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Careful Belonging:

Contextualizing Alternative Orphan Care

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Author's Notes

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Introduction

Currently, millions of orphaned and vulnerable children around the world lack adequate care due to unsupported and unengaged communities, as well as failing traditional orphan care models. In order to better serve the world's orphaned and vulnerable children in more relevant, impactful, and sustainable ways, alternatives to Western orphan care models must be contextualized and implemented within local communities. As a Christians, I begin this thesis with the biblical grounding that calls the Church to care for the orphan. I will then explain the history of orphan care to set up the understanding of the universal need for alternative orphan care models. Following, the importance of contextualization is identified, which lays the groundwork for the provided guiding principles of establishing alternative care. Included are case examples, focusing primarily on Selamta Family Project's culturally-grounded approach within the context of Addis Ababa, Ethiopia, demonstrating the vitality of these principles.

As of 2017, it was estimated that there are 140 million orphans in the world ("Orphans"). This number includes both single orphans, children who have lost one parent, and double orphans, children who have lost both ("Orphans"). Orphaned and vulnerable children (OVCs) are not only one of the most defenseless populations, but they also give indication to broken systems, communities, and families all around the world. Besides, these children carry the responsibility of being the next generation. Children growing up in large institutions lack essential development, lose cultural insight, and often repeat the cycle of orphanhood with their own children (Darke and McFarland 733). It has been found that neglecting to care for an orphan is "directly correlated to higher incidences of crime, unemployment, homelessness, human trafficking and suicide" (Darke and McFarland 625). Supporting an orphaned child not only

reshapes the course of their personal life, but that of their community, family, and future generations.

I developed a heart for the orphan in my teenage years, and when I was asked "What would you do if you weren't afraid?" in college, my response was that I would open an orphanage and love all the orphaned children. While my heart and motives were pure, my knowledge and understanding of what the world's orphans needed was limited. Spending a summer in Kenya in 2015 opened my eyes to the families and communities that desired to care for their own children but were unable to. Since then, I have been on a path to discover how we can better serve orphaned and vulnerable children around the world by loving and supporting their communities. It was because of this that I chose to pursue this MA in International Community Development. In the process of writing this thesis I had the opportunity to conduct fieldwork in Ethiopia, where I gathered qualitative data through interviews and observations in government-run orphanages and in Selamta Family Project's homes. My experiences in Ethiopia and learning from experts in this field have shaped my mindset on the complexity yet necessity of tackling the orphan crisis at the local level.

PART I: RESEARCH

Background

Biblical Grounding

> *"If we want to see the end of the orphan crisis, we need to follow God's heart to the poverty, injustice and brokenness at the root of the orphan crisis" (Brinton and Bennett 578).*

In the Christian tradition, not caring for the orphan goes directly against God's commands. Scripture reveals God continually telling His people to care for the poor and the

outcast. The Psalmist writes, "Defend the weak and the fatherless, uphold the cause of the poor and the oppressed" (*New International Version,* Psalm 82:3). God even chastised those who neglected to do so (Isaiah 58). Daniel Groody explains, "the prophets of Israel repeatedly insist, without attending to the rights and needs of the poor, people cannot truly know God nor render to God true worship" (1426). Caring for these people is more than just obeying biblical commands; it's a way Christians honor God.

Within the Old Testament, God put into place protection over the orphan and widow, such as laws to allow them to glean from the field or commands that they receive tithes from the produce store houses (Deuteronomy 14:28-29). Within this agrarian context, these provisions were significant. Although the modern context is different, the heart of God remains the same. The New Testament does not neglect this call to care for the outcast and poor either. James 1:27 reads, "Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress." In this sense Christians see that God is the "father to the fatherless" (Psalm 68:5), and He desires that His follows reflects His character by having the same heart.

Christians hold the belief that *all* people are created in the image of God (Genesis 1:27). As image bearers, the orphan deserves to be treated with dignity and worth. If Christians fail to care for the orphan appropriately, they are not only failing to honor these children, but also reinforcing the sense of abandonment and isolation in their lives. A strong association of abandonment and fatherlessness in these children can leave them disconnected from God their Father. God intends for children to grow within families. Psalm 68:6 declares, "God sets the lonely in families." For many people, the family unit reflects the relationship they have with God

the Father. However, just as Christians believe that all are made in the image of God, they

believe that the brokenness that was ushered in with the Fall touches all areas of our lives.

The orphan is often the result of broken families, poverty, and injustice. The sad reality is

that "[i]n so many places in the world, children are literally born into conflict, into divided

identities, into forms of injustice beyond their control" (Lederach 30). This brokenness is all

around us. Bryant Myers teaches that the fall of man (Genesis 3) distorted relationships with

God, the environment, others, and with one's self (*Walking with the Poor* 64). In this belief, the

physical needs of poverty and injustice cannot only be met but also reconciliation of all the

broken relationships. This is the deeply transformational developmental work that should be

applied to alternative care as it addresses the orphan crisis set within all of these broken

relationships.

Only in tackling these broken relationships can there be restorative justice as *shalom*.

Shalom is not merely the substance of peace but "the biblical ideal for human well-being or

flourishing" (*Walking with the Poor* 97). As Christians strive to bring forth shalom, we must care

for our neighbor, including the orphan. Julie Clawson writes, "Jesus called us to serve as his

hands and feet by helping to restore relationships through acts of justice, which flow from our

love for God and love for others" (21). Minister Marjorie Thompson further suggests, "Showing

kindness to the wayfarer, supporting the widow and orphan, taking in the homeless poor, and

offering hospitality to strangers – these were expressions of just relations with the neighbor in

scripture" (146-147). Many passages that talk about the orphan are also within this context of

pursuing justice as in Isaiah 1:17, "Learn to do right; seek justice. Defend the oppressed. Take up

the cause of the fatherless; plead the case of the widow." This verse equates caring for the

oppressed with fighting for justice. Often the orphan and oppressed are stigmatized, neglected, or

exploited. Justice could be pursued through holistic restoration – including healing broken relationships, fighting systems of oppression, and bringing reconciliation to areas of corruption. Ultimately, "[u]nless we fight the injustice that leaves families vulnerable, we cannot stop children from being abandoned and orphaned" (Brinton and Bennett 4832). Caring for an orphaned child requires more than just compassion, but also willingness to engage larger systems of injustice that continue the cycle of orphans in our world.

Orphan Care History

The orphan has always been among us. The realities of disease, death, conflict, and illegitimacy are present in every generation. Traditionally, communities had systems in place to care for these children. During the Middle Ages, children were under the care of monasteries and continued to be aided by religious institutions. Most tribal communities followed systems of kinship care, where an extended family member would take in the child. Modern orphanages were created in the nineteenth century, supported primarily through religious organizations (Morton 65). Consequently, large residential care facilities were introduced in Africa by foreigners in the early 1900s in response to social changes, poverty, and disease (Frimpong-Manso). Unfortunately, as commonly seen in development, "local values often give way to those associated with the 'successful' West" (*Engaging Globalization* 40). The large residential care model began to be accepted as the primary form of care for orphans and multiplied in developing countries with an increased presence of colonization and missions (Frimpong-Manso).

The integration of these institutions filled a need to serve vulnerable and orphaned children. However, as this model increased overseas, the US began recognizing the harm of institutional care and transitioned out of children homes by the mid-1900s (Morton 84). Many Western countries have done similarly, putting into place larger social services for impoverished

families and establishing foster care systems, considering orphanages an "outdated export"

(Brinton and Bennett 929). While there has been a push for deinstitutionalization in some

developing countries, institutions and large residential homes remain prevalent.

