuals and guidelines, The goal of the project or intervention		
10	Institutional follow up and accountability: Working with the government collaboratively, Recording and policy documents, International networking and sharing responsibility, Framework for follow up, Evaluating the background of the one who adopt the child, Working in line with the national and international guide lines, Establishing contact with those who adopts the child, Establishing regular follow up schedule,		

### Checklist for Documentary Review

No	Issues to be considered	Explanation	Remark
1	<p>Child care related programs:</p> <p>Organizational Goal,</p> <p>Priority areas,</p> <p>Project development,</p> <p>Interventions,</p> <p>Activities,</p> <p>Inputs,</p> <p>Outputs,</p> <p>Policy, regulatory and legislative context,</p> <p>Section for poverty, risk and vulnerability in the Woreda,</p>		
2	<p>Ways of implementing the Program:</p> <p>Actors,</p> <p>Duration of intervention,</p> <p>Scope and methodology of intervention,</p> <p>Approaches, processes,</p> <p>Principles of adequacy and equality,</p> <p>stakeholder participation,</p> <p>Financial management frameworks,</p> <p>Ensuring the involvement and assistance of relevant stakeholders,</p>		
3	<p>Beneficiaries:</p> <p>Target population,</p> <p>Recruitment criterion,</p>		

	Place for special population(children with disabilities or health problems), Types of benefits, Expectations from beneficiaries		
4	Values and Contexts: Place for human dignity and worth, Place for socio-economic justice, Principles of fairness, Cultural sensitivity, Principles of empowerment,		
5	Monitoring and evaluation mechanisms: Follow up mechanisms, Project performance and quality of result frameworks, Weigh options and using cost effectiveness analysis, Performance indicators, Principles of upwards and downwards accountability		
6	Effectiveness, Efficiency, and Impact: Effectiveness of programmes, Programme impact compared to objectives Efficiency of programmes		
7	Moving Forward: Framework for reforming the program, Institutional and political sustainability of the program, Promoting economic independence of beneficiaries		