
# Care Reform Workshop Report

## London, United Kingdom

**September 11–15, 2017**

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USAID FROM THE AMERICAN PEOPLE

MEASURE Evaluation

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# ABBREVIATIONS

| | |
|---|---|
| APCA | U.S. Government Action Plan on Children in Adversity |
| CCT | country core team |
| CSO | civil society organization |
| DCOF | Displaced Children and Orphans Fund |
| DDU | data demand and use |
| M&E | monitoring and evaluation |
| MEval | MEASURE Evaluation |
| MOH | ministry of health |
| NGO | nongovernmental organization |
| OVC | orphans and vulnerable children |
| USAID | United States Agency for International Development |

# INTRODUCTION

## Background

The United States Agency for International Development (USAID) Displaced Children and Orphans Fund (DCOF) works in countries around the world to improve the safety, well-being, and development of vulnerable children, with particular attention to preserving and facilitating their access to appropriate, protective, and permanent family care. As part of its mandate, USAID/DCOF assistance works to advance the overall goal of the U.S. Government Action Plan on Children in Adversity (APCA) to ensure that children grow up in protective family care and free from deprivation, exploitation, and danger. In support of key country priorities and in line with APCA objectives, USAID/DCOF-funded activities focus on assisting families to better care for their children, reforming national systems for children's care, strengthening child welfare and protection policies, and developing and operationalizing the local systems needed to sustain program efforts. Strong country ownership, commitment, and leadership are essential to this effort.

USAID/DCOF has engaged USAID-funded MEASURE Evaluation (MEval) to build on and reinforce current U.S. government programming on child care and protection in four countries: Armenia, Ghana, Moldova, and Uganda. MEval works globally to strengthen country capacity to gather, analyze, and use data for decision making to improve sector outcomes.

The overall goal of this USAID/DCOF-funded activity is to intensify country leadership in advancing national efforts on behalf of children who lack adequate family care: that is, national care reform. MEval is working to strengthen capacities of government partners to accomplish the following:

- Provide leadership in implementing a structured assessment of national care reform systems and strategies using a standardized framework/tool
- Identify gaps and continuing needs in care reform
- Develop plans to address priority needs
- Establish indicators and systems for regular assessment of progress and monitoring of results against country plans for care reform

Throughout the activity, MEval will promote learning across the four collaborating countries. As a part of this learning and collaboration, MEval held a five-day workshop in London with representatives from each of the four countries. The workshop agenda is provided in Appendix A.

## Purpose and Participants

The workshop provided participants with an opportunity to share experiences in national care reform strategies; learn from leading international experts in care reform from Lumos, Better Care Network, Child's i Foundation, Hope and Homes for Children, and Family for Every Child; review and begin adaptation of the self-assessment tool; and participate in M&E capacity building sessions in the areas of data demand and use, M&E basics and indicator development, and M&E system strengthening.

The objectives of the workshop were to accomplish the following:

- Foster collaboration across the four countries.
- Review and revise the assessment tool and tailor it to each country's context.

- Develop a country assessment plan that includes stakeholder involvement, timeline, and responsibilities.
- Build participants' technical capacity for M&E and care reform.

The workshop was attended by participants from each of the four Country Core Teams (CCTs) including representatives from government, civil society organizations (CSOs), the USAID mission, and UNICEF, as well as representatives from USAID Washington and MEval. In total, there were 58 participants (42 women, 16 men). The participant list of country stakeholders is provided in Appendix B.

The workshop agenda was developed collaboratively with technical advisors from DCOF and with input by representatives from each of the four countries.

### Organization of the Report

This report outlines the workshop sessions and provides highlights, key discussion points, and action items.

# COUNTRY PRESENTATIONS

As part of efforts to foster information sharing across countries, each CCT gave a presentation on the status of its care reform based on a template provided by MEval. In some of the countries, presentations were shared with other stakeholders prior to the workshop to gain further input. Each country presentation was followed by a Q&A session. All country presentations and country timelines can be found on MEASURE Evaluation's alternative care reform web page: https://www.measureevaluation.org/our-work/youth-and-adolescents/alternative-care/. Resources on each country's approach to care reform are available on the Better Care Network website (http://www.bettercarenetwork.org) by browsing for each country. The notes below summarize key points from the discussions during each Q&A session in the order in which they were presented.

In Ghana and Uganda, there are some major differences in the regulation, management, and funding of residential care institutions compared to Armenia and Moldova. In the Eastern Europe and Caucasus region, facilities are almost exclusively run and financed by the government. In the African context, residential institutions are largely private institutions funded by non-state actors such as NGOs or faith-based organizations mostly based in North America and Europe. Governments in Ghana and Uganda have challenges with the oversight of these facilities, and many of them are unregistered and unregulated.

### Moldova

Moldova's presentation was given by Minister Stela Grigoras from the Ministry of Health, Labour, and Social Protection. Her remarks generated discussion around the country's substantial progress in reducing the number of children in residential care, its strategies to reduce corruption in adoption, the benefits provided for different types of alternative care, and the social service workforce that has been created.

Moldova has been able to substantially reduce the number of children in residential care through a combination of political commitment, increased resources, support from NGOs and development partners, and communication and advocacy. All residential institutions in the country are funded by the state and it was

necessary to garner the support of high-level political actors and local authorities in order to commit to child-care reforms. Additionally, deinstitutionalization required budget allocations and the allocation of transitional costs. To move children out of residential care, it was necessary for all staff to be involved in change-management training to understand what reforms were available and the potential role staff could play in the future in reform. Many staff members have become support staff in education, foster carers, or staff working in group homes.

There have also been reductions of children going into alternative care, which is largely dependent on gatekeeping commissions at the local authority level. There is an increased emphasis on social inclusion for children with disabilities. Family support services allow families to receive various types of support (including financial) to facilitate the reintegration process. Families can also be supported by means-tested benefits for vulnerable households (called "*Ajutor Social*").

Foster carers in Moldova are paid by the local authorities and programs are supported by accredited NGOs. It took eight years (and several pilot programs) to convince the government that these are essential services and that foster care allowances should be statutory. Special support services and financing mechanisms are required to meet the needs of young children with disabilities in the country, such as through respite care.

Residential care facilities have been reorganized depending on local needs and on the profile of beneficiaries and the general population in each area. Many facilities have developed transformation plans. However, proposed services were often too expensive, or the population was not in need of the type of support proposed. As a result, many facilities have been closed. Other facilities have transformed into schools, small group homes, social apartments, or homes for the elderly.

To reduce corruption within Moldova's adoption system, a dedicated board was established within the Ministry to examine every adoption process in a transparent manner. Only accredited agencies can work in international adoptions in Moldova and clear monitoring mechanisms are in place to regulate the process.

The implementation of these programs required a strong social assistance workforce. Trainings started in 1995 and NGOs have been promoting social work actively. Universities also have been encouraged to teach social work. Subsequently, NGOs have worked with universities and provided feedback to ensure that updates and practical training are included in curricula. The social assistance workforce has a legal and institutional framework. By law, social workers must be university trained (however, this is not yet fully enforced in practice).

## Ghana

The Ghana Core Team had three presenters from the Department of Social Welfare: Daniel Nonah, Director; Yvonne Norman, Head of Care Reform Initiative; and Alexis Dery, Technical Coordinator of Care Reform Roll-Out. Their presentations covered a range of topics.

They explained the cultural traditions and norms of informal and community-based care of children. In 2007, the Department of Social Welfare, with support from UNICEF and OAfrica, established a government unit called the Care Reform Initiative. Its objectives are to promote family-based care, reduce the number of children in residential care institutions and reintegrate them back into family-based care, prevent unnecessary

child-family separation, and provide alternative care services such as adoption and foster care. Overall these efforts have resulted in progress in shifting from residential care to family-based care.

The team's presentation generated a lively discussion. Participants asked questions about reintegration and reunification, the assessment of the situation of children post-reintegration, and children's well-being after reunification. Two UNICEF-supported NGOs in Ghana (Challenging Heights and Brave Aurora) are in the field assessing children post-reintegration and their home and school environments. The Ministry of Gender, Children, and Social Protection is currently looking into the situation of children post-reunification and is evaluating care reform from 2007–2017.

Ghana's National Child Family Welfare Policy has a strategy to mobilize traditional religious and cultural leaders. The policy outlines their roles in taking responsibility for children and helping to deal with cases of child protection and child welfare.

Participants asked whether there was a screening process for foster carers. An NGO called Bethany introduced a foster care training program and recruits new foster carers from churches. The training is 40 hours long and is approved by the Department of Social Welfare. It covers topics such as trauma and attachment and helps equip potential foster carers to respond to the different needs of the children they will care for (for example, biological and non-biological children). Foster carers are also required to pass a police check and a medical examination. This information is complemented by a family study report and a child study report before the child placement is made.

Participants were also interested in whether foster care parents were paid. In Ghana, they are not paid. Since poverty is a key driver of children entering residential care, there is a concern that some foster parents would only be interested in caring for children for financial gain, rather than for the well-being of the child.

Regarding the role of NGOs in this system, participants asked whether Ghana had a procedure to license NGOs that run residential care homes and if so whether the procedure was effective. Ghana has national standards for licensing NGOs running residential care homes. The standards require looking at the home's physical structure, staffing, and capabilities, and the reasons children are coming into its care. Ghana is currently revising its licensing process to include additional areas to increase its effectiveness.

