



# Baseline Study

# The state of Institutional Care in Uganda

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# Acknowledgements

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# Baseline Study on the State of Institutional Care and Alternative Care in Uganda

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## 1. Introduction

The Ministry of Gender, Labour & Social Development (MoGLSD) set up an Alternative Care Task Force in 2011 to investigate the state of childcare in Uganda and develop a national Alternative Care Framework. The Alternative Care Framework outlines a continuum of care for each child who is without direct parental care and the activities to be undertaken to ensure the Framework can be operationalised.

An Assessment Toolkit has been created to assist Probation and Social Welfare Officers (PSWO's) to monitor and report on the childcare institutions in their Districts. The Assessment Toolkit is being used to 'operationalise' the Approved Home Regulations (2012), Children's Act (2012) and also the Alternative Care Framework (2012).

In conjunction with the development of the Alternative Care Framework and Assessment Toolkit the Ministry of Gender, Labour and Social Development have also commissioned a project to collect data on Child Care Institutions in Uganda and also other Alternative Care Service Providers and create a directory outlining the services and services providers. A pilot study has been completed and workshops held throughout the country to train district staff in the use of the Toolkit.

This document summarises the key findings of the project to-date and the current status of the child care and alternative care directory. It also outlines some key activities that need to be undertaken for MoGLSD to start to address the issues outlined within the report.

MoGLSD have carefully evaluated the baseline study and after a number of consultations wish to put forward this document as a proposal for the full

backing of MoGLSD to address the serious issues of children without parental care and the growing number of children's homes.

### **WHY DO WE NEED AN ALTERNATIVE CARE POLICY?**

- There is Mushrooming Number of Baby & Children's Homes, current estimates are 500+, which are removing children out of families and communities and placing them into institutional setting.
- Homes not submitting to regulations / legal processes
- Homes exploiting children for economic reasons through child sponsorship schemes and international adoption of which homes receive money
- Many Homes are used as free boarding school facilities which obtaining funds from donors under the pretence of caring for vulnerable orphans
- Many parents abdicate parental responsibility to Homes thus removing the opportunity for their children to grow up in a family and community environment
- Many Homes are not interested in Resettlement / Alternative Care as they develop their own organisations which is often contrary to the policy of the Ugandan Government
- All actors need clear guidelines, that are in line with Ugandan law, for children without parental care

## KEY PROBLEMS WITH INSTITUTIONAL CARE

The effect of institutional care on children and society at large can be significant. Young children placed in institutional care without parents may be at risk of harm. Analytical epidemiological study designs (i.e., including a control/comparison group) show that young children placed in institutional care are at risk of harm in terms of attachment disorder and developmental delays in social, behavioural, and cognitive domains. Delays in physical growth, neural atrophy, and abnormal brain development have also been implicated. The findings suggest that the lack of a one-to-one relationship with a primary caregiver is a major cause of harm to children in residential care. Evidence indicates that infants who are placed in institutional care will suffer harm to their development if they are not moved to family-based care by the age of 6 months. The neglect and damage caused by early privation and deprivation is equivalent to violence and policy makers should work to ensure that every child has the opportunity to grow up in a family environment. Some effects of children brought up in institutional care include:

- Attachment disorders and the inability to develop healthy relationships
- Physical and psychological development delays
- Low IQ's and educational delays
- Post-traumatic stress resulting in high levels of depression
- Poor 'cause-and-effect' resulting in bad decision and a lack of conscience
- Poor self-regulations and high over-stimulation
- Early sexualisation resulting in distorted and unhealthy and/or damaging sexual relationships and behaviors
- Poor transitions and failure to cope effectively with change

- Disconnection from Ugandan communities and culture making it increasingly difficult for post institutionalised children to live within a Ugandan community setting

## **ALTERNATIVE CARE / CHILD CARE INSTITUTION DIRECTORY**

The Child Care Institution Directory has been generated and developed into a central electronic directory to store information and profiles on all children care institutions in Uganda. Due to the disparate nature of the child care institutions the directory has not been fully updated as data is still being collected. The directory contains details of over 400 known children care institutions. It is estimated that there are a further 200 child care institutions operating across the country which are not yet known. The estimated 600 child care institutions are far greater than earlier estimates of 350 to 400 institutions.

A worrying trend is that child care institutions are being set-up weekly without the knowledge or permission of MoGLSD or district staff. Unless the situation is brought under control, Uganda will have the most child care institutions per capita in Africa.

## **ASSESSMENT PILOT**

In order to operationalise the Assessment Toolkit MoGLSD with support from SUNRISE visited all regions in Uganda to train district staff (PSWOs, CDOs DCDOs) and undertake pilot assessment. The workshops and pilots took place at Arua, Gulu, Iganga, Jinja, Kabale, Kabarole, Masindi, Mbale, Wakiso, Soroti and Lira. 170 district staff members were involved from over 50 different districts. As a part of the process over 40 child care institutions were



assessed and the results analysed. The results were also sent back to the districts, along with recommendations, to be shared with each home assessed. The Chief Administrative Officer (CAO) in each district was visited and made aware of the workshops.

## 2. State of Institutional Care and Alternative Care in Uganda

Data collection is still being undertaken (as of June 2012) therefore the directory is constantly being updated when data is collected from the districts by district staff. Some districts have provided data on all child care institutions in their district but many other districts are still collecting data. Data collection can be a difficult task as many districts have been split into multiple districts and therefore many child care institutions are not known. Additionally due to the ease of which child care institutions can be started many districts have no idea of the number of child care institutions in their district.

A data collection form has been developed so that all child care institutions and alternative care providers can be recorded and sent to the Alternative Care Consultant in order to update the directory. In addition when assessments of child care institutions takes place the assessment team reconcile the details on the directory with the data collected during the assessment.

It is estimated that it will take a further six months to capture all child care institutions in Uganda.

