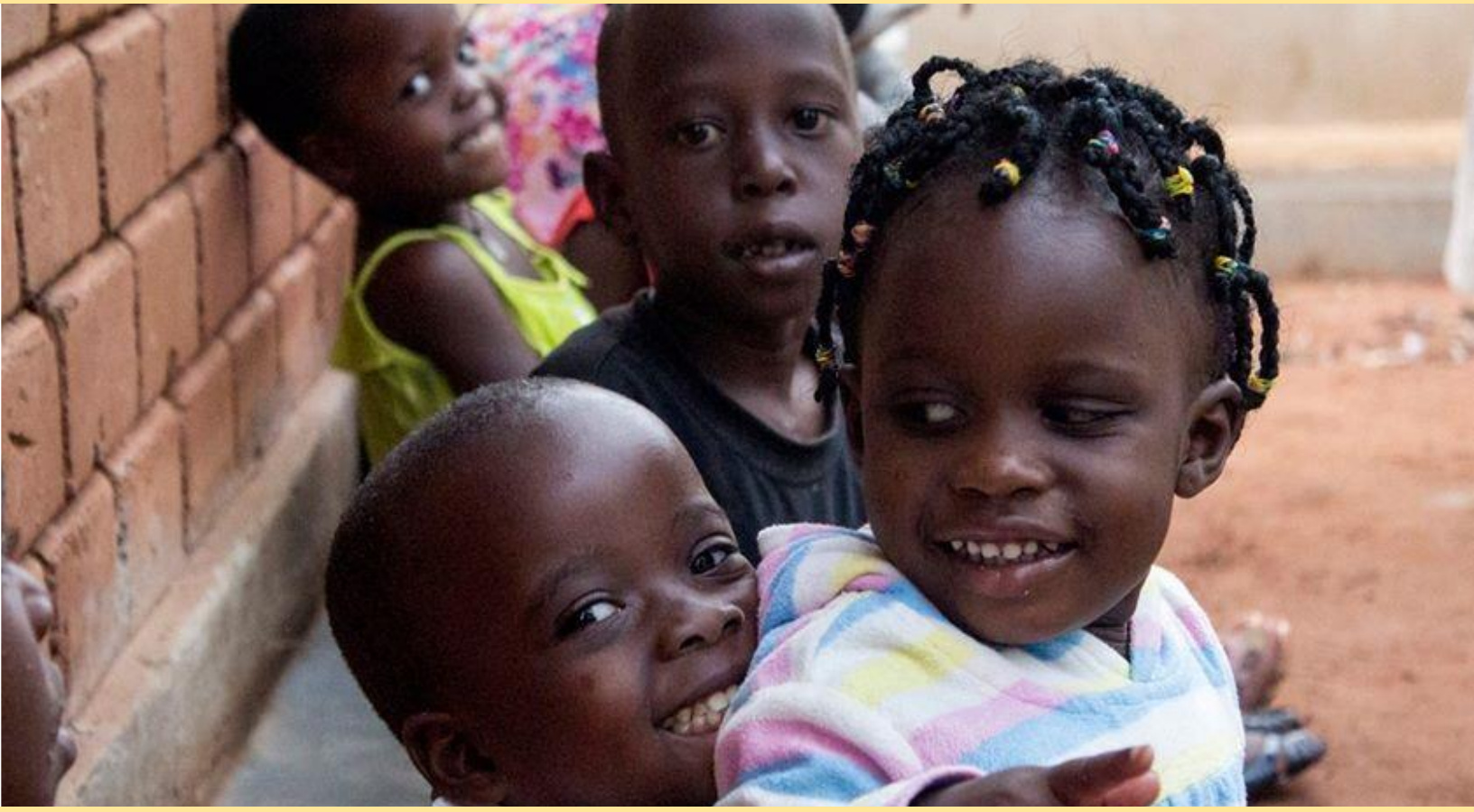
Strong Beginnings – A family for all children

End of Project Evaluation Report



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Department of Social Work and Social Administration, Makerere University

‘Strong Beginnings—A family for All Children’

End of Project Evaluation Report

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We also appreciate greatly all the research team members who committed their time and effort to ensure that this work was successfully undertaken. To the managers of all CCIs, we say we are grateful for your cooperation and support.

We pray and hope that this study will be a source of rich information that will contribute towards improving the quality of Alternative Care policy and programming in Uganda.

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List of Acronyms

ACI	Alternative Care Initiatives
ACIU	Alternative Care Implementation Unit
ANPPCAN	African Network for Prevention and Protection Against Child Abuse and Neglect
CBO	Community-based organisations
CCIs	Child Care Institutions
CIF	Child's i Foundation
CDO	Community Development Officers
CRC	Convention on the Rights of the Child
CwAC	Children without Appropriate Care
IDI	In-depth interview
IGA	Income Generating Activities
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
KII	Key Informant Interviews
KNRC	Kampiringisa National Rehabilitation Center
MBH	Malaika Babies Home
MGLSD	Ministry of Gender Labour and Social Development
PSWOs	Probation and Social Welfare Officers
UNICEF	United Nations Children's Fund
NGOs	Non-governmental organizations
NRC	Naguru Reception Center
SB	Strong Beginnings
STFCP	Short term Foster Care Pilot
UNCRC	UN Convention on the Rights of the Child

Glossary of terms

Adoption: Adoption is the process through which a person acquires the right to take permanent custody of a non-biological child and legally becomes the parent of the adopted child.

Alternative care: A care arrangement for children who are deprived of a family care environment for reasons ranging from family separation or where the best interests of the child could be best guaranteed. In this case a child is looked after outside of the parental care. Alternative care could be formal i.e. when it is based on the decisions of an authorized agency in accordance with the laws of the country; or informal whereby a child is looked after by members of the extended family, family friends or other informal arrangements.

Child: A person under the age of 18 years as per Uganda's Constitution

Child care institution: An establishment founded by a governmental, non-governmental, or faith based organization to provide alternative care. A child care institution may also be referred to as an orphanage, children's home, residential care facility, or children's village.

De-institutionalisation: Within this report, we define de-institutionalisation as a child care reform process that targets mainly residential child care institutions and involves developing and implementing child care plans with focus placed on re-union of children living in child care institutions with their parents, making use of kinship care, foster care, and any other family based care options. Additional emphasis is placed on measures to prevent family separation, legal reform and capacity building for government and non-government agencies that deliver alternative care services.

Domestic adoption: Under domestic adoption, the adoptive parent is a Ugandan citizen and resident in the country.

Family-based care: Within the context of alternative care, it is a form of care arranged for a child that involves living with a family other than his/her birth parents. The term encompasses fostering, kinship care, and adoption.

Family preservation: A range of support strategies meant to prevent the family from breaking up and to protect children from abandonment.

Foster care (formal): A form of alternative care within a family based environment (other than the children's own family) that is authorized by a competent authority in accordance with national laws. Foster care may involve emergency foster care, temporary foster care, and long-term foster care. In Uganda, foster care could be organized as an initial phase in preparation for adoption of the child.

Gate keeping: Set of measures put in place to effectively prevent children from unnecessary admission into child care institutions or other forms of alternative care.

EXECUTIVE SUMMARY

Strong Beginnings (SB) was an 18-month project (April 2014 to December 2015) supported by Terre des Hommes Netherlands and implemented by Child's i Foundation (lead agency), African Network for Prevention and Protection Against Child Abuse and Neglect (ANPPCAN), Alternative Care Initiatives (ACI) and Makerere University. The project purposed to promote an alternative care model that places emphasis on family based care of children, improving the quality of care within child care institutions, build capacities of government and non-government agencies in implementing alternative care; generate evidence and promote learning.

Purpose, Objectives and Scope of the Evaluation

The evaluation sought to assess the extent to which the project has achieved its intended objectives and identify broader lessons to inform future programming in relation to preventing unnecessary separation of children from families and facilitating the reintegration of Children in Family Care. Specifically, the evaluation sought: (i) to assess the effectiveness of the project in achieving the desired change and results and (ii) to identify and document any promising practices and approaches generated by the project, which would benefit the overall child care reform if scaled up.

Methods

The evaluation used both qualitative and quantitative data collection methods. Specifically data was collected through (i) a review of relevant documents, including the project proposal and logical framework, baseline survey report, monthly and quarterly project reports, (ii) analysis of monitoring data, (iii) In-depth Interviews with the 16 project implementation staff from the four project partners, (iv) review of 30 case files of children reintegrated as part of the SB project, and (iv) conducting interviews and focus groups with reintegrated children and their caregivers.

Results

Overall, the project made significant contribution to the implementation of the Alternative Care Framework in Uganda; demonstrating a model of best practice to inform policy and catalyze welfare reform to priorities family base care.

Evaluation findings show that the project has contributed to the reintegration of 230 institutionalized children with their biological families, and the development of alternative family care services, through a foster care (short-term, long-term) pilot. Notably, the development of an emergency foster care program which proved to be so successful, led to the closure of the 24 bed CCI proving that it is possible to deinstitutionalize children and that children under 3 years in Uganda ought to be placed under family care.

In addition, the project made a substantial contribution towards reforming and strengthening the institutional and policy environment of the child care system in Uganda as evidenced by the

establishment of an Alternative Care Implementation Unit (ACIU). The unit is based at the Ministry of Gender Labour and Social Development (MGLSD). The Panel transitioned from an Alternative Care panel based at CiF into one that is owned by the MGLSD. The ACIU conducted 159 assessments of CCIs including follow ups. These are used as a starting point for implementing the Alternative Care Framework by Government. The unit is expected to contribute, both in the short and long term, to alternative child care reform and deinstitutionalization efforts in Uganda.

The project also supported the development of several guidelines- which can be used to support the implementation Alternative Care Framework. These include the Alternative Care Panel guidelines, which inform the set up and operationalization of district alternative care panels as outlined in the National Alternative Care Framework; the CCI closure guidelines to inform District Welfare and Probation Officers, and relevant stakeholders to conduct closure in a manner that ensures that the best interests of affected children are taken into consideration and that no further harm is caused during closure.

Furthermore, through the project, the National Curriculum on Alternative Care was developed. The curriculum is expected to be used in the training for relevant stakeholders across the country.

Table 1: Summary of Project Achievements

Indicator	Target	Achieved
Objective 1 &2		
500 children in up to 18 private and 2 government child care institutes (CCIs) reintegrated into family care	200 Children from 2 Government CCI	95
	Children from Private CCI	96[1]
100 acutely vulnerable families, primarily women, will receive IGA support to protect their children	100	78
1000 highly vulnerable children living in 20 CCI's will receive improved standards of care in line with care home standards	1000	---
50 social workers will receive comprehensive training on delivery of AC practice,	50	75
Objective 3		
Number of CCI assessments completed using the Children (Approved Home) Regulations Assessment Toolkit	113	103
Number of CCIs followed up, based on action plans drawn following assessment using the Assessment Toolkit	113	56
Transition of AC panel from CIF to MGLSD	Status	AC panel is functional
Number of AC Panel meetings hosted by the alternative care implementation unit (ACIU)	18	10
Objective 4		
Number of CwAC that received transitional care from Malaika Babies Home (MBH)	175	56
Number of children traced and reintegrated into family care	123	19 (11M, 8F)

[1] Captures data from supported private CCIs for the period between January and December, 2015

Number of children placed into alternative family care (adoption and fostering)	52	20 (16F, 4M)
Number of children placed in short term foster care	-	14

Promising Practices

- Long term and short term foster care: Overall, both the short-term foster care and the long-term foster care programs represent good practices in alternative care which can be scaled up.
- Establishment of Alternative Care Implementation Unit (ACIU) in the MGLSD: This unit has been central to the operationalisation and embedding the implementation of the National Alternative Care Framework within the MGLSD. Further support to this unit will be required to ensure that the unit takes on the full responsibility of assessments and deliver its remit.
- Establishing a ministry-led Alternative Care panel: The multi-disciplinary decision-making panel based at Ministry of Gender, Labour and Social Development is one of the promising practices pioneered by the Strong Beginnings project, establishing a mechanism for professional, transparent decision-making in the best interest of the child.
- CCI transformation: The most successful partnerships were with CCI's who understood the harm of institutional care and wanted to transform from residential facilities to services that support children in their families and communities.
- Scaling down the residential facility: From a 24 bed facility to an 8 bed facility and pioneering a short term foster care program with the Government to provide an alternative to placing children under 3 years into institutional care

Recommendations

1. The Alternative Care Unit needs to be strengthened to track and monitor all children being placed into alternative care through the provision of technical, human and logistical resources.
2. Roll out the Curriculum on Alternative Care: The curriculum should be used to build professional capacity of all those who work with children without parental care.
3. Develop standard operating procedures for reintegration of children to ensure that social workers are meeting national practice standards. The guidelines should outline the timing and process of the compulsory follow up for each reintegration case. The guidelines should clearly define the assistance and/or processes during the pre-reintegration, reintegration, and post-reintegration phases.
4. Government as the accountable party for children without parental care should spearhead the closure of CCIs that do not meet the minimum care standards.
5. There is need to support existing government structures to carry out their statutory responsibilities for overseeing the care of children in alternative care outlined in the Alternative Care Framework.
6. Improving CCI's should only be considered as an interim measure and for the temporary care of children, rather than a long term goal that in turn increases admission of children in the care institutions. The existence of orphanages pulls familiesapart and thus closure of the majority of the CCIs should be the long term goal. CCIs should be supported to transition into non-residential

service provider institutions, and mostly to adopt family and community based models of practice.