A common trend with globalization is the movement of people. As people moved more

freely between villages or towns, traditional family or tribal lines began to blur. More so in

recent history, large movements towards cities have deteriorated village communities and social

responsibilities with less people to provide care. In many cases, elderly, vulnerable, and often

impoverished grandmothers are left to care for the children. Globalization also opened the doors

to the movement of people through international adoption and opportunity for greater

international relief efforts.

While both institutional care and international adoption seek to fill a need and serve

vulnerable children, their continual presence have begun to undermine local support systems and

even provide opportunity for exploitation. In 2010, the UN published "The Guidelines for

Alternative Care for Orphaned and Vulnerable Children." Although there had been prior efforts

towards alternative care, the publishing of these Guidelines created a sea change in the care for

orphaned and vulnerable children. Keeping children within the family unit, as close to their

original context as possible, is at the core of the Guidelines. Closely connected to alternative care

is *family preservation* (or family strengthening). These are efforts put in place to either

strengthen biological families that are vulnerable to breaking apart or reintegrate children into

their biological homes. Family preservation can be viewed as orphan prevention and it limits the

need for further orphan care providers.

There is no denying the orphan crisis is complex, and each situation and context require

different solutions. Today, countries around the world range in orphan care models and

standards. Some rely heavily on governmental aid and institutions while other less developed countries are in the early stages of the traditional systems breaking down. It will require many different forms of care and reform to address each of these. However, change will only happen if we address the root causes and seek alternative models of care that are more suited and sustainable within each specific context.

Institutional Care

> *As I walk into the room the tired caregiver lifts her eyes from a row of bottles. Cribs line the walls, filled with frail dark bodies. I walk to one crib holding two small babies and touch the hand of the crying child. Everything within me aches for him. As I stand in one of the three government-run orphanages in Ethiopia, I know this child has just begun a long journey behind walls. Without the possibility of international adoption, due to the adoption ban in 2017, and failing foster and national adoption systems, hope fades. Even if this small baby continues to grow, he will lack the development needed to grow into a strong child. Earlier that day I sat with a young teenage girl in the girls government-run orphanage. She told me that even if she leaves at 18 years old, they will only provide her a small amount of money. Fear and wonder filled her words of what life would be like outside the walls in a world that she has never been a part of.*
>
> *(Reflections on Fieldnotes)*

Many studies have been done to reveal the negative implications of institutional care. While there is no denying that they provide care for large numbers of children, the knowledge of the developmental delays, the challenges of reintegration into society, and the exploitation of institutions cannot be dismissed. Within the walls, children lack cognitive development, social interactions, understanding of their cultural setting, and how to function in society. Eventually

children age out of orphanages at the age of 18 with little or no support systems. Orphanages were created with good intentions to respond to a crisis or protect misplaced children, but they never should have been a long-term solution. In doing so, relief work undermines the role of development. The difference is that "relief is designed to meet immediate needs during a time of crisis…[whereas] development is designed to empower people to meet their own needs" (Brinton and Bennett 1246 -1260). While appropriate for relief work, institutional care should not replace the need for the community to be empowered to care for their children.

More alarming is the fact that out of the estimated 8 million children living in orphanages, 80% have at least one surviving parent (Brinton and Bennett 1920). However, many children are unable to remain in their own family due to poverty. Because many orphanages have been established for many years, a dependency on these institutions becomes an issue. Families, in their own vulnerability and poverty, give their children to the homes because it is believed that they can provide better care. Unfortunately, many orphanages capitalize on this vulnerability and become exploitive. Often Westerners view orphanages as a great solution and pour money and resources into these institutions. Since many charitable donations are made towards orphanages, they become lucrative. Therefore, families get unmet promises that their child will receive an education or better opportunities if they are placed in the orphanage. In an online article on international aid, Steve Saint writes:

> Often charity to help the poor attracts more people into poverty. One example I have
>
> noticed takes place when North Americans try to care for the needs of the orphans in
>
> cultures different from our own. If you build really nice orphanages and provide great
>
> food and a great education, lots of children in those places become orphans.

How devastating that our efforts to help the orphan have often-times only multiplied the orphan.

International Adoption

With 140 million orphans worldwide, international adoption cannot be assumed to be the most sustainable solution or appropriate answer, either. The fact of the matter is that the number of adoptive families will never meet the growing number of children who need loving homes. I will not discredit the place of adoption in our world; it can be beautiful, redemptive, and transformational. For Christians, it reflects the adoption we have with our Heavenly Father, brought through the sacrifice of Christ Jesus (Galatians 4:4-7). However, while international adoption is significant to that one child or adoptive family, it does not address the root causes of the global orphan crisis, nor does it address the pattern of poverty, neglect, or abandonment within that child's community. I simply am arguing that international adoption cannot be expected to be the best solution for handling the orphan crisis at large.

The sad reality is that just as orphanages are exploitative, international adoption can at times be a form of human trafficking. Kathryn Joyce poignantly writes:

> This narrative of adoption as child rescue usually drowns out the more critical
>
> interpretation – that adoption is an industry driven largely by money and Western
>
> demands, justified by a misguided savior complex that blinds Americans to orphans'
>
> existing family ties and assumes that tickets to America for a handful of children are an
>
> appropriate fix for an entire culture living in poverty. (5)

Because of the large expenses paid for an adoption, governments and agencies may find children to be adopted who do not necessarily need a new home. As identified before, the majority of "orphaned" children still have remaining family members whom they are separated from due to poverty or manipulation. It was found that 88% of orphans are over the age of five, yet 89% of children adopted to American families in 1996-2006 were under the age of five (Brinton and

Bennett 1925). This reinforces the fact that many organizations find children for families rather than families for children. This reality is alarming because "[i]f agencies are just trying to find children for families, especially American families that have a lot of money to spend, this will raise the demand and could foster more trafficking" (Carr 28). Again, Joyce challenges, "Seeing adoption as a divine mission leads people to embrace an industry in which they routinely spend $20,000 - $40,000 to adopt a child without being willing to spend several hundred dollars to preserve the original family" (236). Consideration must be given to how expensive international adoptions are and how the money could be used to invest in sustainable solutions.

It is clear that "[international] adoption is an intervention that needs careful monitoring and to be held to high standards of ethical practice as well as to operate within a child rights framework" (Groza and Bunkers 167). If pursuing or facilitating international adoption, measures to ensure proper and ethical practices should be taken. Children who could benefit the most from international adoption are children with medical conditions or special needs that cannot be appropriately cared for within their context. However, with many developing countries closed to international adoption, the need for establishing healthy alternative care models globally is increasingly imperative.

Alternative Care

Identifying the concerns found in institutional care and international adoption helps us understand the pressing need for alternative care. *Alternative care* is a broad term that encompasses several different models of care that seek to keep orphaned or vulnerable children within a family-like setting. In agreeance with the "UN Guidelines of Alternative Care," most alternative care organizations put an emphasis on family-based care, such as kinship care, foster care, and national/in-country adoption. In addition, practitioners recognize that small residential

care facilities or group homes may be apt as crisis relief, transitional housing, or respite care. The goal of alternative care is to provide care that seeks the best interest of the child. Research shows that children develop best within family settings because it fosters holistic development, creates social bonds, and eliminates the fear of aging out. And in a very substantial way, "Family speaks to the core of our identity" (Darke and McFarland 937). Having this foundation of belonging and identity is essential in a child's life. What sets alternative care apart from international adoption is the effort to keep the child within their original context. Johnny Carr identifies some of these advantages to be "protecting children from the disruption of their culture, language, and community" (28). Most orphaned and vulnerable children have already gone through significant trauma or loss, so thought must be given on how to not exacerbate these wounds or loss of belonging.