At the district level, under the Children's Act, the decision to place children in residential care is with the Department of Social Welfare and the District Assembly. The Department of Social Welfare is responsible for monitoring the situation; however, this is challenging because there is only one government social worker/welfare officer per 34,000 children. The Children's Act also requires a foster care placement committee at the regional level to make decisions based on information provided by the district officers. This is not being implemented yet. Ghana is planning to establish a Foster Care Fund to mobilize these efforts.

## Uganda

Jane Stella Ogwang, Principal Probation and Welfare Officer for the Ministry of Gender, Labour, and Social Development, presented on behalf of the CCT. This generated a discussion of a wide range of issues relating to child care reform.

Recent care reform initiatives in Uganda have focused on the reunification and reintegration of children from residential care facilities back into family-based care. To ensure successful reintegration, a tailored reintegration package is often provided. The package takes into account the underlying causes of separation and is designed to ensure that families can provide a safe and secure home for the child. Civil society organizations, such as Transcultural Psychosocial Organization (TPO) Uganda and Child's i Foundation, have piloted interventions involving individualized case management (careful assessment, planning, preparation of families and communities, follow-up by case workers, and home visits by parasocial workers) to ensure that the child is safely and effectively reintegrated back into his or her family and community), training in parenting and vocational skills, education support, and in some circumstances cash grants.

Participants noted that reintegration is a sustained and complex process that must be handled carefully to be effective. For example, children can become accustomed to quality of care in child-care institutions (more commonly referred to as "orphanages" by the public) which may be different than what is provided in a family (such as food, furniture, and electricity). This can undermine effective reintegration.

The National Child Policy currently under development underscores the need to strengthen and support families and identifies priority actions to prevent unnecessary family-child separation and ensure successful reintegration. Once the policy is approved, a costed implementation plan (for 2017–2022) will be developed with anticipated support for appropriate interventions.

The United Nations Guidelines for the Alternative Care of Children state that decision making on alternative care in the best interests of the child should take place through a judicial, administrative or other adequate recognized procedure. Uganda's Ministry of Justice and Constitutional Affairs is a main actor in the continuum of care reform. Courts are mandated to receive and review applications and issue care orders (which must include social inquiry reports by the probation and social welfare officer) for children in need alternative care.

As part of ongoing efforts to strengthen the social service workforce, the National Association of Social Workers of Uganda was established to enhance professional growth and development, create and maintain professional standards, and promote best practices. The association is in the process of developing guidelines and regulations that social workers must follow.

Parasocial workers are increasingly used in Uganda because the social service workforce is not large enough to meet the growing needs of families and child-care institutions. Parasocial workers are identified as "people of integrity" in their communities, based on their skills, experience, and knowledge. They are not currently paid but are incentivized by increased status, respect, training, and small items such as t-shirts and bicycles. A training manual has been developed to train parasocial workers on their roles and responsibilities, such as how to identify children in need of alternative care, report and handle cases, and refer cases to probation and social welfare officers. A proposal is under consideration to institute educational and qualification standards for recruiting and providing opportunities for parasocial workers to upgrade their qualifications through university-based social work -training programs, such as a two-year diploma in social work.

## Armenia

Sona Harutyunyan, Deputy Minister of Labour and Social Issues for Armenia, discussed prevention of institutionalization, graduation from residential care, deinstitutionalization for young children, the transformation of institutions into support and daycare centers, alternative care for children with special needs through a network of inclusive schools, patterns in common alternative care options, and monitoring of the alternative care system.

Armenia is in the process of deinstitutionalization and transformation of night-care residential institutions and special schools in Syunik and Lori. Most children will go back to their families; some will go to foster care. Armenia is outsourcing family assessment and support services to NGOs so that children and their families can be supported during the transition process. Armenia is transforming former Soviet-era special education schools into pedagogical and psychological support centers for children with special needs and other vulnerable children. These institutions are designed to build the schools' capacities and provide daily support to assure full integration of children with special needs in mainstream schools.

Armenia aims to close all residential institutions and special schools by 2025 and to have inclusive education for the entire country. The 2025 target is a new concept and has not been fully communicated to the general public to get widespread support. Armenia wants to change the culture and practice of ordinary teachers to embrace inclusive education. The country needs additional funding for transformation of special schools and other care reform measures.

Graduation from orphanages happens when a child turns 18. However, state funding for these graduates is limited. Some receive social apartments, legal services, and employment training. A few receive support from non-state organizations, such as SOS Children's Villages where orphanage graduates can live in social apartments, study at universities, or be trained for jobs.

Armenia has legislation addressing adoption. Children eligible for adoption should be those without parents (parents are deceased, without legal rights, or cannot be found). If children are older than 10 years of age they are asked if they want to be adopted; some children decide to stay in institutions.

About 80 percent of children who have been deinstitutionalized return to live with their biological families and about 5–10 percent return to institutions. Many families are eager to be involved in foster care; there is the potential for more children to end up in foster care rather than in institutions.

Monitoring of the alternative care system is carried out by state agencies and NGOs. The Ministry of Labour and Social Affairs has developed a new M&E policy with donor support and is conducting regular monitoring and annual evaluation of services. The NGOs use donor support and grants to conduct evaluations of alternative care institutions. Transparency International supported a recent evaluation that will be used to assess the quality of services provided to children with disabilities. Armenia is looking forward to adapting and using MEval's assessment tool and using the results from the assessment in future decision-making processes.

# GUEST SPEAKERS

Key experts gave presentations on different aspects of care reform throughout the week. Brief summaries of each Q & A discussion are included in this section. The presentations can be found on the MEASURE Evaluation website, here: https://www.measureevaluation.org/our-work/youth-and-adolescents/alternative-care/.

## Florence Martin, Director, Better Care Network

Florence Martin discussed the role of the Better Care Network (BCN) and presented an overview of the UN Alternative Guidelines. BCN is an inter-agency network of organizations committed to supporting children without adequate family care around the world. It serves as a knowledge hub for those working on issues related to children without family care. Its website (www.bettercarenetwork.org), provides opportunities for active information exchange, collaboration, and advocacy for technically sound policy and programmatic action at global, regional, and national levels. The website includes country pages and is accessed by care practitioners, policy makers, researchers, and donors from more than 191 countries. The BCN newsletter reaches more than 4,000 care experts and organizations.

At the end of her presentation, Ms. Martin noted three key resources:

- A free online course on the UN alternative care guidelines. Retrieved from http://www.bettercarenetwork.org/news-updates/events/getting-care-right-for-all-children-implementing-the-un-guidelines-for-the-alternative-care-of
- *Moving Forward: Implementing Guidelines for the Alternative Care of Children* (a handbook). Retrieved from http://www.bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/moving-forward-implementing-the-guidelines-for-the-alternative-care-of-children
- The *Tracking Progress Tool*, which provides an online portal for entering information related to implementation of the guidelines. Retrieved from http://www.bettercarenetwork.org/library/social-welfare-systems/data-and-monitoring-tools/tracking-progress-initiative-measuring-progress-in-the-implementation-of-alternative-care-guidelines

She stressed the role of the state and its obligations to monitor, regulate, and oversee the quality and appropriateness of all alternative care based on judicial and administrative procedures, regardless of who is funding and running residential institutions.

Participants had questions about the responsibilities of parents and the government when children are put into the alternative family care system. The responsibility varies in each country, but is generally determined by a judiciary body. Ms. Martin acknowledged the importance of balancing the rights of the parents and the rights of the child. There was also a discussion related to data, and how the UN guidelines indicate that states must collect individual data on every child outside of parental/family care, since these children are the responsibility of the state. Finally, there was a conversation regarding the guidelines for shutting down large-scale institutions. Participants noted that large-scale can be defined differently in different contexts. For example, in Moldova, the largest institution has 25 people; in Uganda some institutions have more than 500 people. Participants agreed that there must be a standard definition of what constitutes large-scale in each country, so they can accurately measure whether their actions fit that definition.

## Alex Christopoulos, Deputy Chief Executive, Lumos

Lumos is an organization that works to end the institutionalization of children and replace institutions with community-based services that address the health, educational, and social needs of children and their families. Mr. Christopoulos discussed the relationship between child trafficking and institutionalization, particularly in orphanages. He provided an overview of how institutions and trafficking create a cycle in which children are trafficked into orphanages, trafficked out of orphanages, and then placed back into orphanages. By promoting deinstitutionalization, Lumos seeks to end child trafficking around the world.

Participants had questions about institutional funding and how that can either reduce child trafficking or support deinstitutionalization. Mr. Christopoulos noted that it is preferable for donors to go through government financial systems rather than faith-based organizations. That way, governments pursuing deinstitutionalization can better manage funding and steer funds away from institutions and towards alternative forms of care. He noted the example of Moldova, where a mechanism has been developed for reallocating institutions' budgets to new community based services, thus allowing the country to increase care reform.

## Camilla Jones, Senior Technical Specialist, Family for Every Child

Family for Every Child is an inter-agency group that focuses on children's reintegration in several ways:

- Prioritizing family unity
- Embedding a child protection system
- Using a rights-based approach
- Doing no harm
- Engaging with a range of stakeholders.

