



## Hope for orphans: *A model of care for vulnerable children*

*Abstract: Offering care for orphans and vulnerable children living in situations of extreme poverty is a growing concern for churches, nongovernmental organizations, and governmental entities. This article presents one model in central Africa that incorporates short-term residential care with a goal of family reunification and community restoration. Les Enfants de Dieu promotes a model of leadership development for vulnerable children in Rwanda that is consistent with best practice principles.*

**W**ith approximately one-sixth of the world's population, or almost one billion people, living in extreme poverty, preventable diseases like HIV/AIDS, malaria, and tuberculosis claim the lives of approximately 30,000 children each and every day (World Health Organization, 2008). Family breakdown, separation of children from their parents, and the need for child protection and care stem from this poverty and lead to other problems that affect children as well as their families and communities.

The HIV/AIDS pandemic, in particular, is unprecedented in the enormity of its impact on children, families, and communities in Sub-Saharan Africa (United Nations' Children's Fund (UNICEF), 2004, 2006). AIDS has claimed almost 20 million lives worldwide and an estimated 40 million people are currently living with the illness (UNICEF, 2006). In the wake of this humanitarian crisis, children, already one of the most vulnerable segments of society, have been forced to bear much of the brunt of the disease. In just two years, between 2001 and 2003, the global number of children orphaned due to AIDS has risen from



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*Photos in this story are of the children at Les Enfants de Dieu, which provides education and housing to as many as 150 boys and young men ages 7-19.*

11.5 million to 15 million – the vast majority in Africa, according to a biennial report published by USAID, UNAIDS and UNICEF, entitled “Children on the Brink” (2004).

As we consider how to care for children deeply affected by the global AIDS pandemic and extreme poverty, we know we must respond in ways that demonstrate God’s love and appropriate care for orphans and vulnerable children. At the same time, Christian congregations and organizations must consider effective practices, appropriate technology, and a commitment to the basic rights of children.

This paper builds on common understandings about the risks of institutional settings (e.g., orphanages) and highlights grassroots community-based models that provide better forms of care for orphans and vulnerable children in central Africa. Leading advocates, researchers, foundations and other social entrepreneurs, including many from faith communities, have offered ways to support children to live with their families in their communities. There are multiple family and community-based models of care that are seeking to do just this (Singletary, 2007). From these efforts, we have identified fundamental strategies for people of faith seeking to improve the safety and well-being of orphans and vulnerable children, to protect their rights, and to provide for their needs (Olson, Knight, & Foster, 2006).

For example, provision of care that is in the best interest of a child most often occurs when children remain in the care of their immediate or extended families (recognized as their key safety net) and when community capacity is strengthened in order to provide the highest level of care. In some situations, where families have been separated because of violence, illness, or other experiences of poverty, family-based models must work to reintegrate children with their families. Programs of this type seek to strengthen the familial households where these children live so that they might provide adequately for their care and protection, their education and their development.

Family-based care in a community is not only more likely to meet the developmental needs of children, but also more likely to equip them with the knowledge and skills required

for independent life in their communities. By remaining within their communities, children retain a sense of belonging and identity and also benefit from the continuing support of networks within the community. Furthermore, these approaches benefit from being potentially far less expensive than institutional care and hence more sustainable (Tolfree, 1995, 2005).

This paper focuses on foundational principles of family and community care and a specific example of a reconciliation and reintegration model from an African perspective. The principles and program structure of *Les Enfants De Dieu* will be provided in terms of its innovative approach to care for children, families, and communities. The themes of development in this organization will be described as being transformational, sustainable, and leadership focused.

## APPROACHES TO ORPHAN CARE

The biblical call to care for orphans is clear. From a reference in almost a dozen of the Psalms to James’ description of religion that is pure, we hear the mandate to defend, rescue, and liberate children who are parentless. Isaiah (1:17) is quite explicit in calling us to “learn to do good, seek justice, rescue the oppressed, defend the orphan, plead for the widow.” And the church is learning to be faithful to this call. In new and exciting ways, Christians are saying that we cannot sit idly by as so many children struggle to make their way through life. We know we must respond; we are just not always sure how to offer the best response.

