

Strengthening Systems for the Alternative Care of Children

Findings from Armenia, Ghana, Moldova, and Uganda



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MEASURE Evaluation

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ABBREVIATIONS

ACIU	Alternative Care Implementation Unit
BCCC	Better Care for Children Committee
CCT	core country team
CRI	Care Reform Initiative
DSW	Department of Social Welfare
M&E	monitoring and evaluation
MGLSD	Ministry of Gender, Labour and Social Development
MOHLSP	Ministry of Health, Labour and Social Protection
NGO	nongovernmental organization
NPA	national plan of action
NSWA	National Social Work Agency
OVC	orphans and vulnerable children
RHC	residential homes for children
SIASS	Social Assistance Automatic Informational System
USAID	United States Agency for International Development

BACKGROUND

The assessment of alternative care for children was novel in four ways: It was a self-assessment by governments and key alternative care stakeholders rather than an external evaluation; this created more buy-in and ownership of findings. The approach was from a systems lens to provide a holistic view of the problem. Countries were assessed according to international standards in the United Nations Guidelines for the Alternative Care of Children. Countries engaged with one another to discuss the assessment tool and share learnings from the assessment.

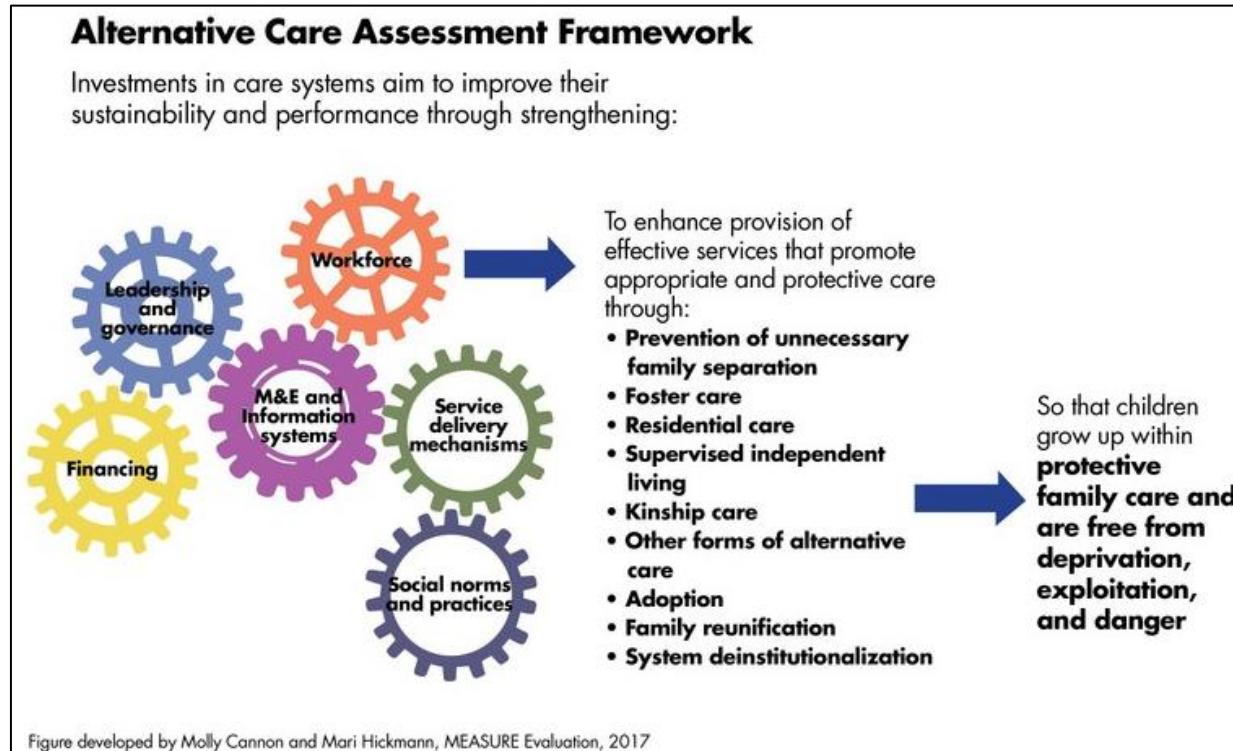
The Displaced Children and Orphans Fund of the United States Agency for International Development (USAID) is supporting MEASURE Evaluation to enhance the capacity of governments to assess, address, and monitor systems of care for children in Armenia, Ghana, Moldova, and Uganda (<https://www.measureevaluation.org/our-work/youth-and-adolescents/alternative-care/alternative-care-for-children?searchterm=alternative+care+for+children>).