As acknowledged, a leading cause of family separation is poverty. Alternative care solutions provide resources and systems to support vulnerable families and facilitate the creation of new families. In many places, couples are unable to foster or adopt another child because they do not have the resources to do so. However, studies have shown that investing in family-based care is more cost-effective than funding large institutions (Brinton and Bennett 2768). One study found that "[s]upporting children and families through community-based services is the least expensive, and most cost-effective, option – given that children's outcomes are generally far better" (Klusacek et al. 9). It would be advantageous for both the government, donors, and families to prioritize family-based alternative care.

There is a growing number of voices in this field of alternative care. Large organizations such as Better Care Network, Christian Alliance for Orphans, and Faith to Action Initiative gather leading resources and promote successful organizations. Authors and speakers are also

producing more information on this vital shift in orphan care. What I have found to be significant is the collaboration between many of these organizations. Petra Kuenkel advises, "Leading for sustainability is not an act in isolation. It requires leadership by many individuals toward a similar goal on a collective scale" (710). In order to end the orphan crisis, these organizations must lift each other up as they strain towards the same goal.

Many successful orphan care organizations train and partner with national leadership, which is essential for sustainable growth. Phil Darke and Keith McFarland encourage, "High-capacity, healthy national leadership is a critical aspect of any best-practice-driven, long-term, sustainable solutions to issues in the developing world" (2832). Similar levels of leadership may be found in other fields, but in order to get to the heart of community development and honor the intentions of alternative care, we must empower the families and children to be leaders as well. When given the right tools and mindsets to be leaders in their own contexts, they are able to be changemakers that invest in and reshape their communities. The UN Guidelines refer to the family as "the fundamental group of society and the natural environment for the growth, wellbeing and protection of children" (2). Because families are the building block of society and the foundation of a child's future, investing in families strengthens the community at large. Strengthened communities, in turn, begin to break the cycle of poverty and orphanhood. In this, we find alternative care to be a major contributor to community development and sustainable change.

Guiding Principles

What All Children Need

> *"Every child and young person should live in a supportive, protective and caring environment that promotes his/her full potential" (Guidelines for the Alternative Care of Children).*

While the purpose of this paper is to focus on contextual differences when implementing alternative care models, it is necessary to take a moment to identify what *is* universal. As seen above, both through biblical understanding and studying the literature, family is the most ideal setting for children to grow. Universally, children flourish when they have the support of a healthy family unit. Supporting families are community. As humans we were formed to be social beings that rely on one another. Whether a part of an individualistic or collectivist culture, human beings are wired for connection and belonging. At the core, *"Who am I?, Where do I belong?,* and *What is my purpose?* are central questions to the life of every individual on the face of the earth, whether you have lost both of your parents, one parent, or neither"* (Darke and McFarland 937). Researchers have found that all children need "nurturing care provided by families and caregivers in enabling environments and supportive contexts. Nurturing care is composed of responsive caregiving, health, nutrition, safety and security, learning and stimulation" (Jamieson and Richter 41). Safety and security include stable, caring relationships where children can form healthy attachments, which are "essential for young children to thrive and to develop the basic human capacities they need to relate to and cooperate with other people" (Jamieson and Richter 35). Crucial cognitive development, emotional intelligence, and physical growth are formed in the early years of life through stimulating play and communication. Responsive caregivers, a nutritious diet, and education are needed among all children.

Nearly 30 years ago, the UN established the Convention of the Rights of the Child (CRC), declaring that all children have the right to dignity and worth (Cantwell et al.). One of the largest areas that it advocates for is recognizing children as "human beings with a distinct set of rights instead of as passive objects of care and charity" ("Convention on the Rights of the Child"). Similarly, Myers writes, "Children tend to be seen as passive recipients of developmental aid. … The result is that children are fed and educated but not taken seriously" (*Walking with the Poor* 276). As we care for OVCs, we must identify them as individuals who deserve dignity and worth. However, "[w]hile human rights are formalized at the international level, they are protected first and foremost at the local level" (Barlow 329). Fought for at the international level, these rights should be implemented at the local level through governmental reform and program application. The following guiding principles draw from these universal needs in implementing models of care that seek to address them in the best way possible.

U.N. Guidelines

The most prominent guide in alternative care is the United Nations' "Guidelines for the Alternative Care of Children," which was published in 2010. First initiated by the CRC in the early 2000s, it was approved in its final form by the United Nations General Assembly (UNGA) in December 2009 (Cantwell et al. 20). The UNGA passed the Guidelines with a consensus, "signaling that no country in the world had objections to their content" (Cantwell et al. 20). Although the Guidelines are not always accepted in their entirety, they have become the starting point for most alternative care organizations.

Out of the Guidelines was formed the "necessity and suitability principle." The "necessity principle" overarches preventative care that helps limit the need for further alternative care. It also brings in the importance of *gatekeeping*, which is the process of determining if a

child needs to be placed in alternative care. Strict gatekeeping practices ensure that a child is only placed in care when other options have been exhausted and it is appropriate to do so. The "suitability principle" is closely connected and safeguards that a child is placed in the care that is fitting for them. Gatekeeping again determines the kind of care necessary. Both of these principles dovetail with another guiding value: considering the "best interests of the child." The Guidelines lay out regulations for the participation of the child in the decision of their care in response to the Convention of the Rights of the Child. Overall, "[t]he main principle that underpins the Guidelines is that all preventive actions to strengthen families, and provide suitable alternative care when necessary, should be founded on case-by-case decisions" (Cantwell et al. 35).

Continuum of Care

A continuum in care models recognizes that there is no one-size-fits-all solution. Rather, there are a range of ways to address the orphan crisis depending on the circumstance and context. A continuum allows for a child to be given the most suitable care possible. But as Carr notes, "A continuum of community-based care not only places the fatherless in families, but also offers churches in America the opportunity to be involved at a grassroots level with orphan care through partnering with a specific community in another part of the world" (78). Instead of abandoning the orphan by removing their prominently Westernized forms of care, churches should seek to find engagement at the local level that will strengthen networks or orphan care around the globe.

Faith to Action Initiative is a faith-based organization that creates and gathers resources to educate individuals, organizations, and churches on the topic of alternative care. Gathering from many resources, they created a "Continuum of Care for Orphans and Vulnerable Children"

which overviews the various forms of alternative care. In the Continuum, Faith to Action covers the importance of preventing unnecessary separation and the vital role of gatekeeping. Faith to Action recognizes, "While every child needs love, safety, and nurturing care, the context for providing this care can vary greatly depending on many different factors" (Cox et al. 2). Gatekeeping offers support in handling a child's needs specifically to be able to work through the Continuum. Faith to Action's Continuum is as follows: understanding that family-strengthening biological homes are the most ideal, they transition next to alternative family care (kinship, foster, adoption), followed by short-term residential care (respite care, rehabilitation, emergency housing, special needs) or small group homes. Large institutional care tries to be banned from children being placed in on the Continuum, but ideally, they can transition out of these institutions. Just as a child may work their way down the Continuum as care is unavailable, the hope is that they could also transition up the Continuum into more suitable care. All of this is, or should be, dependent on contextualizing the care for the child.