Currently the child care institutions and service providers have been split into different categories in order to ensure that the baseline study provides an accurate overview of child care service provision in Uganda:

- **Confirmed** – those child care institutions and alternative care providers whom have been visited by a district and the details of the organisation recorded on the data collection form and entered onto the directory

- **Unconfirmed** – those organisations ‘known’ to the Ministry of Gender, Labour and Social Development but their details have not been confirmed on the data collection form. A blank record with the last ‘known’ information exists on the directory but will remain unconfirmed until a data collection form has been completed.
- **Hidden or Unknown Institutions** – these are institutions where no information currently exists and therefore this number is estimated based on the average number of ‘hidden or unknown’ institutions discovered when undertaking assessments and investigations in the districts.

Alternative Care / Child Care Institution Directory (as of May 2012)

Number of 'known' Child Care Institutions –From MGLSD database , partners	420
Number of 'confirmed' Child Care Institutions –Confirmed by PSWO / District	243
Number of 'unconfirmed' Child Care Institutions (as of April 30 <sup>th</sup> 2012) –Awaiting confirmation from District / TSO	221
Estimated number of other 'hidden' or 'unknown' Child Care Institutions (including 'orphanage' boarding schools –Awaiting investigations	100+

### Child Care Institutions by District (as of May 2012)

Adjumani	1	Kabale	7	Kyenjojo	5	Nakasongola	1
Amuro	1	Kabarole	25	Laweero	1	Namutumba	2
Apac	1	Kaberamaido	1	Lira	7	Nebbi	1
Arua	4	Kaboko	1	Luwero	17	Ntungamo	1
Budaka	4	Kalangala	5	Lwengo	1	Pader	4
Bugiri	2	Kaliro	3	Masaka	1	Pallisa	3
Buikwe	6	Kalungu	5	Masindi	3	Rakai	2
Bulamu	1	Kampala	49	Mayuge	4	Rukungiri	2
Bulenga	1	Kamuli	6	Mbale	11	Sembabule	2
Bulisa	2	Kasese	7	Mbarara	3	Soroti	6
Bundibugyo	1	Kayunga	3	Mityana	15	Tororo	5
Busia	2	Kibaale	3	Moroto	1	Wakiso	54
Gulu	12	Kiboga	6	Moyo	2		
Hoima	2	Kiryandongo	1	Mpigi	16		
Ibanda	1	Kisoro	2	Mubende	1		
Iganga	8	Kitgum	5	Mukono	23		
Jinja	37	Kumi	1	Nakaseke	4		

### Example of data collected from the Gulu District and entered onto the Directory

Organization Name	District	Total Resident	Special needs	HIV/AIDS	Girls over 3	Girls under 3	Boys over 3	Boys under 3	Resettlement reunification	Kinship Community	Domestic Adoption	Group Homes	Foster care	International Adoption
Zion Project	Gulu	16	0	0	16	0	0	0	No	Yes	No	No	No	No
Watoto Child Care Ministries	Gulu	391	3	19	140	13	138	21	Yes	Yes	No	Yes	Yes	No
Village of Hope	Gulu	60												
Sunshine of Grace	Gulu	20												
St Jude Children's Home	Gulu	111	43	5	45	12	46	8	Yes	Yes	Yes	No	Yes	Yes
SOS Children's Village Gulu	Gulu	149	2	3	69	1	78	1	No	Yes	No	No	No	No
Sanctuary of Grace Christian Academy	Gulu	2	2	8	6	0	4	0	No	No	No	Yes	No	No
Little Sisters of Mary Immaculate	Gulu	356	50	6	160	37	155	17	Yes	Yes	Yes	No	No	No
Favour of God Ministries	Gulu	33	2	0	17	0	16	0	Yes	Yes	Yes	No	No	No
Children of Hope, Uganda	Gulu	13	0	0	6	0	7	0	No	Yes	No	No	No	No
Chain of Hope	Gulu	33	4	1	22	0	34	0	Yes	Yes	No	No	No	No
Action International Ministries	Gulu	43	4	0	10	1	17	1	Yes	No	No	No	No	No

## Children in Homes (Confirmed)

Number of 'confirmed' children in institutional care	12,000
Number of 'estimated' additional children in care (this is believed to be a conservative figure)	45,000
% of confirmed children living with HIV	6.1%
% of children with known disabilities	5.3%
% of homes with poor / inadequate HIV provisions	40%
% of homes with poor / inadequate Special needs provisions	50%
% of homes with poor / inadequate Counselling provisions	65%

### 3. Assessment Tool Kit - Process and Feedback

Criteria for the development and implementation of the assessment toolkit included:

- Assess and score child care institutions in line with the Children's Act, NSPPI-2, Approved Home Regulations and Alternative Care Framework plus other best practises for social work and child care.
- Provide feedback on corrective actions needed to deliver appropriate child care services or actions required to close institutions.
- Used to support District staff in deciding IF and HOW Child Care Institutions can deliver the necessary District child support services.
- Enter scores and actions against each institution on the central directory to ensure MGLSD has a holistic view of child care provisions across Uganda.

#### Assessment Pilot

- 40 child care institutions assessed
- Over 130 district staff members involved from over 40 different districts
- Assessment workshops held in: Arua, Gulu, Iganga, Jinja, Kabale, Kabarole, Masindi, Mbale and Wakiso



- CAO in each District met with and informed of Workshop and where possible, outcomes of the assessments

## The 40 Child Care Institutions Assessed (as of May 2012)

<b>Name</b>	<b>District</b>	<b>Name</b>	<b>District</b>
ORA International (Uganda)	Arua	Keirungi Children's Home	Kabale
Calvary Chapel MIDIGO	Arua	Manna Rescue Home	Kabarole
SOS Children's Village Gulu	Gulu	Toro Babies Homes	Kabarole
Baby Watoto Gulu	Gulu	Nsambya Babies Home	Kampala
Free Child Foundation	Iganga	Sanyu Babies Home	Kampala
Iganga Babies Homes	Iganga	Malaika Babies Home	Kampala
Fresh Fire Home	Iganga	An Open Door	Kampala
Giving Circle Africa	Jinja	Home Sweet Home Orphanage	Kulungu
Timothys Home For Children	Jinja	My Fathers House	Kumi
Ekisa Missionaries & Children Home	Jinja	Family Spirit Child Care Centre	Masindi
Emmanuel House Fingerprints	Jinja	Window of Life	Masindi
International Support & Care for Kinds	Jinja	St Kizito Babies Homes	Mbale
House of Aroah Tent Mission	Jinja	Luwanda Children's Home	Mbale
Abba fathers House	Jinja	Smile African Ministries	Tororo
One World Orphanage & Education Whisper	Jinja	Awinjio House	Tororo
Arise & Shine Uganda	Jinja	Tororo Children's Home	Tororo
Karama House	Jinja	Divine Grace Orphanage	Wakiso
Welcome Home	Jinja	Another Hope	Wakiso
Redeemer House	Jinja	EDAPO	Wakiso
Akanyijuka Children's Home	Kabale	SOS Children's Village Wakiso	Wakiso

