

Exploring the Practices and Challenges of Catholic Childcare Institutions in Injibara Town, Northwest Ethiopia

Tiruye Abdie*, Wohabie Birhan Bitew** and Abatihun Alehegn Sewagegn***

*Department of Early Childhood Care and Education, Institute of Education and Behavioral Sciences, Injibara University, Ethiopia

**Department of Psychology, Institute of Education and Behavioral Sciences, Injibara University, Ethiopia

***³Department of Psychology, Institute of Education and Behavioral Sciences, Debre Markos University, Ethiopia

**ORCID identifiers: <https://orcid.org/0000-0002-8590-4337>

***ORCID identifiers: <https://orcid.org/0000-0003-0147-5190>

***Corresponding author email: abatihun_alehegn@dmu.edu.et

Abstract: *This study explores the practices and challenges of childcare institutions in Northwest Ethiopia using a qualitative case study approach. Data were collected from ten children and three caregivers through interviews, observations, and focus group discussions, and were analyzed thematically. Findings reveal that the institution provides basic needs such as food, clothing, and shelter. However, food lacks special nutrition for sick children, and health services are limited, with discrepancies between claims and actual care. Educational services are external and have limited free time. The institution also offers alternative childcare services such as sponsorship, foster care, and adoption. Challenges include budget constraints, weak administrative coordination, unclear policies, and limited accountability in management structures, inadequate facilities, and insufficient health services. The institution fails to meet United Nations and Ethiopia service standards, as reflected in inadequate caregiver-to-child ratios, insufficient professional training for staff, reported instances of verbal harassment, and broader limitations in the quality and consistency of childcare provision. Recommendations include recruiting qualified caregivers, establishing community-based childcare services, and providing specialized training in child development, child protection, trauma-informed care, and professional caregiving skills. Foster care is also suggested as a more supportive alternative for promoting healthy child development.*

Keywords: *Early childhood, Caregiver, Childcare institutions, Challenge and Practice*

Introduction

Browne (2017) defines institutional care as a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult caregivers. Likewise, UNICEF (2023) and Shawar and Shiffman (2023) describe the concept as a residential care or an establishment founded by a governmental, nongovernmental, or faith-based organization to give care for unaccompanied children.

In the Ethiopian context, childcare institution refers to a short-term alternative care strategy and a last resort used to contribute towards the improvement of the physical, social, and psychological well-being and ensuring self-reliance among children by creating access to the fulfillment of their rights for basic and psychosocial services and seeking every other possible alternative placement for permanent upbringing of children (Ministry of Women's and Children Affairs [MoWCA], 2009).

Institutional care has a negative impact on children's attachment development. For instance, studies revealed that institutionalized children showed high rates of insecure and disorganized attachment (Bakermans-Kranenburg et al., 2011; Kliewer-Neumann et al., 2023; Van IJzendoorn et al., 2011). As a result, many countries are now making major transformations to their childcare and social welfare policies.

Family problems are usually the causes for placing children in institutions. For instance, parents with HIV/AIDS or other chronic illness and poverty are the factors for placing children under institutional care (Faith to Action Initiative, 2014) due to the absence of a caretaker at home.

Dozier et al. (2012) argued that "institutional care tends to have limitations in fulfilling children's developmental needs" because of several reasons. For example, the presence of big number of children to small number of care givers ratios; the trend of giving care in a generalized manner than putting due consideration for the need of an individual child; and the presence of untrained care givers and lack of knowledge regarding working on children's psychological need and absence of secured attachment between the child and the care giver are some of the limitations.

The UNICEF (2023) report indicates that there are about 4.5 million orphaned children in Ethiopia. Out of this, more than 6,503 children were placed in 225 childcare institutions in the country (Save the Children, 2023). Children in institutions are exposed to a range of forms of abuse, neglect, exploitation, and violence.

The Ethiopian Center of Statistical Agency (2007) report shows that Amhara region, where the current study is being conducted, is a home for more than 850,000 orphan and vulnerable children. Yet there is no real data that shows the accurate number of orphaned children placed in institutional care and services to be provided in the region.