In late 2017 and early 2018 MEASURE Evaluation supported core country teams (CCTs) to implement participatory alternative care self-assessments in each country. The assessment tool used was originally developed by USAID/DCOF and MEASURE Evaluation, based on the United Nations Guidelines for the Alternative Care of Children,¹ with the aim of assessing the systems of alternative care for children (Figure 1). The assessment tool was organized by areas of alternative care² and system components.

¹ United Nations (UN). (2010). Guidelines for the alternative care of children. New York, NY, USA: UN. Retrieved from https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

² "Alternative care of children" is the care provided to children whose separation from family cannot be prevented. Alternative care could take the form of quality provision of kinship care, foster care, residential care, supervised independent living, and other types of care. Residential care must be considered a last resort, only after all other alternative care options have been exhausted.

Figure 1. Alternative care assessment framework



Each country adapted the tool on the basis of a review during an in-person cross-country meeting in London (for details, see <https://www.measureevaluation.org/resources/publications/wp-17-39>). One hundred and sixty-five people were involved in workshop assessments across the four countries (Armenia: 66, Ghana: 28, Moldova: 26, and Uganda: 45), and state and nonstate actors, nongovernmental organizations (NGOs), and donors were broadly represented. In all countries, CCT members supported or led the workshops.

Based on this work, MEASURE Evaluation developed detailed assessment reports on the care system in each country (available here: <https://www.measureevaluation.org/our-work/youth-and-adolescents/alternative-care/alternative-care-for-children?searchterm=alternative+care+for+children>). With each country having assessed its care system, MEASURE Evaluation supported the lead ministry in charge of alternative care to facilitate a workshop in each country to set priorities and create action plans. This report presents findings from all four countries, by system component and areas of care, and summarizes recommendations for strengthening alternative care systems.

WHAT ARE THE STRENGTHS AND WEAKNESSES OF THE SYSTEMS?

The **leadership and governance** component is fairly strong in all four countries. Each country is a signatory of major international treaties—in particular the United Nations Convention on the Rights of the Child—and has **policy and legal frameworks** in place to guide alternative care.

- In Armenia, the Revised Family Code, the Law on Child's Rights, and the Law on Social Assistance provide an umbrella framework for protecting the rights of every child to live in a family environment.
- In Ghana, the Care Reform Initiative (CRI) was launched under the National Plan of Action (NPA) for Orphans and Vulnerable Children (OVC). The goal of the CRI is to establish a more consistent and stable approach to care for vulnerable children in Ghana, so that each child grows up in protective family care.
- In Moldova, the main piece of domestic legislation is Law no. 140/2013 on the special protection of children at risk and children separated from their parents. At the policy level, the Strategy for Child Protection 2014–2020 and Action Plan for the Implementation of the Strategy 2016–2020 provide a framework for delivering and facilitating access to appropriate care options for children deprived of parental care.
- In Uganda, the principal legislation governing care for children separated from their parents is the Children Act, Cap 59 (amended 2016). In addition, a National Alternative Care Framework was developed in 2012 and a National Action Plan on Alternative Care for Children was developed in 2016–2017.

These policies and laws don't always include adequate provisions for specific services such as those for children and caregivers with disabilities, children ages 0 to 3, and preparation support and counseling of caregivers and children for foster care, adoption, and reunification. None of the countries have legal/policy frameworks guiding informal kinship care and supervised independent living. Although the national policy documents are generally in line with the United Nations guidance, the dissemination, implementation, and enforcement of such policies at the subnational levels is insufficient.

Three of the four countries have avenues for multisectoral coordination and oversight, providing an opportunity for enhanced coordination across areas of care. These coordination and oversight bodies do not always function efficiently, however.