## Example of Assessment Scores

<b>Sample Babies Home</b>	<b>Score Out of 4</b>
Governance / Management Structure	2.25
Financial management	1
Inspections & Reports	2.6
Human Resources	1.76
ICT	1.2
Child Care	2.2
Child Records	1.6
Health & Safety	3.7
Child Resettlement & Alternative Care	2
Post Placement support	2
Quality Assurance	0.3
<b>Overall Assessment Score (out of 4)</b>	<b>1.84</b>

## Example of detailed recommendations

Observations	Key Actions	Due Date
Currently Sample Home has very limited policies, procedures and documentation.	Sample Home need to develop the necessary policies and procedures including: a robust human resources manual, admissions policy, financial manual, child care instructions, child protection policy.	June 2012
Limited alternative care especially foster care and domestic adoption.	Expand alternative care facilities to include foster care and domestic adoption also increase resettlement activities. Collaborate with other organisations who undertake resettlements and alternative care to share resources, ideas and policies. In addition any interaction between child and parent / family should be recorded and added to the child's file.	July 2012
Sample Home is not a registered home with the Ministry of Gender.	Apply for approved Home Status. The PSWO can assist with this process. This report can be used to assist in the application process.	May 2012
Six-monthly reports are not prepared and submitted to the Ministry of Gender, Labour and Social Development (PS).	Sample Home to generate and provide six-monthly reports to the Ministry of Gender in-line with the Approved Home Regulations.	June 2012
Child record keeping appeared to be different from child-to-child in the examples provided. Some regulations for child record keeping were informal.	Sample Home to standardise and improve child record keeping namely: all children to have a care plan (including short, medium and long term placements), initial case records to be standardised and to include more descriptions of the child, family and background, quarterly reports on the child's progress to be included, PWSO to review and document each case at least every 12 months and a passport size photo to be kept on file and added to every 3 years.	June 2012
Sample Home currently has a	Sample Home to apply for care orders with	May

number of children without care orders.	assistance from the PSWO. The Ministry of Gender to write to the courts outlining the costs and expectations of issuing care orders.	2012
Staff member are not provided with contracts of employment. This may account for the frequent turnaround of staff.	Sample Home to provide staff with robust staff contracts including terms and conditions and a job description.	April 2012

#### 4. Key Statistics from Assessments

##### Child Protection, Social Work Capacity and Legal compliance

Homes without a Child Protection Policy	80%
Homes without any social work capacity	62.5%
Homes without a social worker and without a child protection policy	97.5%
Recommended closures	12.5%
Major concerns (need extra investigations)	30%
Homes with Poor or Very Poor child care standards	48%
Children without a current Care Order	52%
Homes without a current CBO or NGO certificate	40%
Homes without MGLSD Approved Home Status	78%

##### Resettlement and alternative care (from assessments)

Homes without any resettlement or alternative care programmes	52.5%
Homes who resettle with birth parents or extended family	25 %
Homes who have (or are implementing) a foster care programme	10 %
Homes with an active Ugandan adoption programme	7.5 %
Homes with an international adoption programme	40 %
Homes with a Ugandan adoption & foster care programme but no IA	7.5 %
Homes with ONLY an international adoption programme	22.5 %

## Assessment Pilot – General Comments

- Children recruited in line with a 'vision' rather than the needs of the community
- Very little will to resettle children when child sponsorship is involved
- Most children in the institutions assessed HAVE families & sometimes visited them
- International Adoption reduces efforts to find Ugandan solutions
- Some institutions admitted donors not willing to fund resettlement activities
- Child record keeping, policies, procedures very limited
- Many children available for International Adoption are from districts other than the district the institution resides in
- 'Pastors' often ill-equipped and unskilled to deliver quality child care services
- Standards vary greatly - saw some magnificent facilities but also appalling conditions
- Social work not taken seriously in most institutions

- Some institutions cannot differentiate between boarding schools / orphanages
- Limited awareness of the legal requirements, Children's Act or home regulations
- Limited 'Formal' engagement between district officials & institutions

#### Assessment Pilot – Feedback from District Staff / Officials

- District staff are excited by the toolkit - it empowers them to engage with institutions and make suggestions / recommendations using a defined process
- Assessments provides evidence that an institution is or is not capable to deliver appropriate government child care protection services
- CAO and District Staff very pleased with the assistance and technical support provided from MGLSD via SUNRISE and TSOs
- All districts asked for further technical support in assessing and analysing homes
- Districts welcomed the facilitation that is available for undertaking assessments and any further actions required
- Districts asked for clarification / change of law on guardianship orders