PART II: CONTEXTUALIZING ALTERNATIVE CARE MODELS

Contextualization

Contextualization refers to studying or viewing a topic within its given context. This requires an understanding of all of the factors that are contributing to the makeup of that context. In community development, contextualization enables practitioners to implement development that will fit the specific setting appropriately, ideally allowing the greatest impact. However, fitting the needs of a specific context is increasingly difficult in a globalized world that is diverse and rapidly changing.

One globalization theory, referred to as hybridization, suggests that everyone is not necessarily becoming the same, but that the local is blending with the global (Ott 48). There are few places in the world that have not been touched by the spread of ideas, technology, and culture – creating a hybrid of worldviews and cultures. Ott explains that migration and urbanization contribute to hybridization, and over 53% of the world's population are found in cities (49). While there continues to be fusing of cultures, there is a push and pull of people trying to retain their cultural identity and heritage. Ultimately, "hybridity is experienced in many active and passive ways by different peoples and is subject to many diverse and unequal forces. … This means that no single model will be adequate, but rather *each cultural context will need to be studied and understood on its own terms*" (Ott 49 emphasis added). In this case, Ott is discussing the role of missions and the Church in a globalized world, but the implications remain consistent with aid and development.

The pressing reality is that "[h]ybridization means that the 'context' of contextualization is ever shifting under the contextualizer's feet" (Ott 52). Because of this, Ott advises that "contextualization must be focused more on understanding and responding appropriately to rapid social change" (Ott 51). Likewise, alternative orphan care addresses the fact that we need to engage each community at its local level to best contextualize suitable care. As things continue to shift, practitioners will need to adapt to the given location. Moving away from prominent Westernized forms of care emphasizes this need to be contextually sensitive.

Applying Contextualization

Bringing together the importance of alternative care, the guiding principles, and contextualization reveals the critical need for contextualized care of orphaned and vulnerable children. The guiding principles of children's needs, the UN Guidelines and the Continuum of

Care gather some of the leading voices in alternative orphan care and seek to establish the groundwork for providing the best care for OVCs. However, further explanation on how to apply these principles to unique contexts is required. While the Guidelines were approved by the United Nations and identify the need for case-by-case consideration, they do not specifically address the application of contextualization. The suitability or necessity of care may vary depending on the resources present or the involvement of the community, and a child's opinion might be more respected in one culture than the next. Once contextualization has carefully been considered, then the decision of how to develop or adapt an orphan care program can proceed.

If pursuing alternative care models that focus on family-based care, then how family is defined in varying contexts must be given thought. Biological parents are universally recognized as the most ideal caregivers, but it should be understood:

> Parenting is driven by culturally informed motives about the value of children and what it means to be a good parent, and by emotions of deep affection and commitment aroused by the baby's helplessness and dependence. These motives emerge and are supported by material and socio-cultural security that comes from support by a partner, relatives and community. (Jamieson and Richter 35)

It cannot be assumed that parental mindsets and roles are universal, especially as they are supported by external influences. Sophia Chanyalew Kassa heeds, "any policy or practical intervention targeted on improving the lives of children within families should avoid normative ideals of what family is and instead consider differences in children's experiences of family" (180).

In their book *In Pursuit of Orphan Excellence*, Phil Darke and Keith McFarland argue that we must "love orphans with as much excellence and as close to perfection as possible. To

pursue anything less than excellence would be to misrepresent God to the orphans and the world" (763). With this in mind, they present a nine-prong framework to help establish holistic, sustainable, and excellent care for OVCs. These principles are family, community integration, education, nutrition, medical/dental care, psychosocial care, national leadership, self-sustainability, and spiritual formation (420). Each of these reinforce the need for holistic care of the child that is cognizant of the surroundings contexts. The framework "tracks the universal, common thread of best practices for orphan care communities that cross cultural, societal, and other boundaries" (420). Even so, each of Darke and McFarland's elements in their framework should be adapted to fit the needs of the care being provided.

In a personal interview, Phil Darke, president of La Providencia, shared that he leads with the belief that "we know, family is the best. Biological mom and dad who are healthy and birthed a child is the best. But that doesn't happen a lot of time in the world." He concluded, "So, in that broken world, what is closest to that in your particular context that you can do? And again: the context is multi-layered." Whether developing a new program or adapting an existing one, the history and tradition of the given context is going to impact its functioning features. Questions to understand the context, what changes have occurred, and why the current systems are in place should be asked. Other guiding questions could include: what have family structures traditionally looked like in this culture, and how do they function today? How does this community view the orphan? How have they cared for the orphan in the past and continue to care for them now? What systems are in place to support orphan care structures? What systems are missing or deteriorating? And ultimately, as Phil Darke asks, "within your particular context, what is missing from this child's life?"

While focusing on the value of the individual child, it is recognized that each child is nestled in layers of social networks, just as we are. These social networks range from local to global factors. When contextualizing care, each context must be considered in view of these layers. The hope of alternative care models is that the child will be placed within family systems. For healthy families to flourish, they should be surrounded by supportive communities and organizations. All of these function within regional and national settings, and finally, a global arena.

In setting up an alternative care model, the impact of Western orphan care models, foreign aid, larger orphan and poverty mindsets, and long and short-term missionaries will all come into play more or less. The hope is that global leaders will put into place practices that encourage alternative care, as was done through the UN Guidelines. But more than recognizing how the global influences trickle down into the individual child's setting, we must not forget that they themselves are a global citizen. This was not lost on me when staff members and mothers at Selamta Family Project continually told me that they desired the Selamta children to be good citizens. One staff member went as far as to say "global citizens" (Mulushewa). The Selamta staff grasps that these children have the potential to be connected to a world outside of their own community.

Smaller regions or communities also influence the contexts the orphan care program is in. Darke and McFarland teach, "The community, along with other individuals and ministries in the surrounding area, should commit to help the parents or other caregivers properly care for their children so that the families can stay together in their homes and thrive in life" (1378). If a new organization is being developed, then surveying different regions for the greatest need or the most suitable region would have to take place first. Time should be spent learning the local

community through observing, listening to local leaders, and spending time among families. Learning from the community shapes the care that will be provided to fit such contexts appropriately. Some communities are going to be more suited for foster care systems because of the mindsets and resources they hold, while others may only need kinship care models strengthened. It is important to find out if there are other programs in place that allow for collaboration or will undermine the work. As seen in the Continuum, there may be a range of options, so it must be decided what program is going to offer the best support. Whatever form an organization takes, it must be sure to encourage appropriate gatekeeping that supports the necessity and suitability of care for children as much as possible.

The specific factors to consider in each setting and social network are cultural, religious, governmental, and economic contexts. A form of care in one location may not be suitable in another because of these influences. The following sections will look separately at how each of these contexts play a specific role in contextualizing alternative care models. I will conclude each section with a case study that demonstrates the importance of each specific context.

Culture

Culture is woven intricately into society. As humans, our culture grounds us in belonging. Although extremely nuanced, *culture* is "the collective programming of the mind that distinguishes the members of one group or category of people from others" (Hofstede et al. 6). Culture is learned from our surroundings and guides our decisions, standards, morals, legislation, and daily lives. Another way of viewing it is: "[c]ulture is where individual people and their personal contexts collide with one another" (Salter McNeil 68). Even with the presence of globalization and hybridization, undercurrents of traditional cultural mindsets anchor people

groups. It is found in the Ethiopian food, the French greetings, or the Papua New Guinean rituals. When wandering the globe, there is no denying the diversity that abounds.