PART I: INTRODUCTION AND METHODS

1 INTRODUCTION

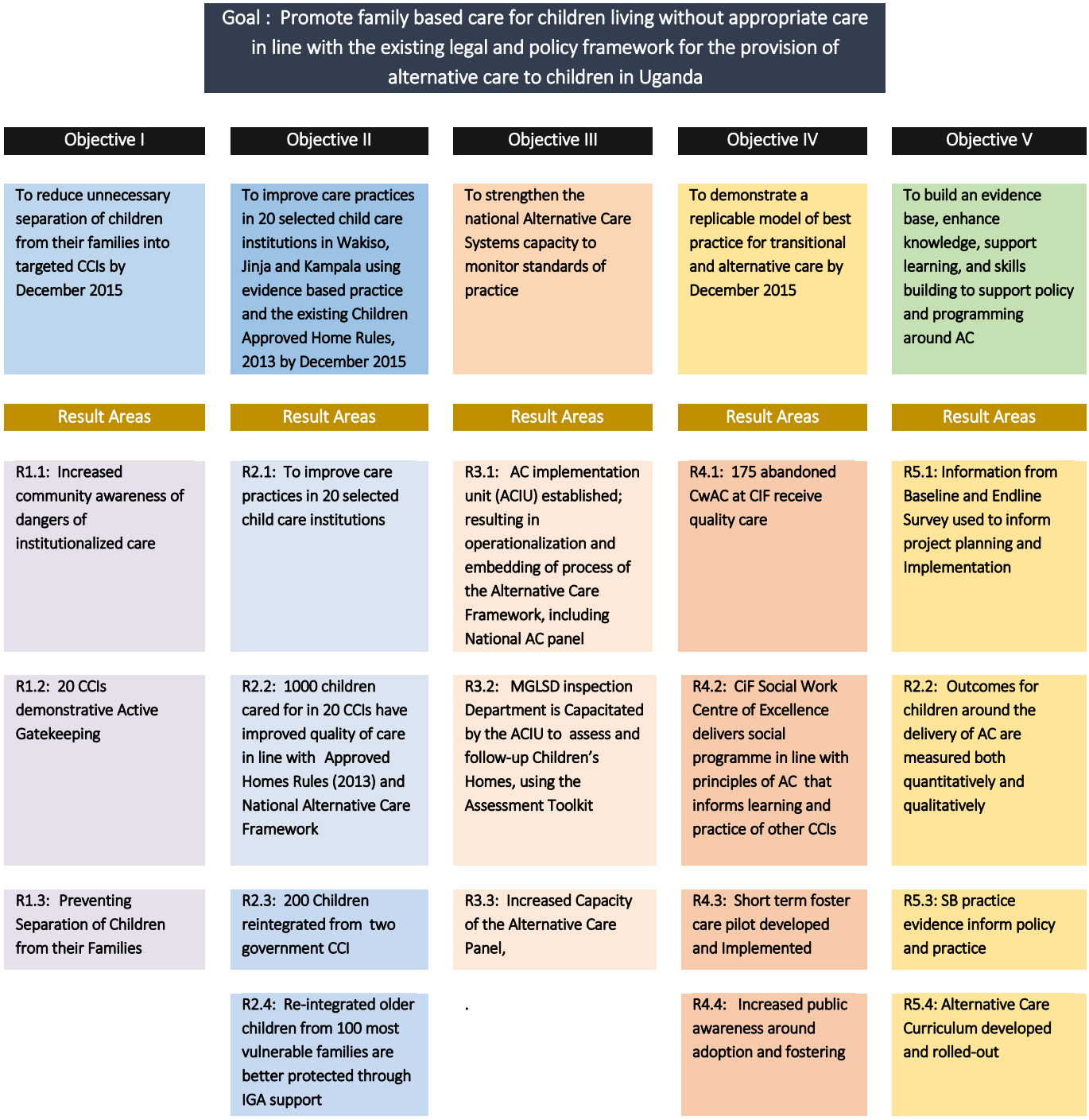
This report encompasses findings of the evaluation of the 'Strong Beginnings—A Family for All Children' (SB) project, that was supported by Terre des Hommes Netherlands, a Dutch non-profit organisation based in The Hague. The Project was implemented from April 2014 to December 2015 by a consortium of organizations, namely: Alternative Care Initiatives (ACI), Child's i Foundation (CIF), African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN), and Makerere University, Department of Social Work and Social Administration (DSWSA). The project was implemented in collaboration with the Ministry of Gender, Labour and Social Development and the Community Based Services departments in three districts: Jinja, Wakiso and Kampala.

The overall goal of the project was to promote family based care for children living without appropriate care in line with the existing legal and policy framework for the provision of alternative care to children in Uganda. Specifically, the project sought to enhance preservation of families and prevention of unnecessary separation of children, reintegration of children from child care institutions into family care, and improvement in the quality of care in residential homes with a renewed commitment to permanent family-based care and increased capacity to deliver the continuum of care.

The project interventions were built around five specific objectives:

- Objective 1: To reduce unnecessary separation of children from their families into targeted CCIs by December 2015
- Objective 2: To improve care practices in 20 selected child care institutions in Wakiso, Jinja and Kampala based on evidence based best practice and the existing Children Approved Home Rules, 2013 by December 2015
- Objective 3: To strengthen the national Alternative Care Systems capacity to monitor standards of practice
- Objective 4: To demonstrate a replicable model of best practice for transitional and alternative care by December 2015
- Objective 5: To build an evidence base, enhance knowledge, learning, and skills building to support policy and programming around alternative care.

Figure 1 Strong Beginnings Results Framework



1.1 Project Partners

Child's i Foundation: Played the leading role in de-institutionalisation of children from private CCIs, and re-integration of children into family based care and prevention of family separation. Child's i Foundation provided a best practice model in alternatives to institutional care including *prevention of separation,*

short and long term foster care, emergency residential care, tracing and reunification and domestic adoption. CiF Training and Development team delivered CCI Social Workers' training which included workshops, shadowing at the social work centre of excellence and mentorship at the CCI's. This helped to build the capacity of social workers to improve the care standards in the CCI's and safely reunify children into families.

Alternative Care Initiatives (ACI): Supported the Ministry of Gender Labour and Social Development to build institutional capacity including the establishment of an Alternative Care Implementation Unit (ACIU) and strengthening the Alternative Care Panel in the Ministry and conducting routine assessment of CCIs in order to enforce compliance to quality standards within the project districts.
ANPPCAN: Worked with two Government institutions to support the resettlement of children into families and conducted community sensitization on the dangers of institutional care and the importance of children growing up in families.

Makerere University (DSWSA): Supported partners in relation to building a monitoring and evaluation system for implementing partners, conducting research, and training of partners in child protection. DSWSA fostered knowledge generation and learning among partners and actors in the alternative care sector at the national level. All organizations worked collaboratively in bringing various actors in the AC sector to work together so as to build supportive coalitions necessary to enhance the implementation of Alternative Care framework. All partner organizations worked as a team to realize the over-all project objectives.

2 PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

The evaluation sought to assess the extent to which the project had achieved its intended objectives and to identify broader lessons to inform future programing in relation to prevention of unnecessary separation of children from families and facilitating the reintegration of Children in Family Care. Details of the evaluation criteria and questions are indicated in Annex A.

Specifically, the evaluation sought:

- To assess the effectiveness of the project in achieving the desired change and results
- To ascertain the extent to which the project design and its objectives were relevant vis-à-vis national policies and strategies
- To identify and document any interesting practices and approaches emerging from the implementation of the project, which would benefit the overall child care reform in the country
- To provide recommendations for improvement in implementing a similar or related project in future.

3. METHODOLOGY

3.1 Design

The evaluation used largely qualitative approaches. Quantitative data was mainly derived from the monitoring database and a sample of case files from re-integrated children. Below is a more detailed description of the specific methods. These are divided into two sections namely; secondary data and primary data.

3.2 Secondary data

The study comprised a review of several pertinent documents to establish the context in which the intervention was implemented. The review made it possible to understand the processes involved during the operationalization of the project concepts. Some of the documents that were reviewed included the project proposal and logical framework, baseline survey report, monthly and quarterly project reports.

In addition, we collated and analyzed data collected through the SB monitoring since the project commenced to map out the achievements against targets set forth in the project monitoring plan (PMP) and to ascertain progress on key indicators as elaborated in the M&E framework.

Finally, we reviewed 30 case files of children reintegrated as part of the SB project, to establish milestones in the reintegration process.

3.3 Primary Data

In-depth Interviews (IDIs) with the project implementation staff

Eleven (11) In-depth Interviews (IDIs) were conducted with staff from the different consortium partners who got involved in the implementation of the project. Based on the interviews, the evaluation team was able to generate vital information relating to project implementation approaches, interventions, and achievements and their current technical and strategic appropriateness; perceptions of project implementation effectiveness, gaps in project activities, and lessons learned. Data collection was enabled by use of interview guides.

In-depth Interviews with CCI representatives

Sixteen (16) IDIs were conducted with CCI representatives in the three project districts to generate information relating to their participation in training and mentorship support received, and changes in operational mode of institutions (structural and functional standards) and care practices as a result of participation in the project.

In-depth Interviews (IDIs) with adoptive parents and foster parents

Nine (9) IDIs were conducted with adoptive parents and foster parents to generate information on motivation for fostering or adoption, fostering and adoption experience and nature and type of support received from the project.

Structured interview with children and caregivers

As part of the evaluation, we followed up 95 children reintegrated with their families from two government child care institutions. The children and their primary caregivers were interviewed about their reintegration experiences and challenges following reintegration.

Focus Group Discussion (FGDs) with community members

Three (3) Focus Group Discussions were conducted in project communities where community sensitization meetings had been conducted during the implementation of the project or where children were resettled.

3.4 Data analysis

Qualitative data

All FGDs and KIIs were audio recorded and transcribed verbatim into Microsoft Word. All transcriptions were translated into English. The data were then coded and analysed using NVivo QSR qualitative text analysis software. Transcripts were independently reviewed and coded by the research team and emergent themes were discussed to explore initial interpretations formed during data collection and transcript review. Data was analysed following the principles of thematic analysis, according to the precepts of grounded theory.

Quantitative Data

Data were captured using paper questionnaires and double-entered using Epi Info7 (CDC). Subsequently, data was transferred to STATA 13, cleaned, coded and analyzed.

3.5 Ethical considerations

The team exercised independent judgment and provided a comprehensive and balanced presentation of strengths and weaknesses of the project being evaluated, taking due account of the views of a diverse cross-section of stakeholders. We also ensured that the evaluation is based on reliable data and observations. All confidential information obtained by any means was treated in confidence. Personal, confidential and sensitive information was not discussed with, or disclosed to unauthorized persons—knowingly or unknowingly. The evaluation team was further guided by the principles for working with children including; confidentiality, best interests of the child, and do no harm.

PART II: RESULTS

In this section, we present the findings of the evaluation. The section is divided into four sub-sections. In the first section we discuss the achievements of the project. The second section examines the relevance and contribution of the project to the ongoing childcare reforms in Uganda. The third and fourth section (Part III) provide a description of the strengths and limitations of the Strong Beginnings project, and promising practices, respectively

4 Project Achievements

4.1 Reducing unnecessary separation of children from their families

Objective 1:
To reduce unnecessary separation of children from their families into targeted CCI's by introducing improved gatekeeping function with respect to provision of alternative care to children.

Table 2: Project achievements- Objective 1

Indicators	Target	Achieved	Comments
Number of children in CCI's reduced	20%	17.6%	
Number of community sensitisation meetings on dangers of residential care	21	20	
Number of vulnerable household benefitting from IGA	100	76	
# of CCIs demonstrating active gate keeping	18	3	See Annex B

4.1.1 Awareness Raising on Dangers of Institutionalization

ANPPCAN was responsible for this result area. Twenty (20) community sensitization meetings were organized in communities in the three project districts (Wakiso, Kampala and Jinja) to raise awareness on the dangers of institutionalization.[2] The community meetings were facilitated by the Probation and Social Welfare Officers (PSWOs) and Community Development Officers (CDO) in the respective districts, with support from ANPPCAN staff. Discussions during the meetings centered on the dangers and the risks associated with institutionalized care and the alternatives to institutional care i.e. the different alternative care options—formal or informal –available for children who do not have families. In addition, community

[2] The sessions are guided by the National Framework on Alternative care, the Children's Act and the Save the Children's manual on parenting.

members were sensitized on the benefits of family care and offered guidance on supporting children in their families.

In addition, 5 out 10 planned radio talk shows were conducted on FM stations in Jinja and Kampala to raise awareness on existing alternative care services, and to disseminate information on National Alternative Care Framework. The discrepancy between the planned/target and actual was explained to have been the result of the inadequate budget allocated to this activity.

Evaluation findings indicate that as a result of the community sensitization meetings, there was increased community awareness about the benefits of family- based care over institutionalized care, and negative effects of institutional care on the physical, cognitive and emotional growth of children. Nonetheless community acceptance and admiration of institutional care is still prevalent in most of communities in the three project districts. This owes in part to expectations by parents to have their children access good life including receiving free education. In addition, shortcomings in the design and implementation of the community sensitization meeting were also reported. First, community meetings did not specifically target communities where children were predisposed to an elevated risk of separation from families; as evidenced by resettlement data from ANPPCAN. Secondly, no efforts were made to develop community action plans and establish community networks to galvanize community efforts to prevent the unnecessary separation of children.