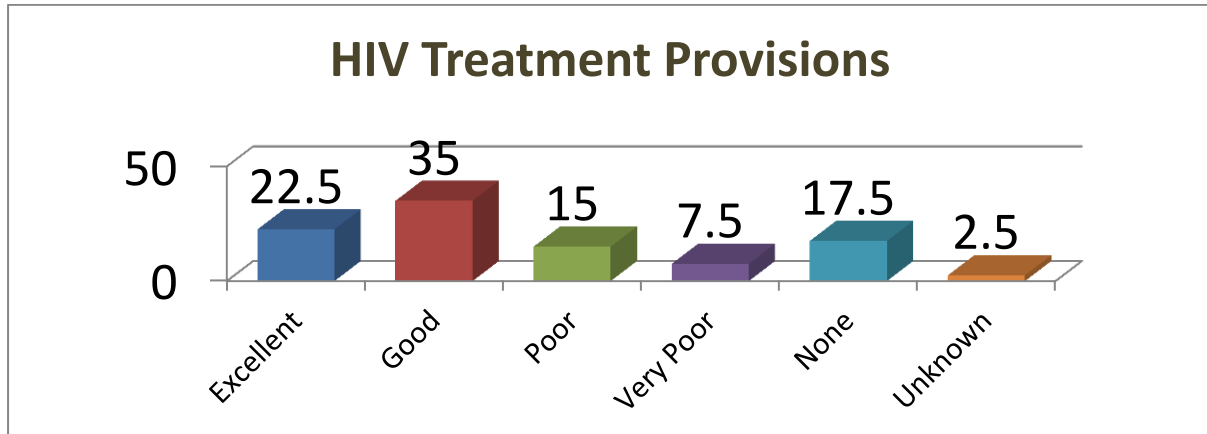
- Suggestions were made on how the toolkit can be improved
- Commitment from CAOs to deal with unscrupulous or poor quality institutions
- Some districts being 'overwhelmed' by foreigners starting institutions or a more recent development 'collecting' children illegally

## 5. Assessment Results (based on the pilot of 40 child care institutions)

All analysis outline the percentage of homes with facilities / provisions in the following categories: Excellent, Good, Poor, Very Poor, None and Unknown. These categories have been developed in line with the scoring matrix used to score each home in line with the approved home regulations and children's act.

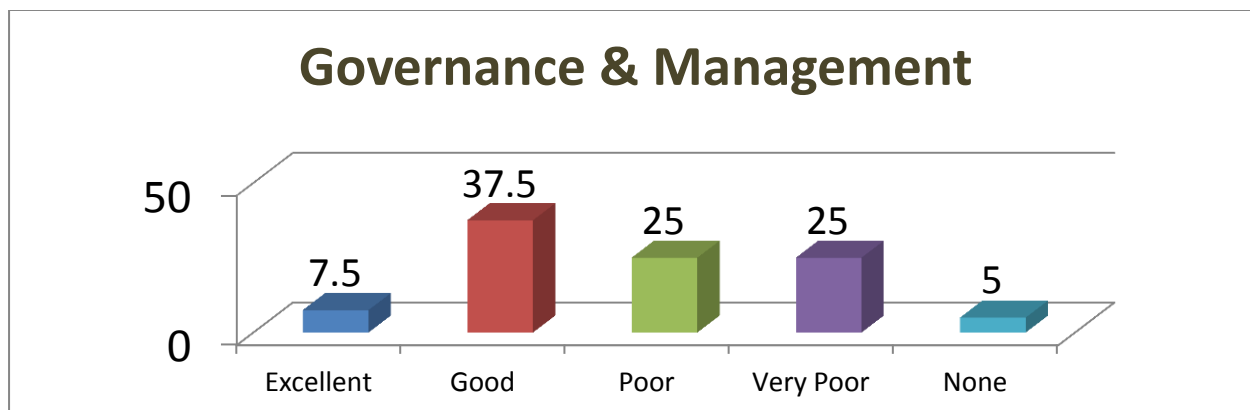
The category 'Unknown' indicates where some information could not be obtained during the assessment process. Information may not have been available for a number of reasons: the necessary personnel not being available or the information stored at a separate location.

### HIV Treatment Provisions



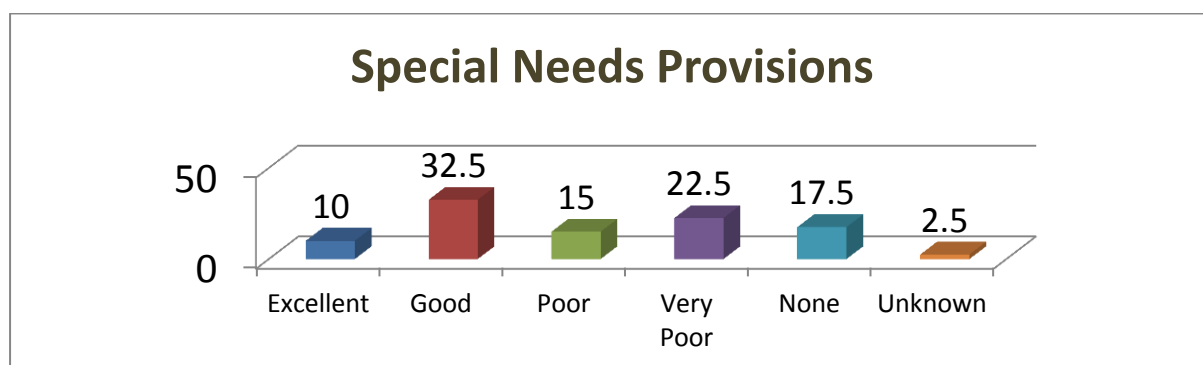
- Many organisations use local medical facilities which provided good HIV treatment and care
- Quality of service though depends on the district services
- We found a number of institutions who did not even test for HIV

## Counselling / Therapy Services Available



- Many 'faith' based organisations offered spiritual guidance rather than professional counselling / therapy services
- Many organisations were unaware or uninterested in offering counselling and therapy services to children

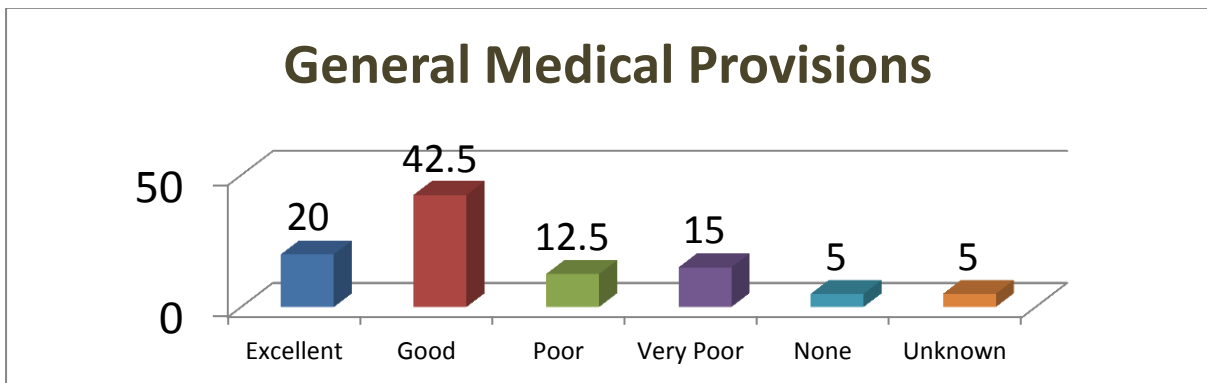
## Special Needs Provisions



Organisations exclusively set-up to care for children with special needs tended to be well-funded and offer appropriate services