The group emphasizes the reintegration of children with their families using a case management approach that includes assessment and care planning, preparation of children and families, initial contact with family and reunification, and post-reunification support and case closure. *Guidelines on Children's Reintegration,* a resource developed by the group, is available online for free at https://familyforeverychild.org/our-impact/guidelines-on-childrens-reintegration. The report provides case studies from Mexico, Nepal, and Moldova.

Ms. Jones clarified the difference between reintegration and reunification. Reunification is one step in the reintegration process. Reunification involves officially handing the child back to the family, while reintegration is the entire process of ensuring that the return of the child is not a one-off event; it involves planning, considering the original causes of separation, monitoring post-reunification, and providing adequate preparation and support to the child and families during the reintegration process.

Participants had questions about supporting families who have voluntarily placed their children in residential care for various reasons and how governments can create favorable conditions for them to reintegrate their children. Ms. Jones recommended following good case management practices when resources are constrained and being realistic about what can be achieved. She noted there are different types of reintegration and sometimes small steps can be more effective than trying to do too much at once.

Participants also had questions on the recommendation to build a child welfare workforce to encourage reintegration. The guidelines developed by Family for Every Child refer to the Global Social Workforce Strengthening Alliance (http://www.socialserviceworkforce.org/). The Alliance seeks to create and strengthen a global workforce of social welfare workers with three tiers of staff: professionals, paraprofessionals, and community volunteers. This model can create a stronger support system around reintegration.

## Guest Speakers Panel

A guest speakers' panel featured Delia Pop, Director of Programmes and Global Advocacy for Hope and Homes for Children, and Lucy Buck, Founder and Chief Executive Officer of Child's i Foundation.

Dr. Pop focused on deinstitutionalization, child protection, and care reform. She compared and contrasted experiences from Africa and Europe, and highlighted lessons learned in care reform. She noted that the reasons for placing children in institutions are typically the same in Africa and Europe (poverty, lack of social protection for supporting families, and displacement), but there are differences in how these institutions are regulated, managed, and funded. For example, European institutions are publicly funded and institutions in Africa are privately funded.

Dr. Pop highlighted several lessons learned globally from her work in care reform. First was the need of those working in care reform to de-mystify academic terminology and explain how to change the paradigm from one that separates kids from their families to one that supports families and communities to provide better care for children. She emphasized the need to understand the context of different care situations and the nuances and realities of separation in different settings in order to adapt policies based on a common set of principles. She said the decentralization of services to local levels needs to be incentivized so that the development and delivery of services are supported by adequate financial and human resources. Dr. Pop emphasized that all residential child care institutions should be closed, with financial resources redirected instead to follow children in families and communities. Political will is a critical milestone for prioritizing care reform issues and placing both internal and external pressure on stakeholders to make reform happen. She said that the key indicators for systemic change were needed in the areas of political will, evidence and know-how, resources available for reform, and civil society.

Ms. Buck shared her personal experience as a volunteer in an orphanage, where she discovered that she was helping to perpetuate the problem of children being separated from family care. A former journalist, she discussed the value of using communication strategies and storytelling to gain support and recognition for care form. She talked about a government-led campaign in Uganda to promote local fostering and adopting. The campaign used church leaders, radio, billboards, and social media to tell stories and reach a broad audience. She encouraged people working in care reform to use low-cost social media methods to start changing norms of the general public, and to reach out to all stakeholders (residential institutions, donors, probation officers, families, and children) as part of the solution.

Both Dr. Pop and Ms. Buck emphasized the need to close all residential institutions. They said that improving conditions and social work practices inside an institution would only produce a revolving door. This generated discussion amongst participants. Dr. Pop reiterated that, based on the necessity and suitability principles, residential care institutions should be closed, and every child should be provided with suitable

alternative services that are timely and matched to the circumstances of the child. However, residential care can be appropriate in limited, specific situations (such as "safeway" or transit homes for abandoned children and the provision of therapeutic or specialized care). It is important to define what a country means by institution.

They discussed the use of small group homes, noting the importance of following best practices to ensure such facilities are only used as a last resort in serving the best interests of a child. They highlighted the following best practices:

- No children under three years of age are placed in a group home.
- Group homes are integrated into the community with household size matching family sizes of that community.
- Children in group homes are integrated in their community and able to spend time outside the care facility.

Participants asked how to ensure that children with special needs and disabilities are not left behind, especially in countries that do not have resources for alternative care placements. Dr. Pop discussed the importance of training specialists to help prepare such children for transfers outside of institutions, to connect with families and communities to start developing services, and to help change local norms and attitudes around disabilities.

# ASSESSMENT TOOL

On the second and third days of the workshop, the focus was primarily on involving country teams in reviewing and adapting the structured self-assessment tool developed by MEval. The tool measures a country's status on implementation of the United Nations' Guidelines for the Alternative Care of Children. It helps teams assess alternative care and the care reform process using a systems lens. The key systems components include: leadership and governance, workforce, monitoring and evaluation (M&E) and information systems, financing, service delivery, and social norms. Mari Hickmann of MEval initiated this review by giving a presentation on the tool structure and review process.

Each CCT completed a matrix with recommended revisions for their country. MEval facilitated two plenary sessions to collect feedback from CCTs on the tool, one on Day 2 and other on Day 3. The feedback is summarized below.

## Assessment Tool Overall Feedback

Overall, the country teams had positive feedback on the assessment tool. They found it well structured, clear, easy to understand, and applicable to the local context. Participants from Moldova and Armenia had comments on the translation of some terms within the tool. They also requested some terms to be added to the list of definitions associated with the tool.

While the teams reviewed the tool, some of the CCTs discussed potential actions to be taken to improve implementation of the UN alternative care guidelines. In the Armenia team, the Ministry of Labor and Social Affairs (MLSA) indicated its plan to adapt the care reform systems assessment tool for assessing reforms in

other sectors, in particular reforms in integrated social services provision. As the Uganda CCT reviewed the assessment tool at the workshop, its members determined the need to review the Uganda Alternative Care Framework (2012) and the Action Plan on Alternative Care for Children (2016/2017-2020/2021) in line with the results of the participatory assessment.

More detailed feedback from each country can be found below.

## Uganda

Ugandan representatives found the assessment tool timely and believed that it will be very useful for the country, especially as they plan to revise the Alternative Care Framework (2012) to ensure that it aligns with the UN alternative care guidelines. They gave feedback on the need to align terminology in the tool with terminology used in Uganda (which aligns with definitions in Uganda's laws). For example, they noted the need to clarify how terms such as policy, strategy, and standard of practice relate to terminology that Uganda uses, such as action plan, rules and regulations, guidelines, and frameworks. Making these adjustments and clarifications will enhance understanding and implementation of the assessment tool.

Participants suggested changing how statements were scored in the tool because the three-point scale may result in a majority of responses falling in the middle, making the tool results less actionable.

Participants also had recommendations for modifications in the following tool areas:

### *Crosscutting: M&E*

- Include children living on the street as a special population.
- Include disaggregation by severity of disability, multiple disabilities, district/region, service provider, and service area.
- Remove disaggregation by ethnicity.

### *Crosscutting: Finance*

- Include release of funds and estimation of unit costs. The former is important since there is often a mismatch between budget estimates and actual release of funds.

### *Crosscutting: Alternative care*

- Service delivery: Include an assessment item that covers the multidisciplinary nature of this area.
- Modifications to the different cadres of the social service workforce may be necessary to align with the Ugandan context.
    - Include different types of social workers.
    - Remove youth care professionals.
    - Include parasocial workers.
    - Include therapists.
- Importance of data/information related to human resources: Include item on the existence of data on the number of social service workers by cadre.
- Workforce: Add curricula for training on alternative care.

***Prevention***

- Service delivery: Add question on training; relevant state and non-state actors have been trained on standards of practice.
- M&E: Include questions around data utilization to inform budgeting and programming and data dissemination.
- Financing: Include questions on release of funds and financing from non-state actors.
- Social norms are important to address here; this is covered under the DI section but could come out more strongly in this section.

***Foster care***

- Disaggregate by type, such as emergency foster care, long-term foster care, and foster to adopt.

***Residential care***

- Discussion about boarding schools, which often illegally act as residential care facilities.
- Include item on enforcement of minimum standards for residential care facilities.
- Include item on existence of number of residential care facilities and number of children in care.
- Include item: Data on proportion of residential care facilities that meet the minimum quality standards exist.

***Supervised independent living (SIL)***

- Independent living is poorly regulated in Uganda.
- Bring questions on leadership and governance down to the subnational/community level.
- Service delivery: Include question on types of support services available to help youths under SIL arrangements.
- Finance: Include item on estimation of unit costs.

***Kinship care***

- Discussion on whether kinship care should be regulated in Uganda, who is responsible for this regulation, what is the feasibility of monitoring kinship care (both in terms of quality assurance and information systems).
- Need to recognize the role of informal community systems in the assessment, as this is where the responsibility for placement of children in kinship care often falls.
    - Add item on "mechanisms exist (such as family group conferencing) to determine the best interests of child before placement in kinship care".
    - Give examples of community-based monitoring mechanisms.
- Consider adding question about social norms in this section.

***Adoption***

- Change language on legislation of intercountry adoption: aligned versus implemented.

