Draft Concept Note

Community action for quality alternative care and protection II

in Kenya, Rwanda, Tanzania and Zanzibar

SOS Børnebyerne Denmark
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SOS BØRNEBYERNE

List of Abbreviations and Acronyms

AC	Alternative Care
ACPF	African Child Policy Forum
AIDS	Aquired Immuno Deficiency Syndrome
AU	African Union
CBO	Community Based Organisation
CCI	Charitable Children's Institution (Kenya)
CISU	Civil Society in Development
CRC Committee	Committee on the Rights of the Child
FBO	Faith Based Organisation
IGA	Income Generating Activities
IOR	International Organisation Regional level (SOS Children's Villages)
MA	Member Association (of SOS Children's Villages)
M&E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability and Learning
NCCS	National Council for Children Services
NGO	Non-governmental Organisation
NPA-VAW	National Plan of Action to End Violence against Women and Children in Tanzania
OVC	Orphans and Vulnerable Children
PSW	Para-Social Worker
RBA	Rights Based Approach
RBM	Results Based Management
SOS DK	SOS Børnebyerne, Denmark
SOS RW	SOS Children's Villages Rwanda
SOS KE	SOS Children's Villages Kenya
SOS TZ	SOS Children's Villages Tanzania
SOS ZN	SOS Children's Villages Zanzibar
SDG	Sustainable Development Goals
SOS	SOS Children's Villages
TASAF	Tanzania Social Action Fund
UNCRC	Convention on the Rights of the Child
UNICEF	United Nations Children's Emergency Fund
VSLA	Village Savings and Loans Association

Summary and Context

1. Proposed programme title, main partners and geographical location

Programme title: Community Action for Quality Alternative Care and Protection II

Main partners: The main implementing partners are independent SOS organisations in Kenya (KE), Rwanda (RW), Tanzania (TZ) and Zanzibar (ZN)[1], and their core, strategic and alliance partners from civil society (see section six on partnership).

Geographical location: The programme will be implemented in four locations in three countries: Eldoret (KE), Kayonza (RW), Dar and Zanzibar (TZ).

2. Context

A UNICEF study (2017) in 142 countries revealed that an estimated 2.7 million children are placed in informal care and 2.3 million are in residential care, compared with 788,000 children in foster care[2]. There is wide recognition of the adverse impacts of institutionalization on children's wellbeing and developmental outcomes. This has led many countries to undertake efforts to reduce the numbers of children living in residential care and, whenever possible, to replace it with family-based care and to reunite children with their families of origin. This is in line with their obligations under the United Nations Convention on the Rights of the Child (UNCRC) and the recommendations in the UN Guidelines for the Alternative Care of Children (hereafter UN Guidelines).[3]

The guidelines give preference to community and family-based care options in the best interest of the child.[4] Therefore, many countries have engaged in care reform processes, leading to more state regulation of the alternative care (AC) sector. Rwanda, Kenya and Tanzania/Zanzibar are countries with very large groups of children deprived of parental care (more than 10% of all children), where residential care facilities have mushroomed. These facilities are most often funded by external donors beyond the control of social authorities. However, the large majority of children are hosted within the extended family (kinship care) without any formalised procedures or registration.

Article 20 of the UNCRC establishes that the state shall ensure alternative care to all children deprived of a "family environment". This was rephrased in the UN Guidelines to say that "the protection and well-being of children who are deprived of *parental care* or who are at risk of being so" (emphasis added). While the UNCRC considers extended family members to be part of the family environment, the UN Guidelines categorises them as alternative caregivers, thus changing the role of the state in assuming ultimate responsibility even when a child is in the care of relatives. This has put a lot of pressure on governments to put systems in place for minimum standards and quality assurance, including registration and monitoring of those children living in kinship care.

Rwanda: Among the countries in this programme, Rwanda has taken the biggest steps in the de-institutionalisation process since the government approved the *National Integrated Child Rights Policy* in 2010 and the *National Child Care Reform* in 2012. Rwanda has progressed quite far in putting regulations in

[1] SOS ZN is a location under SOS TZ but kept as an independent entity in this programme due to the semi-autonomous status of Zanzibar and the fact that legislation concerning children is separate from Tanzania mainland.

[2] Petrowski, N., Cappa,C., & Gross, P. (2017). Estimating the number of children in formal alternative care: Challenges and Result. In *Child Abuse and Neglect*, 70, 388-398.

[3] https://data.unicef.org/topic/child-protection/children-alternative-care/

[4] AC constitutes a continuum ranging from kinship care, foster care, other forms of family-based or family-like care placements, residential care including transit centres and small group homes (UN Guidelines, para 29). SOS as a service provider is normally categorised as family-like care and in most countries registered under residential or institutional care, depending on national legislative categories.

place and consequently thousands of children have been moved from residential care into either kinship or foster care during the past few years.[5]
The reform process involves child care networks functioning as monitoring mechanisms along with the child protection structures that include support from para-social workers (PSW). However, there are still shortcomings in policies and local structures closely involved in the process of de-institutionalisation (de-I). SOS RW remains as one of the very few organisations in the country that still provides short-/medium-term care, and also acts as a transit home while family tracing is taking place.

Based on the experience from phase I, SOS RW is planning to focus on strengthening the capacity and coordination at local level in phase II. This includes building the capacity of PSWs and organising them as they play an increasing role in the implementation of the de-I strategy, as they do direct follow up at family level. Child participation will likewise feature more prominently in phase II in order to strengthen the determination of best interest. At the national level, focus will be on advocacy addressing the National Commission for Children and the Ministry of Local Government, under which district budgets belong.