The initial response for many congregations and faith-based organizations that engage in caring for orphans has been to build orphanages. Orphans don’t have families or homes, right? We must revisit the biblical definition, which is consistent with that of UNICEF and other global organizations: An orphan is a child who has lost one or both parents. Many children in orphanages, however, do have a living parent and many others have extended family in their community (Dunn, Jareg, & Webb, 2003; Williamson, 2004). Far too many of the residential care programs that Christians build have the unintended consequence

of further separating children from their family and community. As an example, I spent the day with a man who recently felt the call of God to care for the orphans of our world. His family's response was to take their savings to build an orphanage in Africa. He felt a call, had the support of his family and church, and the response seemed natural. Now, a few years later, he has come to recognize the bonds of family that the children have lost and is asking questions about better care for these children. At this



point, he has read the research and asked local leaders who point to a different model, but he also has donors committed to the orphanage, short-term mission groups who love to come play with the children, and feels locked into a model that he no longer feels is of value.

Orphanages, in whatever form, whether planned as children's homes or child villages, whether named residential setting or institutional setting, often appear at first glance to provide a promising way to care for large numbers of children in an efficient and effective manner. However, the long-term results are not so promising (Dunn, Jareg, & Webb, 2003; Viner & Taylor, 2005; Zeanah, Smyke, Koga, & Carlson, 2005). Institutional forms of care involve large numbers of children living in an artificial setting that effectively detaches them not only from their immediate and extended family and from their community of origin, but also from meaningful interaction with the community in which the institution is located. Even institutions that use household models with house parents remove children from their communities and families and create an alternative (often American) culture that has no relevance to the lives of the children once they are old enough to leave. Some Christian

agencies address this issue of culture, stating that they are promoting Kingdom values and a culture that is counter to the poverty of Africa, yet contemporary Christian theology and missiology encourages us to be more self-critical of the ways we conflate Western (often U.S.) culture and Christian values.

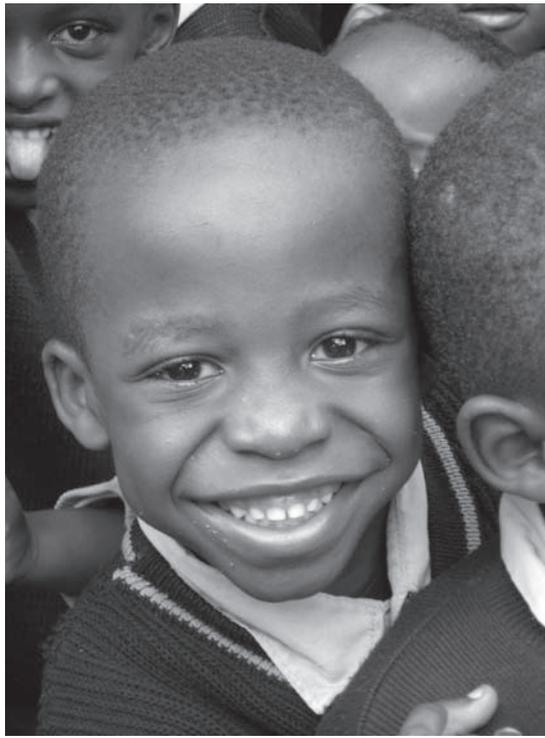
It is important for Christians to engage the orphan crisis facing Africa and elsewhere but we must be attentive to the deeper problems that create the crisis. Most resi-

dential models address the symptoms by seeking to "rescue" orphans, but unlike community development models, they do little or nothing in the way of addressing the root causes of why children are orphaned or abandoned. What would it look like for Christians to respond to the call to care for orphans in a manner that is attentive to the complex social problems and respectful of African culture?

### **FOUNDATIONS FOR FAMILY AND COMMUNITY-BASED MODELS OF CARE**

In an effort to promote better forms of care for orphans and vulnerable children, UNICEF, several U.S. agencies, and Save the Children came together to form the Better Care Network (BCN) in 2003. In 2005, the Faith-Based Outreach Committee of the BCN was formed and in 2008, this group became known as the Faith to Action Initiative (F2AI). Advocates in the BCN and F2AI suggest that one of the fundamental strategies to improve the safety and well-being of orphans and vulnerable children, and to protect their rights, is to strengthen the capacities of their families and communities to protect them and provide for their needs (personal communication, John Williamson, 2005).