Diversity can add misunderstanding, judgement, and strife, yet diversity is not a bad thing. In fact, it is something to celebrate as I believe "[c]ultural differences and diversity was always a part of God's original plan for human beings. When God commanded the first human beings to 'fill the earth,' it was a decree to create cultures, because no one culture, people or language could adequately reflect the splendor of God" (Salter-McNeil 24). Similarly, Miroslav Volf writes, "Other cultures are not a threat to the pristine purity of our cultural identity, but a potential source of its enrichment. … intersecting and overlapping cultures can mutually contribute to the dynamic vitality of each" (51). I am arguing that this diversity it beautiful but adds to how the root causes of the orphan crisis vary by context and so must the aid and organizations that address it.

The cultural context is often the most prominent context as many areas of society are framed by these mindsets. Family dynamics, orphan stigmas, traditional practices and ceremonial customs all play a role. The undercurrents of a society are going to impact how a model is accepted or carried out. Some cultures may lend themselves towards kinship care models, while kinship may be foreign to another. Similarly, cultural mindsets towards adoption may be prevalent in one community, yet not accepted in another. As orphan-care practitioner Marisa Stam told me, "Cultural relevance is critical. I mean, whether you are operating in Ethiopia or Afghanistan, or somewhere in Latin America, you have to take the cultural context into account." Having a cultural understanding will help shape the structure of family units. Some cultures, such as Ethiopia, thrive off of large family units, while an Eastern Europe home might hold to smaller family sizes.

Cultural considerations are especially central in the infrastructure and leadership put into place. An important reminder is "[w]hen a ministry to orphans or an orphan care community forms, there are already cultural forces at work that will determine much of what will actually be portrayed and lived out in the leadership context, regardless of what the ministry desires or speak about how its leadership is to function" (Darke and McFarland 2904). The inclusion of national leaders will also mean incorporating their cultural mindset on leadership and the way things should be steered. There are many resources discussing cross-cultural leadership that should not be overlooked. Further studying of Hofstede's cultural dimensions or research into hot- versus cold-climate cultures can also provide greater insight.

South Korea's Culture of Shame

In this first case study I will discuss how South Korea's unique culture impacts the care of their vulnerable and orphaned children. South Korea is a culture shrouded in customs and shame. International adoption first began in South Korea in 1950 due to the war. Children born to American and European soldiers were ostracized. As Eleana Kim explains, "These children were stigmatized as symbols of racial pollution and illegitimacy and served as visible evidence of the nation's dependency on and subordination to postwar American occupying forces." As a result, nearly 10,000 children were adopted from Korea post-war (Joyce 269). International adoptions continued in response to continual poverty and abandonment. An estimated 160,000 to 200,000 children have been adopted from South Korea since 1955 (Joyce 280). However, the more concerning orphan crisis stems around the birth of children to unwed mothers.

Unwed mothers are extremely stigmatized and children born without a father are considered "illegitimate" with discrimination that follows them the rest of their lives. Staggeringly, 97% of unplanned pregnancies are illegally aborted and 70% of children born to

unwed mothers are placed for adoption (Joyce 269). All the while, many of these mothers desire to keep their children, but cultural pressures, limited support systems, and shame pushes them to abandonment. Korea is rated extremely high on Hofstede's collectivist index. Hofstede states that in collectivist cultures children are born into "extended families or in-groups that continue protecting them in exchange for loyalty" (113). An unwed mother does not have that link with the child's heritage as a married mother does, so there is brokenness as well as extreme shame.

Those adopting abandoned children domestically often go through great lengths to conceal the fact that the children are "illegitimate" (Joyce 269). Much of this shame stems from the conservative culture and traditional patriarchy. Until 2008, children could only be registered through the father (Joyce 270). Joyce notes that for a long-time adoption allowed Korea to hide illegitimate children while holding to old ideals and ignoring the pressing need for better of respect these women and children. Though Korea has had rapid industrial and economic advancements, their social and underlying cultural environments are still slowly catching up. Recent changes have allowed for more freedom for these women and a "coalition of single mothers, adoptees, and birthmothers has also taken aim at the larger culture of stigma in South Korea" (Joyce 286). Support groups for single mothers and safe homes have allowed them to keep their children and find support and from others.

Despite these advancements, continual reform in governmental and cultural mindsets is needed. Due to the cultural shame around orphaned and abandoned children, care would have to be extremely sensitive and conscious of lingering cultural mindsets. Support systems for single mothers and removing shame from adopted children would need to be addressed differently than another cultural setting.

Religion

Religion is tightly aligned with culture. For many, religion encompasses their set of morals and standards. I myself began this paper outlining the biblical grounding of care for an orphaned child. Most religions put value and care on family, children, and the poor. A predominantly Christian culture might draw from the same biblical morals and principals of valuing family and defending the poor as I do, while an Islamic culture might teach from their own belief system. Muslims value family as a protective unit and carry a moral obligation to care for the orphan. However, the Qur'an teaches that a child should not take the last name of another family, so they have a system developed called *kafala*, which is a form of adoption (more closely tied to foster care). It is taught that "[t]hrough kafalah, a family takes in an abandoned child, a child whose natural parents or family are incapable of raising him or her or who is otherwise deprived of a family environment without the child being entitled to the family name or an automatic right of inheritance from the family" (Assim and Sloth-Nielsen 328). There are many contributing factors to how this is carried out, but kafala shapes the way many Muslim's approach orphan care. Kafala is recognized in the UN Guidelines as a suitable form of alternative care because of its family-based setting and efforts to keep a child as close to their family's context as possible. Rural tribal communities might hold to their own heritage beliefs. A strong sense of Judaism, Hinduism, Buddhism will all shape mindsets and morals. Not everyone holds tightly to a religion and some have their own minority religion. However, there will almost always be larger belief and religious traditions that have developed a set of standards around a community. This is seen in the following study conducted in Egypt.

Egypt's Response to Abandoned Children

In a study on effective care models for abandoned children in Egypt, Hamido Megahead and Sandra Cesario find that foster care, kinship networks, and residential care "are models that are consistent with the cultural values and customs of this population" (Megahead and Cesario 463). Consequentially, they argue that models of care can learn from one another but cannot be replicated unequivocally, discovering that "Western approaches to addressing this issue ultimately lead to adoption of the abandoned infant by a nonbiological family, a practice inconsistent with laws and customs of many countries in the Middle East, South Asia, and Africa" (Megahead and Cesario 464). The main reason that these Westernized approaches are not widely accepted in Egypt is due to Islamic family law. As seen above, Islamic law does not recognize adoption in the Western sense, so with nearly 95% of Egyptians being Muslim, this population is not very accepting of this form of care ("Egypt"). The governmental and legal systems in place cater to Islamic law, with a few caveats for Christian families. We see in this case that cultural or economic aspects are important, but the Islamic context is what guides and largely impacts the work done in Egypt. Implementing care in a country that has a prominent religious presence will necessitate an understanding and respect for their views and values on orphan care and then learning how to work within or despite them.

Government

Each country has its own governing mindset and a country's ruling power can determine the legislation that impacts what forms of care are in place. This is why the government is another factor to consider in contextualization. Some countries have stricter governments where every project and action must be approved at the governmental level. Others are less controlling, especially when it comes to foreign aid and development. Nonetheless, "a strong legislative

framework with standards for implementation and accountability is the bedrock of modernizing

child protection systems" (Groza and Bunkers 168). It should also be noted that corruption can

run through political and governmental lines. Understanding the powers governing a context will

determine how an organization can function. It is only within these legislations that sustainable

change can develop. Many organizations, as demonstrated by Lumos below, seek to work not

only at the grassroot level but also engage in governmental reform. When doing so, Groza and

Bunkers wisely advise: "Formal processes should complement, not supplant, cultural practices.