Kenya: In 2014, the government of Kenya adopted the UN Guidelines into national legislation and developed *Guidelines for the Alternative Family Care of Children in Kenya*. Kenya is currently revising its Children Act and the Ministry of Labour and Social Protection is working on the development of a de-I Strategy. This is expected to radically change the way children are cared for in the coming five years. Community and family-based solutions will take prominence and a complete stop to any new referrals to institutions may cause SOS KE to revise its current legal registration and programme status.[6] The de-I strategy includes development of tools and manuals for implementation of the national guidelines, including guidelines for foster parents, a process to which SOS KE is currently contributing in collaboration with a wide range of technical working groups at national and county level. [7] One specific area where SOS KE is contributing is by giving input to a new National Child Protection Information Management System (CPIMS), which is a database for AC.
SOS KE has achieved a significant position in Kenya and played a key role in the development of the National Plan of Action for Children in Kenya 2015–2022. It has ensured budgetary allocation towards social protection for vulnerable children, through budget advocacy at national level (Ministry of Treasury, County Budget Economic Forums) in collaboration with other child focused organizations. With these organisations, SOS KE is currently drafting a memorandum to the Ministry of Treasury to advocate for increased and better targeted spending of resources on child and social protection, including for orphans to be registered and supported through cash transfer programmes.[8] In collaboration with University Research Company, SOS KE plays a key role in the development of the National Guidelines on Psychosocial Support for Orphans and Vulnerable Children (OVC). Furthermore, SOS KE is active in the Association for Alternative Family Care of Children network.

SOS KE has played an important role in building the capacity of stakeholders in Eldoret,[9] and this will continue in phase II with more emphasis on child participation. As de-I continues, in phase II PSWs will play a more important role as mediators between the state and the care family. Consequently, they will need training, professionalisation and linkages to government officials, including being affiliated with other service units, cash transfers and the Chief's office for registering children.

[5] *Country Care Profile*, Rwanda, 2015, Better Care Network and UNICEF, p.10-11. UNICEF and the National Commission for Children (NCC), under the Ministry of Gender and Family Promotion implemented these policies.
[6] This is a risk to the organisation, but learning from the process in Rwanda will help mitigate and prepare the necessary organisation.
[7] i.e. the National Adoption Committee, the National Steering Committee on the Children Bill, the Association for Alternative Family Care, the Joining Forces initiative, the Area Advisory Councils and the County Alternative Care Committees.
[8] Children deprived of parental care are eligible to support through cash transfer programmes. More than 500,000 orphans are supported and tangible results show reduced poverty, improved nutrition and increased enrolment in school.
[9] Area Advisory Councils under The National Council for Children's Services (NCCS) in particular.

Tanzania: Tanzania has not yet completed the set of regulations to fully adopt the content of the UN Guidelines, but it has put in place a number of guidelines on different forms of AC. The *Child Protection Regulation* (2013) and the latest draft of the *Fit Person Regulation* (draft 2018) are part of these efforts and pave the way for a de-institutionalisation process similar to those taking place in Rwanda and Kenya. *National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children in Tanzania (2009)* is a simplification of the *National Quality Standards Framework* (2007) and is still the main document guiding alternative care in Tanzania. It already includes "reintegration of children in institutional care" as a key service area (para 2.2). The Department of Social Welfare has the mandate to regulate all forms of alternative care in the country and new Guidelines for Re-integration and Community Rehabilitation are being drafted for community-based AC as part of the efforts to ensure that all children have access to quality care.
The five-year National Plan of Action to End Violence against Women and Children (NPAVAWC 2017/18–2021/22) addresses prevention of and responses to violence, through strengthening child protection systems, improving parenting skills and reducing violent parenting practices. The NPAVAWC is the first direct result of Tanzania being picked as one of the first pathfinding countries piloting the Global Partnership to End Violence against Children, as a response to the Sustainable Development Goals (SDG) 16.2.

SOS TZ plays a part in the Alternative Care working group initiated by SOS, Urban Education Group through Tanzania Education Network (TEN/MET), Tanzania Child Rights Forum, Tanzania Association of Social Workers (TASWO) and the Presidential emergency relief fund for Aids (PEPFA).

The focus for phase II will be on advocating for the government to invest more in AC by operationalising the drafted regulations (including also the Children's Homes Regulation, Foster Care Placement Regulation and Adoption of Children Regulation, 2011) to address challenges facing children in AC and reaching more children without parental care in Tanzania. The capacity building will focus on: assessing parental capacity in kinship families, case management, monitoring systems and the role of the PSWs. Child participation will be another area of focus.

Zanzibar: Zanzibar's Constitution of 2010 and the *Children's Act no 6 of 2011* enshrine fundamental rights for children including those deprived of parental care. Recent years have seen a number of regulations and operational guidelines[10], as well as National Action Plans that target vulnerable children and children in alternative care.
Despite all these efforts, Zanzibar lacks a complete legal framework to implement the UN Guidelines, causing the AC interventions to remain weak. Children in need of AC are mainly cared for by extended-family structures (kinship). With polygamy, a high divorce rate and economic hardship, the percentage of children placed in kinship care has dramatically increased. So far, the sector remains largely unsupervised and many families have neither the resources nor the capacity to take proper care of the extra children.

