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PREFACE

This study, conducted by the President's Office for Social Welfare together with the support of Holt International Services and UNICEF, analyzes the situation faced by institutionalized children and adolescents in Shelters in Guatemala.

Many individuals collaborated on both the technical and field components of the study, collecting information during the prospective and retrospective evaluation, using qualitative and quantitative techniques, analyzing study results as well as reflecting on the reality of vulnerable children and adolescents and proposing comprehensive alternatives to respond to their development needs.

The purpose of the study is to raise the awareness of decision makers to make certain that they promote and defend integral care for institutionalized children and adolescents as well as guide public policy towards the prevention of institutionalization and the preservation of the family as an inalienable right.

Another important issue that the study highlights is the need to carry out concrete actions to ensure that there is political and financial support for the Integral Child and Adolescent Protection Law as well as for other issues related to children and adolescents.

The study provided an opportunity to evaluate the work currently being undertaken to ensure that children and adolescents have a fulfilling life complete with opportunities and care that responds to their needs.

Finally, it is important to thank those institutions and individuals that collaborated on this study for their commitment, talents and the efforts they devoted to the welfare of children and adolescents, especially those in institutions.

Licenciada Norma Palacios
Secretaria
Secretaría de Bienestar Social de la Presidencia



GOBIERNO DE ÁLVARO COLOM
GUATEMALA



DEDICATED TO:

The 5,600 institutionalized children and adolescents that shared their time with the study team when they visited the shelters, who gave us a smile, a look of hope or expressed their need for love and affection through a hug. Many thanks to all.

Individuals and institutions that actively participated in the study:

Many individuals, institutions and organizations collaborated on and contributed to the *"Situation Faced by Institutionalized Children and Adolescents in Shelters in Guatemala"* study. They went to great lengths to share their experiences, knowledge, concerns and lessons learned with the study team.

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Roxana Morales / Child and Adolescent Court / Judicial System

Special thanks to the Inter-institutional Network of Zacapa for Child and Adolescent Affairs, headed by Selvin Flores, Child and Adolescent Court Judge

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ACRONYM LIST

Acronyms	Reference
BS	Baseline Study
CAI	Integral Attention Center
DCC	Day Care Center
CNA	National Adoption Council
CO1	Category 1
CO2	Category 2
CO3	Category 3
CO4	Category 4
CO5	Category 5
GOs	Governmental Organizations
FG	Focal Groups
ESE	Entrevista Semi-estructurada
MOE	Ministry of Education
MOH	Ministry of Health
N	Number
N/A	Not Applicable
CA	Children and Adolescents
NGOs	Non-Governmental Organizations
OJ	Organismo Judicial
HRO	Human Rights Office
PGN	Office of the Solicitor General
OPN	Office Police National
PINA Law	Integral Child and Adolescent Protection Law
SBS	President's Office for Social Welfare
SOSEP	First Lady's Social Works Office
UNICEF	United Nations Children's Fund
USAHPA	Children's Shelters Supervision and Accreditation Unit
USAID	United States Agency for International Development
SW	Social Workers



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EXECUTIVE SUMMARY

The general objective of the “Situation Faced by Institutionalized Children and Adolescents in Shelters in Guatemala” study was:

“To conduct a baseline study of institutions that provide care and shelter to institutionalized children and adolescents in Guatemala and to determine the state of children and adolescents that live in those institutions”

The following specific objectives were developed in order to achieve the general objective:

1. To identify the number of institutions that provide care to institutionalized children and adolescents, the locations of these homes as well as their technical capacity, infrastructure and access to care resources.
2. To establish the number of children and adolescents in each institution, broken down by age and gender, as well as their legal status, life plans and whether or not they are in permanent care.
3. To determine the main reasons children and adolescents are in shelters, how long they stay as well as geographic and regional factors that have an affect on childcare.

The study, conducted between October of 2007 and March of 2008, was planned and carried out by personnel from the Children’s Shelters Supervision and Accreditation Unit (USAHPA), the President’s Office for Social Welfare (SBS) and Holt International Services. The United States Agency for International Development provided funding for the study. In addition, technical assistance was supplied by UNICEF.

The study was both a retrospective and prospective evaluation that employed both quantitative and qualitative techniques. The quantitative component was conducted at 127 children’s shelters through the use of two instruments: 1) a list of children and adolescents; and 2) a survey of shelter operations. In addition, the “register of children and adolescents referred to the court system in 2007¹” was used in 11 child and adolescent courts.

The quantitative and qualitative components of the baseline study were conducted at the following levels²:

- a) The central institutional level: the Children’s Shelters Supervision and Accreditation Unit (USAHPA); the SBS Children’s Shelter Coordination Office; the judicial system, via the support of the Child and Adolescent Court and child and adolescent judges; the Office of the Solicitor General (Solicitor General and the Special Attorney for Children and Adolescents); and field supervisors from the Child and Adolescent Section of the Human Rights Office.

Child and adolescent courts located in Quetzaltenango, Chimaltenango, Escuintla, Petén, Zacapa, Jutiapa, Cobán/Alta Verapaz, Mixco and 3 locations in the capital.

² Taken from the approved proposal

- b) The local institutional level: SBS shelters; child and adolescent judges from the departments of Alta Verapaz, Zacapa, Quetzaltenango and Guatemala; and directors and administrative personnel from private shelters that operate in different departments of Guatemala.

The study analyzed information collected from resident children and adolescents from 127 public and private shelters/institutions, managerial and technical personnel at the institutions as well as records from 11 child and adolescent courts in Guatemala.

The main findings of the study were the following:

1. 133 children's shelters are operating in the country, of which the study was conducted in 127. 95% of the shelters are private and 5% are public, which demonstrates that the private sector is responsible for the vast majority of institutionalized children.
2. Of the total number of institutionalized children and adolescents (5,600) at the shelters, 33% have been declared permanent shelter residents. The age group comprised of children and adolescents between 7 and 16 years of age account for the majority of institutionalized individuals.
3. 33% of the total numbers of children and adolescents residing at the shelters (1,846) have been declared permanent residents, in violation of their right to have a family. Although 8% (443) have been declared adoptable, they continue to reside in the shelters, demonstrating that institutions are not putting forward enough effort into ensuring that each youth finds a family.
4. According to internal shelter records, the legal status of 58% of the total number of institutionalized children and adolescents (3,227) is pending. This is inconsistent with the PINA law that states that shelters should be temporary homes and not permanent homes.
5. There are children and adolescents that still don't have birth certificates, which is a violation of their right to an identify (first name and last name). This reflects the weak M&E system of the courts and shelters.
6. The majority of private shelters are unaware of minimum, internationally-recognized standards for shelter operations³.
7. Managerial and technical personnel from both private and public shelters as well as support personnel working for child and adolescent courts are not familiar with the Integral Child and Adolescent Protection (PINA) Law.

³ See Appendix 10: minimum international standards for shelter operations.

8. Efforts are being made to establish lines of communication and intersectoral coordination to improve the situation of children and adolescents in shelters. However, these efforts are isolated from each other and don't take advantage of existing financial and human resources.

Work meetings were held with key personnel from the judicial system, the Justice Project, UNICEF, the Office of the Solicitor General, the National Adoption Council, new authorities from the SBS, the United States Agency for International Development (USAID) and Holt International. These meetings were held to analyze preliminary study results, leading to the following recommendations:

- a. Develop and agree upon an agenda for Guatemalan children and adolescents including strategies related to national and international legal frameworks regarding the best interests of minors.
- b. Include issues related to institutionalized minors in country and public policy priorities, especially those of the SBS and the National Adoption Council, in order to define strategies that protect the right to a family and the restoration of violated rights.
- c. Raise the awareness of decision makers in order to increase the national budget allotted for issues affecting children and adolescents, especially those that are not in the care of their parents.
- d. Define intersectoral mechanisms that promote and facilitate the deinstitutionalization of the country.
- e. Strengthen the system of shelters operating in the country.
- f. Promote the implementation of the Integral Child and Adolescent Protection Law with important actors such as child and adolescent judges, private shelters, NGOs, the Office of the Solicitor General, SBS and other State institutions in order to promote and guarantee integral, high-quality care for children and adolescents.
- g. Raise the awareness of and promote the adoption of minimum standards for both public and private children's shelters. This implies strengthening the role of USAHPA in regards to the development, monitoring and evaluation of standards for all children's shelters operating in the country.
- h. Implement a uniform and standardized monitoring and evaluation system for institutionalized children and adolescents to be implemented with children's shelters, the Office of the Solicitor General and SBS.
- i. Unite efforts with the foster home program in order to establish a strategy that promotes working with social networks and municipal governments in order to create a network of foster homes and promote the idea of a child's right to a family.
- j. Define inter-institutional mechanisms to monitor the legal status of children and adolescents as well as to resolve cases of children that are admitted to shelters.

-
- k. Improve and strengthen the ability of USAHPA to provide technical assistance and carry out standardized monitoring and evaluation activities in regards to private children's shelter operations.
 - l. Define coordination mechanisms for the SBS Protection and Shelter Office and SBS Family and Community Strengthening Office in order to establish strategies that promote the preservation of the family and begin to deinstitutionalize children and adolescents that currently reside in children's shelters.
 - m. Promote the sharing of information on children and adolescents that were declared permanent shelter residents by the Office of the Solicitor General so that their case files can be reviewed and to facilitate the lifting of the precautionary measure so that the minors can have families. This implies that, after the precautionary measure is lifted, the case files should become a priority and submitted to the National Adoption Council (CNA), where they should be paired with suitable families.
 - n. Develop a summary of all the case files for children and adolescents that were declared adoptable by the CAN in order to prioritize them for pairing with suitable families in accordance with their needs.
 - o. Design and implement a strategy to identify foster families nationwide, taking into account the social and cultural context of Guatemala in order to avoid the institutionalization of children and adolescents.