As it is mentioned in Better Network Care (online August 2024), the Ethiopian Childcare Guideline places institutional care as a last option. It also tries to shorten children's stay in this type of childcare by bestowing orphanages with the responsibility of providing other child alternatives, such as community-based childcare, reunification, reintegration, and foster care and adoption. The guideline suggests that options should be available to make informed decisions about the type of care that best fits the interests and well-being of the child.

Placing a child in an institution away from the parents and his/her growing environment has its own impact on the child's healthy development (Webb, 2003). This suggests that placing children in institutions is not better and thus children should grow up with their biological parents, except the orphan ones.

The incompatibility between the number of children in orphanages with the space and the number of caregivers and lack of secure attachment in a childcare giver relationship can be cited as the common disadvantages of institutional care over other type of childcare. As a result of the rationale mentioned above, the MoWCA (2009) in the Ethiopian Alternative Childcare Guideline places institutional care as a last option and it imposes a duty of looking for other types of childcare alternatives with the view to minimize children's stay under care of orphanages.

Catholic Childcare Institution (CCCI) located in Injibara Town, Northwest Ethiopia, approximately 120 kilometers from Bahir Dar, the capital of Amhara Regional State. The majority of the population in this area has low income, and many vulnerable children live under hardships. To address this issue, the Catholic Church established the CCCI in 2011. This study aims to explore the practices and challenges of Catholic Childcare Institution. Specifically, the study will achieve the following specific objectives.

1. Assess the current practices of childcare in the selected institution.
2. Identify the key challenges faced in the selected childcare institution.
3. Suggest actionable recommendations to enhance the quality of childcare, addressing identified challenges and leveraging best practices from successful institutions

Theoretical framework and review

This study is guided by three complementary theoretical frameworks, Ecological System Theory, Attachment Theory, and Institutional Theory in combination, which are appropriate for its context. According to Bronfenbrenner (1979), Ecological System Theory posits that a child's development is influenced by the different types of environmental systems they interact with. These systems range from immediate settings like family and school (microsystem) to broader societal influences (macrosystem). The theory analyzes how various environmental systems (family, community, government policies) impact the practices and challenges faced by childcare institutions in Northwest Ethiopia.

Attachment Theory, as proposed by Bowlby (1969), is the second theory used in the study. This theory emphasizes the importance of a secure attachment between children and caregivers for healthy emotional and social development. It can be used to assess the quality of caregiver-child relationships in institutions and the impact of these relationships on children's development.

The third theory, Institutional Theory by Scott (2004), examines how institutional structures, norms, and rules influence organizational behavior and practices. This theory helps in understanding the governance, policies, and operational challenges faced by childcare institutions.

The adverse effects of poverty and other communicable diseases are widely observed in children. In poor nations like Ethiopia, several vulnerable children do not have parents or caretakers. Poverty added with absence of clear policy about care and support of orphan and vulnerable children is an existing challenge.

Early childhood stage is the foundation of life, and they need to gratify their physical, social and emotional needs. Research findings in the United States indicated that institutionalizing children and use of center-based care is deficient and negatively affect healthy development (Rohacek et al., 2010). Studies indicate that on average, institutionalized infants and young children are approximately 1 to 1.5 standard deviations below the mean of non-institutionalized home reared children with respect to their length/ height, weight, head circumference, and general behavioral/mental development (Juffer et al., 2011; van I Jzendoorn et al., 2007; van I Jzendoorn et al., 2008; van I Jzendoorn et al., 2011, cited in McCall & Groark, 2015)

Placing children in institutions during their critical period of development leads to several developmental delays and disabilities. This is because their needs are not

fulfilled, and they do not have a stable and healthy environment (McCall & Groark, 2015).