The goal of family and community-based models of care is for orphans and vulnerable children to be supported by familiar adults (inasmuch as it is possible) and to remain within their own communities. These models provide economic, educational, health care, and social support for families and communities. First, programs of this type seek to strengthen the familial house-



holds where these children live so that they may provide adequately for their care, protection, and education. Examples include schools, day care/childcare, and drop-in centers. Alternative care is the second option being encouraged by agencies and advocates alike and this includes local foster care, kinship care, or adoption. Institutional care is seen only as a last resort for these children, particularly the most vulnerable, yet even then it is suggested that residential care be provided on a short-term basis (Dunn, Jareg, Webb, 2003; Tolfree, 2005; Williamson, 2004). In many ways, the support is consistent with what we value in the United States. We go to great lengths to preserve families and when a child loses a parent, we do whatever we can to prevent a child from being institutionalized. African parents and community leaders feel the same way.

Family-based care in a community is not only more likely to meet the developmental needs of children, but also more likely to equip them with the knowledge and skills required for independent life in their communities. By remaining within their communities these children retain a sense of belonging and identity and also benefit from the continuing support of networks within the community (Tolfree, 1995). They learn the life lessons we take for granted; experiences such as the ability to engage in social relationships with

diverse people, finding an appropriate spouse, and preparing for their own future family life.

These approaches benefit from being potentially far less expensive than residential and institutional care and hence more sustainable (Tolfree, 1995, 2005). But, as I was asked by the organizers of a large institutional care setting, "Are these family and community models just pipe dreams?"

Consider an example from Kenya (Donahue, Hunter, Sussman, & Williamson, 1999). A program in the slums of Nairobi found that when 200 single, HIV+ mothers were asked who could care for their children if they became too ill to do so, half denied having extended family members who could provide care. After the social worker who interviewed the women developed a relationship with them, she discovered that most of the women had relatives from whom they had been estranged. The social worker was able to identify, in most cases, a grandmother, or other extended family members prepared to provide ongoing care for the children. The provision of care was not contingent on the provision of cash or material support.

But consider what might be possible if the tens of thousands of dollars spent to institutionalize these children were spent on these 200 families. An agency in Ethiopia did just that with an intensive reunification and reintegration program that is now an international model. It took more than 1,000 children who had been in its residential programs, spent a few years developing relationships with family and community members in the villages of the children, began placing the children with families or foster families, and within 10 years it was spending all of its resources on micro loans and grants to strengthen families. It now

serves several times the number of families and has strengthened entire communities and many times the number of children (Jerusalem, 2009).

Community responses vary in the scope and scale of services. The services are offered by community-based organizations with voluntary membership, local non-governmental organizations (NGOs) employing paid staff, as well as churches, religious groups and networks. They include clinics and nutrition programs, child care and educational programs, income-generating activities, extended family supports, orphan care committees, and respite-care programs for caregiving adults (Williamson, 2004). Most of the models in this journal are examples of family and community care.

The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS is a UNICEF (2004) document describing the impact of HIV/AIDS on children, including psychosocial stress, economic problems, and risk of HIV infection. It presents five key strategies for addressing the needs of orphans and other vulnerable children. These strategies include building the capacity of families, supporting community-based responses, ensuring essential services to children (e.g. education, health care), improving policy responses, and fostering supportive environments for children. These have been recognized as fundamentally important in writings such as *A Generation at Risk* (Foster, Levine, & Williamson, 2005), *Children on the Brink* (UNICEF, UNAIDS, USAID, 2004), and in funding from the United States and other G-8 nations to support services for orphans and vulnerable children.

I think it is important for Christian organizations to recognize the value of principles, frameworks and reports such as these. Too often, we see well-intentioned Christian projects fail due to a lack of skill, preparation, an understanding of local contexts and a lack of access to tools that have been developed. We don't need to reinvent the wheel. Yet, as Christians, we need to build quality into our programs and that means not being afraid to draw from resources that already exist. In this paper, I consider a particular organization in

the central African nation of Rwanda for the ways it lives out these strategies. *Les Enfants de Dieu* will be shown to address several of these strategies and provide a model of leadership development for young men in this war-torn nation. I hope the lessons of this organization have value for the work of your ministries.