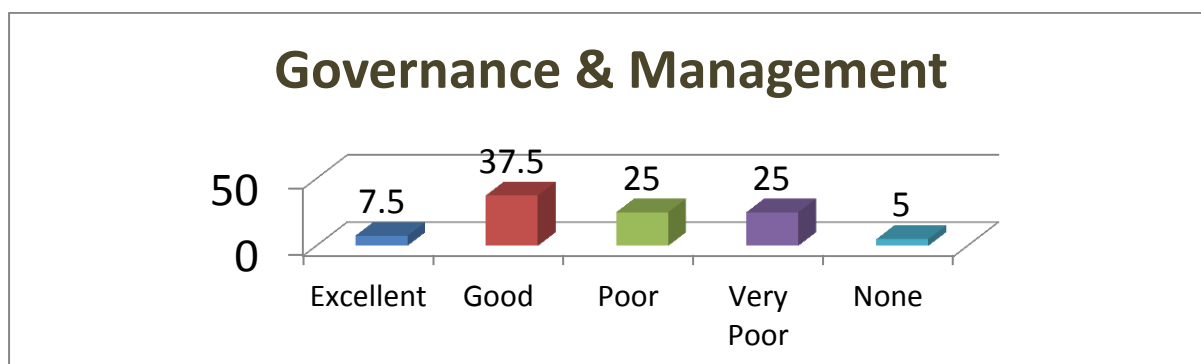
- Some organisations chose not to admit children with severe special needs as they do not have the facilities
- The assessment team witnessed some neglect of children with special needs

### General Medical Provisions



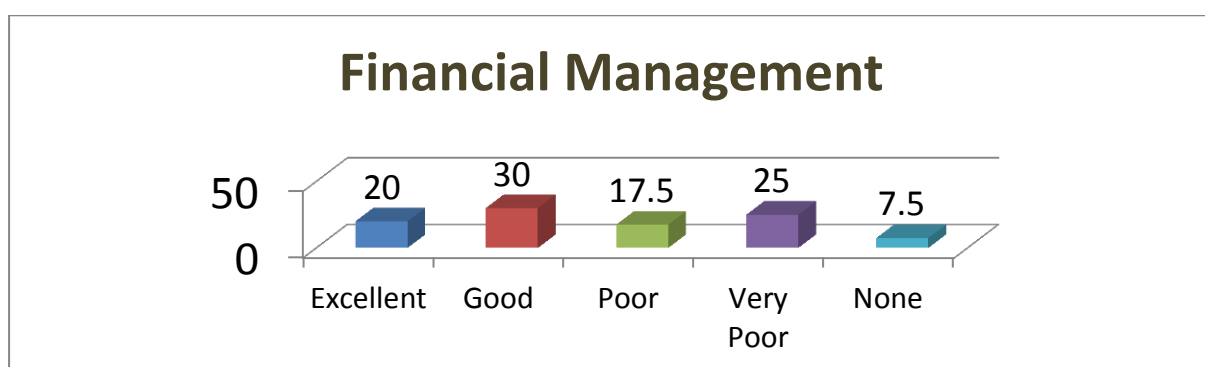
- Where an onsite nurse was resident the care provisions were usually adequate or very good
- Medication left in reach of children is common in many homes and highlighted in the assessment reports as a risk
- Even when medical provisions are good the medical record keeping is often poor

## Governance & Management



- More than 50% of homes assessed have very poor and inadequate governance and management:
  - Management teams undefined and unofficial
  - No evidence of management meetings
  - PSWO/LC3 not engaged with
  - Only five homes out of 40 assessed were approved by MGLSD

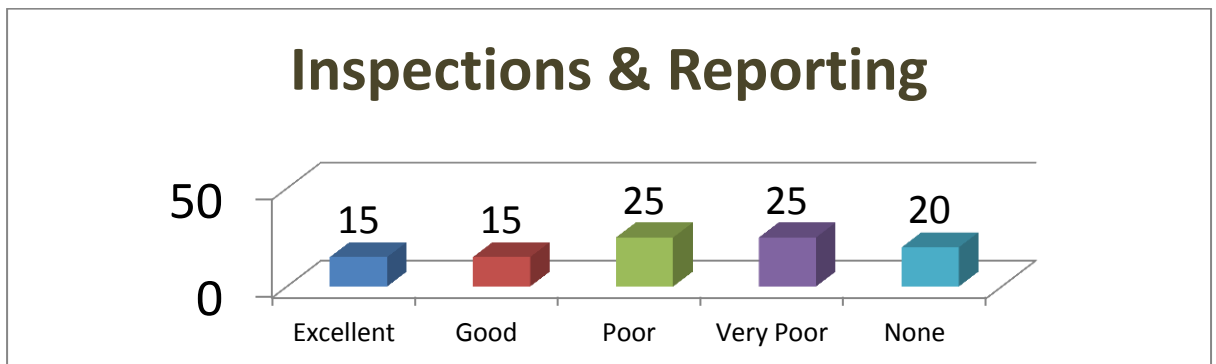
## Financial Management



- Only 20% of homes assessed had financial management accounts
- 40% of homes had no evidence of income/expenditure
- 7.5% of homes had no financial records of any kind