Institutionalized children are deprived of the love and warmth of their biological parents which in turn negatively affects their relationship with other people in the future. This is particularly true to infants and early childhood stage children for these periods are critical to development. According to Bowlby (1952), early maternal separation and institutionalization are devoid of maternal love and attachment, and he argues that placing children in institutions is a risk. Research shows that being raised in institutions has negative effects on brain development and behavior and significantly increases the risk of psychopathology (Fox et al., 2017). Despite this problem, 8 million abandoned or orphaned children are still being raised in socially depriving institutions (UNICEF, 2007). Placing orphan children under five years of age in institutions negatively affects the physical, cognitive, and psychological development of children (Tolfree, 2003). To conclude, placing children in institutions is more of a disadvantage and it leads them to lack positive relationship, secured attachment and even it may lead them to different developmental delays. The problem of institutionalizing children becomes more challenging for developing nations like Ethiopia where there are scarcity of basic needs and professional caregivers. In such cases, thus, caring children under institutions is not a preferable option and other mechanisms such as alternative childcare and family-based care methods have to be sought.

Quality and adequate services are the challenges to children under institutions in Ethiopia. For example, the Ethiopian Alternative Childcare Guideline underlines that “Childcare institutions use disciplinary rules and regulations developed with the principal aim of disciplining the children as working guidelines and such rules often focus on the obligations of children and do not take into account their views and rights.”

Method

Research Approach and Design

The researchers employed qualitative research approaches, specifically a case study design. Case study design is one of the designs of the qualitative research approach whereby the investigator selects a few cases to investigate the issue in depth (Creswell, 2009). Accordingly, we took a Catholic childcare institution as a single case to explore how children are taken care of by the institution and the challenges that the institution has been facing.

Sample size, Sampling Technique, and Participants

We selected the institution and participants of the study using non-probability sampling technique, particularly purposive sampling. Vasileiou et al. (2018) underline that samples in qualitative research tend to be small in order to support the depth of case-oriented analysis and qualitative samples are purposively based on their capacity to provide rich and relevant data related to the phenomenon under investigation. These scholars further notice that the selection of participants is often guided by the principle of saturation, where data collection continues until no new themes or insights emerge. This approach ensures that the research captures a comprehensive understanding of the phenomenon, allowing for a nuanced and detailed exploration of the subject matter.

Besides, Creswell (2012) notes that the aim of qualitative research unlike that of quantitative is not to generalize the findings to the population. Instead, it focuses on exploring a problem and developing a detailed understanding of a central phenomenon and a few samples are chosen to explore the phenomenon.

In our case, one Catholic childcare institution was selected purposively, and the living conditions of all 36 children aged 5-8 years were observed over 1 month. From these, ten beneficiary children were selected purposively based on their age (under 8 years) and length of stay in the institution (around the mean duration of stay). Three caregivers were also selected purposively based on their caregiving role and relatively greater work experience compared to others. In addition, one expert from the Awi Zone Women and Child Rights Office was selected using a similar purposive sampling technique based on professional responsibility and experience in child welfare services.

Data Collection Tools

Data were collected using in-depth interviews, non-participant observation, and focus group discussions (FGD), with each instrument serving a distinct purpose. In-depth interviews were conducted with institutional staff to obtain detailed insights into childcare practices, service provision, challenges, and organizational functioning through semi-structured, open-ended questions. Observation focused on caregiver-child interactions, physical facilities, caregiving practices, and the general psychosocial environment using a structured checklist.

To ensure better data organization and participant comfort, separate FGDs were conducted by participant category. One FGD involved beneficiary children, focusing on their care experiences, well-being, and perceived support, using age-appropriate

guiding questions. A second FGD involved institutional employees (coordinator, caregivers, and support staff such as the cook), focusing on service delivery, operational challenges, professional roles, and institutional practices.

Observation was conducted within the institution to systematically assess the physical environment, daily routine and caregiving practice for children. A structured observation checklist was developed in advance based on established child welfare and early childhood care standard to guide the data collection. The checklist focused on key areas such as caregiver–child interaction, hygiene and safety condition availability of learning and play material and the adequacy of care and support provided. Using this checklist, the researchers conducted non-participant observation of the children’s daily activity and the institution’s caregiving practice, ensuring that data collection was consistent, comprehensive, and aligned with recognized care standards.