I. INTRODUCTION

Up until December 31 of 2007, Guatemala was world-famous for being the country that put up more children for international adoption per capita than any other⁴. In 2006, Guatemala was listed in second place among the list of top countries that send adopted children to the United States. A total of 4,135 adoptions were processed in 2006⁵ of which 97% were given up for adoption by their biological mother. The adoption system in Guatemala has been operated primarily by more than 500 private lawyers and notaries who work with intermediaries (also known as finders or baby agents) who seek out pregnant women that want to give their unborn children up for adoption⁶. These intermediaries and lawyers operate networks that work with maternity clinics, pediatricians, private caretakers and childcare institutions in order to put Guatemalan children up for international adoption⁷. Only a small part of this activity was monitored by the State.

In June of 2007, the President's Office for Social Welfare established the Children's Shelters Supervision and Accreditation Unit (hereafter referred to as USAHPA) with funding and technical assistance provided by UNICEF. The objective of USAHPA is to develop and maintain a central database of public and private childcare institutions in Guatemala⁸. The primary purpose of USAHPA was to register and accredit all public and private children's shelters operating in Guatemala. The secondary purpose was to make internationally-recognized care standards official within the SBS as well as to provide technical assistance and leadership to other institutions in order for them to be able to adopt the standards.

As talks continued between the Guatemalan government, UNICEF, USAID and the U.S. Department of State, it became clear that in addition to collecting data on the quantity and quality of childcare institutions, information should also be collected on minors living in these institutions, their personal history, reasons for institutionalization and living conditions. None of the actors involved in childcare had a clear idea about the total number of children living in childcare institutions. Aside from the general lack of information on childcare institutions, very little or nothing was known about the reasons for child institutionalization, the legal status of institutionalized children and the long-term plan for each case file. It was evident to all involved that this information was to be crucial if childcare authorities and professionals were to be able to make positive changes in the lives of vulnerable minors.

⁴ UNICEF, State of the World's Children, 2007 (Figure derived from the annual number of live births divided by the number of children adopted to US families. In 2005, there were 437,000 live births divided by 4,000 children adopted to the US, which equals one in every 109.25 children.

Information obtained from the U.S. State Department Web site on October 26, 2007

(http://travel.state.gov/family/adoption/stats/stats_451.html)

Adoptions in Guatemala: Protection or Business? 2007. Casa Alianza, COPREDEH, Myrna Mack Foundation, Survivors Foundation, Social Movement, ODHAG, SBS.

Guatemala System is Scrutinized as Americans Rush to Adopt. Mark Lacey. November 5, 2006. New York Times. In this report, when references are made to childcare institutions the authors are referring to only those institutions that provide residential care 24 hours a day.



Fortunately, everything came together at the same time. Holt International began talks with UNICEF, the U.S. Department of State and USAID regarding the importance of making available reliable data on the number of institutionalized children. Holt International had experience conducting similar studies in Liberia, Cambodia and Romania. USAID took the lead in seeking funding to finance the study and helped raise awareness that child institutionalization is an issue that should be addressed both by Guatemala and the United States. At the same time, the Guatemalan Congress ratified the Hague Convention on International Adoptions⁹ and, in December of 2007, approved the Adoption Law¹⁰. These steps will dramatically change the adoption environment in the country and will have a domino effect on all childcare programming, services and program implementation.

The overall objective of the study is to have a clear idea of the reasons for institutionalization and incorporate those reasons into activities designed to prevent the institutionalization of children and adolescents and to promote the preservation of the family as a child right. **Furthermore, information generated by the study should be considered as the voice of more than 5,600 minors that are living in Guatemalan childcare institutions who, up to now, have had no voice.** Those involved in the development of this study hope that the information presented in this document will be used to address the needs of children and adolescents in residential care, stimulate improved prevention services and guarantee every child's right to a family.

Despite the efforts that Guatemala has made on child-related issues, such as the implementation of the Integral Child and Adolescent Protection Law, it is obvious that the reality of children and adolescents living in childcare institutions is not known. There are assumptions regarding the number of institutionalized children and adolescents but it is not known for certain how many there are and the conditions they live in. This suggests that a significant number of children and adolescents have been living in childcare institutions from a few to many years and are not fulfilling their right to live and grow up with their biological, extended or substitute family.

The Guatemalan system forces a large number of children and adolescents to have to live in institutions where there is no capacity to identify, locate and orient parents and family members on their duties, responsibilities and rights regarding child rearing, breaking the cycle of institutionalization.

This study seeks to illustrate the magnitude of the problem of institutionalized minors so that the new authorities can learn about the problem and include it in the country's

⁹ The Guatemalan Congress ratified the Hague Convention on International Adoptions in May of 2007.

¹⁰ The 77/2007 Adoption Law was approved by the Guatemalan Congress on December 11, 2007.

list of priorities. This will lead to the development of strategic actions and prioritization of interventions on the issue, taking into account the sociocultural context of the country as well as the best interests of children and adolescents.

The study also hopes to promote, together with decision makers, the participation and strengthening of biological families a central component to actions designed to restore the rights of children and adolescents, breaking free from the paradigm of this population being a social burden. This implies the need for commitment from representatives of different sectors in order to promote the participation of local and municipal actors in the development of projects designed to strengthen families and create a network of substitute families to ensure that every child and adolescent's right to a family is fulfilled.



II. BACKGROUND

The history of child protection in Guatemala dates back to the year 1945 when Elisa Martínez de Arévalo (wife President Juan José Arévalo Bermejo) founded, together with a group of other women, a private society called the Child Soup Kitchen Association. The purpose of the Association was to protect poor children, look after their health and provide them with care, recreational opportunities and material assistance. The Association established 19 child soup kitchens, 11 in the capital and 8 in other departments. They also created 3 childcare centers, a hospital for malnourished children, a vacation garden and a radiology center in the capital.

In 1951, the Association established two temporal shelters for children between 0 and 7 years of age whose mothers couldn't take care of them due to hospitalization or having been sent to prison. In addition, a child soup kitchen was founded in Cobán and all departmental soup kitchens continued to receive training. The mission was to provide protection, support and integral care by uniting the child soup kitchens and childcare centers that were working separately.

On February 12 of 1957, the statutes of the President's Child Welfare Association were approved, legally establishing the organization.

In 1958, a daycare center was created in the "La Presidenta" market, which continues to provide childcare for children under 7 for poor working mothers.

In May of 1959, a daycare center was opened in Guastatoya in the department of El Progreso. In September of the same year, child soup kitchens were established in Cuilapa and Jutiapa.

On May 9 of 1963, in response to recommendations made by a study of childcare provided in daycare centers and child soup kitchens, Legal Decree Number 20 was approved. This decree created the President's Office for Social Welfare (SBS) and charged it with overseeing social welfare services. These were the first measures to be taken to provide child protection and care.

Unfortunately, following the creation of these programs and the President's Office for Social Welfare, no long-term educational or protection policies to define clear child protection actions to take were developed. Over the years, problems affecting children have increased. The civil war left behind many orphans, lost and abandoned children. The national government hasn't had the capacity to provide integral care to this population, whose rights as human beings have been affected and violated.

Another factor that has affected children is that many Guatemalans have Immigrated to the United States in search of the American dream and to look for solutions to their economic and employment problems. This has led to a breakdown of the family with fathers and mothers leaving their children with grandparents, aunts and uncles who, in many cases, take advantage of money sent home by the immigrants to resolve their own financial hardships and abuse the minors in their care.

In addition, this situation creates a feeling of abandonment and frustration in minors without any family, who often end up developing relationships in the street that help them with their problems and lead to the proliferation of gangs.

Many non-governmental organizations were established to promote taking action to protect unprotected, abandoned and street children in Guatemala. These organizations have established care centers and taken action to promote the ratification of the Convention on the Rights of the Child and the approval of laws to benefit and protect children.

At the same time, the possibility of resolving the problem of orphaned and abandoned children by putting them up for adoption arose. This led to an explosion in the number of adoptions in Guatemala. The participation of many individuals in unlawful acts related to adoptions led the country's ranking of number two worldwide in terms of countries that send adopted children to the United States¹¹.

There are existing public policies that are designed to protect minors. However these policies have not been implemented nor have they resulted in the creation of a State structure that genuinely acts in benefit of children and adolescents.

There are some NGOs and GOs in Guatemala that are working on issues that affect children and adolescents. However, these organizations work separately and not within a structure that is guided by a long-term vision for the preservation of the family.



¹¹ Information obtained from the U.S. State Department Web site on October 26, 2007 (http://travel.state.gov/family/adoption/stats/stats_451.html)

III. OBJECTIVES OF THE BASELINE STUDY

1. General Objective¹²

To conduct a baseline study of institutions that provide care and shelter to institutionalized children and adolescents in Guatemala and to determine the state of children and adolescents that live in those institutions`.

2. Specific Objectives

1. To identify the number of institutions that provide care to institutionalized children and adolescents, the locations of these homes as well as their technical capacity, infrastructure and access to care resources.
2. To establish the number of children and adolescents in each institution, broken down by age and gender, as well as their legal status, life plans and whether or not they are in permanent care.
3. To determine the main reasons children and adolescents are in shelters, how long they stay as well as geographic and regional factors that have an affect on childcare.



¹² Taken from the proposal approved by USAID

IV. METHODOLOGY

1. Study sample:

The study analyzed information collected from resident children and adolescents from 127 public and private shelters/institutions, managerial and technical personnel at the institutions as well as records from 11 child and adolescent courts in Guatemala. Table 1 shows the number of children's shelters per department. Of all the shelters, 43% operate in the capital Guatemala City and other municipalities belonging to the department of Guatemala, 12% are located in Sacatepéquez, 9% in Quetzaltenango and 8% in Chimaltenango, with the remaining shelters located in other departments.