In 2018, SOS ZN increased its recognition and visibility by collaborating and working with developmental partners like UNICEF and Save the Children Zanzibar. SOS ZN is heading the Zanzibar Partners Working Group on Protection. This group aims to enhance the commitment of the government to build a national protection system that prevents and responds to violence, abuse, neglect and exploitation against women and children and promotes coordination among development partners.[11] In phase II, the focus will remain on budget expenditure tracking and advocacy for increased registration and allocation of budgets, while increased focus will be on linkages to support vulnerable caregivers who provide care to extra children. In addition, it will

[10] These include Care and Protection Regulation, Foster Care Regulation, Residential Care Regulation and the Tanzania National Action Plan to end Violence against Women and Children (NPA).
[11] The working group works to implement the National Action Plan to end violence against women and children.

strengthen the support and response structures in the community in the nexus between the private and the public spheres.

For both SO STZ and ZN strategic services will be kept to a minimum and mainly provided through partners. Through these priorities, SOS ZN will focus on improving case management and different AC training manuals to staff within SOS and local partners, improving public awareness of AC and the capacity of families to provide kinship care. Research and documentation will remain key elements in sharing promising practices. They will also be used to inform advocacy to enhance government leadership and resource allocation to AC.

3. Summary of the programme's main strategic priorities

The **relevance** of the programme is high (given that the AC programme is founded on an internationally agreed framework of the UN Guidelines that has sparked a global movement) affecting thousands of children who in recent years have been moved from residential care to community and family-based care. The three outcomes are chosen to directly address the main challenges originating from the described process. The expected outcome areas and main components are: **capacity building** to achieve child protection structures that have appropriate capacity to support quality care and protection for children in alternative care; **systems strengthening** to achieve improvement within systems providing effective alternative care and protection, and **advocacy** resulting in SOS and partners having raised public awareness and influence on governments to commit to and deliver policies, regulations and services that support alternative care. The dynamics and mutual interdependence are expected to render results that lead to quality for the children and families involved in the programme, and sharing of promising practices expected to benefit many more children beyond the scope of the AC programme.

The Theory of Change and sequencing is based on the following logic:
– Once key actors (government and civil society) have the required insight, knowledge, attitude and tools, they will engage in building quality alternative care practices. Through its involvement, civil society will become more vocal and strengthened, and communities will have significantly more social capital.
– As key actors engage in concerted action and strengthen the systems for quality alternative care, the improvements seen will motivate those involved, leading to acknowledgement and pride.
– Once promising practices emerge in the system in strong communities, these will inspire the wider alternative care community beyond the programme, and be the basis for effective lobbying and advocacy.

Capacity, Partnerships and Learning

4. Capacity

SOS Denmark has undergone two capacity assessments (CapAna 2014, CapApp 2016) as part of the process of preparing the first phase of the CISU-funded AC programme. The assessment in 2016 provided 13 recommendations with valuable input to the proposal for the regional AC programme, the "Community Action for Quality Alternative Care and Protection". The following section reflect on those recommendations concerning organisational development, focusing on Partnerships, Capacity for Advocacy, and Knowledge Management and Monitoring, Evaluation, Accountability and Learning (MEAL).

Partnerships are mentioned in two recommendations. Internally, SOS DK has included partnerships in its international strategy 2018–2020, which includes an action plan for 2019–2021 that aims to create stronger, mutually enriching partnerships with all the seven SOS organisations in SOS DK's priority countries. The process involves knowledge sharing and nurturing a common understanding of what a partnership means for SOS DK's work as an organisation. The process will include partnership workshops involving board members, SOS Member Associations (MAs) and the regional office (IOR). The aim is to finalise partnership agreements that determine the direction and content of our collaboration based on mutual learning. An expected outcome of the strengthened partnerships is a clearer division of roles and responsibilities in the

collaboration between SOS DK, MAs, SOS International (IO), IOR and the many external partners. Externally, the distinction between core, strategic and alliance partners has been very helpful in guiding the type and formalisation of partnerships. This is elaborated in section six on Partnership.

Capacity for advocacy is related to the organisational development and the change agenda of the SOS federation. During the past couple of years, SOS IOR has finalised a new regional advocacy strategy, inspiring and guiding the national strategies for change. We have seen staff turnover in leadership positions in all three countries involved in the AC programme during the past two years, including staff in the advocacy position in two countries. Inevitably, this has weakened the advocacy position of SOS and created the need to further strengthen the advocacy capacity of SOS in building alliances and participating in networks, through which joint campaigns and media involvement may be developed.

Knowledge management and MEAL are crucial areas of SOS's focus on capacity building. 2018 saw the roll-out of a new international Result Based Management (RBM) system. Tanzania was one of the countries in which RBM was piloted. Two programme managers from SOS DK are members of the international training of trainers (ToT) corps, working to mainstream new formats e.g. for log frames that support integrated plans for monitoring and evaluation (M&E). Such plans will be used as part of the framework for phase II of the AC programme. Again, staff turnover has caused loss of organisational memory and momentum, in particular when the regional Alternative Care Advisor left the position. As a result, the third year of implementation in phase I will test new MEAL initiatives, closer monitoring (including quarterly skype meetings), and the MAs taking turns as hosts to facilitate peer learning. In SOS Denmark, a new M&E plan, including templates for ToR, monitoring reports, etc. was implemented in 2018 to secure systemised organisational learning and memory.

5. Key lessons learned

The five main lessons learned are:

Innovation and complex change takes a significant time and requires considerable guidance to be successful. The novelty of the SOS programme has caused challenges and delays, due to its unique and innovative programme character. Although kinship care is the most common placement of children deprived of parental care, with the UN Guidelines it is being transformed into a public area and therefore constitutes a new practice area to be developed. The novelty means there are limited existing experiences from practice to guide ways of working and setting up care support structures at local level. This has left the implementation of the programme in a steep learning curve. Nevertheless, the programme has triggered change and sparked adaptation internally in the SOS federation, as well as externally in the communities and at national level. SOS plays a role in civil society and works with government through its participation in national government-led working groups in all countries, NGO networks and is active in local coordination structures.