Data Analysis Method

Data were collected using a digital audio recorder, with prior informed consent obtained from all participants for audio recording. The audio data were later transcribed verbatim and translated from Amharic to English. The transcribed data were checked for errors by listening back to the audio-recording and reading the transcript simultaneously. Thematic analysis was used to analyze data gathered through interviews, observation, and FGD.

Ethical consideration

The researchers were guided by all ethical issues in the data collection and analysis process in order not to cause any physical and psychological harm on the participants and the institution. For example, anonymity was used in the data collection process to ensure confidentiality. Besides, the names of children and other key informants were not disclosed while reporting the results of the study. Assent from children and consent from the institution was obtained before data collection. During the interview session, the researchers encouraged participant children to relax by taking a walk within the compound of the institution and motivating them to tell their story at the same time. Furthermore, the researchers maintained privacy and confidentiality and avoided any physical and mental discomfort during the interview and the observation.

Results

This section deals with findings obtained from data analysis. The findings are presented in fewer than two major themes: Services provided by the institution and the

challenges. Actual words from participants are included to elaborate themes when necessary.

Services provided by the institution

Basic need services

Food, clothing, and shelter are mentioned by all key informants and focus group discussants as the services being provided in the institution.

Food

According to most of the key informants and focus group discussants, the type and quantity of food provided for each child in the institution depend on the child's age. For example, one key informant described the feeding arrangements as follows: *“For children who are under the age of one year, cow milk is provided once a day. For those above one year, food items like rice, spaghetti, bread, and others are provided at breakfast, lunch, snack, and dinner.”*

Meanwhile, during focus group discussions, cooks in the institution mentioned that they provide breakfast, lunch, and dinner every day. However, our observation during children's feeding times revealed that there are no special nutrition arrangements for sick children and a lack of variety in the food items such as vegetables and soup, based on the disease type when they are sick served to the children in the institution.

Clothing and shelter

Most of the key informants reported that every child has enough clothes, including shoes. However, data from focus group discussions and our observation showed that children are not dressed in simple outfits made from locally produced and tailored materials, which are not reflect our culture. Additionally, children who participated in the interviews expressed that many children in the institution experienced severe health problems.

We observed that children's residential rooms have walls, partitions, seats, and beds. Similarly, the focus group discussants argued that the sheltering service was well-equipped and had different classifications based on the age and health conditions of children.

Educational services

key informants mentioned that educational services from kindergarten to high school had not yet been provided inside the compound. However, the institution currently provides educational services to children outside of the institution in government and

private schools, covering school fees for those attending private schools. In addition to secular education, Catholic Childcare Institution provides religious education, aligned with the beliefs of the institution's owners, to the children under its care. Children who participated in the interview mentioned that they are not allowed to go out of the institution in their free time. One child elaborates on this by saying:

We do not have opportunities to study in libraries in our free time. We have not yet attended any tutors who will support our learning like others in opposite shift because it is not allowed for us to go out after school by the institution.

The key informant, who is the coordinator of the institution, also repeated the idea of child as in the absence of library in the institution.

Health Services

The institution provides medical services both inside its compound and outside in clinics and hospitals. Key informants from the institution stated that they have medical staff available. However, for more general cases of illness, most of the focus group discussants and the children who participated in the interviews reported that there are no medical staff such as doctors, health assistants, or nurses in the institution. This claim was also verified through our observations. Meanwhile, some children mentioned that when they feel sick, they are given medicine prescribed by the caregivers before being diagnosed in a clinic.

According to children's reports, they are rarely sent to hospitals, clinics, and health centers when they have serious illnesses. This implies a disparity between what the institution claims to provide and the reality on the ground.

To maintain children's health, the institution reported that children are tested for HIV/AIDS on their arrival. However, our observation shows that the institution has no caregivers trained in caring for children with HIV/AIDS, nor are there counseling services. It is important to know each child's health history and developmental characteristics. However, the institution does not have compiled data about the health status of children.

Alternative childcare services

Key informants and focus group discussants mentioned that children receive the following alternative care services: sponsorship, foster care, and adoption services.