The legal framework should be inclusive of cultural practices rather than forcing cultural

practices to conform to the legal framework" (168). It is essential to realize that the government

has the power to shape and be shaped by culture, as history reveals in many parts of Eastern

Europe.

Eastern Europe's Ruling Hand

Although Eastern Europe is no longer Communist, many countries still feel the shadow

of the governing hand. A large part of their past also still haunts them today, such as Romania's

inhuman institutionalization of over 170,000 children by Dictator Ceausescu in the late 1980s

(Silver). The country is still trying to rebuild orphan care systems and stigmas, as children who

were in these institutions try to overcome mental and emotional scars. Now, efforts to implement

family-based care programs are trying to rewrite history. In many Eastern European contexts,

engaging the government in change is the main priority. These countries have developed

significantly and have more infrastructure that allow for governmental legislation to shape the

trajectory of orphan care, yet they still fall behind the U.S. and U.K. in transitioning completely

out of institutions.

Lumos is an organization founded by J.K. Rowling that focuses on governmental reform and deinstitutionalization, primarily in Eastern Europe. According to their research, "[t]he Czech Republic still ranks among the countries with the highest number of institutionalized children in Europe. Currently there are 307 institutions in the Czech Republic alone," and they are "one of the few countries in Europe that places young children and babies in institutions" ("Czech Republic"). In a report Lumos did on the Czech Republic, they found that many governments still believe that institutions are the most cost-effective option of care (Klusacek et al. 3). Another striking reality: as of 2018, of the 8,000 children in Czech Republic institutions, less than one percent were double orphans (Klusacek et al. 4). As seen in many nations, families often place children in care because of financial strain, in assumption that this care is the best. Lumos argues that alternative care models are more cost effective for a country, while also producing more sustainable and healthy outcomes. However, in this context, the hand of the government (past and present) shapes the thinking and decisions of much of the population. Working from the governmental level is necessary to start seeing a change in the orphan crisis in Eastern Europe. A few countries, such as Vietnam or Laos, are still under Communist ruling, and all actions must be strictly accountable to the government. From an organizational standpoint, this is going to determine a significant amount of the care that can be provided.

Economy

Another contextual factor acknowledges the economic setting. Knowing how to engage families or find resources in impoverished areas will be different than working in a middle-class or affluent area–even in the same country or city. This also will determine how to engage parental mindsets or training. Parents that live in affluent areas may already have stable income but need guidance on how to parent and care for a child, while parents in impoverished areas

may require additional supportive services concerning their housing and income. The roles the children play within these homes may also influence their relationships with one another and the stability they find in their family settings. Addressing needs of various levels and knowing the root of the "lack" may change the strategy taken. Developing economic growth in a community may positively impact care provided for children as families have greater capacity to do so. One report found, "The increase in domestic adoption since 2009 has correlated with substantial economic prosperity in India and public policy initiatives by the Central Adoption Resource Authority" (Groza and Bunkers 165). Globally, "[w]e have created and are deepening a morally reprehensible gap between those who 'have too much' and those who have not enough for life or for life with dignity" (Moe-Lobeda 32). The goal of community developers is to recognize and combat this growing gap globally and locally. Alternative care advocates seek to ensure families and children do not get left behind as the result of economic disparities.

Ethiopia's Family Dynamics

Within the study "Drawing Family Boundaries: Children's Perspectives on Family Relationships in Rural and Urban Ethiopia", Sophia Chanyalew Kassa explores the way that family dynamics are impacted by economic factors. In this case, the urban families (living in Addis Ababa) were part of affluent communities while the urban families were not as economically stable. Kassa found that when identifying "family", children in both settings first "mapped kinship ties" in the general sense of being related to a greater collective family (174). But following, "they highlighted forms of interactions that take place between individuals and groups who consider each other family" (Kassa 174). The difference was found in the way that the children spoke of these interactions: "Children of Addis Ababa emphasised facets of emotional support such as love and care whereas collaboration in making a living was underlined

by children of Simalta" (175). The economic factors influenced the way that the children functioned within their families due to the daily responsibilities and obligations placed upon them. The rural locations had limited access to resources which placed pressure upon all members of the family. Kassa concludes, "children of affluent households economically 'depend' on adult family members, [while] children in Simalta participate in productive and reproductive activities and their material contribution through farming and housework assistance strengthens family relations of interdependence" (180). While all children were in the safe care of a family, the economic context impacted the way that these families functioned. At large, this study supports the need for contextualized care as it "illustrates the need to understand the lives of children within families as situated in a complex web of relationships" (Kassa 180). These relationships and family dynamics are going to be influenced by the surrounding contexts.

PART III: SELAMTA FAMILY PROJECT

Each one of the discussed contexts play a significant role in implementing an alternative care model. Having looked at these contexts individually, I will now explore how they interact with one another through the case study of Selamta Family Project's model in Addis Ababa, Ethiopia.

Understanding Ethiopia's Context

Ethiopia is one of the oldest civilizations in the world, filled with nine diverse regions and marked by strong cultural pride. However, it is also extremely impoverished and underdeveloped, having faced famine, conflict, and disease. In a growing country of 102 million people, over half of the population is under age 18, with two-thirds of the children living under the poverty line (Joyce 168). The last reported statistic in 2012 estimated there are over 4.5

million orphans in Ethiopia, while many recognize that this number has likely grown to over five million ("Statistics"). Like many African cultures, Ethiopia has "a strong culture of caring for orphans, the sick, the disabled, and other needy members of the community by nuclear and extended family members, communities, churches, and mosques [that] has existed for centuries" (Bunkers 23). In general, most Ethiopians care for children and value family units. However, "urbanization, recurrent drought, famine, and HIV/AIDS has claimed a heavy toll on human life in Ethiopia during the past three decades. As a consequence, thousands of children have been left unaccompanied and in need of care" (Bunkers 24). It is estimated that 31% of institutions were established as a response to the 1984-85 drought, and as of 2011, there were at least 149 registered non-governmental institutional care facilities (Bunkers, Joyce 169).

In 2009, the Ethiopian "National Guidelines to Alternative Care" were published, which were built off of the UN-CRC Guidelines of Alternative Care that were later developed into the final UN Guidelines. At the time, international adoption was rampant in Ethiopia, with one report stating that between the years 2003-2010 over 22,000 children were adopted internationally (Joyce 136). Shortly after, in 2011, UNICEF provided the Ethiopian government with a $100 million grant to instate deinstitutionalization. While a step in the right direction as it recognized the need for reform, critics express concern that children were placed back with families that still were unable to provide for them and the government offered little follow-up support (Bunkers 168). In doing so, these efforts could be more harmful than beneficial. This has become a common occurrence and is currently taking place in Honduras. When talking with Phil Darke, he shared from his personal expereince that "right now, the government in Honduras is changing dramatically in their laws – their mindset in orphan care tremendously … it's pretty much going from laissez-faire to now UNICEF is coming in and giving them lots of money so

they can reunify families." Likewise, he expresses concern that "they are going to the full extreme on that, forcing biological family members to take nieces and nephews in – even if they don't want them" (Darke).