Major organisational change rarely happens without some resistance. In a situation with many vacant positions at the IOR, SOS DK has played a stronger supporting role, bringing technical expertise in the field of AC, and is now positioning to take a leading role in the network of Nordic and European SOS organisations. This AC programme is providing input and inspiration to the implementation of strategic objectives 1 (Innovate alternative care) and 4 (Advocate for children) of the international 2030 strategy of the SOS federation.

The value of alignment with national policy priorities gives significant momentum: This AC programme has been initiated at a very opportune time as care reforms are being rolled out in the implementing countries. It has therefore given SOS a platform to test new ways of working and to engage more strategically with the most relevant partners, in order to influence the government's agenda and the pace at which reform processes are implemented. Despite some setbacks, SOS has managed to address some of the major gaps in

alternative care provision, most prominently via the blended learning programme on parenting skills developed by the Fairstart Foundation. This has already caused ripple effects, in Kenya for instance, with the training having been cascaded to more than 130 caregivers (within SOS and in the family strengthening programme) in Kisumu, Busia and Meru. For all countries, it has caught the interest of the government and representatives from Ministries will participate in the next round of training (February 2019).

Internal capacity building and knowledge sharing builds a coalition for change: The programme has focused on learning across organisations, including with SOS Somaliland and SOS Ethiopia as affiliated partners. This has been a key success as the countries share some contextual and cultural challenges and have different strengths and organisational weaknesses that may inspire new ways of working. An example is the discussions on the shared experiences with Kafalah as part of Muslim traditions, between SOS Somaliland and SOS Zanzibar. This will be continued in the phase II and further expanded with quarterly skype meetings hosted by different SOS partners and possible South-South learning field visits and exchange by AC staff and core partners.

It is indispensable to take in children's perspectives: The child's right to participation has been insufficiently addressed in phase I and will be a high priority in phase II, especially by using learning from previous CISU-funded projects in Rwanda that have a strong potential for replication. The children's right to be heard and for due weight to be given to their views (UNCRC, art. 12) is often not easily fulfilled in an African context. Cultural attitudes will therefore be addressed both internally in the organisation and externally among civil society and government partners.

Data collection, analysis and social action research is vital to guide the programme: The first phase has supported an upgrade of the SOS programme database that is being piloted in the participating MAs. This gives new opportunities to monitor and secure better data collection as data is entered in the field on a tablet, leading to fewer errors and improved possibilities to aggregate and analyse data at management level. Continued focus will be on data and analysis in phase II as more research is planned both as social action research engaging the community and longitudinal studies in collaboration with universities and research institutes. This generates valuable information and insights for advocacy as well as an opportunity to consolidate the lead position of the organisation in AC.

6. Partnership approach

Programme Partners continue to be SOS organisations in Kenya, Rwanda and Tanzania, including Zanzibar. As in the first phase, we would like SOS Somaliland and SOS Ethiopia as affiliate partners to systematically participate in knowledge sharing events, as they are already implementing a number of AC programmes from which promising practices should be extracted and shared. During annual review meetings, other MAs with strong AC engagement, like SOS Uganda, may be invited on an ad hoc basis.

Internally: The International department of SOS Denmark has a strategy to develop and strengthen the way we work in partnership with SOS organisations in our priority countries in the coming years. This will include developing a new position paper on partnership, establishing the position of SOS DK with respect to a range of issues, developing a deeper common understanding of interdependence and common goals and values, and aiming for a clear division of roles and responsibility. The process will also involve representatives from the Regional Office as they play an important role in aligning strategies across the federation.

Externally: SOS partners collaborate closely with a range of national and local civil-society-based organisations. SOS continues to categorize these as core, strategic and alliance partners. This categorisation has proved a very useful and operational distinction that guides how SOS selects, liaises with and formalises partnerships.[12] Core partners are those CSOs and NGOs that SOS collaborates with as co-implementers and

[12] SOS Strategic Guidance Note on Partnerships and 2019-21 Action Plan for Partnerships.

watchdogs. Strategic partners encompass a range of different types of actors, who deliver technical or strategic support, including organisations with VSLA expertise or training expertise, child rights organisations and media groups. Alliance partners constitute networks and coalitions working for policy and quality services catering for children without parental care. Partnerships are increasingly formalised in MoUs and continue beyond the implementation of a specific project. Capacity building plans are based on gap assessments and mutually agreed plans for common activities. Partners need to add value, and assessment of performance during phase I has led to some partners being replaced by others that were more relevant. As phase II of the programme will continue in the same locations most of the current partners are expected to remain.

Programme overview

7. Programme justification and intervention logic

7.1 Justification

This AC programme is founded on the internationally agreed principles in the UN Guidelines of necessity and suitability of AC. This means that children should only be placed in alternative care if their family of origin is unable or unfit to care for them and, when necessary, the placement option must be chosen to best suit the specific needs and interests of the individual child. This has sparked a global movement of de-institutionalisation affecting thousands of children who in recent years have been moved from residential care facilities to community and family-based care options. A development that has put pressure on communities to absorb the many children in need of AC. Although AC in kinship and foster families are often placements that fulfil children's needs and rights, they do require a system of procedures, services and human resources to monitor and secure the children's best interest as a principle. If such systems are not in place children remain at risk of violence, abuse and neglect because extended family members do not necessarily provide quality care in terms of safety, stability and support. Such children are likely to face the same adverse effects as institutionalised children, in terms of limited participation during the process of placement, which affects their mental wellbeing (e.g. development regressions, anti-social behaviours) and prevents them from developing to their full potential.