## **A CASE STUDY OF FAMILY AND COMMUNITY CARE IN RWANDA**

Rwanda, the most densely populated central African nation, is also one of the most beautiful. "The land of a thousand hills" has a hilly, fertile terrain that allows for a low food security rate (10%) as most families can provide food via meager subsistence farming. Although subsistence farming offers a steady diet, the quality and nutritional value of a family diet is poor, resulting in a nation with one of the world's worst child mortality rates – one in five Rwandan children die before their fifth birthday. Forty-two percent of Rwandan children under 5 years old are malnourished. Besides malnutrition and related diarrheal diseases, malaria is a leading cause of infant and child mortality (29%) (UNICEF, 2008).

Rwanda is one of the poorest countries in the world. It ranks in the bottom 10% of countries listed in the United Nations Development Programme's (UNDP) Human Development Index: 48% of the population lives on less than \$2 a day and 20% live on less than \$1 a day. This means that more than half of the country lives in extreme poverty.

Rwanda is most well known in modern times for the civil war that swept through the region in the early 1990's, resulting in the 1994 genocide. In three months, 850,000 Rwandese were killed in this country. In the aftermath, several hundred thousand Rwandese fled the nation into bordering Congo. Because rape was used as a weapon of war, thousands of women were infected with HIV/AIDS. A UNICEF (2009) report of 2,000 women — many of whom were survivors of rape — were tested for HIV during the five years following the genocide. Of these women, 80% were found to be HIV-positive. Many were not sexually active before the genocide. One of the results of war and disease is that Rwanda's population now

is quite young. Of the 8 million people living in Rwanda, more than half are under the age of 18.

Children orphaned during the war, those born as a result of rape, and those whose have been orphaned because of the spread of HIV/AIDS are at great risk in this nation. An estimated 1 million orphans and “other vulnerable children” live in Rwanda. These children include:

- 101,000 children heading up an estimated 42,000 households;
- 7,000 street children;
- 3,500 children living in orphanages;
- 1,000 children living in conflict with the law;
- 60,000 children living with disabilities;
- 120,000 children forced to work;
- 300 infants living with their mothers in prison;
- children affected by armed conflict (2,500 still in Congo) (UNICEF 2008).

The needs of children in Rwanda are evident to anyone who visits this nation. In the midst of several groups seeking to help families and children, *Les Enfants* offers a unique model of care.

### **LES ENFANTS DE DIEU (THE CHILDREN OF GOD)**

In a country devastated by violence, malnutrition, and disease, and where children are disproportionately affected, *Les Enfants de Dieu* was founded in 2002 as a transitional school for boys. Its founders recognized just how many young boys were living on the streets after war ravaged this country and hoped that abandoned and runaway children, many of whom were orphans, could be reunited with their families. With a philosophy of client self-determination, sustainability, empowerment, and the development of leadership skills, *Les Enfants* provides education and housing to as many as 150 boys and young men ages 7-19 who have lived on the streets, whose parents were killed in the genocide or who have died from HIV/AIDS. The guiding principle of *Les Enfants* is one of reconciliation with a focus on

recruitment of boys interested in rehabilitation and on reintegration of the boys into the lives of their families and communities.

In a visit to this center and a conversation with the director, Rafiki, I learned how:

“the center is like a bridge between the streets and the family. Working to reintegrate street children with families and in communities does not come easily, but for those who desire the change of opportunities for life, it is possible. Many children thought working on the street would be easy and found out it was hard; they say that life became worse. It is often hard for the boys to make an adjustment because they had ‘freedom’ on the streets.”

The center staff negotiates rules with the boys as they learn what it means to live in a family again: “If the children don’t want to stay, we don’t make them. Most choose to stay and choose to learn.” Currently, *Les Enfants* serves 130 boys, with 129 engaged in schooling. The one not in school has said, “I am ready to put down the gun, but not yet ready to pick up the pen.” This points to the self-determination, responsibility, and integrity of the individual child fostered by the center.