Despite the National Guidelines, UNICEF's efforts to deinstitutionalize, and the large number of international adoptions, Ethiopia still struggled under the weight of the orphan crisis. Nonetheless, the Ethiopian government banned international adoption at the beginning of 2018. Although adoptions had already slowed down, the implications of a complete ban are yet to be determined. Some Ethiopians I interviewed immediately saw the negative factors, but most held concern not directly with the ban itself, but with the lack of preparation or follow-up support provided by the government. A U.S. staff member at Selamta Family Project hoped it would awaken the Ethiopian people to care for their own children instead of assuming that adoption was managing the orphan crisis. She stated, "A country can't change unless it starts from within…that is done by local leaders raising up the next generation, to create change that can be generational. Because I think that is an important reason for in-country solutions," adding that, "in some ways [the adoption ban] has forced this conversation because realistically, five million orphaned and abandoned children, and not all of them are being adopted" (Morrow). She identified how international adoption was not sustainable while still expressing grief for the hinderances and complications the sudden ban creates for so many families and children. Through all of this, there is the obvious need for more in-country solutions that work at both governmental legislation and grassroot projects.

During my time in Ethiopia, I observed the religious impact on orphan care. Kassa similarly noted this in the above-mentioned study, stating that, "Religion also shapes how family is constructed in Ethiopia and a good example forth is christening among the followers of the

Orthodox Church in which individuals outside kin become Godfather/mother to a son or daughter, respectively" (173). In Ethiopia, around 43% claim Orthodox Christianity while 34% are Muslim ("Religion"). The rest are comprised of Protestants, Catholics, Jews, and those who hold to traditional beliefs. I noticed the lack of Muslim children in orphanages and childcare organizations. A visiting Ethiopian-American, who is Muslim herself, shared that Muslim families tend to be larger, so the kinship care absorbs more of the children. The impact of *kafala* also underlines their commitment for caring for children. In contrast, while the Orthodox families carry a religious morality, it is less inherent and their smaller families cannot support additional children under the economic pressures.

In some regions of Ethiopia, in-country adoption is practiced. The Oromo people in the Oromia region are traditional herdsman, so it was traditionally common for families to adopt another child to have labor for the fields. I was told, "Even the government reports show that the current local adoption system is much better in the Oromia region than the other regions" (Mohammed). Kelly Bunkers finds in an article, "Fragmented historical records reveal that among the Oromo and Amhara ethnic groups, adoption has been exercised since the 15th Century" and "is also called *gudifecha*, derived from the Oromo word *gudissa* (upbringing)" (Bunkers 23). Joyce clarifies the term *gudifecha* as "the Ethiopian custom of informal adoption, when another family raises a child temporarily but always with the understanding of who the child's parents are" (161). But this caring for a child is underlined with the belief that they will return to their biological parents, making it more closely related to a Western foster-care system or Islamic *kafala*. Because of this, the "cultural difference in the term 'adoption' is a misunderstanding that some agencies seem to perpetuate, equivocating on whether children will come back" (Joyce 161). This could add to the cultural complexities and confusion of

implementing Westernized adoption practices or sending a child to international contexts, because biological families assume they will return. Even though this is a traditional Oromo practice, this cultural misunderstanding is found in other regions too.

Other regions do not accept in-country adoptions as commonly, which emphasizes that the Oromo people may need models or support that is different than its neighboring region. In urban settings there is extreme poverty, and mindsets have shifted to become more individualistic. The cultural hybridization encouraged by urbanization ripples through Addis Ababa and "[r]ural-urban migration accounts 40 percent of [Addis Ababa's] population growth" (Kassa 174). Various cultural, religious, and economic pockets are found within the city while larger cultural frameworks loosely overarch these nuances. As Hofstede explains, "The culture of a country – or of another category of people – is not a combination of properties of the 'average citizen,' nor a 'modal personality.' It is, among other things, a set of likely reactions of citizens with a common mental programming" (Hofstede 191). While smaller contextual distinctions must be considered, starting with the general Ethiopian mental programming can build a good foundation. Such considerations contribute to the strength of Selamta Family Project's model.

Selamta's Contextualized Model

"[Ethiopian] people have a lot of love for each other, so for children and moms to come together as families is pretty natural. It's not always easy…there is a lot of trauma and loss that make it hard to attach and you are going to find that anywhere; but I would say that primarily the culture, being close together and having tight community, lends itself to creating families."

– Abby Morrow (Selamta Systems and Service Team Leader)

Understanding the full context of Ethiopia helps frame the work that Selamta Family Project is doing in Addis Ababa. Selamta is a family-based orphan care organization that pairs

marginalized women with 8-10 orphaned children to create Forever Families. These families are integrated within the community and supported by Selamta's funding and professional staff. The professional staff include a psychologist, education coordinator, and medical liaison. Once the children are placed within these families they remain as a permanent family, with no aging out. Through my fieldwork, I witnessed how Selamta is working within the various contexts to promote flourishing families. Laying on the outskirts of Addis Ababa, in a middle-class neighborhood, Selamta currently has 10 families within their program.

Selamta recognizes that they should not be the first option of care for a child. They prioritize supporting children to remain in their biological families and building up in-country adoption, but when those options are exhausted, their model fills a need of keeping children out of institutions and off the streets through family re-creation. In doing so, they encourage the Continuum of Care. Selamta is legally required to work within Ministry of Woman Affairs (MOWA) and governmental regulations, but all of their funding is private. While the children are under the care of their families, they are legally under the guardianship of Selamta.

The main focus of Selamta's Forever Family model is *family*. They value rich relationships, connections, and belonging that comes with family bonds. The Ethiopian Assistant Director Habtie told me that "orphan kids, they need especially three things: stability, permanency, safety…by providing them with family, you are providing them with the permanency thing, the safety thing, and the stability thing" (Mulushewa). He further explained that their model is successful because they provide these things while emphasizing the importance of the cultural fabric. He mentioned how, if replicating the model elsewhere, there could be challenges with mixing teenage girls and boys in a home, but their model and cultural fabric allowed for mixed homes. Similarly, Morrow shared, "There is a lot of issues we could

have had, but because it does tend to be a more conservative culture…our kids tend to just view each other as brothers and sisters…and so as we have raised teenagers and young adults, this definitely lent itself to our model" (Morrow). A contributing factor could be that when these families were formed, the children were younger and first spent time living at the community center. It is important to consider how OVCs will function within a family-based setting. Some children, having faced substantial trauma or loss, may have difficulty transitioning to a new home. After several months of rehabilitation and getting stabilized and acquainted with the other Selamta children and moms, the families were divided into homes and places within the community.

Selamta does not discriminate by religion, but most families are Orthodox Christians. The families attend local churches and hold to their faith to guide them. When I sat in one of the family homes, the house mom Wude simply told me, "This is God's work". Other mothers and staff members echoed similar sentiments. Over the past year Selamta has made an intentional shift towards adding spiritual development, as suggested by Darke and McFarland's framework for orphan excellence. Tamrat, Selamta's Ethiopian Director, told me that "it isn't because they don't know Christ…but we thought that each kid needs to have a personal relationship with Christ." He continued to share how a personal relationship with Christ was transformational in his own life and he desires the same for these children. Beyond the eternal consequences, he believes it helps shape mindsets, morals, and attitudes.

One element that Selamta has developed significantly is their community integration. The community that Selamta functions within is very accepting of these homes. The families share close relations with the neighbors. As they celebrate holidays and grieve losses alongside one another, the children continue to be forged into a part of society and learn deep cultural norms. A

crucial element to remember is that "[o]ne's identity is intimately connected with his community" (Darke and McFarland 1287). This is especially true in collectivist cultures, such as Ethiopia and "[t]he Amharic proverb (also common in other Ethiopian languages) 'ke eruq zemed yeqirb gorebet', literary meaning 'an intimate neighbour is better than a distant relative' also reveals how familial networks count on neighbours and friends" (Kassa 173). I witnessed these bonds as young kids played marbles in the streets with their friends and when I danced in the middle of a wedding party with family and neighbors. It is in the small moments of the everyday and the big celebrations of life that we are bonded with those we care about. Being woven into community allows for belonging and purpose.