The main challenges to assure quality in the AC placement process are poor understanding of AC policies and principles, insufficient funding and insufficient human resources. SOS with its AC legacy and capacity is well positioned to engage in the issues pertaining to AC and is expected to effectively add value and ensure significant results.

7.2 Intervention logic

The programme objectives presented below reflect the change logic of the programme. The theory of change is based on the following rationale: SOS and partners will take advantage of the space for programme implementation that have been established at local level through phase I of the AC programme. SOS and local partners will intervene with a comprehensive and targeted scheme of **capacity building**, focusing on building the capacity of both local government and key civil actors engaged in AC and thereby **strengthening systems** that allow for developing feasible and cost-efficient concepts for AC, and quality systems to be shared. Sharing of these promising practices will form the basis for evidence-based **advocacy.**

Within the field of AC, both families and civil society on the one hand and the authorities on the other, play key roles which call for close collaboration and mutual trust in order to advance the quality of the systems. SOS and partners will promote collaboration, especially with PSWs who play a crucial role in representing civil society as mediators between the family and the state. During phase I it has become clear that the role of the PSWs, their relationship with child protection committees, social workers and welfare officers have proven instrumental and the second phase will put more emphasis on engaging in collaboration, coordination and replication at local level through a focus on referral mechanisms, supervision and case management. SOS and

partners will train the various actors – SOS will develop a targeted and sequenced training plan and closely monitor the efficiency in order make to maximise the outcome of the training.

Promising practices, concepts and effective ways of working will be documented and shared at local, national and international level. SOS and partners, including strategic and alliance partners, are expected to lobby the government to improve practises and inspire them to strengthen their contributions and roles in quality AC.

Based on the above, the objectives for the programme are:

Impact: Children in Rwanda, Kenya, Tanzania and Zanzibar who have lost or are at the risk of losing parental care receive appropriate alternative care and protection in their best interest.

Outcome 1. Capacity building: Child protection structures have appropriate capacity to support quality care and protection for children in alternative care.

Outcome 2. Systems strengthening: Improvement of systems providing effective alternative care options and protection to children in need of care.

Outcome 3. Advocacy: SOS and partners have raised public awareness and influenced the government to commit to and deliver policies, regulations and services that support AC.

The three outcome areas frame the endeavour of SOS, with partners, to advocate for and support concrete improvements in policies and implementation of Alternative Care. Likewise, the outcomes represent the commitment of SOS to truly adopt a child rights-based approach, founded in the UNCRC, cluster V on Family Environments and Alternative Care and the UN Guidelines, which further specifies the rights of children who are deprived or are at risk of losing parental care.[13]

7.3 Strategy and intervention logic

The Theory of Change (ToC), presented below, reflects the dynamics of the interdependence between the main components in this AC programme. **Capacity development** contributes to **improved systems** that lead to quality for the children and families involved. When promising practices and experiences are shared, they inform the wider AC system in **advocacy**, reaching many more children beyond the scope of the AC programme. Capacity development is therefore regarded as the prerequisite and the mechanism to support and advance the other two components.[14].

7.3.1 ToC as narrative

– Once key actors have the required insight, knowledge and tools, they will engage in building the quality of the AC practice;
– Once the system is developing and improving, those involved will acknowledge the merits, feel proud and satisfied, and be further motivated;
– Once evidence of promising practices that result from systems strengthening and community mobilisation is seen, it forms the basis for awareness raising, lobbying and advocacy.

In phase II SOS will put more emphasis on mobilisation of the community, aiming to have the entire community acknowledge and support the important work towards children without parental care[15], based on the assumption that supportive and active communities are stronger child rearers than families singled

[13] https://www.unicef-irc.org/CRC/cluster/
[14] The term quality refers to the standards stated in the UN Guidelines, bringing a child rights perspective and the best interest of the child as the points of departure
[15] Referring to the saying: "It takes a community to raise a child"

out and supported individually. In terms of prevention and early identification of children in need, mobilised communities will also be the best way of safeguarding and providing general protection.

7.3.2 Capacity building

Capacity building is a precondition to improve the competences at all levels, in order to strengthen AC systems addressing civil society and government equally. Even when AC services are provided in the communities by extended families, supported by neighbours, Community and Faith-based organisations (CBOs and FBOs), the government remains the ultimate duty bearer in ensuring adequate policies, implementation, monitoring and consistent quality assurance.[16] Better community-based AC, including strengthening systems, requires a cohort of people trained in social work, with a specific professionalism to reinforce child protection and child development. To assign educated social workers is not feasible[17] so, based on the experiences from phase I, SOS and partners will train PSWs to achieve a sufficient level of professionalism[18] to adequately match government social service officials, police, health sector staff, teachers and community leaders and parents.[19] In this way, authorities and local communities gain a shared professionalism and a common language, which has proven conducive for building effective AC systems. As described in the section "Lessons learned", SOS has been successful in providing training run by the Fairstart Foundation. The approach used is Training of Trainers (ToT) to various actors, including authorities, PSWs and caregivers, convening knowledge about healthy child development and attachment, conflict resolution, communication with the family of origin and aging out of care. The programme has managed to train more than 400 caregivers and more than 200 PSWs during the first two years. After some delay, an AC training curriculum is now under way in partnership with the Makerere University in Uganda and will be fully rolled out in phase II.