***Family reunification and reintegration***

- Service delivery: Specify what services are available for families prior to/post reunification.
- What happens when actors do not follow family reunification and re-integration guidelines and/or standards?

***System deinstitutionalization***

- How does the question on reallocation of savings from residential care facility closures to community-based services apply in contexts where institutions are privately funded?
- Look at funding streams for residential care facilities and strategically help them to convince supporters to shift family-based care.
- Consider enforcement of reporting of institution's funding.

## Ghana

Ghana participants were pleased with the tool and had suggestions for improvement, such as adding questions under the M&E sections of the tool and removing some questions that did not relate to the Ghanaian context.

***Prevention of unnecessary family separation***

- Leadership and governance
    - Respite services are not relevant; there was a discussion around whether to include it in the assessment. It was decided to keep it for now and reassess it during the development of an action plan.
    - Discussion on including questions on subnational policies and whether they were needed, since Ghana uses a bottom-up approach where district policies inform regional plans, which inform national plans.
    - Important to capture implementation capacity.
- M&E and information systems
    - Remove ethnicity from data disaggregation.
    - Remove urban/rural distinction and replace with disaggregation by region.
- Financing
    - Importance of knowing if funds are actually released after they are estimated and allocated.
    - Include percentage of costs going to administration versus service delivery.
    - There is no national budget on prevention of unnecessary family separation.

***Crosscutting***

- Service delivery
    - Add tracing under reunification.
    - Add area on case management.
- Workforce
    - There are no child protections specialists in Ghana; there was a discussion on whether they wanted them.
    - Consider importance of caseload.
    - Decided to keep workforce categories for now and discuss them later. Some categories are aspirational, some are already present in Ghana, and some need to be refined to be Ghana-specific.

- M&E
    - Add case management information system.

***Foster care***

- Discussion on including a question on NGO costs versus government costs.
- Include gap between private sector, development partners, and government funding.

*Residential care*

- Boarding schools in Ghana are not a form of alternative care; there are boarding houses, but they are not schools.
- Add question around consequences of schools failing to pass inspections: Is there a policy on closure?
- Discussion about what to do with information on private spending on residential care.

***Supervised independent living***

- Ghana does not do this now, but participants thought it should still be tracked.
- Discussion on whether to have a special policy on this or include it as a part of another policy.
    - Potential to revise national OVC strategy to include this.
- In Ghana it is called semi-independent living.

***Kinship care***

- Kinship care isn't formalized in Ghana, but they decided to include it in the tool.
- "Relative foster care" is the term used in Ghana.
- Discussion on whether informal foster parents should receive training.
- Informal versus formal foster care.
    - Decided they do not want to formalize kinship care.

***Adoption***

- Leadership and governance are in progress.
- Add question on the existence of an M&E system.
- There is a database at the national level but not at the district level.
- There was a long discussion on gatekeeping regarding foster care, adoption, residential care, and kinship care and the role of district officers in this decision.
    - Gatekeeping starts at the community/district level.

***Family reunification***

- Discussion about whether reunification can still occur if a child is over the age of 18.
- Transition plan is needed.

- Important to understand the difference between case plans and care plans.
- Add in new questions under cross-cutting: forms that are available, if they are securely kept (system is not paperless).

*System deinstitutionalization*

- Deinstitutionalization does not necessarily lead to closure. Ghana will be left with small licensed institutions.
- Discussion of how to define large institutions: Standards and definitions need to be revised.

## Moldova

Participants from Moldova thought the tool was well structured and could be effectively implemented in the country. The team suggested edits to the wording of the tool, especially technical terminology; however, the tool was considered to be well adapted to the Moldovan context. The team suggested changes to make the tool stronger, such as adding questions on preparing children to leave alternative family care services and collecting information about the number of movements between services a child typically takes after leaving an institution.

*Tool structure recommendations*

- Change "Alternative care: crosscutting" to "Crosscutting" so that the latter is applicable to all tabs in the tool and not just those referring to various forms of alternative care.
    - Make crosscutting tab 1.
    - Ensure all statements are applicable across the tool; revise and reword if necessary.
- Include statements on social norms in all tabs.
- Rename tab 2.4 to "Guardianship/Curatorship" and rename tab 2.5 to "Custodial placement".

*Overarching content recommendations*

- Leadership and governance
    - Replace "legal provisions" with "regulatory framework".
    - Reorder first statements so first is about policies/strategies and second is about the regulatory framework.
    - Split statement on governmental and non-governmental actors into two distinct statements to allow for a more accurate assessment.
    - Review and revise tool to ensure tabs include identical statements on preparing for placement, preparing for leaving the care system, the opinion of the child, participation of the child, and the opinion and participation of parents/other carers.
- Service delivery
    - Replace "standards of practice" with "minimum quality standards".
    - Replace "national guidelines" with "regulatory framework".

- M&E
    - Split statement on governmental and non-governmental actors into two distinct statements.

- Remove "ethnicity" from disaggregation.
- Reorder list of disaggregations as follows: sex, age, locality, then tab-specific disaggregations.
- Replace "indicators to monitor provisions" with "indicators to monitor policies" and introduce a new statement on indicators to monitor services/programs relevant for each tab.

- Finance
  - Replace "financial resources" with "costs".
- Other
  - Ensure children with disabilities/special education needs are considered across all tabs in the tool.

***Prevention of unnecessary family separation***

- Replace "case management" with "social services".
- Add "services with complex emotional needs (behavioral issues)".
- Add disaggregation by risk factors for separation.

***Foster care***

- Replace "explicitly references provision of special preparation, support, and/or counselling services" with "explicitly references special preparation, and support and/or counselling services".

***Supervised independent living***

- Not currently regulated in Moldova but something they would like to consider.

***Kinship care***

- Replace "formal kinship care placement/ informal kinship care" with "extended family/ third parties".
- Revisit the examples in the brackets that should refer to public information and awareness raising on the need to make known the informal care arrangements for the benefit of the child.

***Adoption***

- Replace "has been implemented to comply with the Hague Convention" with "is in line with the Hague Convention."
- Add statement "legislation on intercountry adoption aligned with the Hague Convention has been implemented".
- Add statement on services for child during adoption process.
- Add disaggregation by siblings in family.
- Split in three distinct statements: before placement, during placement, and after placement.

***Family reunification***

- Add a new statement under the Service Delivery heading related to the existence of a mechanism for the post-integration monitoring of children.
- Add a new statement under the M&E heading on the regular collection of data related to the situation of children after reintegration in the family.

- Replace "families" with "service providers"
- Specify that statement 9 refers to children enrolled in reintegration programs, respectively children who were eventually reintegrated.
- Add a new statement 6.3 to check if the families know what the consequences are if they do not fulfill their responsibilities during the reintegration process.

*List of terms to add or modify*

- New definitions for formal care; standardized processes, therapists, social welfare officers, community development officers; specific circumstances (with concrete examples); exceptional circumstances (with concrete examples); family reintegration; and family reunification.
- Add "quality of data collection process" in definition of "data quality assurance activities".
- Provide a distinct definition for "unaccompanied children" and for "separated children".

## Armenia

Participants from Armenia found the tool useful and did not have any major disagreements related to it. Many of their suggestions were similar to those of Moldova, such as the need to modify the language and ensure translation was accurate. They also suggested that some of the key terms should be modified.

*Prevention of unnecessary family separation*

- Add probation, services for children born in custody.
- Rephrase sub-section on legislation under governance.
- Case management should not just be for children with disabilities: It should include others such as economically vulnerable children, refugees, and street children.
- Include data care centers in this section.
- Add questions under workforce section.
- Add neonatal services for disability screening.
- Add statement on prevention of domestic violence as a means for preventing family separation.
- Add donors' support under financing.

*Alternative care: crosscutting*

- Change "workforce" to "human resources" or "cadre".
- Change "Children in alternative care whose caregivers are disabled are receiving specialized support" to "Children and disabled caregivers are receiving specialized support".

*Supervised independent living*

- This does not currently exist in Armenia, but the team is checking to see if standards are available on this.

*Kinship care*

- Guardianship and trusteeship committees make decisions on kinship care.
- Need to address workforce issues.
- Need to add items to M&E section.

| *Adoption* |
| --- |
| • Add point under M&E to have a centralized system for registration of both local and international adopters. |
| *Reunification and reintegration* |
| • Add legislation on supervision of the child after reunification.<br>• Clarify the terminology of family reunification and reintegration. |
| *System deinstitutionalization* |
| • Discussion about the size for institutions and small group homes.<br>• Legislation to support outsourcing services to NGOs.<br>• Add item on risk assessment.<br>• Add points on policy for public awareness and social media.<br>• Address day care services to support families.<br>• Add funding to support families and funding to support day care centers and other family support services. |

### Country Assessment Plan Development

On Day 4, Camelia Gheorghe of MEval discussed how country implementation plans should be developed. She gave each country team a template for developing its plan through the following activities:

- Revising the tool to better adapt it to the respective country context
- Holding the self-assessment workshop
- Developing the report
- Disseminating the findings
- Using the results
- Monitoring activities based on the results

Each team used a comprehensive list of stakeholders (developed through MEval's country visits) to select which stakeholders would be involved in each implementation phase. Assessments are planned for November–December 2017. Assessment plans are provided in Appendices C–F.