> *… Ideally this project was supposed to be implemented in Jinja, Wakiso, and Kampala and even the sensitizations were conducted there. But if you look at our resettlement database you find that most of the children we have resettled come from Mbale, Sironko; the Far East. Even the western, do you know that many children are coming from the west? Meaning there is a problem there… because in areas like Wakiso where we have conducted community sensitizations, we have hardly placed/resettled any children there* (SB project implementation staff).

> *Yes, the sensitizations addressed a wrong population. Ideally we would have gone to the CCIs, analyze the data for all the children in the CCIs and we map out those locations that send children to CCIs and then target the sensitization to those localities… Actually I wish also if phase two can do that* (SB project implementation Staff).

4.1.2 Preventing Separation of Children from their Families

Child's i Foundation was responsible for this result area. The Uganda National Alternative Care Framework in line with national laws and the United Nations Convention on the Rights of the Child state that the best environment for a child to develop their full potential is in a family or community setting. However, some families are not able to provide adequate care for their children. Thus timely and adequate support to such families is therefore crucial for preventing the unnecessary separation and placement of the child into formal care. One way to prevent the unnecessary separation of children in formal care from their families is to establish gatekeeping measures at child care institution level.

Under the SB project, gatekeeping interventions involved providing targeted support to families of children referred to Malaika Babies Home (MBH). The children were then linked to appropriate services and care arrangements with the aim of limiting the possibility of surrendering the affected children to residential institutional care. The Alternative Care Framework points out that poverty per se should not be a reason for placing children in institutional care. However the SB baseline study indicated that a disproportional number of children are placed in institutional care due to poverty (Walakira et al, 2014). Support to such families with children at-risk of separation included direct assistance in form of food, medical support, parenting skills training, and home-visiting services by a dedicated team of social workers to provide parenting support, advice and information. Through these interventions the project prevented the institutionalization of 78 children that had been referred to Malaika Babies Home (MBH) for institutional placement.

> *We provide ongoing support during and after the process of children returning to family care.*
>
> *We were providing medical, nutritional and other support to vulnerable households to prevent family disruptions, benefiting children that would have otherwise had to be institutionalised* (SB project implementation Staff).

4.1.3 Lessons learned

One of the greatest push factors to placing children into CCI's is poverty. For future programming one of the key components needs to be specialized in livelihoods strengthening for the most at risk families (destitute and struggling) to particularly improve the economic status of the families to enable them meet children's basic needs and improve the general welfare of the family members. This stands a better chance to prevent families from taking their children to CCIs.

4.2 Improving Care Practices in Child Care Institutions

Objective 2: To improve care practices in 20 selected child care institutions in Wakiso, Jinja and Kampala using evidence based practice and the existing Children Approved Home Rules, 2013 and increase the placement of children living in CCI's into nurturing families

Table 3: Project achievements- Objective 2

Indicators	Target	Achieved	Comments
# of bespoke trainings for CCIs on prevention	20	20	
Children reintegrated from government CCI	200	95	
Children reintegrated from private Child Care Institutions *	No specific target	96	
# of CCIs demonstrating active gate keeping	18	3	See Annex B

* Captures data from supported private CCIs for the period between January and December, 2015.

4.2.1 Building capacity of private childcare institutions

Child's i Foundation was responsible for building the capacity of private child care institutions to improve social work practice and promote family based care. Within this result area, project interventions aimed to build the capacity of 18 private child care institutions to adhere to minimum standards of care as prescribed in the Children (Approved Homes) Regulation 2013. Capacity building for the CCIs involved: (i) bespoke-trainings for the selected CCIs on gatekeeping, reintegration of children in family care, (ii) providing on-going support to CCIs on prevention, (iii) shadowing session for social workers from selected CCIs, and (iv) support to CCIs to establish a case management system. Each participating CCI was required to sign a memorandum of understanding (MoU) with CiF. In addition, a practice improvement plan was developed for each CCI, based on a detailed assessment by the Child's i Foundation social work team.

Overall, 20 bespoke training workshops were conducted by the CiF Training and Development (T&D) team over the course of the project. The trainings targeted Social workers and CCIs administrators from 17 private CCIs (out of the planned 18) to strengthen their capacity to undertake adequate gate keeping and to prioritise family care. The trainings covered a range of aspects relating to case management, gatekeeping, and deinstitutionalization, alternatives to institutionalization, tracing and resettlement, prevention and safe-guarding (focusing on prevention children from getting into the CCIs), principles and guidelines relating to national and international alternative care, as described in the UNGAC and the National Alternative Care Framework. During the trainings, it was emphasized that the child care institutions should to aim to provide temporary, rehabilitative and short-term transitional care.

In addition, CCIs were supported through ongoing social work support and mentoring, based on individual practice improvement plans. The plans were jointly developed by the project team and the respective child care institutions. The process involved CiF staff providing hands-on support to 37 Social Workers of 16 private CCIs[3]. The support and mentoring included i) review admission and exit policies, ii) review of documentation, iii) care planning for every child, iv) family tracing and reintegration, v) family group conferencing and post placement support.

Further, shadowing sessions were organized at MBH to promote practice-based learning for social workers from child care institutions. As part of the SB project, CiF provided shadowing at the Social Work Centre of Excellence for social workers from selected child care institutions to improve their practice across prevention, short term residential care, tracing and reintegration, domestic adoption and foster care. Nineteen (19) social workers from 10 childcare institutions benefitted from this individualized practical training including social work core skills in care planning, assessment and monitoring and safeguarding. A mid-term review of the project was undertaken to inform the further development of the training and bespoke plans were developed to ensure that specific needs of CCI's were met. It was agreed by the team to focus on the CCI's that were committed to complete transformation.

[3] 16 out of 18 private CCIs were actively involved in the project.

4.2.2 Achievements

The project to some extent succeeded in changing hearts and minds of staff in CCIs. Evaluation findings indicate that as a result of the different capacity building initiatives, a number of CCIs embraced the ideas for care reform and improved their social work practice. With the capcity building support, they were able to comply with the Approved Homes Rules (2013) and the National Alternative Care framework. Some CCIs such as Reedemer House in Jinja district were remarkably transformed. This was reflected in the improvements in care planning, child record Keeping, gatekeeping (see Annex B), and increased efforts to place children in family care. In addition, as a result of the on-going training and mentoring, several CCIs started involving the Probation and Social Welfare Officers (PSWO) in decision making in relation to admission of children to the child care instituions. This was to ensure that children were appropriately admitted into care and to avoid unnecessary placement of children in institutional care. Some organisations took active steps to reintegrate children in care with their families with support from training and development team at CiF. For example, in 2015 alone- about 70 children were reintegrated with their families from the 18 private child care institutions.

> *The project has contributed to a "shift in mindset" of CCI administrators, social workers in favor of de-institutionalszation. Some of the CCIs are taking efforts to reintegrate children in their care with families, by carrying out family tracing, child and family assessments, and placements* (SB project implementation Staff).

> *I think there is a number of CCIs that have improved their practices. Ty Cariad is a good example; I think they have improved a lot. They have started resettling children, they have set up transition facilities. So I think there has been some good achievements, and some other CCIs have still improved. The only question remains whether or not in December when the program ends, what will institutions do. Will they continue these practices without the support of the program or will they go back to their former practices?* (SB project implementation staff)

> *A number of CCIs have improved in their practices through the capacity building CCIs have seen the need to resettle children, some of the child care institutions are closing, others are transforming. A good example is care4kids that through the trainings mentorship and support has decided to close down their orphanage and transform into a vocational institute* (SB project implementation staff)

Nonetheless, and as reflected in the above quotation, there are concerns whether the transformation of the CCI will be sustainable and will continue after the end of the SB project. There is fear that at the end of the project, some children's homes will relapse. In addition, some CCIs were less inclined to reintegrate children with their families or place them in alternative family care. This resistance is largely related to the fear of losing funding and/or employment and there is a vested interest in maintaining the status quo. The key lesson to learn here is that transformation of CCI's cannot sustainably be led by CCI's –agencies that lack government power. It has to be led by a government institution which ha power to enforce compliance with existing AC guidelines.

Case Story 1 - A Journey of transformation of a Child Care Institution:

Redeemer house is located in Jinja, Eastern Uganda. At the time of recruitment into the SB project, it was earmarked for closure due to poor childcare standards. However due to the impact of the Strong Beginnings Project, amazing transformation started to take place. "We have witnessed incredible changes happening at Redeemer House such as reintegration of children into the community, active gate-keeping through the involvement of the Probation Officer, improvement in documentation and record keeping and 'general face lift' of their facility" (Social Worker, MBH). Redeemer house is now in the process of becoming a community and foster care organisation, as opposed to a residential care facility. The Home Care manager pointed out that the institution has made the decision to transition into a community based organization due to the following reasons: "Family is important, we have realised that children achieve their milestones faster while in the family setting compared to an institution; families offer an opportunity for children to know their culture and create relationships with relatives; it is cheaper to run a community based organisation compared to an institution, hence they will be able to reach more children". "Thanks to the Child's i Foundation, for having encouraged us to take up this new step with courage. We feel strong, confident and feel ready to venture into the new program, with God's help and your assistance we shall make it". In conclusion, the Strong Beginnings project is having impact on the lives of children and privately owned child care institutions as evidenced in the change of attitudes, practice, and growth in skills among the social workers and other relevant staff members.

Watch a video of the transformation: https://www.youtube.com/watch?v=AL-uAha0ELI

4.2.3 Challenges experienced

Under this intervention two major challenges were encountered. First, it was a daunting challenge to convince childcare institutions to engage in the capacity building initiative of the project. The perception among most CCIs was that the whole process of identifying and engaging CCIs was part of a larger strategy to close these institutions, and hence the hesitation to join:

> *Another challenge, particularly for CIF has been identifying 18 CCIs willing to participate in the project, and commit themselves to deinstitutionalize and place more children into family based care. This has been a major challenge. Only about 53 have signed MOU's. I think going forward; Terre des Hommes Netherlands will find this an important learning experience, as part of this pilot project. This is not just a learning experience for Uganda, but the whole world needs to know that CCIs need a lot of support and encouragement and technical support to build their capacity to safely resettle children. There are very few CCIs expressing an interest to deinstitutionalize; despite existence of over 300 CCIs in the project districts. This is a powerful message that we should document as part of our implementation experience. This has implications for future programming. It means we have to be more aggressive, and explore all possible mechanisms to ensure CCIs resettle children in their care. There is also need for more publicity and advocacy around issues of alternative care institute* (SB project implementation Staff)

The second challenge was high staff attrition in childcare institutions attending training programs especially attrition of social workers who participated in training programs. This has major implications for the approach and strategy aiming to "transform" CCI's in the short and long term. It affects the capacity of CCIs to initiate and/or sustain "transformation" (structural and functional standards) in care practices after the project ends. In some cases, social workers moved onto better professional opportunities but in other cases they clashed with the leadership of CCI's who had not attended the training and remained

committed to institutional care and had no understanding of the unintended harmful consequences of their actions. See case study 2 below.

Case Story 2 – Power of personal experiences

One of the institutions that participated in the SB project was referred to the MGLSD assessment team. The institution only admits children under 5 years' old who are abandoned and does not accept any children who have living relatives. The SB team worked with the project director and the social worker but the project director refused to sign the Memorandum of Understanding nor attend the training or place children available for adoption with Ugandan families who had been approved by the National Panel. After 12 months of resistance the SB team called a meeting with the management team to decide on a way forward and if they continued to be resistant to exclude them from the program and redirect the resources to CCI's who wanted to change.

The project director explained to the team that she had not been bought up in her biological family and had a bad experience of being treated differently by the family she was placed with. As a result, she believed the best place for children was to be placed with international families as she believed that Ugandan families could subject the children to the same experiences as her. The SB team explained the importance of social work and assessing risk so children placed into families were adequately assessed and monitored and the CCI Social work begged her to stay on the SB program. She refused to change her mind and the next day she fired her project social worker.

The third challenge was persuading families and communities to take back their children for fear that their children would no longer be provided with education if they took them back. A successful intervention was initiated by CiF with Rafiki outlined in the case study 3 below:

Case Story 3 – Peer to peer engagement

Parents from Care 4 Kids listening to the testimonials of parents who had taken their children back from Rafiki CCI.

CARE4KIDS and RAFIKI

One of the biggest barriers to placing children back into their families was persuading parents to take their children back and allaying their fears that the CCI would stop supporting their child's educational needs. Child's i Foundation engaged Rafiki Ministires, a CCI in the SB project that had successfully resettled children back into families. The families from Rafiki that had taken their children back were keen to share their experiences with other families who had placed their kids in Care4Kids CCI to encourage them to take their children back. The donor from Care4Kids came over from Australia to assure parents that if they took their children back Care4Kids would continue to support them with child sponsorship for education and medical costs.