- In Armenia, an interagency working group has been established to monitor the implementation of the reform along with the National Commission on Child Protection Issues.
- Ghana has the Better Care for Children Committee (BCCC).
- Moldova has the National Council for Child Rights Protection and the Coordination Council for the Reform of Residential Child Care System and Development of Inclusive Education.

Some successful **service delivery** practices occur in each of the countries: most state-funded alternative care service providers in Armenia and Moldova are registered and authorized to operate by a competent authority. In Armenia, day care services provided through social contracting with NGOs are becoming more widespread, and the government is establishing multiprofile day care centers instead of orphanages and night-care institutions. Moldova has a regulated intersectoral cooperation mechanism through which multidisciplinary teams at the community level come together to assess, refer, assist, and monitor children at risk. Ghana is developing national residential homes

for children (RHC) and is making progress in inspecting, licensing, and conducting closures of them. In Uganda, NGOs have initiated and implemented small-scale foster care programs, providing examples of good practice for the government to build on.

All four countries have a menu of social support services for strengthening families and preventing family separation, such as parenting skills training, family violence prevention programs, household economic strengthening, education and health services, early childhood development and care, and psychosocial support services. Moldova and Uganda have also developed case management guidelines.

Service delivery is generally weaker than the leadership and governance component. It is inconsistent across each country, and the bulk of service delivery is sometimes financed by development partners and implemented by NGOs. In general, case management systems are weak or nascent and do not provide clear guidelines for working with children with disabilities or those outside the formal care system. All four countries also have inadequate service-quality standards and monitoring of the quality of services and lack documentation regarding consequences for those who do not follow the standards.

Each country has job descriptions for different cadres of the **government social welfare workforce** as they pertain to alternative care services. The roles and responsibilities of the main cadres (e.g., social workers and child protection specialists) are clear with respect to alternative care services in all four countries.

Nonetheless, clarity is needed on roles related to prevention and reunification and on the roles of community-level structures in Ghana and Uganda, such as community committees and para-social workers (e.g., for gatekeeping). Also, in some countries, although formal positions exist (e.g., child rights protection specialists at the local level in Moldova), there are staffing gaps.

Some countries have institutionalized training mechanisms, while others have started to head in that direction:

- In Armenia, the National Institute of Labour and Social Research is responsible for in-service training and capacity building of local government social workers. The Armenian Association of Social Workers is conducting trainings for case managers and community social workers.
- In Ghana pre-service training is provided mainly through university social work programs. In-service training is informal and may be given on the job by senior staffers.
- In Moldova, the recently established National Social Work Agency (NSWA) has screened the number, skills, and competencies of staff members working in the area of social assistance and is planning to develop a systematic in-service training program to improve capacity.
- In Uganda, pre-service training is conducted mainly through university-based social work programs. In-service training is usually delivered in the context of programs for vulnerable children implemented by NGOs.

Despite these initiatives, institutionalized training is minimal, with support often provided ad hoc by NGOs with donor support.

None of the countries has established maximum caseload levels for case managers and social workers, though these do exist for other areas of care (e.g., in Armenia and Moldova, they are defined for residential institutions and foster care services).

Monitoring and evaluation is at the development stage in all four countries and requires strengthening to inform policy and service delivery. Each country has identified some indicators for various areas of alternative care and has worked to develop databases or information systems to capture them. For example, Armenia has the Manuk database; Moldova has the Social Assistance Automatic Informational System (SIASS); and Uganda is working on the Remand Home MIS. Nevertheless, case management indicators, foster care indicators, indicators for prospective adoptive parents, and others require strengthening. All four countries have weak data quality assurance mechanisms and limited cross-sector sharing of data; they collect information infrequently and rarely do more with it than report it.

Although most of the countries have held awareness-raising campaigns to promote positive **social norms and practices**, particularly regarding the importance of raising children in a protective family environment, many of those are ad hoc and implemented by NGOs with donor financial support. None of the countries has a consolidated plan to identify key messages and a strategy for communicating them to the public, teachers, social assistants/social workers, and frontline staffers, among others.