Table 1: Number of Children's Shelters per Department

No.	Department	Shelters	Percentage
1	Guatemala	54	43
2	Sacatepéquez	15	12
3	Quetzaltenango	12	9
4	Chimaltenango	10	8
5	Chiquimula	5	4
6	Petén	6	5
7	Sololá	4	3
8	Zacapa, Alta Verapaz, Baja Verapaz, Cuilapa, Escuintla, Huehuetenango, Izabal, Jalapa, Quiché, Retalhuleu, Suchitepéquez	21	16
Total		127	100

Source: Survey on operational children's shelters used by the baseline study.



2. Study Type

The study was both a retrospective and prospective evaluation that employed both quantitative and qualitative techniques. The quantitative component was conducted at 127 children's shelters through the use of two instruments: 1) a list of children and adolescents; and 2) a survey of shelter operations. In addition, the "register of children and adolescents referred to the court system in 2007¹³" was used in 11 child and adolescent courts.

The quantitative and qualitative components of the baseline study were conducted at the following levels¹⁴:

- a) The central institutional level: the Children's Shelters Supervision and Accreditation Unit (USAHPA); the SBS Children's Shelter Coordination Office; the judicial system, via the support of the Child and Adolescent Court and child and adolescent judges; the Office of the Solicitor General (Solicitor General and the Special Attorney for Children and Adolescents); and field supervisors from the Child and Adolescent Section of the Human Rights Office.
- b) The local institutional level: SBS shelters; child and adolescent judges from the departments of Alta Verapaz, Zacapa, Quetzaltenango and Guatemala; and directors and administrative personnel from private shelters that operate in different departments of Guatemala.

The qualitative component of the baseline study was conducted through the use of focus groups and semi-structured interviews with key personnel from:

- The Judicial System;
 - Child and adolescent judges from Petén, Alta Verapaz, Zacapa, Guatemala and Quetzaltenango¹⁵;
 - Justice of the Child and Adolescent Court: Roxana Morales;
- Office of the Solicitor General (PGN): Mario Gordillo and Víctor Hugo Mejicanos.

- The Children and Adolescents Division of the Guatemalan Human Rights Office: 2 field supervisors.

- Directors of public and private children's shelters.

¹³ Child and adolescent courts located in Quetzaltenango, Chimaltenango, Escuintla, Petén, Zacapa, Jutiapa, Cobán/Alta Verapaz, Mixco and 3 locations in the capital.

¹⁴ Taken from the approved proposal

¹⁵ See Appendix 1 – List of personnel interviewed during the baseline study

- Personnel responsible for providing direct care to institutionalized children and adolescents.
- Informal interviews with institutionalized children and adolescents.

The selection of shelters for the qualitative component was carried out with key personnel from the SBS Children's Shelters Supervision and Accreditation Unit, UNICEF and Holt International using the following criteria:

1. Shelters located in areas where the greatest number of institutionalized children and adolescents had been reported;
2. Areas where SBS and private children's shelters were operating; and
3. Shelters located in the 4 regions of the country with the greatest number of registered children's shelters. 20 shelters in total (14 private and 6 public). See Table 2.

Table 2: Shelters Selected for the Study by Department

Municipality/Department	Name of Shelter
Quetzaltenango	SOS Children's Villages
	The Nuevo Amanecer Shelter
	SBS Temporary Shelter in Quetzaltenango
Guatemala	The Family Welfare Association (APIF)
	The Amor de los Niños Shelter
	The Funda Niños Shelter, San José Pinula
	SOS Children's Villages, Guatemala
	The Rafael Ayau Shelter
	The Buckner Shelter
	The Elisa Martínez Shelter
	The Saint Gabriel Shelter
	The Tío Juan Shelter, Guatemala
	The Jardín Shelter
	The Bernabé House
	The Psychiatric Residency
	Antigua Guatemala
Petén	The Little Nuns Shelter, Petén
	REMAR
	The Las Lajas Adventist Center Shelter, Poptún
Zacapa	SBS Temporary Shelter

3. Baseline Study Timeline

The study fieldwork began in October of 2007 and was finalized in February of 2008. During this time, 127 registered children's shelters¹⁶ were visited by the field team. In addition, a retrospective review was conducted of the case files for children and adolescents referred to shelters by the 11 child and adolescent courts operating in the

¹⁶ Appendix 2 – List of children's shelters that were included in the study

country between January and December 2007. This enabled the determination of the causes of institutionalization as well as geographic variables related to institutionalized children and adolescents. Focus groups and semi-structured interviews were conducted at the same time for the qualitative component of the study.

4. Indicators and Techniques Used

The indicators and techniques used for the survey of the 127 children's shelters are shown in Table 3. One shelter in Guatemala City was not included in the survey because it was shutting down operations. However, the children and adolescents that were residing in the shelter were recorded in the instrument "List of children and adolescents in shelters".

Table 3: Indicators and Techniques Used in the Study

INDICATORS	Techniques Used ¹⁷		Location Technique was Used
	Quantitative	Qualitative	
Number of institutions and/or systems that provide services to minors (including location)	Instrument 1: Children's Shelter Operations	N/A	127 children's shelters
Number of institutional providers trained to provide services to minors	Idem	Semi-structured Interview	127 children's shelters and 20 shelters selected for the qualitative techniques
Type of services provided to minors	Idem	Semi-structured Interview and Focus Groups	127 children's shelters and 20 shelters selected for the qualitative techniques
Number of institutions that comply with minimum child and adolescent care standards	Idem and verification list	N/A	127 children's shelters
Number of vulnerable children and adolescents directly benefiting from the program, broken down by gender and age.	Instrument 2: List of Children and Adolescents Instrument 3: 2007 Registry of Institutionalized Minors	N/A	127 children's shelters and 11 child and adolescent courts
Case status of the minors	Instrument 2 and 3	Semi-structured Interview	127 children's shelters and 20 shelters selected for the qualitative techniques
Education of the minors	Instrument 1: Children's Shelter Operations Instrument 2: List of Children and Adolescents	N/A	127 children's shelters and 11 child and adolescent courts
Causes for institutionalization	Instrument 3: 2007 Registry of Institutionalized Minors	Focus Groups	127 children's shelters and 20 shelters selected for the qualitative techniques

5. Sample Design for the Quantitative Study Component

All of the children's shelters from the SBS shelter system, the child and adolescent court system and the Child and Adolescent Division of the Guatemalan Human Rights Office were considered for the study.

Total number of children's shelters for the three institutions:

¹⁷ Appendix 3 – Quantitative and qualitative instruments used in the study

- SBS – 133
- Child and adolescent court system – 190
- Child and Adolescent Division of the Guatemalan Human Rights Office – 145

The Guatemalan Human Rights Office (PDH) originally presented a list of 279 shelters. However, when this list was reviewed with personnel from the Child and Adolescent Division of the PDH, it was found that the list also included daycare centers and integral care centers. After these were purged from the list, there remained 145 children's shelters.

The study team visited the 133 registered SBS children's shelters. However, the Children's Shelter Operations Instrument and List of Children and Adolescents were only used in 127 shelters. The study instruments were not used in 6 shelters for the following reasons:

- Administrative and managerial personnel were on vacation or not present at the shelter.
- Shelter managers demanded that the study team have legal authorization to enter the premises. Despite the presentation of a letter from the respective court, it wasn't possible to conduct the study¹⁸.

6. Primary Study Activities

- **General Timeline and Route Plan**

Holt International personnel, in coordination with the Children's Shelters Supervision and Accreditation Unit (USAHPA), developed a timeline and route plan for fieldwork. The route plan was tested in order to estimate the amount of time needed to compensate for the scattered nature of the shelters. Some shelters were visited 3 or 4 times because shelter management was busy with administrative affairs or had changed location.

7. Coordination

During the planning phase of the study, the Children's Shelters Supervision and Accreditation Unit (USAHPA) and Holt International coordinated with the President's Office for Social Welfare, Office of the Solicitor General and authorities from the judicial system in order to inform them of the goal and objectives of the baseline study. Their support for the study was requested and all necessary authorizations were obtained.

¹⁸ The Primavera Shelter, The Nuevo Amanecer Shelter and the Our Lady the Consoler Shelter in the capital

The President's Office for Social Welfare provided space to hold trainings for field personnel who conducted the children's shelter survey, qualitative component of the study and developed the list of institutionalized children.

At the municipal level, the study team informed mayors and local authorities of the study objectives, as the collaboration and support of local authorities was needed in order to obtain information on shelters registered in their sphere of influence.

- **Document Review:**

A review of USAHPA work plans, methodological approaches and priorities was conducted. The USAHPA list of registered shelters was also reviewed and compared with the lists of shelters provided by the child and adolescent court system. Training programs and performance evaluations of public and private shelters, when available, were also examined.

- **Development, Review, Validation and Modification of Study Instruments:**

The USAHPA provided a shelter supervision survey and an instrument used to register institutionalized children and adolescents in shelters. These instruments were reviewed, fine-tuned and validated in accordance with the indicators established in the project's logical framework. In addition, instruments were designed and validated to determine the number of children and adolescents taken custody by the child and adolescent courts during 2007 and to identify the number and percentage of these minors that were institutionalized, what shelters they were sent to and the reasons why.

For the qualitative study component, focus group and semi-structured interview guides were developed and validated for key personnel from different institutions including judges, shelter directors, personnel responsible for providing care to minors, the head of the child and adolescent court system and the Solicitor General.

- **Training of Field Personnel:**

Field personnel were trained in order to ensure the correct use of all instruments. Trainings were given by the project coordinator, the USAHPA Director and technical supervisors from UNICEF. All field personnel participated in theoretical and practical activities on instrument use.