A video of the day was produced and can be watched here: https://www.youtube.com/watch?v=0RPAvbfQ21Q

4.2.4 Lessons Learned and Way Forward

- The foreign donors i.e. Faith Based organizations (FBOs) and individual who financially support many of the private f CCIs play a key role in influencing decisions around programs in the respective CCIs that they support. They were also critical in influencing decisions relating the CCIs participation in the interventions under the SB Project.
- The funding base of CCIs plays a key role in whether or not the CCIs embrace the alternative care. Many foreign donors continue to provide funding to institutions instead of family based care, without always verifying if the children they support are in need of institutionalization. This could be due to ignorance or even due to how the CCIs communication with their donors is shaped. There is therefore need to sensitize foreign donors about the disadvantages of institutionalization and the advantages of alternative care—preferably, through the CCIs involved.
- Transformation of CCIs should not be led by CCIs but it should be driven by Government policy and a National Action Plan on Alternative Care with support from civil society organizations.
- There should be a comprehensive engagement plan targeting those who resist as well as, most importantly, those agencies that are more likely to embrace the new model of family based care. Reaching out to CCI management, Boards, donors and social workers alongside families, children and the wider community could be prioritised. The Government should be leading this initiative.
- Donors play a critical role in initiating transition from institutional care to family and community based care. Without their 'buy in' limited progress will be made.
- A moratorium on placing new children in institutions should be implemented gradually in conjunction with gate keeping.
- Placing children in institutions under the age of 3 should be made illegal and they should only be placed in foster care.
- Funding to institutional care should be regulated and transparent. There should be active engagement with the Ministry of Internal Affairs to ensure that all new NGO's understand the Government policy and guidelines

- To do the DI safely, it requires a lot of time and expertise to safely reintegrate children. The SB project was 18 months and most of the resettlement occurred in the last 12 months and the project needed to be longer to ensure that children placed into families continued to thrive.

4.3 Reintegration of children from government child care institutions into family care

ANPPCAN was responsible for delivering this result area. Interventions centered on safely and sustainably reintegrating children into family care from two government child care institutions namely; Kampiringisa National Rehabilitation Centre (KNRC) and Naguru Reception Centre (NRC). **Overall, 95 children were reintegrated with their families in 41 districts over the course of the project; 51 from KNRC**. The mean age of the children reintegrated was 12.8 years. Thirty eight (38) children were reintegrated with their biological parents, while the rest were reintegrated with other family relatives (grandmother, aunt, uncle etc). The children had spent between 1 month and nearly 3 years living in the child care institution before reintegration.

Table 4: Children reintegrated from Government CCIs, by age and gender

Age Bracket	Female	Male	Total
Average Age	12.2	12.9	12.6
4-6 years	2	5	7
7-10 Years	6	12	18
11-14 Years	6	28	34
15-17 Years	5	31	36
Total	19	59	95

The process of re-integration entailed working closely with social workers in the two CCIs to conduct family tracing, assessment and preparing the children, family members and community for reintegration, placement of children and follow-up and family support. Preparing the child for placement involved counselling the child to ensure that they are still positive about returning home. Preparation for the reintegration lasted between 0 day and 1.2 months for each child; which is relatively short, especially in comparison to other countries that have undertaken deinstitutionalization.

To ensure effective reintegration, each child was given a reintegration package, including clothes, shoes, and beddings (mattress, blanket and bed sheet). The package was tailored to fit the home situation; based on the assessments conducted during the pre-resettlement visits. In addition, families deemed unable to support the child (based on assessments results using Vulnerability index tool done during the family assessment phase) were supported with an income generating activity (IGA) to enhance their capacity to protect and care for children. **A total of 76 households were supported to establish income generating activities (IGAs) –ranging from piggery and goat rearing. They were supported to establish market stalls or grocery shops.** Children also received post-placement support, including: (i) counseling and guidance, (ii) ensuring that those able and interested in continuing their education are placed in a

school, preferably a government school, (iii) provision of scholastic materials, (iv) and support with apprenticeship training using local artisans, for those who could not join formal school.

> *IGAs provided ranged from goats, piggery, small informal business such as selling food stuff, charcoal, second hand clothes, and retail trade.*

Table 5: Indicators on Reintegration of Children in Family Care

Indicator	End of Project Target	Achieved
# of children re-integrated into family care (from Government CCIs)	200	95
# of families who received IGAs	100	76
# of households with vulnerability index score	200	120
# of households with reduced vulnerability index score	100	52
Services provided		
#of children who received resettlement package (mattress, bed sheets etc)	-	57
#of children who received education support	200	87
# of children who received medical examination and treatment	200	110
# of children who received psychosocial support (PSS)	200	127

4.3.1 Guardian and Child Experience of the Reintegration Process

Data about the reintegration process was collected from guardians and children who participated in the quantitative survey. In the sections that follow, both perspectives are presented. In many cases, but not all, guardians and children were asked the same questions about reintegration.

Preparation for Reintegration

Results showed that many of the children (92%, n=30) received a session with social workers based at the CCI or from outside of the CCI to discuss the possibility of reintegration. On average, children participated in one session, though some children could not remember the exact number of meetings. During the sessions children were informed about the possible return to their parent/guardians, requested for contact details of caretaker/parent and asked about their concerns, expectations, and fears prior to reintegration.

Children were also asked to estimate the duration of the preparation period; from the time they began preparing to move out of the orphanage to the time that they arrived at their initial placement home. They could answer in days, weeks, or months, and all responses were converted to days for analysis (assuming 30 days per month on average). The duration of the preparation period varied greatly, ranging from 0 days to 1.2 months. Some children claimed to have learnt of their placement with respective families on the same day or just a few hours before being asked to board a car to be taken home. The children indicated being extremely worried given the short time for organizing their belongings and being prepared psychologically. This though was not a common occurrence.

In addition, less than half of the caregivers/guardians received counseling or guidance from a social worker about how to address child behavioral issues (46%) and how to build a relationship with the re-integrated child (36%). While most who received this guidance reported that it was adequate (68%), there were notable proportions of guardians who did not find the counseling to be adequate. In addition, a significant number of caregivers/guardians (20 out of 95) had their first contact with the social worker to discuss the possibility of reintegration, through a phone call, on the same day the child was taken for placement in the family. This is contrary to standard reintegration procedures, and this was identified as one of the causes of reintegration failure, as discussed in the section of limitations.

4.3.2 Expectations, hopes and fears about reintegration

Children's feelings about going home

Children's feelings about going home were mixed. While a considerable number of children wanted to be with parents or extended family, the majority expressed grave concerns and fears regarding their guardians'/caregivers' capacity to meet their basic needs. Most notable of these were the concerns to continue receiving support for their education i.e. re-enrolling in schools; fear of fitting back into the school —the ability to do the school work and the fear of being teased or maltreated by students and teachers; violence at home— mostly perpetuated by members within their families, and having to carry out household chores. Evaluation findings indicate that many of these concerns were addressed as part of the pre-and post-placement support to children and their families who were reached before resettlement. For example, a number of children were supported to rejoin school or attend apprenticeship training.

Caregivers' feelings about children coming home

While most caregivers/guardians were positive about reunification with their children, a considerable number had reservations and seemed quite ambivalent. For many of these, the main emotion expressed was worry: worried about their capacity to meet the basic needs of the children (especially those that had many other children under their care), worried about the child's 'bad behaviors', and worried about how the society will receive their child, and how the child will reintegrate. These therefore consented to their children returning home reluctantly. In addition, most caregivers felt they needed further support, largely to cope with everyday expenses such as food and clothing for the children.

4.3.3 Children's experiences following reintegration

Children's experiences following reintegration are diverse and mixed. Many children expressed joy for having been "returned to family" and were happier living at home compared to living in the childcare institutions. A key factor was being close or closer to family, in particular receiving maternal love and being able to spend time with siblings, and these bonds seemed to have grown stronger since returning home. The children also felt that their parents were working hard to help them adjust and fit in the family.

At home I am happier since I can be with my siblings and parents. No matter how poor we are, it is always better to stay at home (Interview with 14-year-old Girl, Mbale district).

Nonetheless, for a considerable number of children the transition to their new family was not always easy—and evidenced by the high rate of reintegration failure. Evaluation findings indicate that 23 children of the 95 children (24%) resettled had left their families 1- 2 months after resettlement. The whereabouts could not easily be verified; but reportedly, some had returned to the streets. Several other children who did not seem particularly happy at home tended to say less positive things about their relationships with family members and were more likely to speak (express discomfort) about having to carry out household chores.

4.3.4 Challenges relating to reintegration of institutionalized children with their families

Reintegration is a very complex process and needs to be implemented to serve the best interest of the child. Evaluation findings reveal a number of challenges encountered during the reintegration; particularly relating to children who are less inclined to go 'home', the costs of tracing and monitoring children and families post reunification, and willingness and parenting capacity of families:

Some children are not willing to go home

Evaluation findings indicate that a number of children were not willing to be re-united with their families. Some among these children perceived life in the institutions to be better than life at home, or feared that returning home would expose them to violence. In fact, some of them often offered misleading information—to ensure that their families are never traced.

Some children are not willing to go back home. Even if we feel that we have sufficiently prepared them for resettlement with their family, some decline to go back (SB project implementation Staff)

*…On the other hand some of the older children manifested fear about confronting life outside the institution, and they too were unwilling to offer details about their identification or intentionally providing misleading or limited information (e.g. giving nicknames of family members) (*SB project implementation Staff)

Yes, many children don't want to go. Actually some of them will tell you they rather stay in the CCIs than going home. Okay, the reason being that some of them [fear that] their parents are too harsh on them, they beat them a lot; but some of them it's because of the poverty levels. Probably they have been in Kampiringisa and there is electricity, they are feeding well because the government tries to feed them really well. And these CCIs have been renovated and they have beds and that make children detest going home. And then the other reason is the peer pressure, the children will kind of influence each other to not go home. And when these children are in Kampiringisa they have freedom, they are free to go outside the center. And so this makes them to feel the CCIs are better, but that is to mainly children who are older like 16 years and above like in Kampiringisa. But for Naguru, they have young children and for those ones when you take them home they will have no problem (SB project implementation Staff)

Parents unwilling to have children back home:

In addition, some parents are not willing to accept their children or are less receptive. This was evident in the excerpt of one mother in Gayaza Wakiso district whose biological daughter was reunited with her as elaborated below:

> "*Sincerely, I felt bad and did not want her back here. She was a terrible thief, and engaged in early sex with older men. Even now, I just want her to be taken back, and maybe she just visits once in a while. Even before being returned I wanted her to stay longer in the institution because she is difficult to change*" (Biological Mother, in Gayaza).

In some cases, family were traced but parents were dead and the only available family members were too old, ill, or lacking parenting capacity to adequately meet children's needs.

Other challenges

Other challenges were inadequate financial resources to carry out a full scale reintegration process and the difficulties experienced in identifying institutionalized children's familial origins.

4.3.5 Limitations

Insufficient follow-up of reintegrated children: The reintegration of institutionalized children is a high-risk process that requires systematic monitoring. Monitoring is the key to sustaining the quality of placement, including ensuring the safety and wellbeing of children placed in family care. However, evaluation findings revealed that children reintegrated with their families (from government facilities) were inadequately followed up to facilitate transition to life in a family environment. There was inadequate effort committed to ensure that the placement was still in their best interests of the child, and monitoring the sustainability of income generating activities given to families. Discussions with ANPPCAN staff reveal that each child was at least followed up once over the course of the project. However, it appears there was no clear plan for post-placement follow up of children reintegrated with their families and insufficient resources were allocated for this at the design stage of the project. Consequently, several cases of reintegration failure were reported.

The lack of systematic follow up was exacerbated by the lack of clearly defined standard operating procedures to guide the process for reintegration, including guidance on the timing, procedures for post-placement monitoring and follow-up support and the minimum acceptable follow-up for each reintegration case. In addition, it is apparent the project did not make any provisions for emergencies, mismatches or situations that go awry after family reintegration.

> *I don't think that some of the children that were resettled from Naguru were followed up as expected. Some of the children from Naguru reception center reunified with their families, the quality of follow up was not as expected. And that was because there were challenges with monitoring and checking up with these kids. And even in some of the follow ups we discovered*

that a number of these kids came back from their families. So I think there were some challenges experienced (Key informant, National Level).

Ideally, children should have been followed up at least after every 3 months for up to a year. Reintegration cases are the most complicated and the consequences of unsuccessful reintegration are particularly dramatic. Children who have lived in institutions for a long time tend to have behavioural problems, and the relation with parents becomes difficult to handle… (Key informant, National Level).

In addition, there was no evidence to suggest that household economic strengthening measures were systematically matched with households' needs to prevent unnecessary separation and to support effective reintegration.

4.3.6 Lessons Learned and Way Forward

- Time. There needs to be ample time allocated to engage children, help them understand the options available and help them make decisions about their future. Children's participation in the decision making process is a key success factor for their successful transition into families.
- Preparation for transition needs to target expectations, fears, and concerns and also help children to maintain positive contacts and relationships with peers and adults from the CCI. Preparation should involve family visits to the institutions and children visits to families and should allow sufficient time to rebuild relationships.
- Understanding the circumstances of separation is critical to develop strong transition plans for children and families and ensure any child protection concerns are identified, addressed and decisions are made in the best interest of the child. If reintegration is not possible with biological families, children should be provided care in alternative families, after doing careful assessments and planning for re-integration.
- Post-reintegration activities are important to ensure that children stay in the families where they have been resettled. It is also important that pre-resettlement activities are done correctly to ensure that children do not escape from families when they have been resettled.
- There was very limited funding allocated in the budget to cover the cost of social work visits during family assessment, encouraging contact with child, pre-reintegration visits, reintegration and follow up visits. This was a challenge for implementation.

4.4 Strengthening the national alternative care systems

Objective 3: To strengthen the national Alternative Care systems capacity to monitor standards of practice

ACI was responsible for delivering this objective. This objective focused on strengthening the capacity of the MGLSD to monitor institutions and effectively implement the National Alternative Care Framework. Activities under this objective centered on: establishment of the Alternative Care Implementation Unit, assessment and follow up of Child Care Institutions, creation of a CCIs database and transitioning the Alternative Care Panel (ACP) from CiF to the MGLSD.