The sponsorship program is one of the institutional care services practiced, as evidenced by key informants. This program is commonly provided by the institution and covers expenses for children living with their families when these families fail to

fulfill basic needs, such as educational expenses. The institution also covers expenditures for food and medical services for vulnerable children living with their families. Document analysis of the institution shows that 28 children have been given alternative care services.

Another alternative childcare service provided by the institution is *foster care*. A caregiver who participated in the interview mentioned the following regarding the foster care service: “*Our childcare institution has been providing foster care as an alternative childcare service for the last two years. For example, the institution has provided foster care services for two children in the last two years.*”

However, in contrast to the above claim, a key informant from the Women and Children’s Affairs Bureau explained that the institution has not yet begun to practice foster care service. Instead of foster care, inter-county adoption is practiced by the institution because the more children the institution gives for adopters abroad, the more money will be obtained. Accordingly, more than seven children have been given to adopters in 2017 and 2018.

Challenges in the institution

The most recurring challenges of the institution include absence of budget, less involvement of governmental organizations and the community, staff turnover, lack of good governance, and absence of monitoring and evaluation. For instance, the institution had signed an agreement with the Bureau of Women and Children’s Affairs (BoWCA) to collaborate on this area. According to the agreement, monitoring and evaluation activities were expected to be carried out at least in the mid-term and final periods of the project by BoWCA and other signatory government offices. However, there is a huge gap in implementing this plan. The KII from the CCCI agreed on this idea and she claimed that, “*Any governmental concerned bodies have not yet followed up, monitored, and evaluated her CCCI as per the agreement they made formally, rather they contacted the CCCI for the request of admitting abandoned children.*”

Moreover, the institution faces challenges such as a lack of awareness about childcare and support, inadequate facilities for child development, scarcity of balanced diet, staff turnover, absence of clean dining rooms with proper food storage, suitable living space, and a lack of health care services. These issues hamper the institution’s full-fledged quality childcare services.

Discussion

This study explored the practice and challenge of the Catholic Child Care Institution (CCCI), the only childcare institution in Awi Zone. The research employed a qualitative paradigm and a case study design to obtain an in-depth understanding of institutional practice and contextual challenge. Key informants and focus group discussants were selected purposively, and primary data were collected through interview, focus group discussion and observation within the institution. Secondary data were obtained from book, law, convention, meeting proceeding, organizational document and unpublished online material. \

Data were analyzed thematically. The study found that CCCI currently provides services including basic needs such as food, clothing and shelter, although delivery is insufficient due to budgetary constraints. Social services, including education and health care, are mainly provided externally through sponsorship programs, while first aid is the only health service available within the institution. Alternative childcare services such as sponsorship programs covering family expenses, foster care, inter-country adoption, reunification, reintegration and local adoption are implemented, although some of these services have not yet received adequate emphasis. Additional services include psychosocial and psychological support, day care, economic strengthening for biological families, home studies, training, and awareness programs. Despite an enabling policy environment, the institution faces serious challenge including budget shortage, weak management and monitoring system, high staff turnover, unqualified professional caregiver, unfavorable staffing pattern, inadequate caregiver–child emotional interaction, limited parental, community, and government involvement, and insufficient infrastructure. These challenges hinder the provision of quality care and support for children.

The finding of the study are consistent with the expectation outlined in the Ethiopian Standard Service Delivery Guideline (FDRE, 2010) and UNICEF (2025), which specify that childcare institution should provide comprehensive services including lodging, food, clothing, health care, sanitation and hygiene, education, technical and vocational training, special care for unaccompanied children with disabilities, life skill training, play and recreation, emotional care, guidance and counseling and alternative childcare service. The study revealed that most of these services are either not fully implemented or delivered inconsistently at CCCI, implying that the institution needs to make significant efforts to ensure children receive adequate and quality care.

The Ethiopian Alternative Childcare Guideline and the Ministry of Women and Children's Affairs directive (MoWCA, 2009) require institutions to minimize

children's stay under institutional care and promote alternatives such as community-based childcare, reunification, reintegration, foster care, and adoption. In line with these directives, CCCI provides family sponsorship programs, foster care, and domestic adoption; however, the quality of care is affected by inconsistent caregiving practices, verbal harassment from some caregivers, and limited professional knowledge regarding child developmental needs. Observation further indicated that the caregiver-to-child ratio is insufficient, confirming Huntsman's (2008) finding that low ratio and limited caregiver qualification negatively affect service quality.