Financing alternative care of children is a critical issue in all four countries. In three of them, when activities have been budgeted, government allocates funding for them. However, cost estimates for these services are often either not done or don't include adequate resources for training, mentoring, and other line items necessary to fully implement a service. Some examples are formal kinship care, foster care, family reintegration, and deinstitutionalization. In decentralized contexts, many services are funded by local governments that have neither the capacity to budget for services nor options for financing those services.

The assessment revealed important new needs, such as developing quality standards for all services and monitoring compliance; coordinating social norms campaigns; crafting a strategy for costing to ensure adequate financing of services; increasing the demand for information; and strengthening data systems—particularly those related to case management.

WHAT IS THE STATUS OF EACH AREA OF CARE?

Prevention. Armenia, Ghana and Moldova have social protection schemes in place for vulnerable families, but these are not explicitly emphasized or mentioned with respect to the prevention of family separation. Some services are very limited or weak, particularly those related to respite care, alcohol abuse, and services for children and carers with disabilities. Coordination across government agencies that implement prevention programs is suboptimal in all four countries. Some service standards exist, but monitoring of their quality is weak and the consequences of noncompliance are unclear. It was agreed in all four countries that the budgeting, allocation, and financing of prevention services should be strengthened.

The status of **foster care** varies considerably among the four countries. Armenia recently drafted legislation to cover four types of foster care: typical, specialized, emergency, and respite. The legislation also states the need for developing criteria for matching foster families with the children. During this assessment, participants noted that the new draft regulation needs elaboration to meet the requirements of the United Nations guidelines, especially for the foster care of children with disabilities to have specialized support services. In Ghana, foster care legislation and related formal service provision are nascent. In Moldova, foster care is provided by local governments and all foster carers are paid, but almost no specific support services exist for foster carers of children with disabilities and other special needs. The Moldovan government is planning to offer funding for foster care as part of a minimum package of social services to be provided to rayons by the state. In Uganda, foster care is primarily informal and supported through NGO programs, with insufficient monitoring by the government.

Residential care varies between the two regions: In Ghana and Uganda, nearly all residential care services are offered by nonstate actors, many of which are not licensed or registered by the state. Although quality standards exist, they are poorly enforced, even among facilities that are registered. In Armenia and Moldova, most residential institutions are run by ministries or local public authorities, depending on the type of institution. Large institutions have been reduced in number in these countries and replaced by community and family-type care to the extent possible. Moldova has achieved a major shift from residential care to family-type care and a sharp decrease in the number of children placed in residential institutions. Nevertheless, children 0 to 3 are still sometimes placed in residential care, and the large-scale facilities that exist are primarily for children with disabilities and special needs and are not well regulated.

Through either legislation or other policy documents, each country has a plan for the **deinstitutionalization** of large-scale residential facilities, but no clear definition of such institutions exists. In Armenia and Moldova, deinstitutionalization has been under way for a number of years. Of concern is that Moldova is the only one of the four countries that has guidelines on closing down institutions and placing children in families.

All four countries have a legal/policy framework providing for **reunification and reintegration** services, yet no standards for reunification or reintegration exist. Further, case management of reunification is not well established or monitored. Apart from Moldova, where the indicators to track children who have been reunified are used in several rayons, in the other three countries, their use is limited or completely lacking. In Armenia, Ghana, and Uganda, reunification and reintegration support is most often provided by nonstate actors, resulting in uneven provision of these services across the countries and uncertain continuity when support depends on donor funding. In Moldova, social workers employed by local authorities are given this responsibility, but rarely carry it out, because of their heavy workloads.

On the matter of **adoption**, Armenia, Ghana, and Moldova are all signatories of the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption; Uganda has yet to sign. Each of these countries has a national registry that tracks adoptions (some electronic and some paper based), but these systems don't all function well. Assessments revealed that the main concerns are a lack of quality standards for

adoption placements; a lack of full cost estimates for adoption services; insufficient support prior to and during the adoption process for children and prospective adoptive parents; and limited post-adoption monitoring, particularly for in-country adoption.