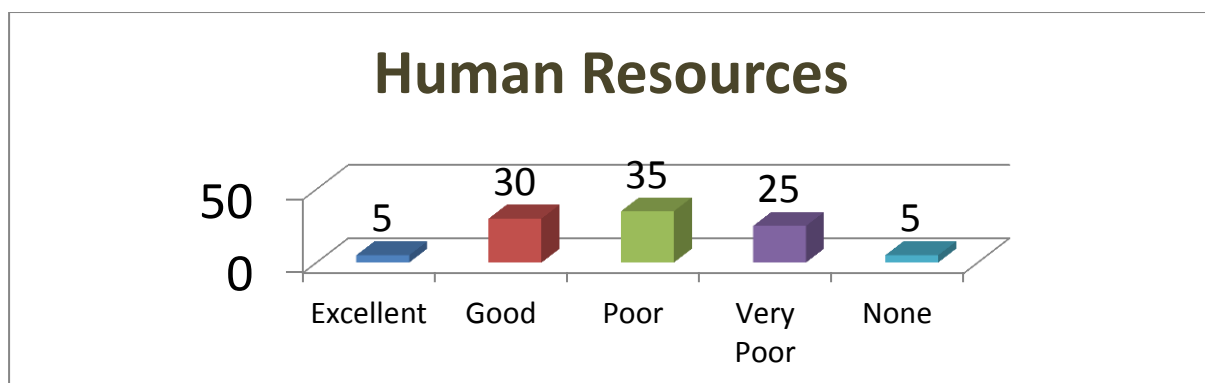
- In 25% of homes the only financial records were receipts
- Some homes had no idea where finance was coming from
- Less than 5% of homes had income generation schemes in Uganda

## Inspections & Reporting



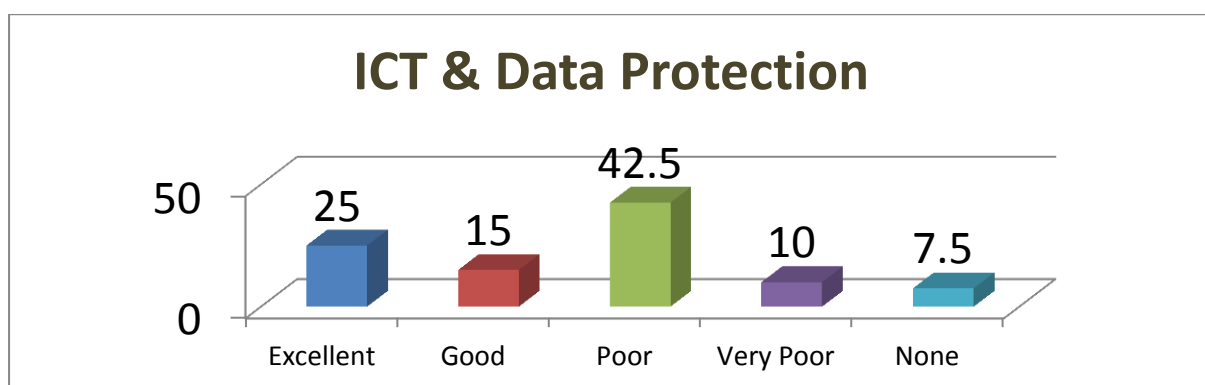
- Often homes were unaware of their legal responsibilities
- PSWO are not routinely producing reports after they visit
- Health Inspection Reports are often not available or out-of-date

## Human Resources



- 65% of homes have inadequate HR provisions -
- Limited staff contracts (or out-of-date contracts) and job descriptions
- Limited (or no) qualified staff
- Less than 5% had any kind of training or staff appraisal programme
- Less than 30% have a qualified and acting social worker
- Some personnel provided 'fake' qualifications
- HR policies and procedures very limited

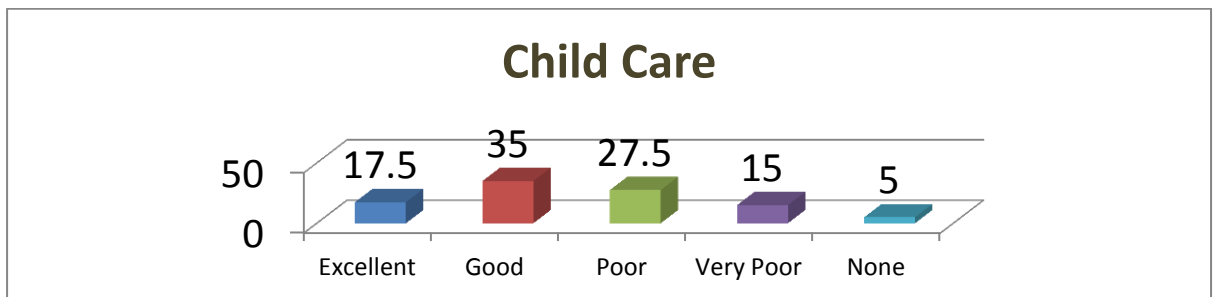
## ICT & Data Protection



- ICT being used widely, 94.5% of homes using some form of ICT
- Not making enough effort to protect child information

- Passwords and access control is limited
- Back-ups limited to USB memory sticks
- Very few organisations have back-up and restore instructions
- ICT usage and knowledge often resides with one individual

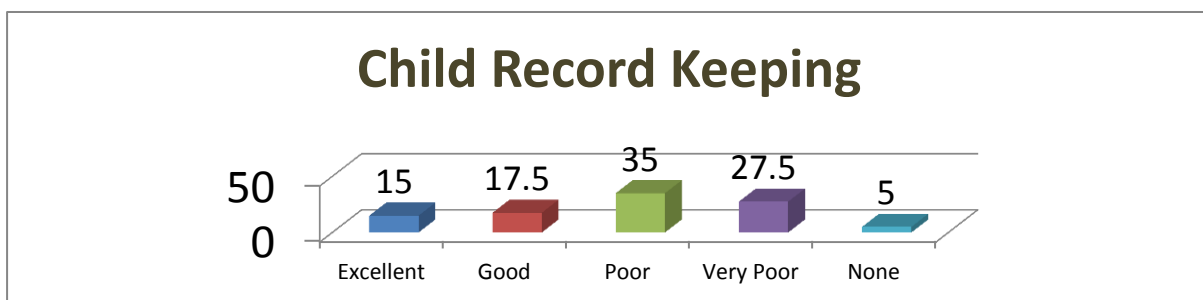
## Child Care



- Over 50% of homes had inadequate child care provisions
- Less than 10% met the 'Carer to child' ratio as per the regulations
- Only 20% had a child protection policy
- Evidence that some homes change children's identities on religious grounds
- Evidence that some homes link care provisions to religious conversions
- Limited awareness of child attachment and child trauma issues
- Child care policies / procedures non-existent / informal
- Children not given 'personal' space in dormitory style bedrooms