The findings are best explained by Ecological Systems Theory, which highlights the interaction of multiple environmental systems on child development. At the microsystem level, inadequate caregiver-child interaction and high staff turnover directly affect children's daily experience. At the mesosystem level, weak collaboration between the institution, family and community constrains holistic support. At the exosystem level, budget shortage and weak management structure limit institutional effectiveness. At the macrosystem level poverty, limited governmental engagement and policy gap shape the broader environment of institutional care. Attachment Theory provides a psychological lens to understand the developmental and emotional consequences of inconsistent and insufficient caregiving highlighting the importance of secure attachment for healthy socio-emotional development. Institutional Theory further explains the structural and organizational challenges, including staffing, governance, and resource limitations that constrain service delivery. While all three frameworks are relevant, Ecological Systems Theory serves as the primary guiding framework because it comprehensively integrates child-level, institutional-level, community-level, and policy-level factors, explaining how the interconnected challenges affect the practices and service quality of CCCI in Awi Zone.

Conclusion

In conclusion, this study examined the practices and challenges of the only Catholic childcare institution in Awi Zone using a qualitative case study approach. The findings show that the institution provides basic needs, educational and health support and various alternative child care service such as sponsorship, foster care, adoption, reunification and psychosocial support. However, interviews, focus group discussion, observation and document review consistently revealed that service delivery is constrained by serious challenge, including budget shortage, lack of qualified professional, weak management and monitoring system, high staff turnover, and limited community involvement. As a result, despite its broad mandate, the institution

faces significant difficulties in providing adequate and quality care and support for children.

Recommendation

The following recommendations are based on the findings of the study:

- The institution should employ professionally qualified caregivers with knowledge and training in childcare and child development.
- Community-based childcare services are lacking in Awi Zone despite the growing number of vulnerable children; the Bureau of Women and Children's Affairs should establish new services and monitor existing institutions.
- Higher education institutions should provide training on childcare and development for staff and offer life skills programs for children in the institution.
- The Bureau of Women and Children's Affairs should work with the Catholic Childcare Institution to ensure the provision of quality services to institutionalized children.

Implication

The findings of this study imply that placing children in institutions without fulfilling all rounded needs of children is disadvantageous. Early childhood stage children need emotional stimulation and secure attachment figure to build good social relationships. Therefore, alternative childcare options such as foster care arrangements are better options. The findings of the current research also suggest that national-level studies must be conducted in childcare institutions of Ethiopia to explore the practices and challenges.

References

- Bakermans-Kranenburg, M.J et al. (2011). Attachment and Emotional Development in Institutional Care: Characteristics and Catch Up. *Monographs of the Society for Research in Child Development*, 76 (4): 62-91. <https://doi.org/10.1111/j.1540-5834.2011.00628.x>
- Better Network Care (online August 2024). *Ethiopia: Guidelines for Institutional Care and Community-Based Childcare Programs*. [https:// better care network. org/sites/ default/ files/ Guidelines %20for%20Institutional%20Childcare%20-% 20 Ethiopia. Pdf.](https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20Institutional%20Childcare%20-%20Ethiopia.Pdf)
- Bowlby, J. (1969). *Attachment and Loss: Vol. I. Attachment*. Basic Books. New York.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press.