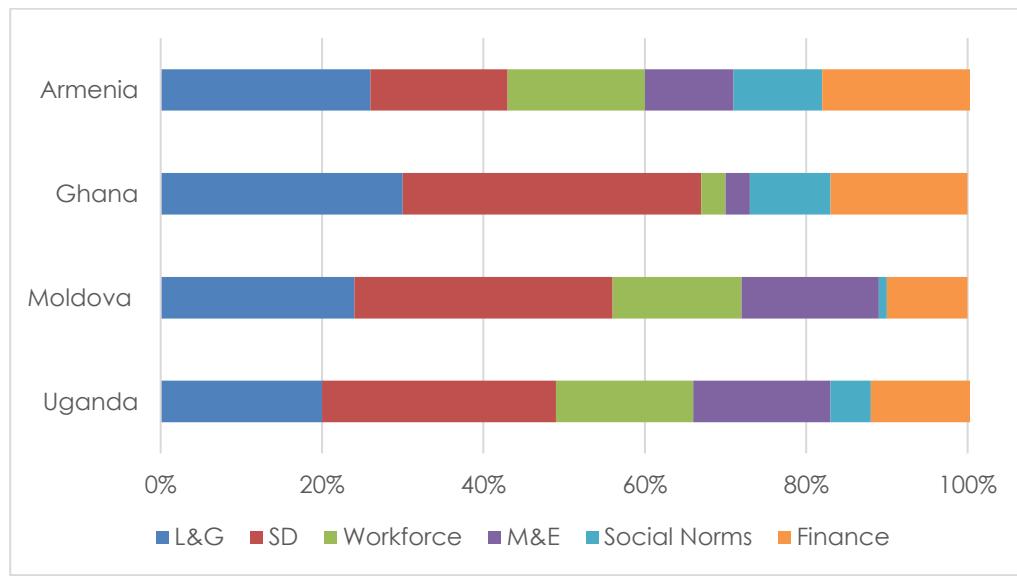
In all four countries, very little formal government work has been done with respect to **informal kinship care** and **supervised independent living**, yet the countries recognize the need for legal/policy frameworks to guide service delivery.

Self-assessments provided insights into areas of alternative care that had not been given sufficient attention in the past, including informal kinship care, supervised independent living, reintegration monitoring, support for post-placement services in practically all areas of care, specialized case management for children with disabilities, and support for carers with disabilities.

PRELIMINARY RECOMMENDATIONS

During the self-assessment workshops, participants made some preliminary recommendations for addressing the gaps identified. Among the four countries, 224 recommendations were made: Armenia had 54, Ghana had 30,³ Moldova had 88,⁴ and Uganda had 52. The table below provides an overview of the distribution of recommendations, categorized by **system component**.

Figure 2. System component recommendations, by country



L&G = Leadership and Governance, SD = Service Delivery, M&E = Monitoring and Evaluation

³ Ghana did a synthesis activity with the CCT to reduce the original list from more than 50.

⁴ Reduced from 94.

Recommendations in each system component clustered around three or four themes, as illustrated in the table below.

Table 1. Recommendations for each component of an alternative care system

SYSTEM COMPONENTS						
TOTAL	Leadership & governance (57)	Service delivery (67)	Workforce (35)	M&E (33)	Social norms (13)	Finance (33)
THEMES	Develop guidelines and/or policies (24)	Develop new procedures and quality safeguards (31)	Conduct training (20)	Improve M&E processes (17)	Improve awareness of social norms (6)	Estimate costs (12)
	Strengthen governing bodies (14)	Strengthen service delivery (25)	Develop quality standards, requirements for workforce (12)	Develop or enhance electronic solutions (9)	Develop strategies for communication and advocacy (4)	Build capacity (8)
	Improve legal documents (13)	Ensure equitable implementation at subnational level (11)	Retention and recruitment (3)	Develop/enhance indicators (7)	Survey social norms landscape within countries (2)	Other financial issues (13)
	Alignment from central to local government/ alignment with NGOs (6)				Increase funding for social norms campaigns (1)	

Slightly less than half the recommendations related to **areas of care** considered crosscutting issues, with almost equal representation across the six system components. The table below presents the distribution of recommendations by the remaining individual areas of care, indicating for each the system component on which the majority of recommendations focused.