- **Field Study (Data Collection):**

8. Quantitative Techniques:

In accordance with the route plans, between October 2007 and January 2008 the children's shelter survey was conducted, the list of institutionalized children was

developed and qualitative fieldwork techniques were employed. The study team had planned to finalize fieldwork in December. However, due to the scattered location of the shelters and December vacation for some shelter personnel, not all information had been collected by that point in time, especially for Instrument 1 “List of Institutionalized Children and Adolescents”. As a result, the study team had to return to these shelters. Another factor that contributed to the delay in data collection was that several shelters changed location or closed and didn't notify the SBS of the change. The study team had to invest time to work with the First Lady's Social Works Office (SOSEP), municipal mayors and child and adolescent courts to locate the new shelter addresses.

Instrument 3, registry of minors institutionalized by the child and adolescent courts in 2007, was used in January and February of 2008. This instrument allowed the study team to determine the causes of institutionalization, the shelters that judges most often refer minors to, the origin of the minors as well as the number that were institutionalized compared to the number of case files received. In addition, information on which courts were most often institutionalizing minors was obtained.

9. Qualitative Techniques:

Ø Directors and Assistant Directors of SBS Shelters

The group of directors and assistant directors that participated in the study's focus groups was made up of 95% women. One factor that facilitated the focus group activities was the creation of an environment of trust, which led to a greater number of participating personnel. It should be mentioned that all personnel shared information on achievements, organizational structure, services provided and challenges faced. Aside

from sharing their ideas, perceptions, experiences and beliefs, some shelter personnel offered proposals and recommendations. They also recognized the role of USAHPA in improving the situation of minors as well as the obstacles they were faced with in providing improved care to minors.

Ø Directors of Private Shelters

In-depth interviews were held with directors, assistant directors, coordinators and other key personnel from private shelters. One important characteristic of these interviews was the openness and willingness of the private shelter directors to collaborate. They were very open and willing to share their experiences, strengths, concerns and recommendations. The purpose of the director interviews was to learn about shelter operations, resident profiles, human resources/training, obstacles and factors that facilitated their work (interviews conducted in accordance with that specified in the guide). All of the shelters included in the qualitative study gave a tour

of their installations and facilitated interviews with personnel in charge of resident minors. In addition, they allowed the study team to spend time with and talk informally with the children, without placing any time restraints. At the Rafael Ayau shelter, the director allowed the study team to participate in their Christmas celebration that was organized by a private institution. As detailed in the results analysis, the contributions of the directors were made from the perspective of parents rather than of their role as shelter authorities.

Ø **Personnel Responsible for Providing Direct Care to Minors: Nannies, Monitors, SOS Mothers and Aunts**

At all of the shelters visited, the study team interviewed one or two employees in charge of providing direct care to the minors in order to learn about their perception of factors that facilitate care as well as obstacles they face and their recommendations. Emphasis was always placed on the experience and knowledge of these employees, which helped create an environment of trust.

Ø **Institutionalized Children and Adolescents**

The study team took advantage of visits to interview shelter care providers to also talk informally with some of the child residents in order to learn about their perception of the shelter, how they felt, what they most liked and what they would like to change. The study team felt it was important to include the children, as this group could provide valuable contributions to discussions on their role in the decision making process regarding the provision of integral, high-quality and respectful care in the shelters.

Ø **Interviews with Key Personnel: Family Judges, Child and Adolescent Judges and the Child and Adolescent Court System**

Family judges, child and adolescent judges, the head of the child and adolescent court system and key personnel from the Office of the Solicitor General play an important role in the process of institutionalizing children and adolescents. Therefore, the study team felt it was necessary to interview them in order to learn about their opinions, their experience with the institutionalization of minors, what type of coordination mechanisms exist between the different institutions to ensure that the best interest of the child is protected as well as the monitoring and evaluation of the provision of care for minors in private and public shelters. In addition, they were also asked about their perceptions on the implementation of the Hague Convention and the new Adoption Law.

The following quality control techniques were implemented for information collected from the survey, list of institutionalized children and adolescents and court case file records:

10. Direct Supervision

The USAHPA Coordinator and the Holt International Coordinator were present during the data collection process and provided technical assistance to field personnel to ensure the veracity of information that was recorded.

11. Intermittent Supervision

The Holt International Project Coordinator and the USAHPA Director accompanied the field team to shelters where the survey was conducted in order to supervise the data collection process and support the data collection team. Feedback was also provided to the team to ensure the collection of high-quality information.

12. Pre-Review

Rapid and systematic review of key parts of the study instruments in order to detect any errors, incomplete data or inconsistent data that could become systematic problems if not addressed. The study supervisor was also responsible for conducting a pre-review of the surveys. When incomplete or confusing information was found, the study team would return to the shelter to obtain the needed information.

13. Quality Control

The on-site field supervisor reviewed 100% of completed surveys.

14. Editing of Collected Information

Consisting in the in-depth review of surveys completed each week by the monitoring and evaluation assistant.

Ø Data Processing

Data entry was done using an Excel spreadsheet. Double entry and data verification was performed, ensuring that data digitalization was error-free. A code was assigned to each shelter and minor. When it was confirmed that the data was free from all digitalization errors, all “strange data” collected in the field was cleaned.

Ø Data Analysis

Holt International and the USAHPA Coordinator developed an analysis plan based on the results framework (indicators) of the approved proposal.



Ø Analysis of Qualitative Information

Three computer programs were used to analyze qualitative study information: Microsoft Word, Microsoft Excel and N-Vivo¹⁹. The analysis was carried out as follows:

Identification of similarities between target groups and populations: in accordance with the categories and sub-categories listed in Table 4. Responses were classified as having been shared by all, by the majority or only by some respondents. In addition, their perceptions on specific issues (ex. personnel selection, personnel training, standardized shelter practices designed to ensure high-quality child care, etc.) were recorded. Information obtained during focus groups and interviews was classified with alphanumeric codes in order to determine similarities.

Identification of meaning unit occurrence: This enabled the study team to determine, globally as well as per geographic area and gender, the order of importance and perceptions on specific issues in accordance with study objectives.

Ø Cross-cutting Issues and the Analysis of Qualitative Data

Four cross-cutting issues were defined for the analysis of qualitative data: i) provider appreciation of minors; ii) perceptions on childcare; iii) care models; and iv) inter-sectoral coordination.

Ø Analysis Categories for the Qualitative Study

The categories were defined in accordance with the research objectives in order to be able to later develop focus group and semi-structured interview guides. This enabled the study team to organize and systematize all information collected from the different groups that participated in the qualitative study. In addition, sub-categories were established, which were derived from the questions asked for each category in accordance with the focus group and semi-structured interview guides.

One important aspect that was taken into account when establishing the sub-categories was which factors and elements characterize the shelter environment and affect the atmosphere, the sense of cultural belonging, inter-personal relationships and the commitment to making decisions that protect the best interests of institutionalized minors.

5 top-level categories and 19 subcategories were created, which are listed in the following table. The findings were integrated with the quantitative study results.

Table 4: Analysis Categories and Subcategories

Codes	Category / Subcategories
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¹⁹ N-Vivo is special software designed to analyze qualitative information



CO1	Profile of Minors Orphans Minors between 0 and 8 years of age Minors that have suffered mistreatment, abuse or abandonment
CO2	Human Resources Selection criteria Training Performance monitoring and evaluation Conflict management
CO3	Type of Services Provided to Minors / Operations Immediate primary care Education Health Psychosocial support
CO4	Perceptions of Children and Adolescents Do they like the shelter What would they change
CO5	Coordination Mechanisms With SBS headquarters With central level authorities from the judicial system, family judges and child and adolescent judges With other sectors: health, education, culture, human rights

Ø Report Preparation

In accordance with the data analysis plan, a final evaluation report was prepared. The report incorporated the quantitative and qualitative study results, using the specific objectives and indicators of the project's results framework as a reference point.

15. Work- Logistics Strategy

Ø Shelter Survey

Study logistics were focused on conducting the survey at all children's shelters included in the official records of the SBS and Child and Adolescent Court System. Two teams were formed: i) Team 1: for the quantitative component; and ii) Team 2: for the qualitative component (focus groups and semi-structured interviews).

Team 1 was comprised of 2 sub-teams that collected information in the field simultaneously. Each sub-team was accompanied by a field supervisor and received technical assistance from a study coordinator.

Team 2 was comprised of 2 sub-teams, which facilitated the focus groups and semi-structured interviews –FG-.



V. STUDY RESULTS

This chapter presents the results from the baseline study and is based on information collected using the following:

- Instrument 1: Survey of 127 children's shelters. To learn about their operations. Includes the use of a checklist and observation to gather information about infrastructure conditions and services provided to resident minors.
- Instrument 2: List of institutionalized children and adolescents. To determine the number of minors residing in the shelters. Broken down by gender, age, education, reason for institutionalization, time at shelter and origin.
- Instrument 3: Records of children and adolescents referred to the child and adolescent court system in 2007. To determine the number and percentage that were institutionalized, the reasons for institutionalization, the origin of the minors, the shelter to which they were sent and the status of the case files.
- Qualitative Component: focus group, semi-structured interview and observation guides. To collect information regarding perceptions of operations, obstacles and factors that influence the provision of care to institutionalized children and adolescents, from the perspective of different actors.

During the verification process, it was determined that 24% of the shelters on the list provided by the child and adolescent court system had closed, changed location or were no longer operating due to a lack of funding and other reasons. One of the main limitations for the study team in purging and verifying the list of shelters was the lack of a system to register children's shelter that are currently operating.

Chart 1

Baseline Study



The findings of the qualitative study were integrated with the quantitative data collected. This enabled the study team to better explain some data and also to learn about shelter operations, obstacles and areas that need improvement from the perspective of different actors.