## CARE REFORM DISCUSSION GROUPS

At the end of Day 3, participants broke into five groups, each group a blend of countries. The groups, facilitated by MEval, met for one-hour discussions on the following areas of care reform: prevention of family separation, foster care, kinship care, de-institutionalization, and re-unification and re-integration into family. Participants discussed challenges they experienced in this area and the solutions that were already developed or underway. They further discussed how to address challenges. Key highlights from these discussions are summarized in this section.

## Prevention of Family Separation (Facilitator: Hasmik Ghukasyan)

This discussion provided an opportunity to learn country-specific approaches for preventing family separation and some issues related to country-specific causes of separation. The main factors resulting in children being separated from their families are disability and poverty. Children with disabilities are more likely to be placed in special schools. The group discussed the following points.

- Ghana is taking actions to prevent mothers from using their children with disabilities to beg on the street.
- Armenia applies neonatal and prenatal screening for early identification of disabilities and early intervention to prevent further severity of disability. For example, support is provided to detect and eliminate perineal disorders in the brain. Children with hearing impairments obtain implants allowing them to hear from early childhood. Parents learn how to treat children with disabilities from early childhood. All of these measures lower the risk of having to separate children from the family and place them in residential institutions.
- Moldova's social workers and psychologists play a significant role in preventing child separation due to disability: They have centers where mothers and children can stay up to six months and get re-integrated and re-acquainted with each other, while mothers learn how to take care of their children with disabilities.
- Moldova is facing challenges associated with uncoordinated actions among different sectors; field policies are not considered in the context of different developments. A national residential council is in place, along with good social and education services and policies. While positive changes are happening, several ministries have merged, and the implementation of policies requires time.
- Moldova is trying to improve the social protection system in the country, especially the capacity of social workers to identify and help children with disabilities, including the "invisible" children who are hidden by their families due to the stigma associated with disability. Moldova has adopted an action plan to implement a national parenting development strategy to strengthen parents' capacity to care for their children and make them aware of support centers.
- Armenia has a three-tier child protection system that helps families solve their social issues and prevent children's institutionalization. They pay social workers in communities with at least 5,000 residents.
- Some of the countries have guardians and trusteeship commissions that assess the families' capacities for child care and provide recommendations for children to be reunified with their families or adopted by others.
- Uganda was interested in how community social workers can prevent the separation of children from their families.
- Inclusive education is the major precondition for social integration of children after deinstitutionalization. In Armenia, children at risk of institutionalization are enrolled in inclusive schools, where multidisciplinary teams and community social workers help vulnerable families and children address their needs. Armenia is moving to an all-inclusive education system with 12 years of mandatory education for all.

- Uganda mentioned that the education of girls is challenging, which was very unusual in Armenia.
- Uganda is facing community resistance to the integration in schools and communities of children with disabilities.
- Ghana was interested in what Armenia is doing with special schools for children after deinstitutionalization. Armenia is establishing day care centers with various services for families and children with disabilities.
- In Moldova, NGOs are directly involved in the deinstitutionalization process, while the government is providing the legal framework and setting quality standards. Five main NGOs are supporting families after deinstitutionalization and preventing separation. In some cases, NGOs have also provided social apartments to residential care graduates. The role of NGOs in Moldova is very significant in funding the implementation of care reforms. The NGOs are very independent in Ghana, while in Armenia they are implementing programs mostly under social contracts with the government.

## Foster Care (Facilitator: Ismael Ddumba-Nyanzi)

Foster care is used as an alternative care option as organizations and/or authorities work towards family reintegration or permanent alternatives. Foster care systems differ across the four countries in scale, approach, and supportive services provided to foster carers.

Different types/models of foster care exist: interim, emergency, long-term, specialized (especially for children with disabilities), and pre-adoption. All countries have some system in place for these aspects of foster care: decision making about entry into care; recruitment, assessment and support of foster carers; matching foster carers and children; support services for children and/or foster carers; and monitoring of care placements

However, countries are grappling with how to deliver safe and effective foster care programs to children, as the following examples show:

- Uganda and Ghana: Basic minimum quality standards for foster care service provision do not exist and there are no standardized procedures/system for initial and ongoing training of foster carers. Most of the foster care programs are small scale, mainly run by NGOs. In both countries foster carers are not paid (in contrast to Moldova). However, support services are provided to foster carers in varying degrees, ranging from financial skills training to direct material support. In Ghana foster care regulations are being developed.

- Armenia: Enforcement of quality standards remains an issue, challenged by a restrictive/narrow definition of "children deprived of parental care" and the potential for exclusion of needy cases. There is a tension between comparably high payment for foster carers versus limited support services for kinship carers.

- Moldova: Enforcement of quality standards remains an issue, challenged by insufficient support for children with disabilities, newborns, and carers. Efforts underway to improve salaries for foster carers for children with disabilities and newborns.

## Kinship Care (Facilitator: Camelia Gheorghe)

In all countries, informal kinship care has traditionally been the preferred/priority care option for children deprived of parental care.

- In Moldova and Armenia, these traditional family bonds were deteriorated during the communist regime when state residential care was considered the best alternative for such children. In Ghana and Uganda, informal kinship care is still strong but has weakened gradually over the last few years.
- According to country representatives, the key challenges to informal kinship care are:
    - Poverty, which raise difficulties for extended families to take care of a child (all countries).
    - Children of migrant parents being left in the care of grandparents, older siblings, or neighbors without formal parental consent, which impedes access to certain medical services, such as emergency surgeries (Moldova).
    - Population growth, changes in family structures, and incidence of HIV/AIDS (Uganda, Ghana).
    - Urbanization, which is taking children away from their families living in rural areas (Ghana).

Country representatives acknowledged that these challenges require an adequate policy response and that new practices might be needed to adequately cope with emerging demographic, economic and social trends.

- In Armenia, kinship care is not paid, mainly due to social norms that make it unacceptable to pay relatives for taking care of a child. Impoverished extended families find it difficult to cope and state resources are scarce. An Institute of Kinship Care has been established and a family assessment system and case management have been introduced to better target and provide tailored support to kinship carers. For each child deprived of parental care, a legal representative is appointed, as formal kinship carer (under a Trusteeship/Guardianship system).
- In Moldova, kinship care is regulated by law and, in most cases, is formalized. There are still children in informal care left behind by migrant parents. However, a new regulation now requires these parents to provide written consent, specifying who (usually grandparents or older siblings) will be responsible for the child in their absence. The regulation also requires these parents to send money to the designated carers for the raising of the child. In some cases, kinship carers are paid based on the assessment of their individual economic situation. Monitoring of children in kinship care is done by the rayon (district) directorates overseeing social protection.
- Debates are going on in Ghana and Uganda on the pros and cons of formalizing kinship care. At the same time, attention is given to preserving the traditional structures of care for children facing temporary difficulties arising from deprivation of parental care.

## De-Institutionalization (Facilitator: Molly Cannon)

While reasons for entry into alternative care are similar, the way institutions are set up varies across countries.

- In Armenia and Moldova, institutions are run wholly by the state. Both countries described progress toward de-institutionalization, and how reform was initiated by the NGO sector. They also discussed the behavior change interventions required to alter public perceptions about the value of raising

children in a home-based environment rather than in institutions. They described the work done to ensure there were alternative solutions available once institutions were closed down.

- De-institutionalization is challenging in Ghana and Uganda, where more than 80 percent of institutions are privately run and not registered with the state. It is difficult to get the institutions involved in de-institutionalization because they will lose money if they close down or reduce the number of residents. Despite these barriers and disincentives, discussions encouraged the need to change norms on multiple levels (such as parents and communities). Parasocial workers, schools, and the highest level of government are needed to advocate for de-institutionalization by helping the public understand the value of keeping children at home.

## Re-Unification and Re-Integration (Facilitator: Mari Hickmann)

Factors that result in children going into institutions are similar across countries: poverty, lack of free education, family size, and disabilities. Sometimes culture influence these decisions: Uganda had cases where mothers abandoned girls because the fathers wanted boys. Despite common causes for institutionalization, the approaches to care reform vary across countries.

- **Armenia** involves community workers in the re-integration process and in monitoring. The government has initiated reforms to close the special schools, night care institutions, and orphanages, instead creating family support services with preconditions for family reunification.
    - Inclusive education is viewed as the primary step. The government provides five times more funding for educating children with special needs and funds school-based support services through pedagogical-psychological support centers at schools. All children should study in mainstream schools, while specialists should provide support and out-of-class rehabilitation services at schools.
    - Instead of night care institutions, the government is establishing day care centers, where children return to their families in the evening.
    - Orphanages are transforming to small-group family type centers and supervised independent living services.
    - Donor organizations and NGOs provide key support to government. However, poor capacity to assess the needs of families and insufficient resources to support families and their social rehabilitation create huge obstacles for families to keep their children. Children move from one institution to another. Coordination among government agencies and NGOs creates challenges for reforms and family reunification.

  Armenia now requires 12 years of education for all children. By age 18, all children, including those with disabilities, should be in education, either in high schools or in the vocational education system. However, not all schools and vocational education institutions are ready to provide services to children with disabilities (especially those with severe and compound disabilities), so families still keep children back in institutions.

- **Moldova's** reunification and reintegration efforts are supported by a mix of government and non-government funding. The NGOs play a large role in closing down institutions and reintegrating children in their families, such as providing families with housing and other basic needs. The government is rolling out a standard national package of services.