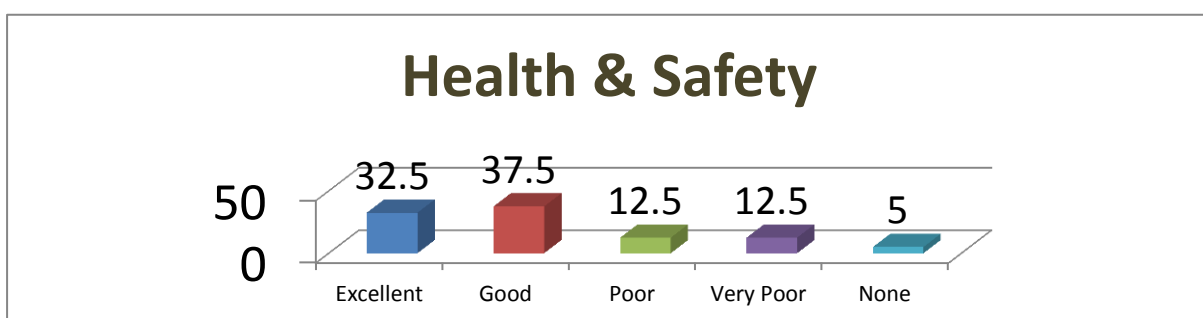


## Child Record Keeping



- Over 60% of homes had inadequate child record keeping
- Child background, abandonment circumstances
- Regular reports on child development, education, issues etc.
- Care plans including affirmative resettlement / family engagement actions
- Counselling / therapy sessions not recorded
- Limited MoH cards
- Passport photos not kept or updated
- 52% of the children not covered by a current care order

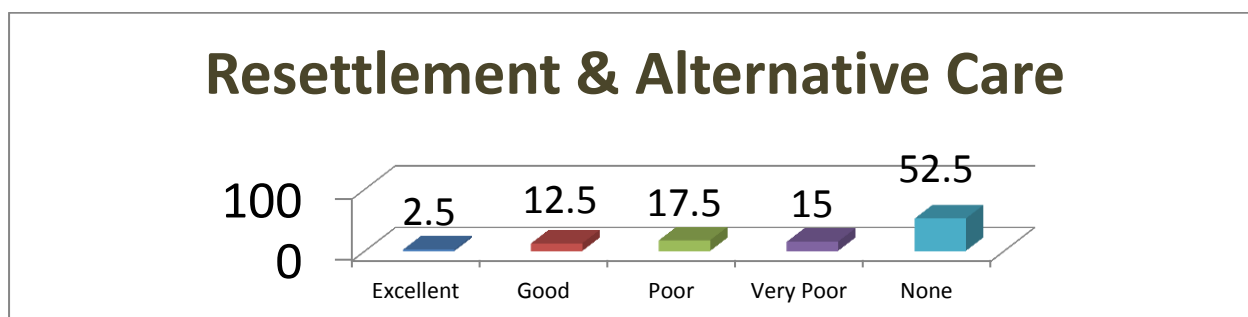
## Health & Safety



- In the 30% of homes with inadequate H&S provisions observations
- Limited access to clean drinking water

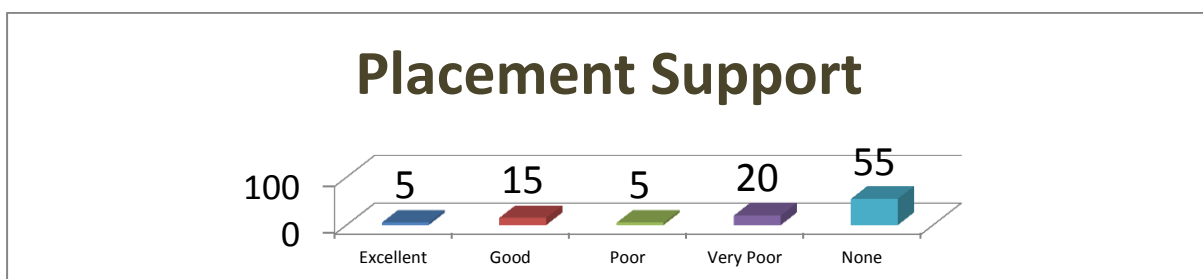
- Diet very limited
- Shared beds / cramped bedrooms
- Unqualified nurses or limited access to medical facilities
- No Health Inspector report
- Children looking malnourished

## Resettlement & Alternative Care



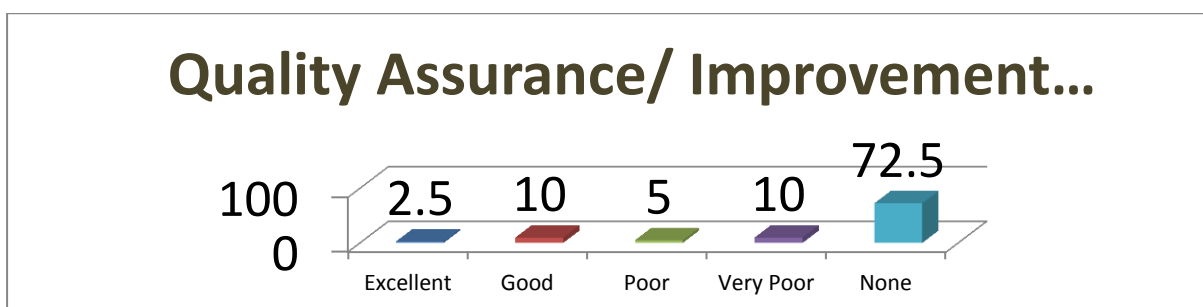
- Huge 'theological' differences in child resettlement & alternative care
- Homes believe that it is the PSWO to do ALL resettlement work
- Homes 'acknowledged' resettlement and alternative care is not on the agenda of their western sponsor
- Homes 'recruit' OVC's based on their available care provisions
- Resettlement only happens when PSWO is advocating for them
- International adoption often favoured over any domestic solution
- All homes visited acknowledged the existence of family members for the majority of children in their care

## Placement Support



- Even homes that do some kind of resettlement, do very little to support and monitor the resettlement -
- Limited referral to other care providers
- LC1 rarely informed of a resettlement
- PSWO often not informed of a resettlement
- No evidence of follow-up or continued involvement
- Many Homes admit there is no budget to support resettlement

## Quality Assurance/ Improvement / Referral Systems



- "What is QA?" was asked in the majority of assessments
- Referrals and networking non-existent
- Very limited internal mechanisms to review and improve services

## 6. Conclusions and Way Forward

It is essential that MoGLSD continue to embed the activities started as a result of the Alternative Care project and activate a number of improvements / initiatives recommended.