SECTION 1: Children's Shelters

This section responds to Specific Objective 1:

"To identify the number of institutions that provide care to institutionalized children and adolescents, the locations of these homes as well as their technical capacity, infrastructure and access to care resources." The following sub-sections have been defined in order to facilitate the presentation of the study results:

- Number and type of children's shelters
- Funding sources
- Administrative issues
- Types of services provided
- Human resources
- Infrastructure, sanitation and organization

Guatemala mandates, via the Integral Child and Adolescent Protection (PINA) Law and the regulations for private and public institutions, that all children's shelters provide institutionalized minors with the following:

- a) Basic needs care

- b) Identity
- c) Formal education
- d) Sports, culture and recreation
- e) Values training
- f) Comprehensive health
- g) Professional training and preparation for an independent life
- h) School for parents, tutors or guardians of minors
- i) Follow-up system for minors after they leave the shelter

Each shelter should establish the number of employees that will make up the multidisciplinary team in accordance with the number of resident minors and their ages. The study results show that there is a disparity between personnel needed to provide care to institutionalized minors and the current personnel working in the shelters.

Indicator 1: Number of institutions and/or systems that provide services to minors (including location)

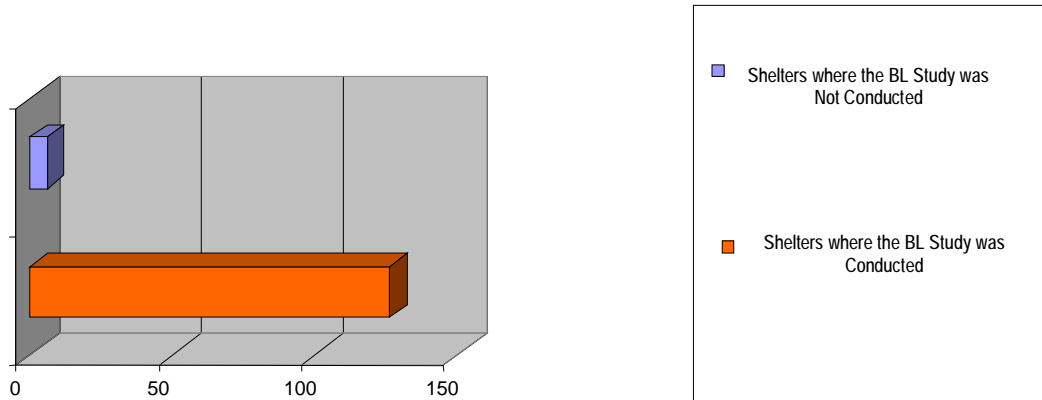
According to the field team's verification of the quantitative component, the total number of children's shelters found was 133. The field team used different means to investigate the shelters including researching references and requesting information from the First Lady's Social Works Office, municipal offices, the municipal police and community officials. The study was conducted in 127 of the 133 shelters. For the following reasons the study team was unable to collect information at 6 shelters: administrative and managerial personnel were on vacation, operations personnel without authorization to grant access to individuals not connected with the shelter for the safety of the minors as well as because of uncertainty regarding the new adoption law that was in the final phase of being approved by the Guatemalan Congress.

Table 5: Shelters where the Baseline Study was Conducted Vs. the Total Number of Shelters

Shelters	Number	Percentage
Total Shelters	133	100%
Shelters where the BL Study was Conducted	127	95%
Shelters where the BL Study was not Conducted	6	5%

Source: Consolidated data from the "Children's Shelter Operations" Instrument. January, 2008

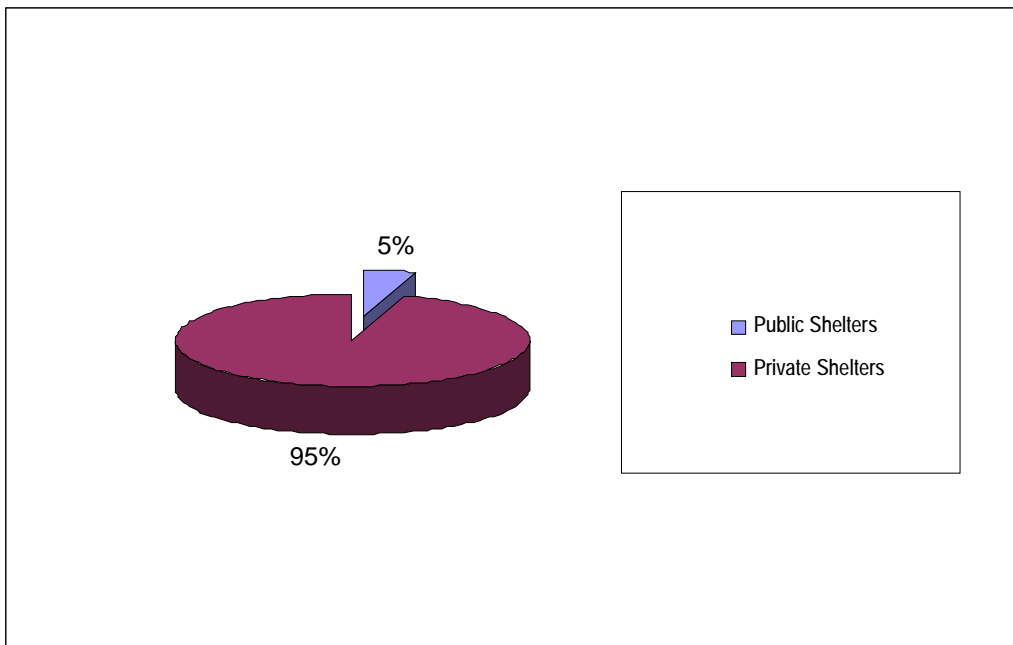
Chart 2: Shelters where the Baseline Study was Conducted Vs. the Total Number of Shelters



Source: Consolidated data from the “Children’s Shelter Operations” Instrument. January, 2008

As shown in Chart 3, of the total number of shelters where the survey was conducted, 95% were private shelters and only 5% (6 shelters) were public shelters. These results make it clear that the private sector is primarily responsible for providing protection and shelter to institutionalized minors.

Chart 3: Public vs. Private Shelters



Source: The “Children’s Shelter Operations” Instrument. January, 2008

During the survey, shelter directors were asked how the shelter was registered. As shown in Table 6, 90% of the total number of shelters (N=127) are registered as non-

governmental organizations, 8% as State institutions (6 public shelters and 4 larger shelters that receive government funding for their interventions) and 2% as individual businesses.

Table 6: Type of Shelter Registration

Type of Establishment	Number	Percentage
Individual Business	2	2
NGO	115	90
Public Institution	10	8
Total	127	100

Source: The "Children's Shelter Operations" Instrument. January, 2008

Ø Funding Sources

During interviews, personnel were asked to list their main sources of funding to cover operational and administrative expenses. This was a difficult issue to address, as interviewed personnel were not very open about sharing information regarding the amounts of funding received to operate the shelters. For 88% of shelters, the main source of funding came from private donations from international NGOs. 7% received their funding from churches or religious congregations and 5% received government funds, as shown in Table 7. Some of the individuals interviewed mentioned that they received small, in-kind donations from the private sector. In addition, the shelters that provided care to adolescents generate income by selling products and services (micro-businesses). In these cases, adolescents receive life skills training on baking, tailoring, beauty, carpentry and other trades. The study team asked for information regarding the amounts received and the cost of caring for a minor per day. However, this information was not obtained.

Table 7: Primary Shelter Funding Sources

Type of Funding	Number	Percent
NGO Funds	112	88
Church Donations	9	7
Government Funds	6	5
Total	127	100

Source: The "Children's Shelter Operations" Instrument. January, 2008

Ø Administrative Issues

As shown in Table 8, of the total number of shelters where the survey was conducted, 72% had entry records and 11% did not have entry records. The study team asked questions and made observations at shelters that did keep entry/exit records to see if those records were up to date. As shown in Chart 4, between 60% and 63% of the

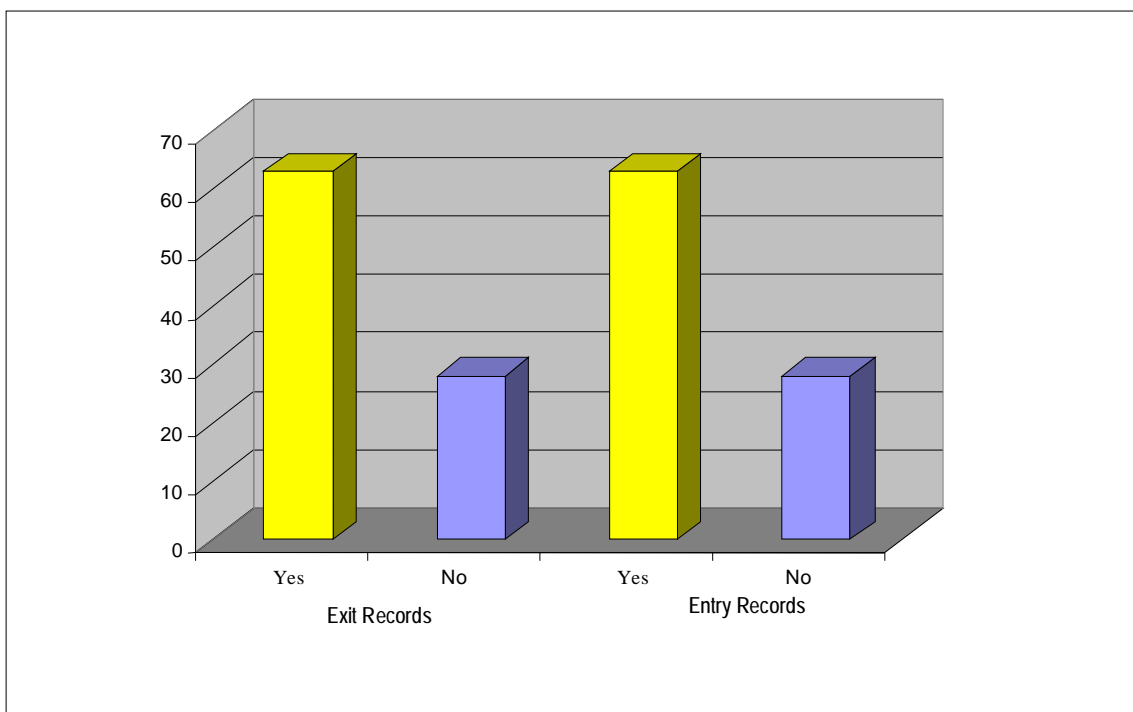
shelters had their records up to date. This result is worrisome because all of the shelters should have up to date records of the children and adolescents that enter and leave the establishment in order to be able to monitor and control the shelter population and the case status of resident minors. It is important to provide the shelters with a tool that facilitates shelter record keeping.