- Reform models in **Ghana and Uganda** do not coordinate with the education sector and are NGO-based. There is no standard package of services; NGOs support reunification and provide need-based services to families. Both countries have cash transfers and economic strengthening support programs.

# MONITORING AND EVALUATION CAPACITY BUILDING

Prior to the Care Reform Workshop, MEval administered an electronic survey to assess interest in M&E capacity building sessions. Based on responses, MEval offered three concurrent capacity building sessions on Day 4 of the workshop, covering M&E systems strengthening, M&E basics and indicators development, and data demand and use. Each session included presentations, small group activities and discussions, and reporting back to the whole group. Table 1 shows the distribution of participants in each session, by country.

**Table 1. Number of participants attending each capacity building session, by country**

| | M&E Systems Strengthening | M&E Basics and Indicators Development | Data Demand and Use |
|---|---|---|---|
| Armenia | 4 | 7 | 1 |
| Ghana | 5 | - | 4 |
| Moldova | 2 | 5 | 2 |
| Uganda | 5 | 2 | 3 |
| Total | 16 | 14 | 10 |

## M&E Systems Strengthening

Ms. Nena do Nascimento and Ms. Mari Hickmann (MEval Palladium) led the M&E systems strengthening session. They focused on building a functional national M&E system through the lens of the 12 components framework originally developed by the World Bank, then refined, published and used widely by UNAIDS. It has since been used in non-health sectors[1]. Figure 1 illustrates the 12 components framework.

Participants learned about the importance of building an M&E system comprised of multiple parts: people, partnerships, and planning; collecting, capturing, and verifying data; and data use. They discussed each of the 12 components and how they apply to care reform in their countries. As an activity, participants split into groups by country and applied the first component of the 12 (leadership and governance) to their context. They discussed the organizational structures that exist in their countries for M&E of alternative care. Participants then shared what they discussed with the group, focusing on M&E roles, responsibilities, and

[1] UNAIDS. (2010). *12 components monitoring and evaluation system assessment: Guidelines to support preparation, implementation, and follow-up activities.* Retrieved from http://www.unaids.org/sites/default/files/sub_landing/files/1_MERG_Assessment_12_Components_ME_System.pdf

organizational structures are in their countries, and how they could be improved to ensure quality data are routinely collected, analyzed, and used for alternative care.


## M&E Indicators

Zulfiya Charyeva (MEval Palladium) led this session, focusing on the role of monitoring and evaluation in decision making, the development of a useful M&E plan, the steps towards results-based monitoring, and the characteristics of a good indicator. Discussions addressed the difference between monitoring and evaluation and the importance of using M&E. Participants also discussed the meaning of impact evaluation based on an example from foster care presented graphically by the trainer.

Participants learned about SMART objectives, the essential components of an M&E framework, the typology of evaluations, and the importance of data quality. They discussed inputs, process, output, and outcome, and impact indicators. They worked in pairs to review various indicators on their handouts, identify shortcomings, and develop appropriate indicators based on a checklist presented by the trainer and provided in the booklet. Their feedback to the plenary has triggered further discussion on the need to develop/select indicators that could accurately measure the desired results at the output, outcome, and impact level in the hierarchy of change. Participants also learned about the role, structure, and use of an Indicator Reference Sheet.

Participants also learned about good practices in measuring qualitative change, such as the change in perceptions and attitudes as a result of an awareness raising campaign.

## Data Demand and Use

Michelle Li and Ismael Ddumba-Nyanzi (MEval Palladium) led this session focusing on the importance of data use for decision making. They introduced key concepts in data demand and use. Participants learned about MEval's Data Demand and Use Conceptual Framework, which describes a cycle of data demand, data collection, data availability, and data utilization to improve the use of information to guide policy making, program design, management, and service provision.

Participants also learned about the technical, organizational, and behavioral determinants of data use. They were introduced to MEval's Data Use Intervention, which describes eight intervention areas that are most proximate to address these barriers and affect the use of data in decision making.

Following the presentation on core DDU concepts, Ms. Li facilitated a discussion with participants about the types of barriers to data use that exist in their countries, and the root causes of such barriers. In Moldova, one

of the key challenges described was the quality of data available and a lack of data culture in the Ministry of Labour and Social Protection. Historically, the MOH has had stronger data quality. Another challenge is data availability: Data are collated at the end of the year, which is too late for government or partners to address the challenges.

In Uganda, one of the main challenges is that the residential institutions do project-based reporting and do not report to the Ministry of Gender, Labour, and Social Development. The projects often cover a limited geographic scope. At the subnational level, data may be reported from residential care facilities or children's homes to the probation and social welfare officer (PSWO). However, Uganda does not have a centralized system for collecting these data or enforcement mechanisms for reporting them. All residential care facilities are required to submit six monthly home reports to the PSWO, according to Children Rules 2013 (on Approved Homes). However, because institutions are not all registered with the state, probation officers are not able to collect and report data from those institutions. The group discussed how administrative data are easy for schools to gather, because they need to know the number of students, so they can plan for them. This reality does not carry over into the social protection sector. Nevertheless, in both the education and health sectors, linking data to budget allocation serves as a motivation to collect data.

Participants discussed the idea of Uganda linking data collection with licensing and inspection, and imposing sanctions on institutions that do not report residential institution data. The government also needs to form a system, whether paper based or electronic, for such reporting. Participants discussed some of the financial barriers to organizing and collecting such data.

Participants from Ghana talked about the importance of clear indicator definitions that align with information needs and the importance of standard definitions to facilitate comparisons and the correct interpretation of information. They discussed the indicator "number of children not living with either parent" and how this could be interpreted differently (such as, are these children orphans, living with other family members, or living without an adult?).

There was a discussion about the importance of understanding information needs and whether data already exist to address these needs. Data are often collected without a clear plan for use, contributing to a poor culture of data use especially among data producers who are not motivated to collect and report data. A representative from the University of Ghana, Department of Social Work, shared an anecdote about how they once embarked on a data collection activity only to realize after the fact that they already had that data, but the data had not been made available in accessible formats to other key stakeholders.

The alternative care guidelines make it clear that the state needs data on every child in the system. Participants discussed the possibility of piloting incentive programs for reporting routine indicators (RIs).

# CONCLUSION

The workshop closed with an outline of next steps in the assessment process for each country. The MEval team finalized revisions to the core assessment tool in October and each country is making its final country specific adaptations and translations. Countries developed self-assessment implementation plans at the workshop, and have subsequently revised the dates slightly. The workshop dates were set as follows:

- Ghana: November 13–16, 2017
- Uganda: November 27–30, 2017
- Moldova: November 29–December 1, 2017
- Armenia: Likely early January 2018

We are currently working with Better Care Network to identify ways to share learning from the tool assessment and collaborate on information sharing across countries. We will also circulate a survey monkey questionnaire to the CCTs to identify topics for discussion (either technical or M&E focused) across the four teams. The results of this questionnaire will inform an information sharing plan across the four countries.

On the final day of the workshop, participants completed their evaluations of workshop speakers, presentations, and objectives, rating them on a scale of 1–10. Overall, participants rated the workshop a 9.5 in terms of quality. All sessions were rated at 8.5 or higher. Participants were particularly enthusiastic about the quality of the guest speaker presentations, the quality of the facilitators, and the workshop objectives related to updating and implementing the assessment tool. Full evaluation results are provided in Appendix G.

# APPENDIX A. WORKSHOP AGENDA

## Care Reform Workshop: Enhancing Government Capacity to Assess, Address, and Monitor Care Reform

**Hallam Conference Centre—Cavendish Venues**

**Regents Park, London, United Kingdom**

**September 11–15, 2017**

### Agenda

| | Sept 11 | Sept 12 | Sept 13 | Sept 14 | Sept 15 |
|---|---|---|---|---|---|
| **8:30–9:00** | **Breakfast and Registration** | | | | |
| **9:00–9:30** | 1A. Intro by DCOF | 2A. Recap of day 1 | 3A. Recap of day 2 | 4A. Recap of day 3 | 5A. Recap of day 4 |
| **9:30–10:00** | 1B. Introduction by MEval & introductions & expectations | 2B. Guest speaker: Florence Martin, Better Care Network | 3B. Assessment tool group work | 4B. Guest speaker: Amanda Griffith, Family for Every Child | 5B. Guest speaker panel: Lucy Buck, Child's i Foundation & Dr. Delia M. Pop, Hope & Homes for Children |
| **10:00–10:30** | | | | | |
| **10:30–11:00** | **Coffee Break** | | | | [Coffee will be provided during panel] |
| **11:00–11:30** | 1C. Country 1 presentation | 2C. Assessment tool introduction & discussion | 3C. Assessment tool group work | 4C. Country assessment plan development | 5C. Closing plenary session |
| **11:30–12:00** | | | | | |
| **12:00–13:00** | **Lunch** | | | | |
| **13:00–13:30** | 1D. Country 2 presentation | 2D. Assessment tool group work | 3D. Guest speaker: Alex Christopoulos, Lumos | 4D. Country assessment plan development | **Lunch & Closing** |
| **13:30–14:00** | | | | | |
| **14:00–14:30** | Networking | | Networking | | |
| **14:30–15:00** | **Coffee Break** | | | | |
| **15:00–15:30** | 1E. Country 3 presentation | 2E. Assessment tool group work | 3E. Assessment tool report back | 4E. M&E capacity building | |
| **15:30–16:00** | | | | | |
| **16:00–16:30** | 1F. Country 4 presentation | | | | |
| **16:30–17:00** | | | | | |
| | **Closing*** | **Closing** | **Closing** | **Closing** | |

*Participants invited to a reception at Melia White Hotel at 18:00.