Summary of Key actions:

- Address urgent issues as identified by the Assessments
- MoGLSD management team sign-off of the Alternative Care Framework
- Restructuring and strengthening of the MoGLSD Children's Homes Assessment / Inspection Team
- Continued technical support to the Districts in assessing and closing Children's Homes
- Centralise Children's Home Directory and ensure it is maintained with updates from Districts
- Improve processes for ensuring all assessment results / actions are recorded centrally, monitored and evaluated
- Media campaign to promote family preservation, resettlement, alternative care, expectations of Children's Homes etc.

### Urgent Issues to Address

- 1) MoGLSD to continue the closure of homes where standards are very poor as outlined

- 2) MoGLSD to assess homes that complaints have been made against
- 3) Investigation into homes involved in criminal / unethical practices
- 4) Address urgent issues with Inter-country adoption
  - Evidence found of child trafficking for purposes of international adoption
  - Address key districts / PSWO's (Jinja, Wakiso, Kampala)
  - Remove key players in IA illegal practises
- 5) Disseminate rules and guidelines governing Babies' and Children's homes
- 6) Develop 'single' documents outlining key steps for running / starting a Children's Home and distribute widely
- 7) MoGLSD should handle the threats made to the PSWOs. It should be a collective effort so that PSWOs are not seen as the sole actors in the closure of homes.

### Alternative Care Framework

- 1) Government approval of the Alternative Care Framework (MOGLSD)
- 2) Setting of targets – Nationally / By District (District/TSO/MOGLSD)
- 3) Donor & partner awareness / sensitisation conference (UNICEF/MOGLSD)
- 4) District (Regional) awareness raising workshop (SUNRISE/MOGLSD)

- 5) Implementation of District Alternative Care Panels (MOGLSD/District/TSO/SUNRISE/UNICEF)
- 6) Short-term foster care pilots (Civil Society)
- 7) Set-up of a central Foster & Adoption Department (MOGLSD/Partner)
- 8) Media Campaign to promote family preservation, resettlement, alternative care (UNICEF/MOGLSD)
- 9) Implement child movement process i.e. No child to be removed from their district without approval (MOGLSD/District)
- 10) Government should be the one in charge of adoption. In addition, district panels should be constituted and begin acting immediately

### Child Care Directory

Continued discussions with partners to updated and reconcile Directory

1. Expediting PSWO / Districts to obtain consolidated data
2. Clearly define responsibilities for maintaining the Directory
3. Include more non-residential care provisions (alternative care, community based care etc.) from other data collection exercises
4. TSO/Districts to send updates every 3 months
5. Directory to be uploaded (& maintained) on OVC MIS
6. Statistical Analysis / Update Baseline when data collection is complete

## 7. Directory to input into the National Child Protection System

### Assessments of Children's Homes

1. Development of district plans to assess homes (Districts/TSO)
2. Continued Assessment of Homes by districts (Districts/MOGLSD)
3. Continued Technical Support to districts (SUNRISE/MOGLSD/TSO)
4. MOGLSD central team to assess homes when complaints are made / suspected bad practises or on request from district
5. Develop procedures for closure of homes (including funding)
6. Identify key partners (MoUs) to provide temporary accommodation / services when unsuitable homes are closed
7. Develop procedures for updating & managing assessment results (MOGLSD/SUNRISE)
8. Approved Home Status to only be granted when assessment team recommends approved home status
9. Continued update and monitoring of baseline study analytical data to show trends
10. MOGLSD to lobby for more resources for resettlement and child protection interventions

## Institutions – future expectations

1. Transform into temporary response facilities
2. Comply with Children's Act, regulations and good practises
3. Work with PSWOs to track and trace birth families
4. Work with PSWOs to resettle children
5. Follow-up and provide post-placement support
6. Develop assisted living programmes
7. Make children available for foster care / adoption
8. Transform into community support service providers – day care centres, trauma services, legal aid, specialised therapy services (physiotherapy), economic empowerment, signposting, foster and adoption agencies



## APPENDIX 1 – ALTERNATIVE CARE CONTINUUM OF CARE

### PRO-ACTIVE ACTIVITIES

Child vulnerable to disruption / abandonment

SUPPORT  
VULNERABLE  
FAMILIES

ABANDONMENT  
PREVENTION

Supporting children within their families and communities is the first response

### EMERGENCY RESPONSE

When a disruption / abandonment takes place

KINSHIP CARE

SHORT TERM FOSTER  
CARE

TRANSITIONAL CARE

### PERMANENT PLACEMENTS

(Prioritised)

HIGHEST PRIORITY /  
STARTING POINT FOR  
ALTERNATIVE CARE

REUNIFICATION

COMMUNITY /  
KINSHIP CARE

DOMESTIC  
ADOPTION

LONG TERM  
FOSTER CARE

INTERCOUNTRY  
ADOPTION

SPECIALISED  
RESIDENTIAL  
CARE

All Child Care Plans  
Should Reflect And Work  
To These Alternative  
Care Priorities

All Activities And  
Attempts Made For Each  
Should Be Recorded In  
The Care Plan Along  
With Next Actions

These Priorities Should  
Be Key To All Related  
Policies And Procedures

LOWEST PRIORITY FOR  
ALTERNATIVE CARE