Table 8: Shelters Keeping Entry and Exit Records

Number of Shelters	Number of Shelters that Keep Entry Records	Number of Shelters that Keep Exit Records
Yes	91	90
No	36	37
Total	127	127

Source: The "Children's Shelter Operations" Instrument. January, 2008

Chart 4: Shelters Keeping Entry and Exit Records

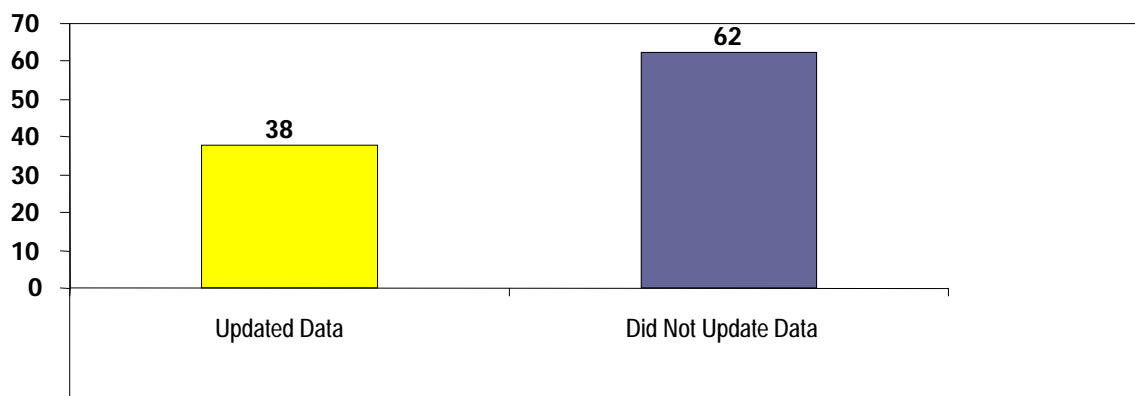


Source: The "Children's Shelter Operations" Instrument. January, 2008

The child and adolescent court system has decided that all children's shelters operating in the country should update their data with the court system periodically. However, as shown in Chart 5, of the total number of shelters surveyed, 62% didn't update their data while 38% did update their data. This result is troublesome because all of the shelters should be updating their data. This would facilitate the monitoring and control of shelters that are providing care services to children and adolescents. Shelters should be provided with a tool that would facilitate data update for shelter managers in response to the fact that the majority of respondents said they

hadn't updated their data because it required too much time and that the steps and dates involved in the process weren't clear.

Chart 5: Percentage of Shelters that Updated Data with the Child and Adolescent Court System



Source: The "Children's Shelter Operations" Instrument. January, 2008



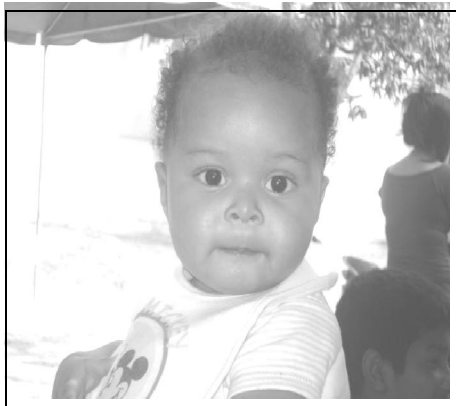
Ø Type of Services Provided at Children's Shelters

In accordance with shelter operations regulations, all registered shelters that provide care to institutionalized children and adolescents should provide the following services:

- a) Basic needs care
- b) Identity
- c) Formal education
- d) Sports, culture and recreation
- e) Values training
- f) Comprehensive health

- g) Professional training and preparation for an independent life
- h) School for parents, tutors or guardians of minors
- i) Follow-up system for minors after they leave the shelter

In order to be able to provide these services, shelters need to have a competent, multidisciplinary human resource team that is focused on providing services in the best interests of resident children and adolescents as established in the PINA Law.



"We would like to hire doctors to provide medical care to the children but we can't because we don't have any money and the government doesn't make the contributions mandated by the Law"

Private Shelter Directors
ESE-CC

Of the total number of surveyed shelters, only 38% reported having an operational medical clinic while 62% responded that they didn't. During the shelter visits the study team toured shelter installations in order to be able to observe the conditions of the medical clinics and other service provision areas, as shown in Table 9. However, only 29% of shelters had an in-house physician to provide medical care to resident minors. This finding is inconsistent with responses that indicated 38% of shelters had an operational medical clinic (See Chart 6). During the qualitative component of the study, interviewees were asked who was in charge of providing medical care. The majority stated that a nurse was most often in charge and that doctors, even in-house doctors, were only hired for short periods of time (some for 4 hours, twice a week). See Chart 7. In shelters where there is no doctor, the medical clinic is staffed by a nurse. In emergency situations, most shelters seek assistance from public hospitals. Only very few shelters seek medical care from private hospitals. It should be mentioned that at the SOS Children's Villages, each SOS mother and/or aunt selects a specific doctor or pediatrician who is contacted when necessary, as families usually do. There are other private shelters that, including the

Bernabé House, the Rafael Ayau Shelter, Fundaniños, the Rudolf Walter Shelter and the Las Lajas de Poptún Shelter, that have agreements with private hospitals for the provision of emergency care as well as routine medical checkups. However, the majority of private shelters seek assistance from national hospitals and health centers in cases of emergency. These results are worrisome because they highlight the fact that a significant number of minors don't have access to preventative and curative health care. These results are contradictory to that established by the PINA Law, which mandates that all shelters should have an on-call doctor and full-time resident nurse. However, only 41% of the shelters stated that they had an on-call doctor while only 29% said they had an in-house doctor. In addition, as shown in Chart 8, only 39% said that the shelter had a permanent nurse on staff.

In terms of psycho-social support, only 45 shelters stated that they provided such service to resident minors. This is a concern because

psycho-social support is one of the primary support needs for institutionalized minors, especially when they first arrive at a shelter. At some shelters, personnel reported that, due to the high demand, lack of personnel and time constraints, they often don't know when a new minor arrives at the shelter. Another weak service is that related to the investigation of case files. Only 36 shelters (28%) indicated that they had a case file investigation system to speed up the legal process for institutionalized minors. However, these efforts are independent from those of the Office of the Solicitor General and child and adolescent judges.

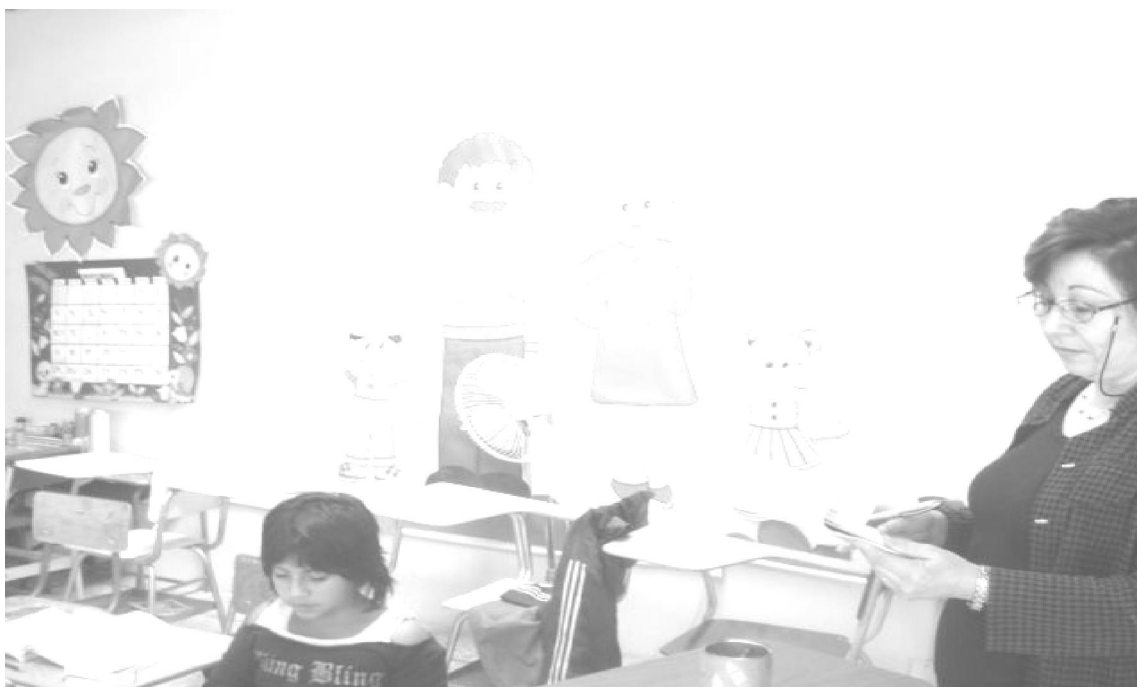
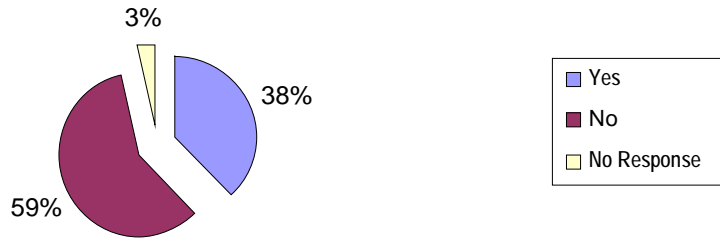


Table 9: Summary of Types of Services Offered by Shelters to Institutionalized Children and Adolescents