Table 6: Project achievements- Objective 3

Indicators	Target	Achieved	Comments
Number of CCI assessments completed using the Children (Approved Home) Regulations Assessment Toolkit	113	103	
Number of CCIs with completed action plans based on assessment results	113	85	
# of CCIs attending feedback meetings	113	84	
Number of CCIs followed up, based on action plans drawn following assessment using the Assessment Toolkit	113	56	
Transition of AC panel from CIF to MGLSD	Status	AC panel is functional.	The panel comprises of 11 members. AC panel guidelines were developed and approved
Number of AC Panel meetings hosted by the alternative care implementation unit (ACIU)	18	10	
Number of panel trainings	2	0	

4.4.1 Establishing an Alternative Care Implementation Unit in the MGLSD

Under this result area, the project supported the establishment of an Alternative Care Implementation Unit (ACIU) within the Ministry of Gender Labour and Social Development. This resulted into the operationalisation and institutionalisation of processes that underpin the National Alternative Care Framework within the Ministry of Gender Labour and Social Development. The MGLSD allocated one focal person and 4 staff to manage and oversee the functions of the ACIU. The staff have previous experience as Probation and Social Welfare Officers and expertise in Alternative care, partly courtesy of the Strong Beginnings project.

The ACIU is currently the main MGLSD structure that responds and guides all aspects of policy and programming around Alternative Care. Beyond the project, the unit will continue to play a central role in the implementation of the National Action Plan for Alternative Care (2015-2020), including the enforcement of the Approved Homes Rules (2013), country wide assessment of all existing CCI's and approval, promoting awareness of alternative care options, and advocacy towards promotion of government commitment towards deinstitutionalisation of children.

The unit however needs further technical human and financial support to continue with and to effectively fulfill its mandate. At the time of the evaluation, there was no indication that the MGLSD would allocate financial resources to enable the unit continue run some of the activities supported under the Strong Beginnings Project. There were also concerns about the attrition of staff and/or transfer of staff to other units within the MGLSD. These concerns are illustrated in the excerpts below:

The issue will be finances. I was thinking that by now we shall have funds coming in from the line Ministry [the MGLSD]. But this has not happened and that is my worry. The will is there but I have not seen any cash coming in. The project is addressing only three districts, how about other districts? That is a major concern and if no funding comes to the unit we shall go back to the original situation of… for example no assessment like for five months and no follow up visits... I see a nasty trend where there are no funds to facilitate the component of assessment. Identification of resources to ensure continuity and sustainability was not given a priority (SB project implementation Staff)

The staff need additional training to further understand what alternative care is about. Sometime we find ourselves sending different messages within the unit so the training will help the team to deliver content even when you are not there. (SB project implementation Staff)

4.4.2 Assessment and follow-up of Child Care Institutions

Under this result area, the project supported the assessment and the follow up of the CCI's in the three districts. This was in line with the Approved Homes Rules (2013). Assessment of the CCI's was carried out by an assessment team consisting of the Probation and Social Welfare Officer (PSWO) of the district where the institution is located, a district official, an official from the MGLSD, a police officer In Charge Child and Family Protection and a coordinator from Strong Beginnings.

103 of the planned 113 assessments were conducted over the course of the project—using the Children (Approved Home) Regulations Assessment Toolkit developed by the MGLSD. CCIs were individually assessed across 8 areas: governance & management, financial management, child care provisions, record keeping, resettlement and care planning, post placement support, human resources and inspections and reporting. For each CCI, assessment results were discussed and the team collectively agreed on the score and made recommendations.

Seven feedback sessions were organised with the respective CCIs to deliver results from the assessments and the recommended actions in a participatory manner. Over 92 managers from 58 CCIs participated in the feedback meetings. They were able to appreciate the assessment results and the recommendations.

Overall, the team recommended the immediate closure or closure after 3 months of 23 child care institutions out of the 103 assessed. For the rest of the CCIs, the team recommended various improvements to ensure compliance with Approved Homes Rules (2013). Recommendations ranged from strengthening their social work capacity to work with children and families and reintegrate children to improving documentation and child care facilities as illustrated in the excerpt below:

Some of the recommendations were for the CCIs to strengthen their social work capacity to work with children and families, and to reintegrate children back into their communities. Other recommendations may include improving governance, financial transparency, child care facilities, nutrition, education or parental access (SB project implementation Staff)

Within an agreed time frame (typically, 3 months), follow-up visits were conducted to the different CCIs, by the team from the Alternative Care Implementation unit (ACIU), to monitor the implementation of and compliance with the recommended actions. Evaluation findings indicate that at least 56 CCIs were followed-up, based on action plans drawn following assessment using the Assessment Toolkit.

> *The ACIU within 4 weeks invites the orphanage to a feedback session to deliver results from the assessments and will also be given in writing. The Unit follows up on the orphanage after 3 months to ensure compliance with their recommendations* (SB project implementation Staff)

> *After the assessment, we have action plans that are derived from the assessment. We discuss the results internally in the presence of Assistant Commissioner and we involve the OVC Unit because we are all stake holders and, there we develop a recommendation list together with the District Probation officer. Later we invite the respective CCIs that are involved in this assessment and we give them their results slide by slide so each will have action list and there after we give them three months to improve. Our expectation is that by the end of three months, there should be some progress and after three months follow up visits take place and we compare the results of the previous visit to the current visit. However, there is a gap, we realized we need a follow up guide (a tool for follow up) but we do not have one. We base merely on action plan and CCIs tell us what they have done, for example after six months they tell you they have managed to resettle one child which is good enough because they could have prolonged the stay of this child (*SB Project Partner organisation staff)

Evaluation findings indicate that as a result of the assessment and follow-up, a number CCI too some steps to transform their social work practice to comply with the Approved Homes Rules (2013). However much work stills needed to be done to ensure that the CCIs completely transition from institutional to family and community-based care and undertake prevention measures- rather than just making cosmetic improvements to the existing infrastructure.

> *As a result of the assessment and follow-up, some CCIs are embracing and adhering to Approved Homes Rules (2013). Some CCIs have started on the process of reintegrating children in family care… and several others are initiating community based childcare and community development program as alternative approach, that is … they have resorted to supporting children from their families, other than supporting them in institutions* (SB project implementation Staff)

Evaluation finding further indicated that by the end of September 2015, 8 CCIs out the 23 recommended for closure had self-closed.

> *… 23 children's homes were earmarked for closure. Many of the homes were not good for children's habitation. Those that had been recommended for closure, by the end of September, eight of them had self-closed; because of the pressure from the assessment. The facilities are either no longer operational or they have turned facilities into schools and in some places they have turned the facility into a day care centre* (SB project implementation Staff)

4.4.3 Limitations and Challenges

While the assessment and follow up of child care institutions represents an important step in monitoring standards of CCIs, there are several short-comings that will need to be addressed when going to scale:

Failure to act on the recommendations of the national CCI assessment team

Evaluation findings indicate that the effectiveness of the assessments was affected by lack of specific-follow up action, especially for CCI's which did not meet the minimum care standards and were earmarked for closure. None of the institutions recommended for closure were actually closed by Government because: … [Neither government nor] *the project had allocated any resources [to attend to children's re-integration needs] following closure … no resources had been planned for this purpose.* Nonetheless, the project supported the development of draft CCI closure guidelines to provide guidance to streamline the closure process of CCI's that do not meet the minimum standards in a manner that ensures that the best interests of children are taken into consideration and that no further harm is caused during closure. This evaluation recommends that these guidelines are used in a pilot closure by the MGLSD ACIU to ensure that the closures are conducted in the best interest of the child.

No follow-up mechanisms to sufficiently monitor children in CCIs that self-closed.

The decision to transition a child from a CCI into a family placement is a delicate transition that needs careful planning and support. Some efforts were made by the project to follow up some of the children in CCIs that had self-closed. For example, efforts were made by the ACIU to follow up the 24 children, from Live it Up, a CCI in Wakiso which self-closed. However, neither the project nor the MGLSD had the resources to meet the post-placement support needs of the children, including education concerns. This posed a risk of placement failure and enormous child protection risks if closures were effected without resources and careful planning.

CCI Database was incomplete and not updated

A database to collate information on CCI's that had been assessed was developed as part of the SB project. The database was expected to be used by the ACIU to store all information on CCIs assessed during the project and future CCI assessments. However, at the time of the evaluation, very little data from the assessments had been entered into the database. In addition, there were no apparent efforts to institutionalize the use of the database in the MGLSD. Systematic efforts will be required to ensure that the data is linked to the national OVC MIS.

The Assessment toolkit was too detailed and bulky

The Assessment toolkit was perceived by key stakeholders using the tool to be too detailed and hard to use. On average, a CCI assessment took four hours to complete/assess one CCI. The tool was sometimes interpreted differently and lacks indicators to identify special needs. It is recommended that the assessment toolkit is revised to enhance its usability and ability to generate objective information.

4.4.4 Lessons Learned and Way Forward

- There is need to ensure the MGLSD gives consistent and emphatic messages on the importance of de-institutionalization, at every opportunity of communication and interaction with CCIs.
- District Probation and Social Welfare Officer (DPSWO) have a critical role to play in the implementation of the Alternative care framework. Therefore, the DPSWO and CDO need to be oriented on the AC framework and their roles in relation to the implementation of the framework.
- Revision of the Probation and Social Welfare Officer handbook to include the statutory duties of a PSWO in respect to the Alternative Care Framework.
- There is need to support existing government structures to carry out their statutory responsibilities for overseeing the care of children in alternative care in line with the Alternative Care Framework.
- Follow-up of CCI after initial assessment is critical to ensure compliance with the Approved Homes Rules (2013) and National Alternative Care Framework.
- There has to be comprehensive closures guidelines with enough resources to ensure the safety and protection of the children.

4.4.5 Establishment of a MGLSD-led Alternative Care Panel

The SB project supported the establishment of the Alternative Care Panel which was run by CIF to the Ministry of Gender Labour and Social Development. The Panel is organized by the ACIU. This multi-disciplinary panel comprises of 11 professionals consisting of social workers, PSWO's, adoptive parents, Police and Child Protection Unit, lawyers and ACIU representative who assess the suitability of potential adoptive or foster parents to determine if the parents can adequately provide for needy and vulnerable children, with the ultimate goal of keeping children out of institutional care and into family-based care.

The Ministry of Gender, Labour and Social Development, Uganda police, KCCA and CSOs are all represented on the panel. Alternative Care Panel guidelines were developed to provide guidance on the composition of the panel and what to handle and what not to handle.

> *The AC panel, usually chaired by the Assistant Commissioner Children and Youth, is responsible for making approval decisions about prospective foster care and adoptive parents through a coordinated and regulated process. The panel meets on a monthly basis to review recommendations presented by social workers and make final decisions on every particular case. This way, the panel plays a key role in ensuring that the decision-making on each case serves the best interests of the child* (Key Informant, National Level)

With support from SB project, 10 panel meeting out of the planned 18 were conducted. Table 7 indicates the total number of families and child cases that were reviewed during the 10 meetings. Results indicate that 63% of prospective foster and adoptive families presented at the panel were approved

Table 7: Functionality of the Alternative Care Panel

Total number of families presented /reviewed by ACP	27
# of foster/adoption families reviewed by the ACP- Approved	17
# of foster/adoption families reviewed by the ACP- Deferred	6
Total number of child cases reviewed by ACP	26
# of child cases reviewed by the ACP- Approved	22
# of child cases reviewed by the ACP- Deferred	4

Overall, the transitioning of the AC panel to the MGLSD represents a significant step in efforts to improve gatekeeping and decision making relating to alternative family care for children who cannot be reintegrated back to their families and communities. However, more needs to be done to sensitize the public about the existence and importance of the AC panel; which largely remains unknown to many. In addition, guided by best practices and lessons learnt from the Alternative Care Panel at MGLSD, there is a need to support a phased rolling out of districts Alternative Care Panel in line with the National Alternative Care Framework.

4.4.6 Challenges and Way Forward

In 2015, CiF conducted a Panel reflection day with all panel members. The aim of the day was to review the performance of the panel, define the guiding principles and the panel's roles and responsibilities and consideration of the challenges being faced and decide on a way forward to be more effective and efficient. An overview of the feedback is listed below:

- A number of training needs were identified including: training on the continuum of care, legal framework in relation to children and the interpretation of the law, communication skills and decision making in the best interests of the child,
- It was also identified that one of the key challenges was the lack of awareness of the Panel. Suggestions were made to develop a comprehensive communication strategy on ACF, design brochures and IEC materials about the Alternative Care Panel, raise awareness of the process of national adoption and the Panel on Ugandans Adopt to the general public.
- One challenge faced by SB was there were more Ugandan adoptive parents being approved than children who were available for adoption. CCI's were resistant to presenting children available for adoption to Panel to be matched with adoptive parents which culminated in a waiting list of Ugandan parents. Some waited for up to 24 months for a child like
- The MGLSD needs to take leadership to ensure that all CCI's present children available for domestic adoption to the Panel to be matched with approved adoptive parents. A central database of children available for adoption and parents approved should be coordinated by an adoption desk in the ACIU
- There needs to be more resources to continue the Panel post Strong Beginnings funding. If the Panel does not go ahead every month, children are unnecessarily institutionalized and parents are denied children.