During the second phase, two new areas of knowledge will be prioritised, case management and child participation. Case management includes screening for needs and best interest of the child, and management of referrals within existing systems. Children's right to be heard and children's perspectives on the many aspects of AC are vital to qualify the design of AC, to ensure relevance and adequacy in programming.[20]

In the cultural setting where the AC programme is implemented, during phase I, children's wellbeing tended to be perceived as directly correlated with the level of prosperity. Therefore, in phase II, SOS aims to focus more on the psychological aspects of children's development and wellbeing and to a greater extend include children's perspectives and let these inform the practices pertaining to AC. This is expected to challenge culturally rooted traditions and attitudes, and will therefore require a comprehensive training scheme to achieve the envisaged results. Rwanda has come a long way in ensuring children's participation and can share experiences that may inspire other countries.

With respect to capacity building, in phase II SOS is expecting the following results:

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[16] As sound child rearing and child development is founded on love, intimacy, attention and individual support so for psychosocial and pedagogical reasons Alternative Care must be delivered by individuals in civil society, in the community.

[17] Only a limited number of countries run a formalised education of social workers and if they do, it is purely academic and a university degree, implying skills are not developed for working in the field.

[18] Child development; ethics in processes of inquiry; case management; social protection and systems; communication and conflict mediation; facilitation of community meetings and awareness raising etc.

[19] Sustainability is an issue when it comes to PSWs. To address this, PSWs are working entirely as volunteers, and they will hence not receive any allowances. The training concept will be founded at local universities to ensure local universities continue to offer training, typically offered as summer courses of 2-3 weeks. This way the programme aims to ensure a continuous flow of new PSWs beyond the SOS programme areas and funding.

[20] UNCRC, article 12: UN Guidelines, para 6

i) Fairstart training on parenting skills and quality of care disseminated via ToT/supervisors cascading to all involved, including at least 100 new AC families in each location and used by authorities;
ii) An extra 40 PSWs identified, trained and working in the communities in each country;
iii) Applied case management manuals developed and social workers/PSW trained, resulting in evidence of improved case management;
iv) Analytical tools and training packages leading to better diagnostics and stronger competences in determining the best interest of the child, and knowledge leading to systematic involvement of children in selected settings.

7.3.3 Systems strengthening

AC at local level mainly consists of kinship care and more rarely foster care. It may be a challenge for kinship and foster caregivers to interact with the authorities and allow registration of the care arrangement and "in house" monitoring to assure the quality of care. This has at times caused tension and distrust, and in certain cases families have refrained from offering care. Tensions may affect the child in care and sometimes lead to discrimination against the "foreign" child.

While founded on a Rights Based Approach (RBA), AC constitutes a slightly different area of intervention as it is basically founded in the private sphere and address areas of family-based knowledge, attitudes and practices, not usually subjected to programme interventions. SOS and partners will organise for all actors to come together, work and share in close collaboration and coordination. Quality in care cannot be achieved without all these actors committing to close collaboration. The community mobilising approach seeks to create an added value, a broader outcome in terms of social capital, communities collectively becoming capacitated and empowered to monitor the situation for children, thereby enhancing protection aspects in the community as a whole. The CISU monitoring visit (October 2018) also points to the need for a stronger inclusion of civil community members, recommending they should be better informed about the programme, more involved in planning and engaged in various activities.[21]

While local authorities should monitor the wellbeing of all children living in AC, human resources are scarce. Cost-efficiency is one reason to use PSWs, but more importantly they play a pivotal role as intermediaries between the state and the family, between the public authorities and the private sphere in families. As such, PSWs who are volunteers, most often elected by the communities as trusted persons, remain less intrusive when monitoring and supervising individual families and children. Social action research in the first phase of the programme has shown complex power relations and unclear decision-making processes, for example in Tanzania and Zanzibar among Social Welfare and local leaders. The PSWs may help mitigate such opposing positions.

SOS adopts a holistic, inclusive and appreciative approach in fostering positive and effective dynamics among the various groups of actors, aiming to engage them in becoming agents of change for children's development, protection and wellbeing.

In phase II SOS will particularly focus on:

i) The capacity and voice of AC families (kinship and foster) and their organisation in experience sharing groups, resulting in recognition and support by the communities;
ii) Strengthening systems and linkages for livelihood support for AC families in terms of income generating activities (IGA), sustainable civil society services and government support, such as cash transfer programmes;

[21] Report on Monitoring Visit SOS Children's Villages, CISU, October 2018, p. 3,

iii) Documentation of the effect of the improved child protection systems and functions of the groups of PSWs;
iv) Strengthening and documentation of child participation in selected settings in terms of voice, space, audience and influence.[22]

7.3.4 Advocacy

The last area of intervention is awareness raising, lobbing and advocacy. This has a two-fold target: (i) to influence authorities and decision makers to acknowledge their obligations of quality care for children and (ii) to mobilise for sympathy and support to the case of AC by the wider public.

Achieving significant outcomes in terms of stronger policy and improved services as a result of advocacy is highly dependent on strong platforms such as joined forces in local and national platforms, networks and coalitions. In phase I, the MAs focused on getting the basics in place, and to a lesser extent they have been successful (with SOS KE as an exception) in participating in collaborative platforms for advocacy at national level. However, all MAs are participating in government-led working groups. SOS, together with core and strategic partners, has at local level engaged in coordination, lobbying and awareness raising, addressing local leaders and advocating for quality in care for children. The CISU Monitoring Report (October 2018), states e.g. that SOS is playing an instrumental role in the Kenyan Alternative Care Alliance: "While the SOS brand can create access to official forums and media coverage for the Alliance, ownership, influence and access should also be given to the rest of the Alliance".[23]

For phase II, advocacy is the main component and the following modalities for the development of strong advocacy in line with the regional advocacy strategy will be elaborated:

i) Documenting cases where advocacy has led to national governments increasing budget allocation and otherwise supporting children living in AC, including strengthened general child protection measures;
ii) Messaging and campaigning, based on evidence generated in research, surveys and studies, elaborated in partnership with academia, research institutions and alliance partners;
iii) Raising public awareness through media campaigns (SoMe, radio and TV), publications, and networking activities;
iv) Promoting AC through a variety of new initiatives and/or reinforcing existing international structures[24]