# APPENDIX B. PARTICIPANT LIST

| Name | Organization | Country | Sex |
|---|---|---|---|
| Mira Antonyan | Fund for Armenian Relief Children's Support Center | Armenia | Female |
| Artur Baghdasaryan | Ministry of Education and Science | Armenia | Male |
| Arpik Barseghyan | Ministry of Territorial Administration and Development | Armenia | Female |
| Sona Harutyunyan | Ministry of Labor and Social Affairs | Armenia | Female |
| Lena Hayrapetyan | Ministry of Labor and Social Affairs | Armenia | Female |
| Gayane Hovakimyan | Ministry of Justice | Armenia | Female |
| Hayk Khemchyan | UNICEF Armenia | Armenia | Male |
| Ani Manukyan | USAID Armenia | Armenia | Female |
| Nune Pashayan | Ministry of Health | Armenia | Female |
| Robert Stepanyan | Ministry of Education and Science | Armenia | Male |
| Susanna Tadevosyan | Bridge of Hope | Armenia | Female |
| Gayane Vasilyan | Ministry of Labor and Social Affairs | Armenia | Female |
| Iddris Abdallah | UNICEF Ghana | Ghana | Male |
| Mary Adwoa Addo-Mensah | USAID Ghana | Ghana | Female |
| Emily Akotia | Ghana Department of Social Welfare | Ghana | Female |
| Antoine Deliege | UNICEF Ghana | Ghana | Male |
| | | | |
| Alexis Dery | Ghana Department of Social Welfare | Ghana | Male |
| Kwabena Frimpong-Manso | University of Ghana Department of Social Work | Ghana | Male |
| Afua Pomaa Gyan-Baffour | Ministry of Gender, Children, and Social Protection | Ghana | Female |
| Naa Adjorkor Mohenu | Bethany Christian Services | Ghana | Female |
| Daniel Nonah | Ghana Department of Social Welfare | Ghana | Male |
| Yvonne Norman | Ghana Department of Social Welfare | Ghana | Female |
| Liudmila Avtutova | USAID Moldova | Moldova | Female |
| Valentin Crudu | Ministry of Education, Culture and Research | Moldova | Male |
| Viorica Dumbrăveanu | Ministry of Health, Labour, and Social Protection | Moldova | Female |
| Domnica Gînu | Lumos Moldova | Moldova | Female |

| | | | |
|---|---|---|---|
| Stela Grigoraş | Ministry of Health, Labour, and Social Protection | Moldova | Female |
| Daniela Mămăligă | Partnerships for Every Child | Moldova | Female |
| Viorica Marț | Ministry of Education, Culture and Research | Moldova | Female |
| Lilia Oleinic | Ministry of Health, Labour, and Social Protection | Moldova | Female |
| Liliana Rotaru | CCF Moldova | Moldova | Female |
| Liubovi Stoianov | National Bureau of Statistics | Moldova | Female |
| Corneliu Tăruş | Ministry of Health, Labour, and Social Protection | Moldova | Male |
| Mary Aacha Orikiriza | Ministry of Gender, Labour, and Social Development | Uganda | Female |
| Barbra Aber | Child's i Foundation | Uganda | Female |
| James Kaboggoza | World Education Inc/Bantwana | Uganda | Male |
| Arthur Freeman Kato | Ministry of Gender, Labour, and Social Development | Uganda | Male |
| Kay Leherr | USAID Uganda | Uganda | Female |
| Lydia Joy Najjemba | Ministry of Gender, Labour, and Social Development | Uganda | Female |
| Zaina Nakubulwa | Kampala Capital City Authority | Uganda | Female |
| Jane Stella Ogwang | Ministry of Gender, Labour, and Social Development | Uganda | Female |
| Patrick Onyango Mangen | Transcultural Psychosocial Organization Uganda | Uganda | Male |
| Angella Rubarema | Ministry of Gender, Labour, and Social Development | Uganda | Female |
| Joyce Wanican | Africhild Center | Uganda | Female |

# APPENDIX C. MOLDOVA IMPLEMENTATION PLAN

| Implementation Stage | Main Activities | Timing (From Week/Month–to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| **A** | **B** | **C** | **D** | **E** | **F** |
| **1. Revising the tool** | 1.1 CCT working meeting to adapt the tool based on discussions in London (Chisinau, one day)<br><br>1.2 Send draft tool to MEval for feedback<br><br>1.3 CCT meeting to finalise and approve the tool (Chisinau, two hours) | Week of 2 October<br><br>Week of 16 October<br><br>Week of 23 October | CCT + permanent invitees (D. Vaipan to convene the meeting)<br><br>MEval (Camelia)<br><br>CCT + permanent invitees (D. Vaipan to convene the meeting) | | Meeting room (ministry premises, no cost), 2 coffee breaks and catering for lunch Interpretation (if needed)<br><br>Meeting room (ministry premises, no cost), 1 coffee break Interpretation (if needed) |
| **2. Holding the assessment workshop** | 2.1 Identify and book premises for workshop<br>2.2 Draft agenda, send out invitations and finalise participants list<br><br>2.3 Prepare and multiply presentation materials and handouts | Week of 18 September<br><br>Week of 16 October<br><br>16-30 October<br><br>Week of 30 October or 15 November | MEval (Camelia)<br><br>CCT (D. Vaipan to send out the invitations) + MEval (Camelia) | 25-30 participants (CCT & permanent invitees, other officials and staff from relevant line ministries represented in the CCT, Ministry of Finance, Social Assistance Agency, Social Inspection, National Centre for | Printing and multiplication Participants' folders<br><br>Workshop-related costs (other than those for 2.3 above): transport from and to Chisinau, accommodation, meals, renting of |

| Implementation Stage | Main Activities | Timing (From Week/Month–to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| | 2.4 Assessment workshop (3.5 days out of Chisinau, Wed-Sat) | | CCT + MEval (Camelia)<br><br>CCT + MEval (Molly and Camelia) | Health Management, CNPAC, Terre des Hommes, Keystone, Information and Documentation Centre for Child Rights) | conference room(s) with equipment, interpretation |
| **3. Developing the country assessment report** | 3.1 CCT meeting(s) to analyse the assessment findings, formulate conclusions and recommendations; agree on content of country report (half- day meetings)<br><br>3.2 Prepare the first draft of the country report<br><br>3.3 Finalize and approve the final draft of the country report (online)<br><br>3.4 Translate in English and print the country report | 15-30 November<br><br>22 November – 7 December<br><br>7-20 December<br><br>20-30 December | CCT + MEval (Camelia)<br><br>MEval (Camelia and Molly)<br><br>CCT + MEval (Camelia)<br><br>MEval | -<br><br>-<br><br>-<br><br>- | For each meeting: meeting room (ministry premises, no cost), 1 coffee break and catering for lunch, interpretation (if needed)<br>Multiplication (assessment findings)<br><br>-<br><br>-<br><br>Translation costs |

| Implementation Stage | Main Activities | Timing (From Week/Month–to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| | | | | | Publication costs: 110 copies in Romanian, 20 copies in English |
| **4. Disseminating the findings** | 4.1 Distribute the country report (via e-mail, courier for hard copies) and post it on Ministry of Health, Labour, and Social Protection (MOHLSP) and other stakeholders websites<br><br>4.2 Organise an event to present the country report;<br>- identify and book premises for event<br>- draft agenda, send out invitations and finalise participants list<br>- prepare and multiply presentation materials (other than the report)<br><br>4.3 Dissemination event (Chisinau, 1 day) | First quarter of 2018 (precise dates for each activity in this implementation stage to be decided at the beginning of 2018) | CCT (D. Vaipan)<br><br>CCT + MEval (Camelia and Molly) | -<br><br>-<br><br>100 participants (CCT and permanent invitees, representatives of relevant line ministries, NGOS, local public authorities, State Chancellery, donors and international development partners, media) | -<br><br>Printing and multiplication costs (presentation materials, other than the country report)<br>Participants' folders<br><br>Event-related costs (other than those for 4.2 above): transport to and from Chisinau (for participants outside |

| Implementation Stage | Main Activities | Timing (From Week/Month–to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| | | | MOHLSP + MEval (Camelia and Molly) | | Chisinau), meals, renting of conference room with equipment, interpretation<br><br>PR-related costs |
| **5. Using data** | 5.1 Amend the existing relevant action plans / develop new policies based on assessment recommendations | 2018 | Relevant central public authorities | CCT members (as and if needed) | Consultancy (at request) |
| **6. Monitoring key actions** | To be decided as soon as the assessment recommendations are available and agreement on using them is reached | | | | |