- In some cases, there was a lack of commitment from PSWO's to attend Panel. PSWO's need training on presenting adoptive parents and children's profiles to Panel with the CCI. One of the challenges for CCI's has been securing the relevant paperwork from the district PSWO to comply with the panel paperwork pack and ensuring their attendance at Panel.
- Delay in establishing the District Alternative Care Panels. The draft Children's Act (Amendment) Bill, 2010, provides for the establishment of inter-sectoral Alternative Care Panels at district level to regulate the continuum of care for children who are temporarily or permanently without parental care (Sec. 43). However, these have not been constituted. As a result, the national Alternative Care Panel is overwhelmed with the number of cases. It also implies that utilization of the national Alternative Care Panel remains limited to the districts proximate to the central region.

4.5 Demonstrating a replicable model of practice for alternative care

Objective 4: To demonstrate a replicable model of best practice for transitional and alternative care that informs national practice and advocates for wider policy adherence to Alternative Care principles

Interventions under this objective were implemented by Child's I Foundation. They centered on provision of emergency care for children without appropriate care (CwAC), and promotion of in-country family based care options for abandoned children without parental care, specifically, kinship care, foster care and domestic adoptions as viable alternatives to institutional care and inter-country adoption.

Table 8: Project achievements- Objective 4

Indicator	Target	Achieved
#of CwAC that received transitional care from Malaika Babies Home (MBH)	175	39
# of children traced and reintegrated into family care	123	19 (11M, 8F)
# of children placed into alternative family care (adoption and fostering)	52	20 (16F, 4M)
# of children placed in short term foster care	-	14
MBH assessment Score using government tool kit	3+	3.3
# of adoption inquiries (Uganda Adopt campaign)	1100	192

4.5.1 Transitional and alternative care for children without appropriate care

Overall, the project supported the provision of transitional care for 39 children without appropriate care, aged 0-2 years at Malaika Babies Home (MBH). These were mainly abandoned children. They were admitted at MBH based on referrals from the probation officers, the child and family protection unit of the Uganda police and Mulago hospital. **Out of these children, 19 were resettled with their biological or extended family members; representing 48.7% of the children**. This was consistent with CiF aim to transition babies into a family within six months, since children below three years are most likely to suffer the damages caused by institutional care. The resettlement process involved an in-depth procedure of family tracing, family and child assessment and pre-settlement visits before placement, placement of the

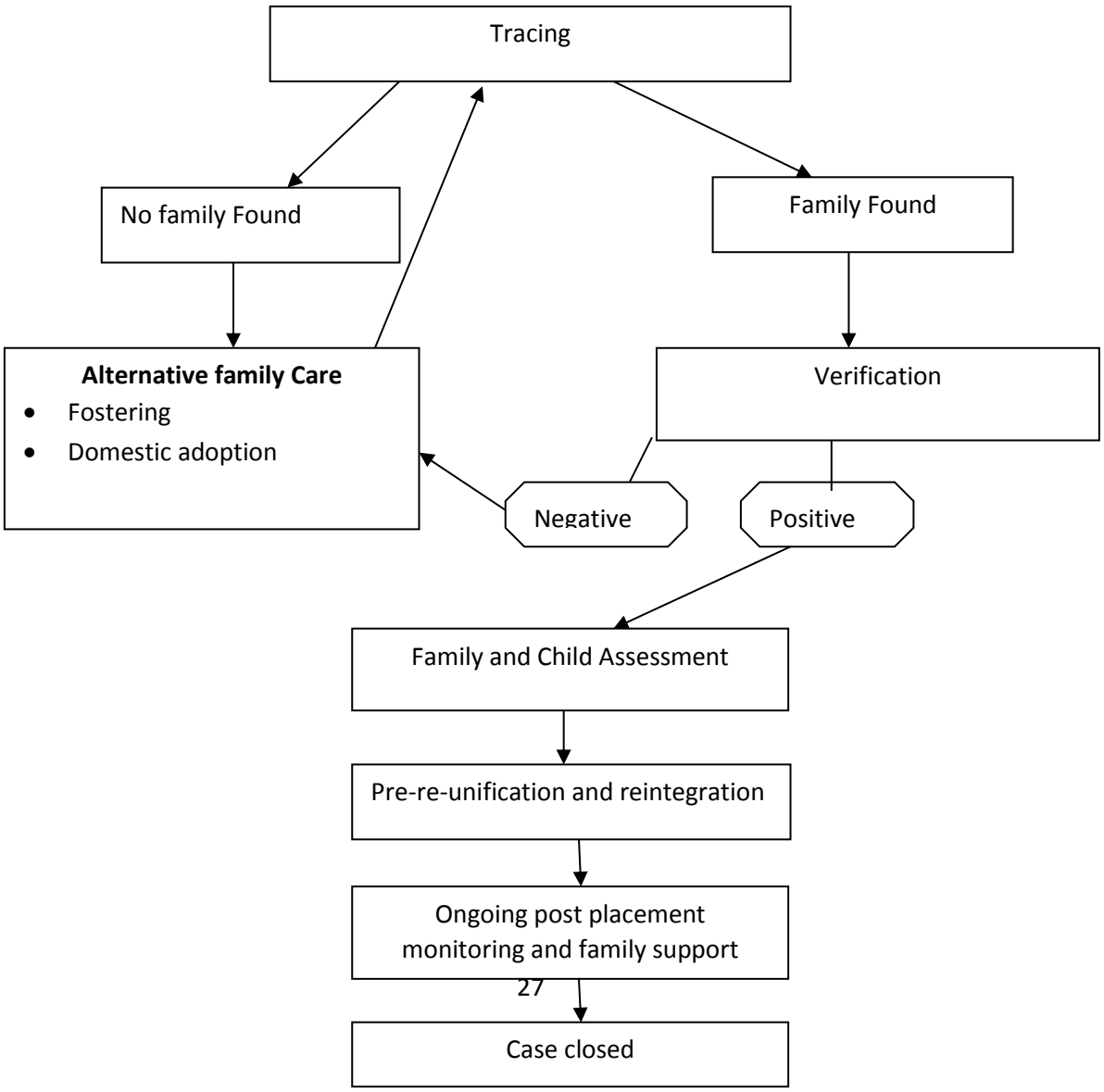
child with the family, and ongoing support during and after the process of children returning to family care— including monitoring of the placements, and training and support to the family to ensure the safety and sustainability of the placement.

In addition, 20 children were placed into alternative family care; with either long term foster carers (n=4) or with adoptive parents (n=16). The decision to place each child with an adoptive parent was taken upon failure to trace his/her family after six months. The children placed in long-term fostering are children whose families are known but these families cannot take care of these children because they have various needs and have so many complexities.

4.5.2 Identification and assessment of prospective foster carers and adoptive parents

The project using a dedicated social work team was able to identify and assess prospective long term foster carers and adoptive parents, match and place CwAC, monitor and support all placements through a highly developed supervised case management system.

Figure 2: CiF Reunification and Reintegration Approach



The vetting and final assessment of prospective long term foster carers and adoptive parents was done by the alternative care panel at the MGLSD. Forty one (41) placements (resettlement & fostering/adoption) were handled by the panel.

> *Child and family needs assessment are carried out according to clear guidelines and timeframes, foster care recruitment procedures and standards are delineated and followed, eligibility to services and matching criteria are spelled out and accurately applied. Good social work practice is generally evident. For instance, all members of a foster family are interviewed and social workers are quite active in monitoring the whole process. All children and families placed in alterative family based care have had to go through the Alternative care panel before placement (Key informant, National Level)*

Fostering and Adoption Process
As soon as a child is referred to our service, CiF carry out tracing for the family of the child. We do community consultations, produce radio and newspaper adverts and everything possible to find their family including interviewing the local community. If all the efforts to find the family fail after the six months, we develop a profile of the child detailing from the time a child was admitted into care, including their health status. The profile is presented to the Alternative Care Panel at the MGLSD. The panel assesses whether adequate family tracing was undertaken; based on the documentation submitted by our social workers—which include a copy of the care order, a report on community inquiries, police and probation office report indicating that they were part of the investigations and evidence of tracing and radio and newspaper adverts. The Panel makes a decision on whether the child should be placed in alternative family care i.e. with foster care or adoptive parents. Once the Panel approves the decision to give place the child in foster care or adoption CiF social workers match the child with the prospective foster carers or adoptive parents. The child's profile is shared with the prospective foster or adoptive parents to enable them make an informed decision. After a decision to adopt or foster a child is taken by the prospective foster or adoptive parents, we arrange for physical contact with the child. The parents and the child begin to bond. The bonding takes about two to three weeks and supervised by the social worker. A child is then placed with foster or adoptive parents, after obtaining the necessary paperwork from the Probation and Social Welfare Officer. After two weeks of placement the social worker conducts a home visit and continues to do follow up monitoring visits for 3 years until an adoption order is obtained. **(Interview with Social Work Team Manager, CIF)**

4.5.3 Domestic adoption

CiF placed 16 children into domestic families over the project period. As part of the reflection day the team identified the barriers to achieving the target of 50 outlined in the table below:

Reasons for not achieving targets	Suggestions for way forward
The time it takes to trace has been increased from 1 month to 6 months before children are presented to panel to be released for adoption	Present an issues paper to panel outlining why the time should be reduced in the best interest of the child.

Reasons for not achieving targets	Suggestions for way forward
There is a waiting list of 16 parents who were awaiting children but not matched. After 6 months they have to be re-assessed and go back to Panel for approval.	Government to take a lead on encouraging other CCI's to make children available for domestic adoption
Ugandan families have not embraced yet the idea of adopting children with special needs (HIV, disabilities etc)	Advocacy with stakeholders to take on children irrespective of their status
Unable to find families who want to adopt older boys	Advocacy campaign around the joy of adopting boys
Legal complications – Single mothers cannot take on boys unless under 'special circumstances'. This has led to 5 boys staying in care because single mothers are not allowed to adopt them.	Law reform
Infrequency of Panel sessions	Need to schedule panel meetings in advance so team can work towards them
Adoptive parents request age and sex of children and panel approve them. When there are no children they have to go back to panel if they change their minds.	
Paperwork required for Panel relies on PSWO which has been very time consuming and hard to obtain.	PWSO training required
Parents feel that the CiF adoption process is too long. They would rather go to another CCI and pick up a child without having to undertake assessment	Engage other CCI's to standardized processes
Most parents want baby girls to adopt and generally more boys are abandoned	
The statutory instruments in the Children Act do not generate thorough assessment of prospective adoptive parents	Review and update statutory instruments in Children's Act

4.5.4 Promoting family based care

An integrated media and advocacy campaign, and other community engagement activities were conducted to raise awareness of and to encourage domestic adoption and fostering. A website dedicated to Ugandans Adopt (http://ugandansadopt.ug) was regularly updated and weekly content was posted on a Facebook group which had over 10,000 members. The video's produced by the CiF media team promoted local adoption. The Ugandans Adopt team was on standby to answer questions and pass expressions of interest generated from the campaign to the CiF social work team. In addition, sponsored newspaper articles were published in the New Vision to raise public awareness and promote domestic adoption and fostering.

Formal adoption is a relatively new concept in Uganda and a huge life changing decision which takes time. One of the strengths of the *Ugandans Adopt Campaign* was using different multimedia platforms to 'normalise' adoption. Reading about adoption in the national paper, watching a video about a celebrity adopting on Facebook or reading a brochure whilst queuing up for a Kentucky Fried Chicken or listening to a presentation about adoption in church all made the concept of formal adoption accessible. However, the most value for money was boosting well produced content (films, photos, case studies) on Facebook.

Thirty nine (39) expressions of interest were generated by spending $315 on Facebook versus 2 expression of interest and spending $2286 on a 2 page advertorial in a national newspaper.

One of the main objectives of the campaign was to debunk the many myths around adoption. One was adoption was only 'for whites' or for 'the rich'. CiF championed a couple from Gulu who adopted George, Child's i Foundation produced two videos following Joyce and Newman adoption story and followed them taking George home to meet his extended family. The second film was a follow up by a Child's i Foundation social worker on Georges progress. The key themes were Joyce and Newman were not rich but they had love and an extra place in their homes and hearts to give a little abandoned boy a family and a future. One of the target audiences was churches and the SB project engaged the leadership and congregation of Gaba Community Church (GCC) to promote domestic adoption. A film was produced featuring a Pastor from Gaba Community Church about how the church has a duty to place God's children into families, not orphanages. The team engaged with the top management of the church to deinstitutionalize their babies' home and children's village however no decision was made by the end of the project. Gaba Community Church organized a Christian childcare conference called "God Places the lonely into families: Being the solution to the childcare crisis." The aim of the conference was to mobilise churches to encourage individual families to help orphans (Christian population in Uganda is equal to the number of orphans in Uganda). The day was attended by 89 delegates from churches and CCI's and speakers from the MGLSD, Police, an Adoptive parent and a panel session

Further, the SB team partnered with a Catholic Church in Kalisizo to encourage fostering and domestic adoption in the local community. In addition, 3 open days were organised, bringing together foster/adoptive and prospective fostering or adoptive parents. During these sessions, adoptive parents could share their experiences about adoption and/fostering and provide a support network.

> *… the long term foster care givers in Kalisizo, we got them through the Catholic Church in Kalisizo. We have also approached a number of churches and we they give us a slot, we organize and make a presentation on the work we do on adoption and fostering and through this some parents come and say I would like to adopt or foster. The reason why we look at the church is it easier to trace people through the church. In Uganda the Christians strongly believe in church leaders so when the church leader agrees with us it makes it easier for the congregation to take us with on...* (SB project implementation Staff)

> *We organise events like open days here, and we invite adoptive parents and tell them to come with a friend. We also invite government and any other interested parties, and at the end of the day they become interested wanting to adopt or foster* (SB project implementation Staff)

Evaluation findings show that most foster and adoptive parents were driven by the desire to provide better living conditions for the child, by religious convictions, and by the inability to have biological children.