Table 2. Concentrations of recommendations for each system component, by area of care

Area of care	No. of recommendations	Focused primarily on system component:
Prevention of family separation	25	Service delivery
Foster care	24	Service delivery
Kinship care	19	Even distribution across components
Residential care	15	Leadership and governance
Adoption	14	Service delivery
Deinstitutionalization	14	Even distribution across components
Supervised independent living	5	Leadership and governance

The self-assessments provided value in each of the countries. In Moldova and Armenia, prioritized recommendations will be added as activities to existing action plans. In Ghana, the DSW added development of an action plan based on the self-assessment and other findings to its work plan. In Uganda, the recommendations will be added as activities to the National Child Policy Implementation Plan that is being developed and will be used to revise the existing action plan for alternative care.

PRIORITIZED RECOMMENDATIONS AND ACTION PLANNING

In a follow-up to the self-assessments, MEASURE Evaluation supported the lead government agencies in facilitating a workshop to set priorities and create plans of action. Although the countries used slightly different methods, each workshop had wide representation from ministries and state and nonstate actors, built on existing strategies and action plans (when available), and used a systematic consensus-building prioritization process. Prioritization criteria were urgency of the issue, potential impact, affordability, and likelihood of success. The weight given to each criterion varied by country.

In some countries, it was the first time such a democratic, participatory approach was used to recommend the way forward on care issues. In Armenia, the Ministry of Labour and Social Affairs has adapted the self-assessment tool for another participatory assessment of the Integrated Social Services System in Yerevan and two marzes (provinces). MEASURE Evaluation is also supporting dissemination activities, including meetings with donors to determine areas of support.

APPENDIX. PRIOTIZED RECOMMENDATIONS, BY COUNTRY

In Armenia, after the prioritization process, MEASURE facilitated a meeting with the CCT and key stakeholders to recluster prioritized recommendations to facilitate action-plan development. That country now has eight overarching recommendations. Development and implementation of the action plan is currently on hold until the new minister assigns a coordinator for the CCT.

The recommendations are:

1. Establish an interagency coordination committee, with subcommittees at the regional level, to improve interagency cooperation when addressing the needs of children in adversity, including work on proposals for changes in legislation.
2. Develop a manual on alternative care provisions, including actions needed for prevention/family reunification, supervised independent living, and system deinstitutionalization.
3. Revise a document on the roles and responsibilities of guardianship/trusteeship committees/bodies to emphasize their key role in preventing family separation, facilitating family reunification, and monitoring children in alternative care.
4. Conduct cost estimates for services needed (such as community-based centers to help prevent separation and support family reunification; a registration system for formal kinship care and consultation services for kinship carers; supervised independent-living provisions for alternative care graduates; respite services; and family-type care services for children 0 to 3) using the local capacity.
5. Develop a PR strategy for alternative care system components.
6. Improve the IT systems and interagency data flow and M&E system.
7. Revise current legislation and draft legal acts to align them with key recommendations from leadership and governance.
8. Train judges to specialize in child protection issues.

During the assessment workshop in Ghana, the groups identified recommendations for each system component and type of care area. These recommendations plus others that emerged when we analyzed the findings after the workshop are listed below:

1. Revitalize a multisector oversight body for alternative care (e.g., the BCCC) by reviewing its membership and terms of reference and scheduling and funding regular meetings at the national and regional levels.
2. Establish and support the National Department of Social Welfare (DSW) Foster Care Unit and regional foster care placement committees.
3. Establish guidelines to determine the best interests of the children and their placement in alternative care (gatekeeping mechanisms).