7.4 Research – an enabler

A prominent input to all the components is research and documentation, which therefore will feature more prominently in phase II. The advocacy component especially needs evidence-based research and analysis to formulate messages, positioning and input to policy development. The social action research carried out as part of phase I has helped to answer some questions and raised new ones. Topics for further studies include i) Cultural aspects and influences – perceptions and attitudes towards foster care and adoption; ii) psychological effects on children living under multiple caregivers in different families – versus kinship care (longitudinal study); intra-sibling conflicts in AC families; iii) nexus between AC and street children/teenage pregnancies; iv) impact study (tracer study methodology).

[22] Lundy, L. (2007). Voice is not enough. In *British Educational Research Journal*, Vol. 33, 8 (pp- 927-942)
[23] Report, Monitoring visit SOS Children's Villages, CISU, October 2018, p. 10.
[24] SOS Danish, Nordic and European AC platform – along with engagement in the Better Care Network. At international level, the SOS advocacy strategy is engaged with international stakeholders aiming e.g. for recognition of the family-like care model specific to SOS.

Any research will obviously need prior approval and validation by government before planning, execution and publishing of results. A research plan will be endorsed in the inception phase of phase II, including a publication and information strategy brief. Linkages with the Makerere University and academia in the participating countries may also be used to develop a concept for a longitudinal study of child wellbeing. The fruitful partnership with the Fairstart Foundation also brings a network within academia that may be used in developing this study.

7.5 Sustainability

Sustainability is obviously an issue when working with AC. However, SOS aims to adopt a range of initiatives in order to build sustainability and self-reliance at various levels. The first phase focused on identifying the kinship and foster care families and their needs and providing some basic training and guidance from field workers (SOS location staff, SOS volunteers and trained PSWs). Kinship and foster families often live in the same level of poverty as their neighbours in the communities and during the first phase, the programme therefore supported some of the caregivers with basic services such as IGA support, scholastic material for the children and in very few instances essential house refurbishment. The next phase of the programme will focus on linking with external service providers for economic, organisational and political sustainability, both among civil society actors (core or strategic partners) or government schemes. This will include support for families in registering as kinship care with the authorities (like the Chief's office in Kenya) as this gives access to national cash transfer programmes. Also, VSLAs and other IGA activities[25] will be promoted with the inclusion of kinship and foster care families, aiming to improve livelihoods and make sure families are able to provide a stable and nutritious diet for all the children in the household.

7.6 Cross-cutting concerns

A rights-based approach: SOS works from a child rights-based approach based on the four pillars of the UNCRC of child survival and development, the best interest, right to be heard and non-discrimination. In all our work, our approach is guided by a human rights framework of participation, accountability, non-discrimination and transparency. Main reference is the UNCRC, and other child rights instruments, such as the African Charter on the Rights and Welfare of the Child and, most prominently, the UN Guidelines. In addition, the SDGs form a basis for addressing poverty (1), hunger (2), health (3), education (4), gender and inequality (5 and 10) and violence against children (16,2).

Age: According to the UNCRC, a child is any individual under eighteen years of age. The development and abilities of children vary significantly at different ages and development stages and calls for specific concerns and arrangements in the family providing care in order to accommodate any age-related needs. In the field of AC, age must have a bearing on the way the individual child is consulted and influence placement procedures.[26] Age comes with a range of culturally defined expectations and responsibilities, which must be considered, also termed the "social age".

Gender: In SOS projects all over the world, respect for gender equality is a key priority. SOS commits to equal opportunities for girls and boys and fights discrimination and exclusion in any form. Gender roles and responsibilities are strongly influenced by cultural norms and values, and often influence access to services such as care, education and health. Girls and boys suffer in different ways when they lack parental care and being an orphan manifests itself in a gendered way. More boys than girls end up on the streets, while more girls than boys are trapped as domestic workers. Both boys and girls are at risk of sexual exploitation and different kinds of violence, however girls remain proportionally most at risk. Responsibilities are influenced by sociocultural gender role, e.g. in the types of household chores boys and girls respectively perform. The

[25] The programme may liaise with other NGOs with expertise in IGA VSLA or it can draw upon other SOS programmes in the same municipalities that already run IGA or have VSLAs.
[26] This principle is underlined in the Guidelines on Alternative Care in paragraph 6 and 57 and UNCRC, art. 12.

programme will, in training and via planned research, bring more knowledge of the issue of gender related impacts for children deprived of parental care.[27]

8. Intended target groups

Phase I had a primary target group of 50 children, mainly placed in kinship care, with a few in foster care. Phase II will continue to monitor the well-being of these children (longitudinal study) but the caregivers will be exited from services when they have reached self-reliance, similar to how vulnerable families are treated in the family strengthening programme. Phase II will therefore take in new children living in AC in order to reach a total of at least 100 new children in each country at location level.

Other target groups are the caregivers of these 100 children, and child protection committees at local level. PSWs remain a crucial target group and phase II will work more strategically to support the PSWs in their intermediary function of supporting AC families and in recognising their role between the private and the public spheres with a systemic perspective of a whole district. A number of core CBOs and NGOs will identified with continued targeted capacity building efforts and advocacy strategies will be formulated and carried out in collaboration with like-minded alliance partners and media.