Not all communities would have such civil relationships with the families. Attention to where and how the families are integrated is necessary. The particular neighborhood Selamta sits within is middle-class, and the families blend in seamlessly with the economic context of their neighborhoods. This limits greed, discord, or disparities. Eskedar, the head mom who has served with Selamta since its conception, noted the importance of finding the right neighborhood so that there can be beneficial social integration and participation. Economically, she told me that the middle-class community Selamta is within fits their model, advising that "the capacity of the organization or the kind of services they are requiring with the kids should match the community living standard" (Sisay). The potential for stigma arises when the children live a luxury lifestyle in the midst of poverty and vice versa. In this, I found a fine line between providing excellent care for children and families while also matching the community so the children are not ostracized for their level of "wealth" or aid.

The impact of growing up in families and communities is evident in the Selamta kids. One teenage girl told me, "Selamta is not really like an orphanage, like people don't call us the

orphanage kids–but in other places, they do that. No one even knows that we are orphans…so we're part of the community. And I love that. I don't want to be called an orphan–they will just give you that name, *but I don't have that now*" (Tizita). The Selamta children walk with confidence that comes with belonging. The children do not cling to new visitors because they are secure in their attachments at home, at local schools, and within their own churches. This stands in stark contrast to when I walked through the gates of the orphanages and was instantly flooded with children vying for my attention and promises that I would return.

During my time at Selamta I often had dinner in one of the family homes. Their warm hospitality and kindness were found in each one. One evening after our meal I watched one of the Selamta girls Tigist, quietly roast, grind, and boil coffee – something I grew custom to as a daily ritual. As she poured out each of the three rounds of dark, rich coffee for her family and guests, I felt the significance in each tiny cup. In such a simple practice, Tigist was woven into the tradition and culture of Ethiopia.

On one of my last days in Ethiopia, I sat down with Tamrat. He stated, "I think creating family is the most significant thing Selamta is doing." What followed was a story that tenderly summarizes the importance of this family-based, community-integrated model. The first week Tamrat started at Selamta, one of the Selamta boys passed away. However, he explained, "The way things were handled was exactly the same as any person in the community would do. So, in our tradition, when you have a funeral, you put up a tent for three days, where all members come to help – there's cooking, of course they would be there to mourn with you and walk through that process. So that happened in Selamta." This was significant to him because, growing up in an orphanage himself he explained, "we had deaths in our orphanage, but in the afternoon, everyone was back to his own business, so there wasn't that process of mourning and going through that

three days of mourning – everything we do in our culture." What he witnessed instead was children grieving. The community came to help cook food and mourn with the families because it was "like any family in the neighborhood." In that moment, he knew their model was working. He told me, "Kids were crying. Kids were feeling hurt – because of the loss of their *brother*" (Kebede). In the midst of tragedy, he found that the heart of Selamta beats with belonging and hope.

PART IV: MOVING FORWARD

Fighting for Hope

When I returned from my fieldwork in Ethiopia, the only words I could seem to find were, *"It's so complex."* Walking orphanage halls and sitting in Selamta family homes, the orphan crisis became tangible, complicated, and personal. The stark contrast between the two was undeniable, and my heart yearned for every child to have the opportunity to be in a home that was filled with love, support, and…*hope*–a hope that can be lost in the midst of their circumstances and a hope that can be easily dismissed in light of the current realities.

The statistics, research, and theories create the bones of this paper, but they threaten to overshadow the individual orphaned and vulnerable children living in our world today. The presented framework is only a tool to help practitioners consider the intricacies of contextualization and how it can leverage an alternative orphan care program. I do not want the simplicity of the framework to undermine the value of caring for a child individually and addressing case-by-case situations. I do not want to lose sight of the battle that is being hard-fought daily for individual sons, daughters, bothers, nieces, or grandchildren.

"It's so complex," I say again as I fall into the temptation of thinking it is all up to me. But no, it is not. I am writing this thesis to say that while the facts and realities can be hard to swallow, I am not without hope. In the course of my research, I found people who are passionate about seeing such changes come to fruition. I met orphaned children determined to give the next generation a better world and even extend an arm to those who are also orphaned. I encountered activists, organizations, leaders, authors, and speakers coming together to advocate for these children. They each carry this light of hope. Many practitioners even believe that we could see the end of the orphan crisis within our generation. This does not mean that the world will one day be without orphans; as long as our brokenness runs through us, we will have broken societies, poverty, and loss. But if we learn from the research, the practitioners, and the local people, our world could begin to change the momentum of the way the orphan is cared for. It is only together, with the grace and strength of God carrying us, that this hope is carried forward.

Conclusion

It would be foolish to believe that one universal model of care would be able to fit the needs of all orphans. Yet, for a long period of history, Western influences have poured resources and time into models that neglect to consider the greater context. Recently, a shift towards alternative care has helped change mindsets towards caring for the orphan. As discussed, the strength of alternative care is meeting the distinct needs of children and families. When caring for OVCs, "the support that individual children and their families require is dependent on their age, stage of development and specific context" (Jamieson and Richter 37). It is evident that the temptation to replicate a successful model elsewhere is not as simple as one may think. In discussing model replication, Phil Darke wisely stated that it is "very unlikely to take that model and just plant it somewhere else – even in that same country because different communities have

different contexts. It is going to look different." As found in the case studies, some organizations and developers have leveraged the local contexts to support their program's design. Others seemingly ignore or fight against the context to implement their care. Nonetheless, we find that the cultural, religious, governmental, and economic contexts are going to influence care in every community around the world.

Grounded biblically, I have claimed that every child is worthy of dignity and receiving love that is reflective of God's heart for the OVC. I hold to this call to defend the poor, the oppressed, and the orphaned and offer contextualized care that treats them with worth and prevents the cycle of hopelessness from continuing. Standing on the shoulders of the leaders in this field, I have argued that it is only through contextualizing these models of care that they can function at their full capacity in serving OVCs. Additionally, fighting systems of oppression and exploitation works towards stopping cycles of broken families and societies. As children develop holistically, they strengthen their families. As families begin to flourish, the implemented program will hopefully do likewise. The communities and settings can then be poured into and built up and, through active engagement with alternative care models, people can advocate for continual change in governmental legislations and global mindsets on orphan care. Contextualizing alternative care around the world not only offers value and belonging to vulnerable and orphaned children, it creates communities of change that continues to ignite hope for the future.

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PART V: APPENDIX

Alternative Care Contextualization Questions:

These general application questions are provided to guide further consideration when applying or adapting contextualized alternative care models.

1) How are global donors, mindsets, or legislation playing into alternative orphan care models? How can the organization seek to engage, challenge, and/or encourage these?

2) What are the legal requirements of creating and/or supporting the families in this given context?

3) What is the governmental ruling, presence, and legislation in alternative care within this country?

4) What are the cultural, religious, and economic assets that strengthen and/or hinder alternative care models in this region?

5) How can the community, local leaders, and the communal assets be engaged to promote more sustainable alternative orphan care models?

6) How can an alternative care model contribute to the community and support or reform other structures in place?

7) What does family look like in this given context, and how can that be most closely emulated?

8) What is missing from this child's life that needs to be provided through holistic care?

9) What is the most suitable care for the individual child?

10) What is the appropriate model of alternative care for this community?