4. Train all relevant governmental and nongovernmental actors on the new foster care and adoption regulations once they are passed by Parliament.
5. Review the National RHC Standards of Practice to place children ages 0 to 3 in residential care in exceptional circumstances only and to ensure the provision of baby units, temporary shelters, "family-type" group homes, residential special schools, and specialized rehabilitation services.
6. Develop guidelines and standards for monitoring children placed in family-based care, including kinship, foster care, adoption, semi-independent living, and reunification, and build the capacity of DSW staff members on those standards.
7. Adoption and foster care regulations to be passed by Parliament.
8. Adapt international guidelines on reunification and reintegration for the Ghanaian context and train all relevant governmental and nongovernmental actors on reunification and reintegration.
9. Support implementation of the new five-year road map for licensing and closure of RHCs in Ghana.
10. Conduct regular joint inspection and monitoring visits to RHCs to license them or close substandard ones.
11. Strengthen the implementation of the M&E system for children placed in formal alternative care.
12. Support rollout of the child protection toolkit (specifically the additional module on alternative care) and community engagement in hot-spot districts.
13. Develop child-friendly materials to raise children's awareness of their rights.
14. Train relevant governmental and nongovernmental staffers on new standard operating procedures for case management.
15. Develop a caregiver training manual that includes parenting skills to help prevent unnecessary separation.
16. Support monitoring and inspection mechanisms for early childhood development and care services (i.e., day care centers) based on the standards recently developed.
17. Support referral mechanisms between governmental and nongovernmental actors for prevention and response services.
18. Conduct a mapping exercise of prevention and response services.
19. Update the adoption registry to be fully electronic and include security measures to protect the names of and sensitive information about children, including prospective adoptive parents.
20. Develop guidelines for RHCs to transform their activities from residential care to family strengthening and family-based care.
21. Review qualifications/job profiles of all relevant cadres to ensure that all areas of alternative care are addressed, and establish training programs to build the capacity of staffers around children with disabilities, parenting skills, economic strengthening, and accessing social protection services.

22. Validate the reintegration forms that are being piloted and scale them up to all districts.
23. Review and implement the advocacy and communication strategy developed by the DSW and conduct awareness-raising activities that reach actors involved in alternative care and also the public.
24. Mobilize funding for awareness-raising activities.
25. Conduct a survey of children in alternative care.
26. Conduct cost estimates at the district, regional, and national levels on alternative care.
27. Develop guidance for district staffers on budgeting procedures and determine a systematic way of including all areas of alternative care in the Medium Term Expenditure Framework (National Development Planning Commission, 2017).
28. Advocate the allocation and release of government funding for alternative care, including for government residential care homes and the deinstitutionalization process.
29. Improve mechanisms for tracking NGO financial contributions to alternative care.
30. Provide guidance to donors and the private sector to rechannel money to family-based care and family-strengthening activities.

In **Moldova**, after the prioritization process, MEASURE facilitated a reclustering of recommendations, leading to 13 overarching ones. The action plan was developed by the Directorate for the Protection of Family and Children's Rights Policies within the Ministry of Health, Labour and Social Protection (MOHLSP). With MEASURE Evaluation's support, the MOHLSP held a national dissemination conference (<http://msmps.gov.md/ro/content/evaluarea-reformei-sistemului-de-ingrijire-copilului-republica-moldova-discutata-de-catre>) and a donors' meeting on June 19, 2018, to request support for implementation of action-plan items. The MOHLSP is leading the process of incorporating items into its current action plan.

These are the overarching recommendations:

1. Review and amend the legal and procedures framework on some specific alternative care aspects.
2. Strengthen the strategic and operational capacity of rayon/local authorities to provide adequate support to children at risk: strategies, service provision, and financial forecasting.
3. Improve quality safeguards for alternative child care provision: accreditation, and quality reviews and assessments.
4. Further develop foster care services: availability, and specialization.
5. Continue reforms of the residential care system: intersectoral coordination, legal framework, supervision, monitoring, and inspection.
6. Better regulate formal kinship care and specialization of related services: standards, services, and monitoring.
7. Improve the regulatory framework and support for children in informal kinship care: legislation, services, and oversight.
8. Develop supervised independent living as an alternative form of child care: legal framework, and services.

9. Improve the overall family reunification and reintegration framework: procedures, standards, monitoring, financing.
10. Improve the regulatory framework on adoption and related services: standards, service specialization, post-adoption legislation, and reporting.
11. Develop and implement adequate human resources development policies in alternative care: motivation, retention, and training.
12. Strengthen the M&E of the alternative care system: monitoring indicators, information systems, and capacity building.
13. Promote positive social norms regarding alternative child care: communication, and advocacy.

In **Uganda**, recommendations from the assessment report were reviewed alongside recommendations from existing government alternative care-related strategies and plans, all of which were realigned and brought to the prioritization and action-planning workshop. In total, 34 recommendations were prioritized and an action plan was developed. UNICEF, in collaboration with the Ministry of Gender, Labour and Social Development (MGLSD), organized an alternative care stakeholder meeting at which the action plan was validated, timelines for the implementation of activities were harmonized, and initial discussions related to plan costs took place. UNICEF offered to support the MGLSD to cost the action plan.