### **ORGANIZATIONAL STRUCTURE**

The structure of *Les Enfants* assures that both the boys living in the center and the paid adult staff have clearly defined roles. The structure offered to the boys includes a leadership development system of seven ministries headed by children. Each boy participates in a key “ministry,” modeled after the ministries of the Rwandan government. These include administration, education, social affairs, recreation, agriculture, home, and health. Each ministry consists of offices the boys hold: minister, director general, and several technicians. Each boy has to make plans and goals for himself and his position as a part of the responsibilities he is learning. Key to the success of this system is the relationship between the ministries and the adult staff. Adult staff positions include the director, a financial manager, nurse, three teachers, four social workers, three security guards, four maintenance workers, two cooks, and a staff person to care for the livestock and farm.

The adult staff makes decisions about organizational administration, but only in relationship to the ministry system. The boys, through the ministerial structure, make most of the daily operating decisions. Rafiki described it this way: “I needed a new computer last year for our finances; the boys said ‘no’ so I didn’t buy it; and we had the money. Our bylaws say I can override them, but I don’t. They are learning from us how to live within their means and we have to learn from them as well.” Through the decision-making processes required by such a model and the leadership that it engenders, the boys are able to develop a sense of interdependency, a concept more important than that of “self-sufficiency.”

### MODEL OF SERVICE

Rafiki described the center’s model as one that promotes a triangle of care forging a bond among the interdependent child, his family, and their community. Boys who come into the center and have not lived their entire lives on the street usually stay between 12 to 18 months. For children who were on the street for a while, it can take several years. When the staff and child feel he is ready to reintegrate, they begin talking about family life at home by focusing on reconciliation skills and reintegration-based counseling. After several months of preparation with adult staff, family members, and community members, a boy getting ready to return home is given a reintegration kit, which consists of a goat to be used as a source of income and health insurance for the entire family at a minimum.

Although the children are temporarily in residential care, the goal is always to place them back into family and the community. For boys unable to return to their families, the center helps them with skills for living independently in their community. They work with the boys to find a job, pay for three months of transportation, work clothes, and assist in opening a bank account. They offer a voca-

tional training program focused on catering, carpentry, welding, cosmetology, and tailoring. When the boys leave, or “graduate,” they are often willing to come back and talk about life after the center in an effort to encourage the reintegration of others.

### FINANCIAL SUPPORT

*Les Enfants* needs approximately 3.5 million francs/month (\$7,000 a month in U.S. dollars) for operations. The founder, an Indian who often met with street children to provide meals and decided they needed more, provides 1 million francs/month (\$2,000/month). The remaining income is from individual, corporate, and foundation gifts. As a result, key struggles for the center include freedom in programming, because some donations come with restrictions. Finding providers of needed services, from teachers to substance abuse counselors, and support for the challenges of adolescents, when the boys are introduced to sexuality at a young age, is also difficult given the financial restraints.

An area of great strength for the center is its new sustainability projects. The center has recently begun to use its large plot of land that was donated by its founder for sustainable agricultural development. Here, the center raises and sells fish, rabbits, goats, and ducks as well as crops raised on the land. Rafiki says his dream is to be 60% self-sufficient within five years; it is currently at about 8% in its third year of these projects. This sustainability goal is laudable and yet fully achievable given its current land and human capital resources.

This organization that strengthens young men, their families, and their communities, provides a profound example of community development. Let’s look now at what this means as we consider the developmental lessons learned at *Les Enfants*.

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## ASPECTS OF DEVELOPMENT LEARNED WITH *LES ENFANTS DE DIEU*

*Les Enfants* offers to us a model of development that is unique in many aspects. Here are four areas of development seen in the work of *Les Enfants* that we can promote in the work of other organizations as we seek faithfully to serve vulnerable children.

1. Leadership development is central to the mission of *Les Enfants*. Their program is truly youth-centered and leadership-focused as they not only trust the boys to participate in decision-making, but also empower them with skills and structure to make most major decisions independent of adult input.

2. This organization is seeking to promote sustainable development. Through its agricultural projects, sustainability is a part of the model as *Les Enfants*. The farm they operate allows them to work toward financial self-sustainability, but they also practice ecological sustainability in their approach to the land. Rafiki took great pride in describing the affordable and sustainable technology that they use to raise their animals and care for their crops. Their rabbits feed the fish and the ducks; the fish and duck waste nurtures the water; debris dredged from the water is composted to enrich the soil; the soil strengthens the crops; and the crops, fish and rabbits are all sold for a profit. Appropriate farming technologies and sustainable agriculture are key to this agency's plan for the future.