- Browne, E. (2017). *Children in care institutions. K4D Helpdesk Report*. Brighton, UK: Institute of Development Studies.
- Central Statistics Agency (CSA) (2007). *Federal Democratic Republic of Ethiopia: Population and Housing Census*.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approach* (3rd ed.). Sage Publications, Inc.
- Creswell, J. W. (2012). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research* (4th ed.). Boston, MA: Pearson.
- Dozier, M., Zeanah, C. H., Wallin, A. R., & Shauffer, C. (2012). Institutional Care for Young Children: Review of Literature and Policy Implications. *Social issues and policy review*, 6(1), 1–25. <https://doi.org/10.1111/j.1751-2409.2011.01033.x>
- Faith Action Initiative (2014). *Children Orphanage, and Families: A Summary of Research to Help Guide Faith-Based Action*. <https://www.faithtoaction.org/children-orphanages-and-families/>
- FDRE (2010). *Standard Service Delivery Guidelines for Orphans and Vulnerable Children's Care and Support Programs*. Ministry of Women's Affairs and Federal HIV/AIDS Prevention and Control Office, Addis Abeba, Ethiopia. https://healtheducationresources.unesco.org/sites/default/files/resources/iiep_ethiopia_ovc_guidelines_2010.pdf
- Fox, N, Nelson, C and Zeanah, C (2017). The Effects of Psychosocial Deprivation on Attachment: Lessons from the Bucharest Early Intervention Project. *Psychodynamic Psychiatry*, 45(4) 441–450.
- Huntsman, L. (2008). *Determinants of quality in childcare: A review of the research evidence*. Centre for Parenting and Research, New South Wales Department of Community Services. New South Wales, Australia.
- Kliwer-Neumann, J.D. et al. (2023). Attachment disorder symptoms in foster children: development and associations with attachment security. *Child Adolescent Psychiatry Ment Health* 17(98): 1-8. <https://doi.org/10.1186/s13034-023-00636-5>
- McCall, R. & Groark, C. (2015). Research on Institutionalized Children: Implications for International Child Welfare Practitioners and Policymakers. *International Perspectives in Psychology: Research, Practice, Consultation*.
- MoWCA (2009). *Alternative Childcare Guidelines on Community-Based Childcare, Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care Service*: Ministry of Women, Children and Youth Affairs. Addis Ababa, Ethiopia.

- Rohacek, M., Adams, G., Kisker, E., Danziger, A., Mills, T., & Johnson, H. (2010). *Understanding Quality in Context: Childcare Centers, Communities, Markets, and Public Policy*. The Urban Institute, Washington DC.
- Save the Children (2009). *Keeping children out of harmful institutions: Why should we be investing in family-based care?* London. https://childhub.org/sites/default/files/library/attachments/889_879_EN_original.pdf
- Scott, W.R. (2004). Institutional theory. In Ritzer, G. (Ed.), *Encyclopedia of Social Theory*, 408-414. Sage Publications.
- Shawar, Y.R., & Shiffman, J. (2023). Global priority for the care of orphans and other vulnerable children: transcending problem definition challenges. *Global Health 19 (75): 1-17*. <https://doi.org/10.1186/s12992-023-00975-0>
- Tolfree D.K. (2003, May 12 – 15). *The Care and Protection of Children Affected by Armed Conflict and Disasters*. Children and Residential Care 2nd International Conference, Stockholm, Sweden.
- UNICEF (2019). *The United Nations Convention on the Rights of the Child: The Children's Version*. Child Rights Connect, UNICEF, and United Nations Children's Fund. <https://resourcecentre.savethechildren.net/document/united-nations-convention-rights-child-childrens-version/>
- UNICEF (2012). *Analysis of the situation of children's residential institutions in the Kyrgyz Republic* B. approaches (2nd ed).
- UNICEF (2007). *Children without parental care*. Available from: http://www.unicef.org/protext/index_orphans.html
- Van IJzendoorn, M. H., Palacios, J., Barke, E., Gunnar, M. R., Vorria, P., McCall, R. B., Juffer, F. (2011). Children in institutional care: delayed development and resilience. *Monographs of the Society for Research in Child Development*, 76(4), 8–30. <https://doi.org/10.1111/j.1540-5834.2011.00626.x>
- Vasileiou, K, Barnett, J., Thorpe, S., and Young, T. (2018). Characterizing and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over 15 years. *BMC Medical Research Methodology*, 18(148): 1-18. <https://doi.org/10.1186/s12874-018-0594-7>
- Webb N.B. (2003). *Social Work Practice with Children*, 2nd edition, The Guilford Press, New York.