Well for me, I just wanted to have a child to take good care of after knowing that there were children who mostly needed family support and environment. For me I asked for a child of 3 years, a boy or girl and I told them that I wanted a girl but by the end of the trainings, they told me that I was going to have a child and they said that they had a boy of 1 year and 6 months, and asked me, will you take him on? But then I told them that since I wanted to help a child, I would take on any child as long as God had really decided (IDI with Long term foster Parent) (Foster Carer, Masaka district).

Foster carers and adoptive parents also spoke poignantly about the support they received from the social work team—including the trainings on fostering and adoption and pre and post-placement follow ups. That the support helped overcome uncertainty and fear related to fostering and adoption of children. This helped them to provide the most adequate support to children placed in their care.

The value of babies/ children being cared for within a family and then the wider community was consistently highlighted by all the foster carers, adoptive parents and the SW professionals. Many of the carers spoke of the value in being able to teach family values for example learning how to greet visitors formally, sharing their toys and playing with other children both birth children and neighbors' children. They also described some challenging behaviors at the early stages of moving to live with the foster carers or adoption. Some of these behaviors included fighting, not sharing toys. All the carers reported that with clear, calm and consistent parenting, living as a family and role-modeling as a family these behaviors disappeared within a few months of coming to live in the foster home.

Evaluation findings indicate, as a result of the project, a number of families are increasingly embracing fostering and adoption:

The community itself, we started with very few parents but as I speak now we have five families in that area who are being assessed for both adoption and fostering. And that is because they have seen other people in the community who have taken on the children and how they are living with the children. If it wasn't the case, they wouldn't be able to take interest in taking on the programme. But now you see that they are positive and they also want to adopt of foster children. Of course no one wants to associate with something that is not good. If it comes to the families themselves, the families have talked about the changes that these children have been able to bring in their families, the joy of parenting children, and they speak fondly of the children (SB project implementation Staff)

4.5.5 Challenges and Limitations

Unrealistic targets:

Overall, evaluation findings indicate a discrepancy between the project targets and achievements in terms of number of children reintegrated into family care (see Table 8). Under objective 4, the project set out to resettle 175 children from MBH with their families and place 52 children in alternative family care.

This was deemed unrealistic right from the inception of the project; based on CiF experience with family tracing and resettlement:

> *Some of the SB project targets are unrealistic. For example, CiF set out to resettle 123 children and adopt 52 children in 20 months. But CiF track record shows that this is impossible.* (SB project implementation Staff)

> *We raised this early enough with the donor by saying this was so high, and it was actually far more than the number of children which CiF resettled since it was founded in 2009. Ideally, our own experience … we have been able to resettle one or two children per month but then this one when we calculated within 18 months it was saying 13 children per month and this was beyond us because we don't look for children, we depend on referrals and the social worker efforts that are put on board to find families for these children. We explained all this and donors said they understand…* (SB project implementation Staff)

The failure to meet targets related to placement of children in alternative family care was attributed to challenges in finding willing prospective foster or adoptive parents, legal requirements that forbid placing a child with a single parent of opposite sex, and inadequate awareness and the perception that fostering and adoption is a cumbersome process. In addition, some prospective parents are less inclined to adopt or foster children with special needs and many have preference for girls over boys—yet on average more boys are abandoned compared to girls:

> *… We have prospective foster or adoptive parents…really good parents and they are single mothers and because the law says that you cannot place children of opposite sex with a single parent, a number of children are actually stuck in babies' home because of this… majority of people who want to adopt are single women. You find very few men who want to adopt and actually we have never had, never had experience of a single man coming to adopt, we only had one but he dropped off along the way. With the law a single woman is only allowed to adopt a girl child and a single man to adopt a boy child* (SB project implementation Staff).

> *The issue of information: there is still a gap in terms of prospective parents thinking the process is too long and because of this, it has affected our targets. They come with a lot of excitement but when you tell them the process they want to give up. Eventually we take them through the process and tell them the benefits after which they appreciate* (SB project implementation Staff)

> *Having grown up children and children with special needs placed into adoptive families for example no Ugandan family would want to take on a child who is HIV Positive. A grown up child of 2 years and above, most families don't want them, they really want very young and 'perfect' babies* (SB project implementation Staff)

> *Most families prefer girl children as opposed to boys. This because they have inheritance related issues. The parents think that a boy will remain at home and claim property while a girl will be*

married off. Some people think girls grow faster than boys and they have a perception that it is easier or less costly to maintain girls than boys (SB project implementation Staff)

Further, domestic adoption is still a relatively new concept and hence very few enquiries, compared to the target.

4.5.6 Lessons Learned and Way Forward

- Long-term Foster Carers (LTFCs) need to be carefully assessed and when need arises, families supported to start income-generating activities (IGAs)
- Training of foster carers before they go to panel is important. It helps equip them with knowledge and skills related to fostering.
- Constant monitoring and support visits are vital to families and the children placed in foster care

4.5.7 Short term Foster Care Pilot (STFCP)

Short-term foster care is an alternative to placing children into institutions. It was a pilot under the SB project to prove that children could be placed into a family whilst tracing was carried out instead of being placed in institutional care. In the UN Guidelines for Alternative Care it recommends that no child under 3 is placed in any form of residential care however in Uganda there was no alternative until this pilot was developed.

The pilot was critical because if successful then it would mean there was a viable alternative for children without parental care under 3 years old and ultimately the closure of the 24 bed unit.

CiF focused on their care workers at MBH to pilot foster care in their homes. Initially two carers applied for the role and the social work team conducted thorough assessment on their homes and they underwent training. A minimum criterion was developed which meant many of the staff homes did not meet the criteria.

The assessment of the foster carers went to the Government Alternative Care Panel and the foster carers were interviewed by the panel and approved to foster up to 2 children. Four children who had spent a long time in the babies' home were placed into foster care. The social work team initially undertook intense monitoring and supervision of the placements. A family support worker was assigned to monitor the foster carers wellbeing and a social worker was in charge of the children to avoid a conflict of interest. The nurse at the Home conducted monthly visits and the children were closely monitored. The development of the children in foster care compared to residential care was stark and proof that individualized family-based care is a superior to even the 'best' residential care.

CiF encouraged the foster carers to speak to other carers in the homes to share their positive experiences including seeing the children thriving in their care compared to the babies' home, less travel to work and they were able to care for their own children at home. Four more foster carers were assessed and approved and over the course of the project, 13 children babies and infants, aged between 10 months

and four years, were placed with short-term foster carers (STFCs)[4]. Seven children have since moved on to be successfully adopted.

CiF produced a video to show the government support of the short term foster care pilot and the importance of children being placed in families, not orphanages and the role of a foster carer and how they can change an abandoned child's life. The video garnered d over 1100 views. The video is available at: https://www.youtube.com/watch?v=NJRVjqbgyJE

The media team also produced Anita's story which promoted the short term foster care pilot and baby Anita's journey into a Ugandan family was watched over 2250 times. The video is available at: http://www.youtube/com/watch?=K-Q2NBGgSQ

Case study 4 – Training and support of short term foster carers

The foster carers were trained before going to the Government panel and received training post approval. CiF developed a foster care training manual comprising of five interactive modules including child development, child abuse, the importance of alternative family care, preparing foster parents for placement, family dynamics, behavior management, family reunion, placement issues and monitoring.

In addition, all foster carers were given basic financial support to help them meet the expenses of maintaining foster children in their families. They also received ongoing support from a dedicated social work team during and after placement of the child. This on-going support model was seen as an important aspect of helping the foster carers.

> *The project developed clear and precise operational procedures addressing the technical aspects of foster care like assessing, placing, monitoring and reviewing of placements. The project employed qualified social workers who provided individual and group support to families and children. The social workers also provided a complete and comprehensive assessment, placement support, monitoring and review process.*

Overall, all the foster carers spoke positively and consistently of the support they receive from Child's i Foundation and in particular they spoke about the many aspects of practical support- for example money, nappies, milk, soap etc. and the benefit of having these items provided on a regular basis.

A recent evaluation of STFCP gives an extremely positive feedback about pilot. Results indicate that nearly all children placed within STFC had reached a vast majority of their expected milestones within a timely fashion. It is thought that children placed within short term foster care are able to reach their expected developmental milestones with ease due to having a consistent care giver, encouragement and

[4] STFCs care for abandoned babies for up to six months. During this time social workers from Child's i Foundation undertake family tracing with a view to returning the child to the care of the extended family. Clear and precise operational procedures addressing the technical aspects of foster care like assessing, placing, monitoring and reviewing of placements were devised.

1:1 attention from this care giver. Overall, children placed in STFC made better progress both in terms of their physical growth social and emotional development, compared to those that remained at MBH.

Nonetheless the, evaluation recommended the need to develop a consistent and accurate system of recording information about children in short term foster placement and to consider delivering training for secondary carers and/or extended family members if they take an active role in the foster child's life. In addition, some of the carers spoke of the willingness to be a mentor for new carers. This is an invaluable resource and a good tool to promote fostering and the support offered when recruiting new carers.

4.5.8 Lessons Learned and Way Forward

- Family care is the best for child growth and development. Within the family, the child receives individual attention from foster carers and does not experience developmental and physical delays as children in institutional care.
- Family based care is one third of the cost of institutional care. The overheads and staff costs of running a 24/7 facility are extremely expensive compared to paying a salary to a foster carer to provide care in their own homes.
- It is important to train foster carers in and prepare them for separation and loss. This enables the carers to be honest with their biological children that the foster child has come to stay for a limited period. In addition, even the carers themselves if not oriented appropriately about separation and loss, their attachment bond with the foster child might certainly be shattered.
- Government policy and statutory instruments do not reflect emergency foster care. To scale up this program the Government needs to incorporate emergency foster care in the Children Act and recognize foster care as a professional service and create the standards including regulating training and accreditation.

4.6 Building Research Evidence, Capacity of IPs and Enhancing Learning

Objective 5: To build an evidence base, enhance knowledge, support learning, and skills building to support policy and programming around Alternative Care.

Table 9: Project achievements- Objective 5

Objective 5	Achieved
Project Baseline and Endline	Completed
Develop the Alternative Care Curriculum	Developed
Practice Reflection Workshops (4)	2
National symposium on AC	Not done
# and type of learning and dissemination workshops	4

4.6.1 Project monitoring and evaluation

At the inception of the project a baseline study was conducted. Baseline results informed the developed improvement plans for CCIs, and community sensitization meetings. In addition, an M&E plan was developed, through an iterative process. Based on the M&E plan, tools were developed to track different indicators and to aid the process of collecting data relating to the project. In addition, an indicator tracking table was developed to track the key performance indicators (KPIs) of the project.

> *We must appreciate the SWSA Department, because they didn't generate so many tools from the beginning but at certain stage we were seeing so many but all these were for a good reason and they would explain why they developed the tool. For example, the indicator tracking table helps us to track data in terms of numbers such as how many children have been resettled versus overall target and how many children have been placed for adoption versus overall target. We have the monthly template for writing monthly reports that at the end of the day helps to compile quarterly and annual reports* (SB project implementation Staff)

Further, ongoing monitoring and documentation was also done throughout the project to capture lessons learned and document practices that can inform wider programming and policy making.

Limitation: The baseline was conducted several months into the project, which limited it usability to inform project design and implementation approaches.

4.6.2 Develop and roll out the Alternative Care Curriculum

Under this result area, the project supported the development of the curriculum. The process of curriculum development was largely consultative; with input from SB partners and other key actors, including members of the National Child Protection Working Group. The final curriculum has 6 modules[5], which will lead to the award of a Professional Certificate in Alternative Care. The curriculum is intended for the social service workforce, especially cadres working with children without parental support within government, community and private organizations.

However, the Curriculum was not rolled out during this phase of the project as planned. The funds initially committed for roll out activities were insufficient and the development of a trainer of trainer course for the frontline social service workforce, and other child protection practitioners is dependent on future funding. Rolling out the curriculum will have a direct impact on the Government's professional ability to deliver their National Action Plan on Alternative Care.

[5] The modules include: The Necessity of Alternative Care; Understanding Legal and Policy Provisions on Alternative Care for Children; Care Planning, Case Management and Implementation; Knowledge and Skills for the Protection and Involvement of Children; Working with Multi Stakeholders to Improve Family Care; and Basics for Monitoring and Evaluation of Alternative Care Programmes.

4.6.3 Support learning and information sharing around Alternative Care

To support learning and information sharing, an Alternative Care policy brief was developed and shared with different child protection and welfare specialists, to inform policy debates around issues of child care reform in Uganda. In addition, two out of four planned practice reflection workshops were conducted to allow for a more systematic reflection on SB project successes and failures. During the workshops, SB partners were able to reflect on what they were doing, and lessons learned. However, the planned National Symposium on Alternative care, intended to share experiences, examples of good practices and lessons learned in supporting family-based care in Uganda, was not conducted. Funds initially allocated for the symposium were insufficient.

PART III: PROJECT RELEVANCE, PROMISING PRACTICES AND LIMITATIONS

5. Relevance and promising practices

5.1 Project Relevance and contribution towards prevention of family separation

Overall, the project interventions were relevant and appropriate in the context of the ongoing child care reforms in Uganda. SB project was the first of its kind in Uganda, and its design and objectives were relevant. Particularly the project addresses a number of alternative care concerns as outlined in the National Alternative care framework and more recently, the deinstitutionalization strategy.