3. The perspective of *Les Enfants* addresses concepts of community development. Even though a majority of the focus of the *Les Enfants* staff is on the children they serve, the social worker spend a significant amount of time learning where the boys are from, who their families are, and stories of their communities. The staff begins conversations with family and community members about reunification, but these conversations are not always welcomed. If a child has been gone for some time, the experience of poverty makes it difficult for them to imagine a young boy re-entering the household. As a result, *Les Enfants* offers the families resources, including food, to assist with reunification. Community members have said that they remember the

trauma of boys leaving; others have said that the boys would return and steal from them or harass other children in the community. These experiences make reintegration to community life difficult, but part of the process includes services focused on restoration. Many people in Rwanda are learning to live together again, and so these communities are open to the ways *Les Enfants* seeks to help in this process. In this way, we see that the organization promotes economic outcomes not only for the center, through farming, but also for the community, through its emphasis on education and vocational training for the boys.

4. Social, or transformational, development is an approach that has received increased attention in recent years, but is still relatively unknown. I will say more about this approach than I have the others because many organizations use this term "transformational" without clarity of meaning. It remains a vague notion that is too often used by religious organizations as a trendy and attractive adjective without regard for what it means to transform people's lives in any way beyond offering an evangelistic message. Food for the Hungry (2008) states it this way in its Call for Presentations for the 2008 Transformational Development Conference:

Christian academics and practitioners use the term to signify a holistic integration of faith and development and to distinguish it from models that are secular or simply dichotomist in their application. The terminology, while helpful, has not yet resulted in consensus around the criteria for, frameworks of, and proven approaches to doing transformational development. The danger remains that unless we can differentiate between what is and is not transformational development, it will be just another Christian label used to justify whatever we happen to be doing.

Although there is the idea that "transformational" is synonymous with a holistic Christian approach to development, the World Bank (2005) defines social development as "transforming institutions to empower people" (p. 1). The work they support using this model seeks to transform children, families, communities and institutions and offers a more compre-

hensive approach to social change than most Christian services that use the term. “If we say we are in the business of transformational development then we must acknowledge the demands placed upon us by the promise the term connotes (Food for the Hungry, 2008). As with the World Bank, Christian leaders state that their goal is positive change in the whole of human life materially, socially and spiritually (Myers 1999).

World Vision brings the most clarity to the term with monitoring and evaluation indicators of transformation and a learning community to focus its outcomes. They describe transformational development that encompasses five domains of change: well-being of children, their families and communities; empowered children to be agents of transformation; transformed relationships; interdependent and empowered communities; and transformed systems and structures (World Vision, 2003).

My current effort is to see how the work of *Les Enfants* seeks to be transformational in its efforts. When asked the formula for what is working well for him, Rafiki said, “It’s a social answer, not a mathematical one.” This suggests the value of social development fostered by *Les Enfants*, but what does this mean? The comprehensive approach of fostering healthy development of children, with a focus on leadership, combined with an interest in organizational, family, and community sustainability, points to a social development that has the potential to be transformative in each of the domains World Vision outlines.

For *Les Enfants*, being transformative moves beyond a singular focus on the children in its care (which is the goal of institutional care) to substantial efforts to transform the families of the children and the communities from which the children come. Above we have seen that these efforts include reunification and reintegration of children into families in a way that strengthens the health care of the children and family members, and that offers financial support for the family. Furthermore, the agency offers mental health care for the family before and after a child enters a home. The commitment to children and their

families includes support to other community members whose lives will be affected by the return of the boys to their homes. If transformational development is to be holistic then the spiritual, social, educational, economic, and health and mental health outcomes of *Les Enfants* begin to provide evidence-based best practices for other organizations desiring to have a lasting impact on orphans, their families and their communities.

## CONCLUSION

Earlier I cited the UNICEF (2004) document that provides a framework for the care of orphans and vulnerable children and lists five key strategies: building the capacity of families; supporting community-based responses; ensuring essential services to children (e.g. education, health care); improving policy responses; and fostering supportive environments for children. Large non-governmental organizations, ranging from the international Save the Children to the faith-based World Vision, are utilizing this approach to care. Small organizations are doing it as well.