Local and national authorities and government officials will be targeted through training, campaigns and working groups, in order to share findings from pilots, studies and research, to influence budget priorities and to increase the quality and stability of care and other services provided to children who are temporarily or permanently deprived of parental care. All work targeting duty bearers will have a focus on how to maximise impact and make sure promising practices at local level inform and inspire the development of polices and legislation for quality AC and protection. Finally, internal capacity building in SOS will form part of the plan.

9. Proposed results framework and reflection on the proposed M&E system for the programme

Monitoring and Evaluation will be strengthening in phase II in order to ensure the relevance, efficiency and effectiveness of the project interventions. During phase I the main focus of project monitoring and evaluation was built around quarterly and annual reporting; including routine MA monitoring support by the regional office and SOS DK. The programme has also systematically undertaken annual face-to-face review meetings where location and national staff from the countries involved met to discuss the achievements and plan for the year to come. During the two years that have passed, it has been clear that closer guidance and monitoring of the programme is needed because of the novelty of the programme. In the last six months of 2018 the countries have shared monthly commented finance reports and this will continue in 2019, but is expected to change to quarterly reports when starting up phase II. A revised M&E plan includes the following steps:

M&E activity	M&E output	Responsible
Monthly meetings at location office (with other project staff for synergy)	Report to National office (finance and narrative)	AC Coordinator (location)
Quarterly meetings between local and national office (National AC advisor, AC Coordinator, Advocacy advisor and M&E coordinator)	Report (finance and narrative) to IOR and SOS DK Knowledge sharing with other colleagues	National AC advisor
Monitoring visits by regional AC advisor and SOS DK	Monitoring visit reports with action points shared with MA	Regional AC advisor Programme manager, SOS DK
Annual reports from MAs are revised and consolidated at IOR level	Annual report (finance and narrative) to CISU	Regional AC advisor Programme manager, SOS DK

[27] Gender aspects are reflected in the paragraphs 80–100 in the Guidelines on Alternative Care.

Annual audit	Report to National Office, IOR and SOS DK	Finance controller
Midterm review	Midterm review report	National AC advisor
Final evaluation	Final evaluation report	National AC advisor
Peer-learning		
Quarterly skype meeting among MAs (location and national staff)	Knowledge sharing, minutes of discussions shared	MAs
Annual learning review meeting with MAs and AC experts	Knowledge sharing, workshop report informing planning.	Regional AC advisor Programme manager, SOS DK

M&E coordinators will be more closely involved in the planning and execution of the programme. Improved internal systems in the organisation, like the updated Programme Database and Results Based Management (RBM) systems, are being implemented globally and two of the three countries involved in the present programme have already been trained and are adopting RBM for improved outcome harvesting. Learnings will be nurtured in the design and implementation and shared as the programme progresses internally in the countries, externally with partners and beyond the implementing organisations to regional child rights actors, academia and the global SOS federation.

10. Intended programme management structure, including added value of the Danish organisation

In terms of the management structure of the AC programme, it is expected that it will be similar to that of the first phase. At country level the programme is proposed to have the following staff members: programme officer (location level), alternative care advisor (national level, 20%), advocacy advisor (national level, 30%), M&E (national level, 20%), accountant (location/national level, 30%). From the regional office the support to the MAs will include a full-time alternative care advisor and a full-time grant manager/finance controller.

SOS DK has invested more in the human resources supporting the Alternative Care programme as mentioned in section 5. Consequently, in terms of HR, the added value is the technical expertise of a programme manager, with a Master's degree in Children's Rights and specialisation in alternative care, now dedicated nearly entirely to the programme, as well a part time social worker also specialised in case management and AC systems, now doing a Master's degree in African Studies. From an organisational perspective, SOS Denmark is also investing in the AC agenda by taking a leading role in the federation and by supporting the establishment of a Danish AC network of NGOs, service providers, AC leavers and academia. This will help bring different voices into the discussion of AC in Denmark (information work), across the SOS federation and beyond, as it contributes to the global learning loops within the global community of actors involved in AC.

11. Timetable for drafting the programme document

Time	Process
1 February	Draft concept submitted
February	Kick off Fairstart training (second round), dialogue with participating government representatives about phase I and II. Meeting with UNICEF and Better Care Network, Nairobi
February	RevApp, Bente Topsøe – in Rwanda and Tanzania
March-May	Country monitoring visits by programme manager from SOS DK and regional and AC advisor
10 April	Final concept note
May	AC training to SOS staff (ToT) by Makerere University
10-14 June	Formulation workshop in Kenya with stakeholder involvement (UNICEF and Better Care Network)
11 September	Programme document for phase II

12. Budget summary

Turnover Budget	2020	2021	2022	2023	Total
A. Expected Liquid Funds (funds raised in Denmark)	-	-	-	-	-
B. Programme CSP Funds	4,200	4,200	4,200	4,200	16,800
C. Expected Co-financing	193	185	193	185	757

Expenses Budget (Details below)	2020	2021	2022	2023	Total	% of Total
1. Programme Activities (PPA)	3,861	3,707	3,861	3,707	15,138	86%
Hereof Technical Assistance (TA)	*212*	*212*	*212*	*212*	847	*6%*
2. Other Activities	219	366	219	366	1,171	7%
Hereof Technical Assistance (TA)	*92*	*92*	*92*	*92*	368	*2%*
3. Auditing in Denmark	25	25	25	25	100	1%
4. Administration contribution (Denmark)	287	287	287	287	1,149	7%
Total Expenses Budget	**4,393**	**4,385**	**4,393**	**4,385**	**17,557**	**100%**
Liquid Funds (A) in % of total PPA	0%	0%	0%	0%	**0%**	
Co-financing (C) in % of total PPA	5%	5%	5%	5%	**5%**	