Overall, the project made significant contribution to the implementation of the Alternative Care framework in Uganda; through a range of interventions to promote family-based care, prevent unnecessary separation of children, and improve quality of care in residential child care institutions. The project has also contributed to the reintegration of institutionalized children with their biological families, and the development of alternative family care services, through a foster care (short-term, long-term) pilot.

Being a pilot, the scale of the project was generally very limited. Nonetheless, the project succeeded in preventing 78 children referred to MBH from being placed in institutionalized care. In addition, 230 children were reintegrated with their families or placed in alternative family care.

Table 10: Project indicators promotion of family-based care

Indicator	Achieved
Children prevented from institutionalization at MBH	78
Children reintegrated with their families from government CCIs	95
Children reintegrated from private Child care Institutions*	96
Children reunited with the families (CIF) from MBH	19
Children placed in long term foster care	4
Children placed in adoption	16

* *Captures data from supported private CCIs for the period between January and December, 2015.*

In addition, the project made a substantial contribution to towards reform of, and strengthening of, the institutional and policy environment of the child care system in Uganda; as evidenced by the establishment of an Alternative Care Implementation unit (ACIU) embedded, within the MGLSD, the processes—such as the AC panel and assessment and follow-up of CCIs—that underpin the National Alternative Care Framework. The unit is expected to contribute, both in the short and long term, to alternative child care reforms and deinstitutionalization efforts in Uganda. In addition, an alternative care panel has been transition from CIF to the MGLSD to. The panel will continue to play a key gatekeeping role.

> *I think the project was the first of its kind in Uganda and it actually opened up the gate for other programs. I think that we did achieve some good results for the government like the establishment of the alternative care implementation unit. I know it's certainly not robust enough as it needs to*

be, and it certainly has a lot of resources that it needs. But it has built the commitment to implement the alternative care framework and deinstitutionalization and I think that is a huge step forward and I think Terre des Hommes Netherlands should be proud of that (Key informant, National Level)

The project also contributed to the development of several guidelines- which can be used to support the implementation of the alternative care framework. These include the AC panel guidelines, which can inform the setup and operationalization of district alternative care panels as envisaged in the National AC framework; the CCI closure guidelines to guide District Probation and Social Welfare Officers and other stakeholders to conduct closure in a manner that ensures that the best interests of affected children are taken into consideration and that no further harm is caused during closure.

Further, drawing on the lessons learned from the SB project, the MGLD through the National Child Protection working group (NCPWG) developed a National Deinstitutionalization (DI) Strategic Plan for Children Living in Children's Homes (2015-2020). SB partners were actively involved in the development of the DI strategic plan through the de-institutionalization task force of the NCPWG. The ultimate aim of the plan is to reduce the proportion of children in residential care by 60%, over a 5-year period. Premised on the fact that around 64% of children had at least a living parent (Walakira et al., 2014), the strategy will primarily focus on identifying children in childcare Institutions with parents and families that can be supported to reintegrate them.

In addition, the project made a significant contribution towards the development of a foster care methodology that can be applied and/or replicated nationally in line with the recent deinstitutionalization strategy. Finally, a national Curriculum on Alternative care was also developed. The curriculum is expected to be used in the training for relevant stakeholders in the country.

5.2 Promising Practices

Long term and short term foster care: Overall, both the STFC and the LTFC represent good practices in gate keeping, which can be scaled up.

Establishment of Alternative Care Implementation Unit (ACIU) in the MGLSD: This unit has been central to the operationalization and embedding the implementation of the National Alternative Care Framework within the ministry processes. Further support to this unit is still required to ensure that it takes on the full responsibility of assessment and follow up of child care institutions and organizing the AC panel—beyond the project

Establishing a ministry-led Alternative Care panel: The multidisciplinary decision making panel created at the line ministry is one of the promising practices pioneered by the strong beginnings project. It is a mechanism for transparent decision making in the area of alternative care which should work in the best interests of the child.

5.3 Strengths and Limitations of the Project

Strengths - four main areas of strength for the program include:

Multi-level intervention. The project involved a diverse intervention at different levels (community, local government, CCIs and MGLSD) aimed promoting family based care.

- Involvement of and buy-in from the MGLSD. The Ministry has the overall responsibility of implementing the National Alternative care framework. Active steps were taken to involve the MGLSD at the different stages of the Project. For example, ministry officials, through the ACIU were actively involved in the assessment and follow-up of CCIs.
- Consortium approach: As earlier noted, SB was implemented by a consortium of organizations. The different areas of expertise and the distinct approaches provided by each organization are the reason behind the SB successful implementation.
- Design, monitoring and Evaluation approach: The project was developed based on complete logical framework; with detailed indicators of processes, results and impact. In addition, sufficient information to document the entire project cycle was generated.

Weaknesses/Limitations

- Failure to develop standard operating procedures for reintegration
- The community based service department- not budgeted for in the project. They are not effectively supported by the project to carry out their mandate as envisaged in the National Alternative care framework.
- Inadequate funds allocated for re-integration of children

6 CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

6.1 Conclusions

Overall, the project registered a number of achievements. For example, project succeeded in preventing 78 children referred to MBH from being placed in institutionalized care. In addition, 134 children were reintegrated with their families or placed in alternative family care. In addition, the project introduced several elements of practice that are expected to contribute to deinstitutionalization both in the short and long term. These include the establishment of an alternative care unit in the MGLSD—to spearhead the implementation of the alternative care framework, establishment of a MGLSD-led multi-disciplinary Alternative Care Panel and development of a foster care methodology that can be applied and/or replicated nationally.

6.2 Lessons learned

A number of lessons can be drawn from the SB project; which can be of value for other organizations, governments and other social and child welfare actors that are implementing de-institutionalization programs in the region and worldwide.

Lesson #1: Reintegration of the child in his/her family should be designed as a gradual and supervised process, accompanied by follow-up and support measures that take account of the child's age, needs and evolving capacities, as well as the cause of the separation. Sufficient resources should also be dedicated to post-placement follow up. The frequency of follow-up interventions and who will carry them out should be determined on an individual basis. Furthermore, emphasis should be placed on monitoring and supporting the child, family, and community—not only the child. It's important to recognize that reintegration is about helping the child settle at home, helping the parents become more resilient and ensuring that the family is supported by the community.

Lessons #2: De-institutionalization of children is a long term and very complex process that requires effective collaboration of multiple partners, strong political commitment and strategic planning. The partnership relations of the MGLSD, local governments, CCI's, donors and other stakeholders should be formalized to ensure buy in of reforms and development of services at the local and community level.

Lesson #3: Focus on gatekeeping systems at different levels. Strengthening gate keeping systems—rather than a narrow focus on building capacity of individual child care institutions—is critical for DI. We have tried to work with individual CCI. Lesson learnt is that this does not work. We should have focused on building a system to ensure more effective implementation of the recommendations of the UN Guidelines on Alternative Care

Lesson #4: The focus and investment in domestic adoption and foster care in Uganda is limited yet desirable. Despite, initial concerns over the availability of potential Ugandan adoptive parents and their

interest in adopting Ugandan children, the Ugandans Adopt campaign proved without a doubt there is potential to increase significantly the number of adopted children in Uganda including those with special needs and HIV and shorten the length of stay in institutions. The challenge encountered by the SB project was the resistance of CCI's to place adoptable children for domestic adoption. This needs to be addressed by the Government.

Lesson #5: Transformation of residential care facilities into nonresidential, child-centered, community-based services is possible. In all districts, directors, staff and funders of residential care expressed fears about closing institutions, as they provide job opportunities and represent private investments in many situations. As such, being sensitive to this issue and finding creative, cost-effective and inclusive ways to transform these facilities is important.

6.3 Recommendations

1. There is a need for top level engagement and sensitization on the harmful impact of institutional care and the family based alternatives.
2. There is need to build the capacity of the ACIU and PSWO's and other district level authorities to carry out their statutory responsibilities for planning, implementing and overseeing the care of children in alternative care as envisaged in the Alternative Care Framework building on the success accomplished through the SB project.
3. Scale up the National Adoption mechanisms established through the SB project including the National Alternative Care Panel, the Ugandans Adopt mass media campaign and establish a national adoption desk in the ACIU to oversee domestic adoption including recruitment and assessment of prospective adoptive parents and matching with children available for adoption.
4. There is a need to strengthen the human, financial and technical capabilities of the Alternative Care Unit to monitor and enforce the implementation of the Children's Homes Rules (2013) and track and monitor all children in alternative care.
5. Roll out the Alternative Care Curriculum to build the professional social work capacity of all those who work with children at risk of separation and children without parental care.
6. Develop standard operation procedures for all services to be provided to children in care or at risk of separation including prevention of separation, adoption, foster care, emergency care and tracing and reintegration of children to ensure that professional standards are met and the Alternative Care Framework is implemented. The guidelines should outline the timing and process of the minimum acceptable follow up for each type of service and embedded into the Children Act.
7. Government as the accountable party for children without parental care should spearhead the closure of CCIs that do not meet the minimum care standards. Transformation of CCI's should not be led by CCI's but it should be driven by Government policy and a National Action Plan on Alternative Care with support from civil society organizations.
8. There should be a comprehensive engagement plan targeting CCI's leadership structures such asmanagement, Boards, Donors and social workers alongside families, children and the wider community.

9. A moratorium on placing new children in institutions should be implemented gradually in conjunction with gate keeping. Placing children in institutions under the age of 3 should be made illegal and they should only be placed in foster care.
10. Funding to institutional care should be regulated and transparent. There should be engagement with the Ministry of Internal Affairs to ensure all new NGO's understand the Government commitment to de-institutionalization.
11. Develop a transparent and accountable mechanism for donors to support the transition from supporting residential institutions to family and community based services. Ensure ongoing donor support to newly developed services.
12. Focus efforts on strengthening gate keeping systems: More efforts are need to strengthen the gatekeeping systems at different level.

Appendix A: Evaluation criteria and questions

Effectiveness: Effectiveness of planned and implemented measures and activities - To what extent did the project deliver the expected results? [See ITT] - To what extent are the activities appropriate, practical and consistent with the objectives and expected results? - What changes have occurred as a result of the interventions? - What changes did the project bring about in; a) the lives of children; b) in the operation of CCIs; c) in the capacity of partners to do M&E; d) in generation of evidence and promotion of learning; e) in the capacity and functionality of MGLD; f) other partners at various levels? - How has the project contributed to the prevention of institutionalization, reducing the number of children in institutional care? If so, in what ways? - Did the project bring about systemic changes at national and district levels that are enabling children to live in family care and preventing inappropriate placements in institutional care? - What internal and external factors are responsible for the changes? - Which factors affected the achievement or non-achievement of the Project objectives to date?
Relevance/Appropriateness - To what extent are the Project design and its objectives relevant vis-à-vis national policies and strategies? o How relevant were project interventions in responding to the Alternative care concerns in Uganda o Do you think the project interventions were appropriate in responding to the Alternative care concerns in Uganda? Why/why not? - What is the contribution of the strong beginnings project to child care reform in Uganda?
Assessment of overall implementation approach - Has working in consortium supported or affected the implementation of the project? - How did the project's approach to monitoring, data collection, and learning affect the overall impact of the project? (For example, to what extent was learning from baseline incorporated into the project's implementation plan to achieve change?) - How well have the relationships between the implementing organisations, MGLSD, District Local government and the donor worked? What were the challenges of working together? - Are there alternative delivery methods that can achieve the project objectives more efficiently? What evidence is there to support such methods?
Promising Practices: *To identify and document any interesting practices and approaches generated by the project, which would benefit the overall child care reform if expanded.*
- What are the main good practices which have emerged from the project and why? - What worked well? What did not work well? Why?
Lessons Learned - What lessons have been learned during implementation?

APPENDIX B: GATEKEEPING INDICATORS

	ACTIVE GATEKEEPING INDICATORS						
Name of CCI	CCI has an admission policy	All children in the CCI have court care order	CCI carries out family tracing and resettlement	CCI has a case management system	CCI has MIS has to help keep track of all children that enter and exit	All admissions and placement are done with probation officer	CCI implements community and family-level interventions to prevent unnecessary separation
AFRICAN HEARTS TRANSITIONAL HOME	Yes	Yes	Yes	Yes	No	Yes	Yes
AMAHOORO CHILDREN'S HOME	No	Yes	Yes	Yes	No	Yes	Yes
ANOTHER HOPE CHILDREN'S MINISTRIES	Yes	Yes	Yes	Yes	No	Yes	Yes
Arise And Shine Uganda	Yes	No	Yes	Yes	Yes	Yes	Yes
CARE FOR KIDS	Yes	Yes	Yes	Yes	Yes	Yes	Yes
EKISA MINISTRIES	Yes	No	Yes	Yes	Yes	Yes	Yes
IAM CHILDREN'S FAMILY	Yes	Yes	Yes	No	No	Yes	Yes
IMANI MILELE	Yes	No	Yes	No	No	Yes	Yes
LOVING HEARTS	Yes	No	Yes	No	No	Yes	Yes
MERCY CHILD CARE MINISTRIES	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NANTALE LIFELINE CHILDREN HOME	No	No	Yes	No	No	No	Yes
RAFIKI AFRICAN MINISTRIES	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SAVE STREET UGANDA	No	No	Yes	No	No	Yes	Yes
THE REDEMER HOUSE MINISTRIES	Yes	No	Yes	Yes	No	Yes	Yes
TYN-CARIAD VICTORY CHILD CARE PROJECT	Yes	Yes	Yes	No	No	Yes	No