Services	Yes	No	Total Shelters
Health	49	78	127
Education	54	73	127
Hygiene	118	9	127
Psycho-social Support	45	82	127
Recreation	96	31	127
Case File Investigation and Family Support	36	91	127

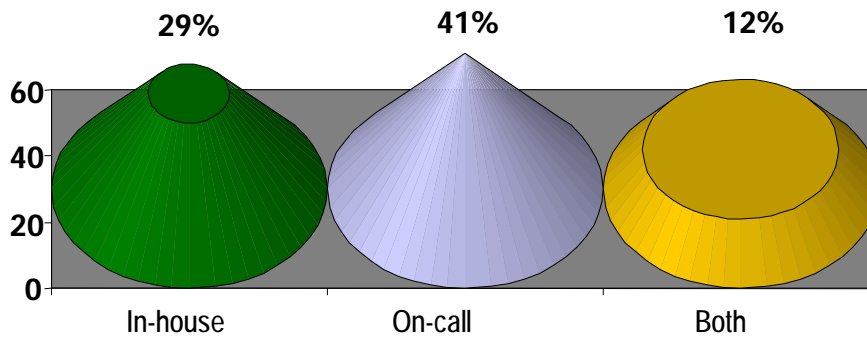
Source: The "Children's Shelter Operations" Instrument. January, 2008

Chart 6: Shelters with and Operational Medical Clinic



Source: The "Children's Shelter Operations" Instrument. January, 2008

Chart 7: Type of Medical Service Available at Shelters



Source: The "Children's Shelter Operations" Instrument. January, 2008

Chart 8: Percentage of Shelters with a Permanent Nurse on Staff



Source: The "Children's Shelter Operations" Instrument. January, 2008

Of the total number of surveyed shelters, 81% reported that they had an emergency first-aid kit, while 11% said no and 8% did not provide a response. The study team inspected the first-aid kits and found that the majority had analgesics, antipyretics, anti-inflammatory medicine, expectorants as well as supplies/equipment to disinfect wounds. See Table 10.

Table 10: Shelters with Emergency First-Aid Kits

Shelters with First-Aid Kits	Number	Percentage
Yes	103	81
No	14	11
Didn't Respond	10	8
Total	127	100

Source: The "Children's Shelter Operations" Instrument. January, 2008

INDICATOR 4: EDUCATION OF INSTITUTIONALIZED MINORS

Of the total number of children's shelters, only 54 (42%) were observed to have internal educational installations. When shelter personnel were asked if the Ministry of Education (MINEDUC) sanctioned the operation of these centers, some stated that despite having taken care of all formalities to authorize the centers several (2 or 3) years ago, that they were still waiting for a response from the Ministry. The Ministry's institutional bureaucracy is seriously affecting institutionalized children.

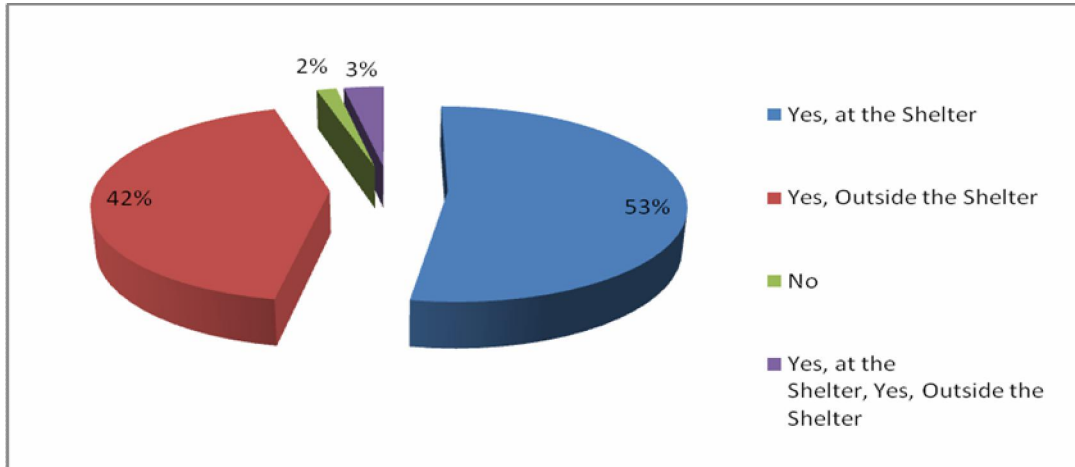
Table 11: Number of Shelters with Internal Educational Centers

Response	Number
Yes	54
No	73
Total	127

Source: The "Children's Shelter Operations" Instrument. January, 2008

Interviewed shelter personnel were also asked independently whether or not there were educational installations at the shelter and whether shelter residents studied at or outside of the shelters. 54% stated that resident minors studied at the shelter, either to reinforce what was taught at school or when minors entered the shelter after the month of March, which is the Ministry of Education's cut-off date for children to enroll in school. 41% stated that resident minors studied outside of the shelter and didn't receive any additional schooling at the shelter, as shown in Chart 9. Only 42% of shelters have hired a teacher to reinforce what minors learn at school, which is inconsistent with governmental regulations stating that shelters should have one teacher for every 20 children.

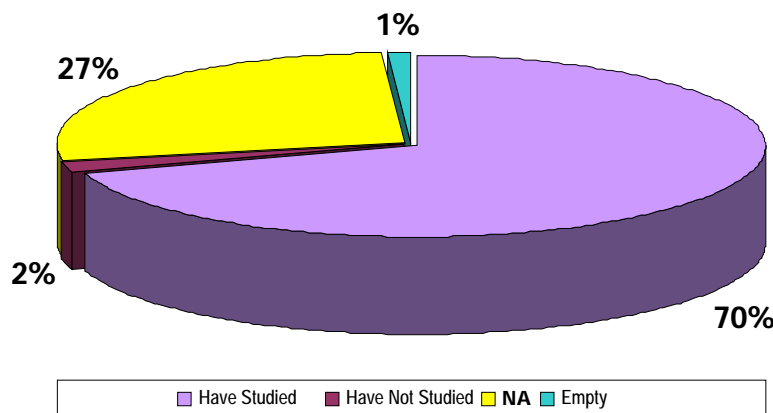
Chart 9: Where Shelters Residents Receive Education



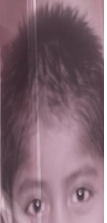
Source: The "Children's Shelter Operations" Instrument. January, 2008

Using the "List of Children and Adolescents" instrument that were filled out by the shelters, the educational level of resident minors was determined. 70% had received some education while 2% had received none. It is important to note that 27% of resident minors is under the age of 5 and are classified as not applicable. 1% did not provide information on educational level. See Chart 10.

Chart 10: Educational Level of Resident Minors



Source: Instrument 2 - List of Children and Adolescents. January, 2008.



In Table 12 one can observe the level of schooling of the 3,882 children and adolescents that reported having studied. 57% is in primary school, 24% in secondary school, 11% is receiving special education, 4% is in pre-primary school and 1% is in a literacy program.

Table 12: Level of Schooling of Institutionalized Minors N=3882

Level	Number	Percentage
Literacy Program	58	1
Secondary School	927	24
Trade School	88	2
Temporary Studies	30	1
Pre-Primary School	144	4
Primary School	2200	57
Special Education	427	11
University	8	0
Total	3882	100

Instrument 2 -

List of Children and Adolescents. January, 2008.

Extracurricular Activities

Shelter personnel that were interviewed were asked if they organized extracurricular activities for resident minors. 81% responded that they did and mentioned theatre, music, painting and trips to tourist destinations in the country as examples. 19% indicated that they didn't have an extracurricular program because of lack of funds and personnel to plan and coordinate that type of activity. See Table 13.

Table 13: Shelters with Extracurricular Activity Programs

Shelters has Extracurricular Program	Number	Percentage
Yes	103	81
No	24	19
Total	127	100

Source: The "Children's Shelter Operations" Instrument. January, 2008



Human Resources at the Children's Shelters

INDICATOR 7: NUMBER OF INSTITUTIONAL PROVIDERS TRAINED ON THE PROVISION OF SERVICES TO INSTITUTIONALIZED MINORS

In order to ensure that shelters provide high-quality services, the PINA Law states that each shelter should have a multidisciplinary team made up of the following:

- A Director
- Certified Childcare Personnel:
 - 1 for every 5 children aged 0-2
 - 1 for every 6 children aged 2-4
 - 1 for every 10 children aged 4-6
 - 1 for every 15 children aged 6 and older
- An On-call Pediatrician
- An On-site Nurse
- 1 Teacher for every 20 Children
- A Psychologist
- A Social Worker
- Substitute Personnel to Cover Absences
- 2 Cooks
- Necessary Maintenance Personnel



"We have a permanent training program that lasts two years. Selected candidates are hired as 'aunts' who can later graduate to SOS mothers. This has been a successful program that has resulted in many blessings for the children and adolescents."

Director
SOS Children's Villages,
Quetzaltenango

The study team investigated the makeup of administrative and technical personnel at the children's shelters. As shown in Table 14, of the total number of shelters, 68%

"Having a multi-disciplinary team is important. The problem is finding personnel that wants to work with minors at the children's shelters. As a result, we have to hire personnel that doesn't have much education but does have vocation and love for the children."

Fundaniños

had a director, 30% had a secretary and 2% had the support of an assistant director. In the following table, one can observe that in a significant number of shelters the director also functions as the social worker because there is not enough funding to hire someone to work with the children and adolescents to investigate their cases and accompany them to legal hearings. The director at most private shelters is also responsible for financial issues and fundraising activities with donors. This is inconsistent with the PINA Law that specifies that these positions should be separate.