*Les Enfants de Dieu* is such an organization. It builds the capacity of families by working with parents to reintegrate runaway and street children, or to take in extended family children through kinship care. Its community-based response includes the leadership and community development strategies outlined above, which serve to strengthen the capacity of children and adults in the communities where the children return to live as healthy, productive boys and young men. Essential services to children are fostered while the boys are in the care of *Les Enfants* and when they move into family or independent living; the boys are being prepared for continued schooling or jobs, for healthy decision-making, and for a life that values community. Policy responses are beginning to be improved in their country as models such as this are encouraged in the aftermath of genocide and in response to HIV/AIDS and widespread poverty. Lastly, supportive environments for children are found in the organization’s short-term care and in the efforts to reunify children with families. The entire focus of an agency that is committed to reunifica-

tion and reintegration can affirm the value of lasting environments that support children as they develop into faithful and successful adults resulting in sustained and transformed families and communities.

## REFERENCES

- Donahue, J., Hunter, S., Sussman, L., & Williamson, J. (1999). Children affected by HIV/AIDS in Kenya: An overview of issues and action to strengthen community care and support. Washington, DC: USAID & UNICEF.
- Dunn, A., Jareg, A. & Webb, D. (2003). A last resort: The growing concern about children in residential care. Washington, DC: International Save the Children Alliance.
- Foster, G., Levine, C. & Williamson, J. (2005). *A generation at risk. The global impact of HIV/AIDS on orphans and vulnerable children*. New York: Cambridge University Press.
- Jerusalem Childcare and Community Development Organization. (2009). Program Components. Available online at: <http://www.jeccdoethiopia.org/ProgramComponents.htm>.
- Olson, K., Knight, Z., & Foster, G. (2006). From faith to action: Strengthening family and community care for orphans and vulnerable children in sub-Saharan Africa: A resource for faith-based groups and donors seeking to help children and families affected by HIV/AIDS. Santa Cruz, CA: Firelight Foundation.
- Tolfree, D. (1995). *Roofs and Roots: The Care of Separated Children in the Developing World*. Hampshire, United Kingdom: Arena.
- Tolfree, D. (2005). *Facing the crisis: Supporting children through positive care options*. London, United Kingdom: Save the Children.
- UNICEF. (2004). The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS. Washington, DC: UNICEF.
- UNICEF. (2006). Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS. New York: UNICEF with UNAIDS and U.S. President's Emergency Plan for AIDS Relief. Washington, DC: UNICEF.
- UNICEF. (2008). Rwanda: Facts and Figures. Available online at: [http://www.unicef.org/infobycountry/23867\\_20292.html](http://www.unicef.org/infobycountry/23867_20292.html).
- UNICEF. (2009). The situation of women and girls: facts and figures. State of the World's Children. Available online at: [http://www.unicef.org/gender/index\\_factsandfigures.html](http://www.unicef.org/gender/index_factsandfigures.html).
- UNICEF, UNAIDS, & USAID. (2004). Children on the brink 2004: A joint report on orphan estimates and program strategies. Washington, D.C.: The Synergy Project.
- Viner, R., & Taylor, B. (2005). Adult health and social outcomes of children who have been in public care: Population-based study. *Pediatrics* 115(4), 894-899.
- Williamson, J. (2004). A family is for a lifetime. USAID Office of HIV/AIDS. Washington, D.C. The Synergy Project.
- World Bank. (2005). Empowering people by transforming institutions: Social development in World Bank operations. Washington, DC: The International Bank for Reconstruction and Development, Social Development Department.
- World Health Organization. (2008). Data and statistics. Available online at: <http://www.who.int/research/en>.
- World Vision. (2003). About transformational development. Available online at: <http://www.transformational-development.org/Ministry/TransDev2.nsf/section/3AAF3165F6496C5688256F3900681F9C?open document>.
- Zeanah, C., Smyke, A., Koga, S., & Carlson, E. (2005). Attachment in institutionalized and community children in Romania. *Child Development*, 76(5), 10-15.