The recommendations are:

1. Disseminate the various policies and laws relating to alternative care countrywide, at all levels.
2. Establish alternative care panels in all districts, and ensure functionality.
3. Develop and enforce a comprehensive deinstitutionalization strategy that includes protocols for closing and/or transforming residential care institutions.
4. Strengthen the enforcement of existing legal and policy frameworks.
5. Place a moratorium on the establishment and licensing of new residential child care institutions and close those institutions that do not meet the minimum standards according to the Children (Approved Homes) Rules (2013).
6. Strengthen the capacity of the national Alternative Care Implementation Unit (ACIU) to better lead, plan, implement, and monitor child care reform in Uganda.
7. Review the National Framework for Alternative Care and ensure that it is consistent with the United Nations Guidelines on Alternative Care, including incorporating aspects of family strengthening and prevention of unnecessary family separation.
8. Provide independent formal complaint mechanisms to ensure that children in alternative care can safely report abuse and exploitation. Specifically, appropriate independent and accessible reporting mechanisms for allegations of child abuse should be established, with effective and timely follow-up by the authorities.
9. Develop minimum quality standards for all alternative care services (including foster care, and adoption), and ensure better monitoring of service providers.

10. Develop detailed standards and guidelines for foster care and adoption service provision and train relevant actors on them.
11. Support identification, documentation, tracing, and sustainable reintegration of children into their families from an alternative care setting.
12. Strengthen the capacity of local governments to supervise and regulate children's homes.
13. Finalize and disseminate case management guidelines to ensure that care planning is systematized.
14. Develop a prospective foster parents' registry and establish clear referral mechanisms to ensure that prospective foster parents are supported.
15. Strengthen community-based mechanisms for identifying and verifying prospective foster carers.
16. Develop and implement mechanisms to support children who are leaving care and provide for aftercare support.
17. Scale up family strengthening and support services to at-risk families (e.g., child-sensitive social protection schemes, parenting education and support, household economic strengthening).
18. Develop and implement a comprehensive professional induction program to orient probation and social welfare officers and other duty bearers (the police, local leaders) on their roles and responsibilities in relation to alternative care service provision. This program should take into consideration the different forms of alternative care.
19. Develop and implement institutionalized in-service training for relevant professionals involved in the provision of alternative care services, including probation and social welfare officers, judicial officers, police officers, teachers, local councils, CDOs, and health workers, among others.
20. Train clergy, cultural leaders, and para-social workers on good foster care practices, and follow up with foster carers under the guidance and supervision of the Community Development Officers/Probation and Social Welfare Officers.
21. Provide structured trainings for foster carers and adoptive parents and facilitate the development of self-support networks.
22. Select and train additional para-social workers to ensure ongoing community sensitization around issues related to child care and appropriate support for social workers in relation to case assessments, referrals to local services, development of individual child and/or family care plans, mobilization of extended family members, and support in parenting skills.
23. Develop standardized indicators for monitoring alternative care for children and harmonize existing indicators on alternative care.
24. Conduct a count of all residential care facilities and systematically document children in those facilities in a centralized database.
25. Strengthen efforts to regulate and track intercountry and domestic adoption.

26. Develop and maintain a central database of children available for fostering and/or adoption.
27. Develop an alternative care advocacy and communication strategy.
28. Support the MGLSD, through ACIUs, to educate the donor community on government and global policies and redirect funding toward family-based care.
29. Improve awareness in the community and among professionals regarding possible detrimental outcomes for children placed in poor alternative care and the importance of “family” life to a child.
30. Improve mechanisms for tracking private and development partners’ financial contributions to alternative care.
31. Ensure multisectoral funding to support alternative care service provision at the national and district levels, including through public-private partnerships.
32. Dialogue with civil society organizations to redirect resources to family preservation and family strengthening services.
33. Provide guidance to donors and development partners to prioritize funding organizations that are working to keep children in families, through family-based care and family-strengthening activities.
34. Conduct cost estimates for all areas of alternative care.

MEASURE Evaluation

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