During the survey the study team investigated what type of operations personnel provided care for children and adolescents at the shelters, focusing on the multidisciplinary team mandated by the PINA Law. However, only 21% reported having a psychologist, 9% a social worker, 39% or a social worker and 28% reported not having any technical personnel on staff (See Table 15). During the qualitative component of the study, interviewees were asked about the reasons that they didn't have these positions filled at the shelters:

"We want to provide integral services to the children and hire qualified personnel. The problem is that we don't have any money"

"We don't know what the law says. What we know is that we need personnel that is committed and that love children regardless of their title. We have had professionals that didn't like to work with the children and they treated them poorly."

"We have the support of volunteer mothers from the Church that help provide services, which is an act of love. You don't have to teach them anything because they are already mothers and know about being patient with children"

"If we organize ourselves well we'll manage all right with our limited resources. We prefer to spend our money on food, clothing, education and other services for the children rather than paying high salaries to people that aren't committed"

Technical Shelter Personnel Participating in Focus Groups

Table 14: Type of Providers Hired by Shelters

Shelter Administrative Personnel	Number	Percent
Director	86	68
Secretary	38	30
Director, Assistant Director	3	2
Total	127	100

Source: The "Children's Shelter Operations" Instrument. January, 2008

All of the private shelters stated that they didn't have specialized childcare personnel and that the majority of employees in charge of providing childcare were dedicated individuals that loved children. At one of the shelters the Director mentioned that when the shelter used to hire childcare professionals turnover was very high, which seriously affected the emotional state of children and adolescents. One relevant finding is that in the majority of private shelters, the resident adolescents are responsible for shelter cleaning, cooking and organization. Other shelters have volunteer personnel that prepares food and washes the children's clothing. personnel/monitors (non-specialized). This result is inconsistent with that specified in the PINA Law, which mandates that each shelter must have a certain number of specialized childcare professionals in accordance with the number of minors at the shelter. The majority of childcare employees also have other responsibilities within the shelter, which limits the amount of time they can spend with each resident minor. See Table 15.

"Neither yelling nor verbal or physical punishment transform children and adolescents. Love achieves the best results."

Ligia de Garcia
Coordinator,
SBS/USAHPA

Only 39% of shelters have childcare



Table 15: Shelter Operations Personnel

Personnel	Number	Percentage
Childcare Monitor	50	39
Cook	27	21
Caretaker	1	1
Childcare Monitor, Cook	28	22
Childcare Monitor, Cook, Caretaker	18	14
Childcare Monitor, Caretaker	2	2
Cook, Caretaker	1	1
Total	127	100

Source: The "Children's Shelter Operations" Instrument. January, 2008

Ø Human Resource Training

The preceding results are evidence that almost 50% of shelters don't have competent, specialized personnel for the provision of integral care of minors. It is impossible for one individual to serve as director, be a case file investigator, accompany minors to legal proceedings and provide follow-up on every individual case. The majority of private shelters don't have an orientation and training program for the personnel working at the shelters. Evangelical Christian shelters rely on support from Church volunteers to care for resident minors. However, it should be mentioned that there are institutions that have a continuous training system for administrative, technical and operations personnel. This is the case for the SOS Children's Villages shelters, which have a human resource training center that makes use of a two-year training program for new employees. Once an employee finishes the program, he or she must conduct a monographic study that contributes to improving the conditions of resident minors. APIF has a personnel training program that uses objectives and tasks that are monitored and evaluated on-site. Information on both programs were shared with the study's technical field team.

SECTION 2: INSTITUTIONALIZED MINORS

This section responds to Specific Objective 2:

"To establish the number of children and adolescents in each institution, broken down by age and gender, as well as their legal status, life plans and whether or not they are in permanent care."

INDICATOR: Number of vulnerable children and adolescents directly benefiting from the program, broken down by gender and age.

According to the "List of Institutionalized Children and Adolescents" instrument, the total number of children and adolescents institutionalized in shelters is 5,600. Of these, 55% are female and 45% are male, as shown in Table 17 and Chart 11. It is important to mention that the SOS Children's Villages and Rafael Ayau Shelter have yet to provide the study team with the filled out "List of Institutionalized Children and Adolescents" instrument for administrative reasons. In addition, fieldwork at 6 shelters is still pending. However, the number of institutionalized children and adolescents is estimated to be no more than 7,000.

This finding is relevant because greater numbers of institutionalized children and adolescents are often quoted. For example, in an article published in the Prensa Libre newspaper on January 6 of 2008, Nidia Aguilar, the Children's Attorney at the Guatemalan Human Rights Office, stated "At least 20,000 children that have been declared adoptable are in the care of the President's Office for Social Welfare shelters and other centers, are not being considered for adoption,

condemning them to remain in these institutions until they turn 18." Roxana Morales, the Head of the Child and Adolescent Court, shared her concerns with the study team and recognized that the number of institutionalized children and adolescents is much higher, possibly an estimated 40,000. This reflects the need for a system that easily registers, monitors, controls and evaluates the state of institutionalized children and

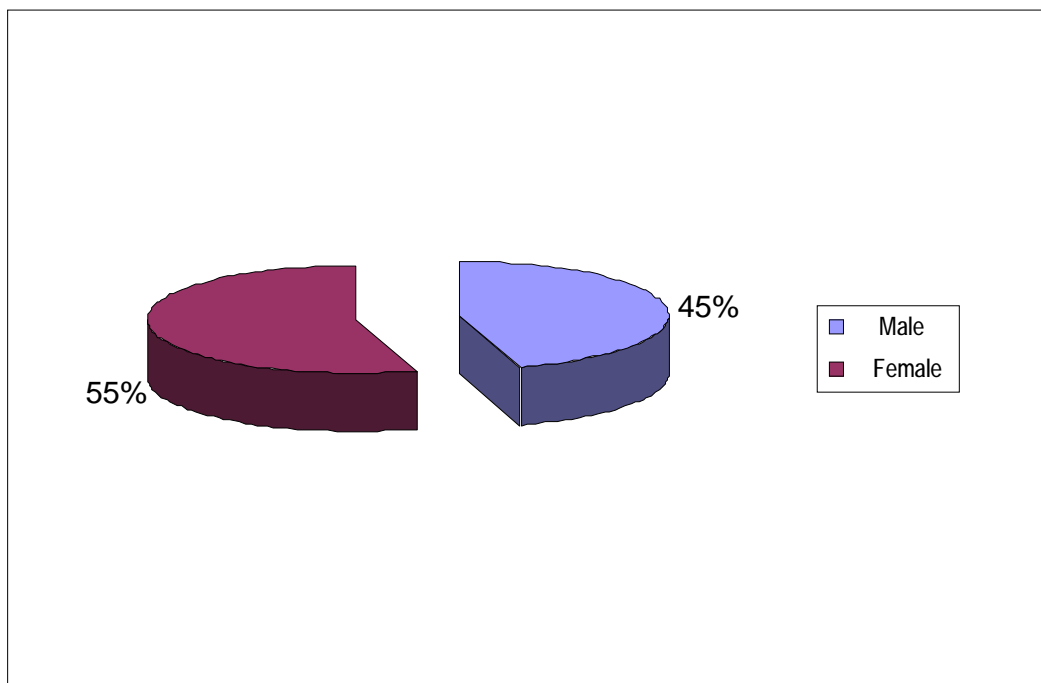
adolescents. It also highlights the lack of coordination mechanisms between the different institutions involved in the processes that affect vulnerable children and adolescents.

Table 16: Number of Registered Children and Adolescents by Gender

Total Number of Minors	Number	Percentage
Male	2534	45
Female	3066	55
Total	5600	100

Source: Shelter Registry, "List of Institutionalized Minors" Instrument. 2007.

Chart 11: Number of Registered Children and Adolescents by Gender



Source: Shelter Registry, "List of Institutionalized Minors" Instrument. 2007.

I don't like it when the teacher punishes us because we have to run and do exercises in the patio at night and can't play with the other children"

SBS Shelter Resident

"It isn't fair that they punish us like that. Its very tiring and no one helps us. I want to see my mother but she no longer comes and visits me"

SBS Zacapa Shelter Resident



When the age of the shelter population is analyzed, it is evident that the majority of institutionalized children and adolescents are between the ages of 7 and 16, followed by children between 1 and 6 years of age. It is interesting that only 7% of institutionalized children are less than 1 year old (See Table 18). **One big concern is that 3% of all institutionalized minors have no age recorded**, as this is part of an individual's right to have a personal identity. The study team investigated this issue at the shelters and after reviewing their internal records found that the reason was that these minors didn't have any birth certificate. However, shelter personnel stated that they had taken the necessary formalities with the government and pleaded with the respective courts to speed up the process, but that they still hadn't received a response. The director of one shelter told the study team:

"Its sad because the amount of time involved is too much and they don't think about the children. We had an adolescent that entered the shelter without a birth certificate who, last year, graduated from trade school but they wouldn't sign the degree because of the lack of a birth certificate. It seems like the authorities are unaware of children's laws and rights."

Table 17: Age Range of the Institutionalized Population in 2007

Age	Number	Percent
Less than 1 year	397	7
Between 1 and 3	515	9
Between 4 and 6	599	11
Between 7 and 10	1235	22
Between 11 and 13	1049	19
Between 14 and 16	925	17
Between 17 and 19	471	8
Between 20 and 30	260	5
No Age Recorded	149	3
Total	5600	100

Source: Shelter Registry, "List of Institutionalized Minors" Instrument. 2007.

Table 18: Total Number of Children and Adolescents Taken Custody by the Child and Adolescent Courts in 2007

Court	Number of Cases	Number of Minors Institutionalized	Percentage
Guatemala	1095	387	35
Mixco	295	86	29
Petén	458	71	16
Alta Verapaz	376	64	17
Jutiapa	614	39	6
Escuintla	495	103	21
Chimaltenango	6241	188	30
Quetzaltenango	1005	129	13
Zacapa	354	95	27
Total	5316	1162	22

Source: Instrument 3 - 2007 Registry of Institutionalized Minors

Table 19: Minors Institutionalized by Child and Adolescent Courts by Gender