# APPENDIX D. GHANA IMPLEMENTATION PLAN

| Implementation Stage | Main Activities | Timing (From Week/Month–to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| **A** | **B** | **C** | **D** | **E** | **F** |
| **1. Revising the tool** | 1.1 MEval to update tool based on London feedback<br><br>1.2 DSW to present assessment and timeline at MGCSP management meeting | 1.1 2 weeks (end of September)<br><br>1.2 end of September | 1.1 MEval<br><br>1.2 DSW Director | 1.1 Present to CCT | 1.1 None<br><br>1.2 Tool and implementation plan to hand-out to directors; short summary of the workshop (1-2 pager) |
| **2. Holding the assessment workshop** | 2.1 Draft Agenda (small groups for each area of care / tab)<br>2.2 Develop invitation list (40–50 people w/ NGOs, residential homes, regional directors, district reps, etc.)<br>2.3 Select workshop venue and get 3 quotations<br>2.4 4- to 5-day workshop in Kumasi, Ashanti | 2.1 end of September<br><br>2.2 following week<br><br>2.3 TBD<br><br>2.4 TBD | 2.1 MEval to draft<br><br>2.2 CCT<br><br>2.3 CCT + MEval<br><br>2.4 Mary and Yvonne | 2.1 Send to Mary and Yvonne<br><br>2.2 None<br><br>2.3 N/A<br><br>2.4 send to MEASURE | 2.1 None<br><br>2.2 None<br><br>2.3 MEval to budget<br><br>2.4 None |
| **3. Developing the country assessment report and draft action plan** | 3.1 Develop assessment report and draft action plan<br>3.2 | 3.1 4 weeks after workshop | 3.1 MEval | 3.1 submit to CCT | 3.1 None |

| Implementation Stage | Main Activities | Timing (From Week/Month–to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| | 3.3 | | | | |
| **4. Disseminating the findings and finalize action plan** | 4.1 Draft agenda<br>4.2 Develop participant list (TBD, likely to include local government service, regional directors and district reps, etc)<br>4.3 Workshop (1–2 days) | 4.3 First week of December | MEval + CCT | TBD participants based on draft action plan from first workshop | |
| **5. Implement the action plan and monitor key actions** | 6.1 Routine meetings with core stakeholders (every 2 months)<br>6.2 Reflection workshops<br>6.3 Final report on progress | TBD based on action plan | MEval + CCT | TBD later based on action plan | |

# APPENDIX E. ARMENIA IMPLEMENTATION PLAN

| Implementation Stage | Main Activities | Timing (From Week/Month– to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
| **1. Revising the tool** | 1.1 Revision of terminology in Armenian<br>1.2 Team meeting for finalizing the assessment tool<br>1.3 Final approval of the tool by CCT | On September 29 time 2:30 have the final discussion on terminology<br>By October 13; 12:30 final<br>By October 17 final Armenian version should be ready | Robert Stepanyan (education)and Arpik Barseghyan (other sections)<br>Hasmik Ghukasyan<br>Hasmik Ghukasyan and CCT members | Police, World Vision, Save the Children and SOS SOAR, COAF, Prime Minister office; Ombudsman office; | Resources needed for final proofreading and revision of Armenian tool<br>Outdoors meeting for final tool discussion for CCT and few more stakeholders<br>Travel and overnight for 25 people with lunch and etc. , printing of materials |
| **2. Holding the assessment workshop** | 2.1 Clarifying list of stakeholders<br>2.2 Finalization of Agenda<br>2.3 Inviting the 3-days workshop | October 17, 2017<br>October 21, 2017<br><br>November 3-5 , 2017 | Hasmik Ghukasyan<br>Gayane Vasilyan<br>And CCT members | 35–45 people from the list | Travel and overnight for 45 people with lunch and etc. , printing of materials |
| **3. Developing the country assessment report** | 3.1 Summarizing the assessment results<br>3.2 Preparation of draft report<br>3.3 Finalization of the report | End of November<br>November 25 to December 20, 2017 | Hasmik Ghukasyan<br>Hasmik Ghukasyan and CCT | | Working group discussions<br>Paying for the report writing<br>Translation costs |

| Implementation Stage | Main Activities | Timing (From Week/Month– to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| | | By the end of January | CCT | | |
| **4. Disseminating the findings** | 4.1 Discussion with CCT to agree on the wider audience to whom the results should be disseminated<br>4.2 Emailing the results to wider stakeholders<br>4.3 Workshop to present the results including media<br>4.4 Conduct PR actions to increase public awareness on the care reform and status | First decade of March 2018<br><br>April, first week<br><br>April | CCT<br><br>Hasmik Ghukasyan<br><br>CCT<br><br>Artur Baghdasaryan | Wider audience of stakeholders | Printing costs<br>Official distribution of the assessment report<br>Seminar/workshop<br><br>Costs related with PR actions |
| **5. Holding a data use workshop** | 5.1 Defining priorities of action plan<br>5.2 Developing the Action plan<br>5.3 Donor and key stakeholders workshop to present the action plan and define the role distribution | April–May, 2018<br><br>End May–June, 2018<br><br>End June–July, 2018 | CCT and main stakeholders<br>CCT members<br><br>Hasmik Ghukasyana and CCT | Police, World Vision, Save the Children and SOS SOAR, COAF, Prime Minister office; Ombudsman office; | Workshop costs<br>Printing and translation costs |
| **6. Monitoring key actions** | 6.1 M&E plan development<br>6.2 M&E indicators development<br>6.3 M&E data collection plan development<br>6.4 Presentation of M&E plan to main stakeholders<br>6.5 M&E implementation | July–September, 2018 | MEval<br>M&E plan working group | | Select and agree to establish team who will define and collect M&E indicators |

| Implementation Stage | Main Activities | Timing (From Week/Month– to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| | | July–September, 2018<br>After September | | | Workshop costs |

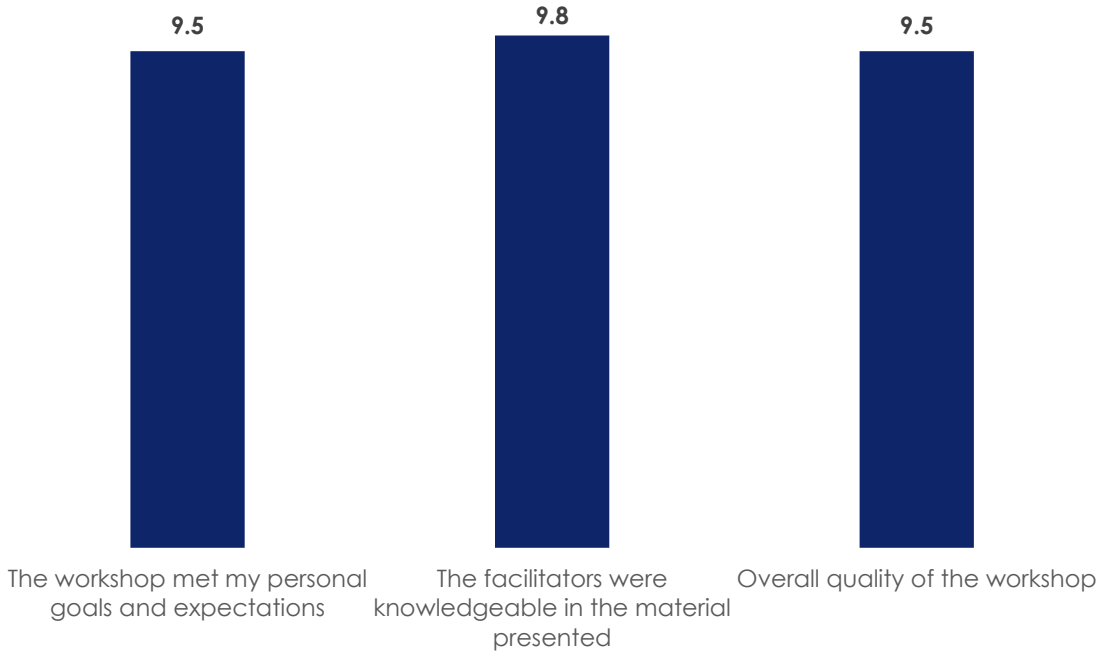
# APPENDIX F. UGANDA IMPLEMENTATON PLAN

| Implementation Stage | Main Activities | Timing (From Week/Month–to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| **A** | **B** | **C** | **D** | **E** | **F** |
| **1.Revising the tool** | 1.1 Receive revised tool from MEval workshop<br>1.2 Review of the tool to ensure all changes from workshop have been addressed<br>1.3. Pilot-test tool implementation with selected key stakeholders | 1.1 Week 1 Oct.<br>1.2 Week 2–3 Oct.<br>1.3 Week 1 Nov. | 1.1 MEval<br>1.2 CCT<br>1.3 CCT and other allied members (CCT +) | 1.1 None<br>1.2 CCT +, UBOS, MGLSD SMT, UN, Development partners<br>1.3 AC TWG, CPWG, representatives from DLG | 1.1. None<br>1.2 Meeting costs(20paxs), printed materials<br>1.3 meeting costs(30paxs – 5 from DLG) and printed materials |
| **2. Holding the assessment workshop** | 2.1 Pre-assessment planning meetings including finalizing the list of stakeholders<br>2.2 Hold a 3-day multi-stakeholder national assessment tool implementation workshop<br>2.3 Identifying key priority areas of action | 2.1 Week 1Nov.<br><br>2.2 Week 3 Nov.<br><br>2.3 Week 3 Nov. | 2.1 CCT<br><br>2.2 CCT +, UBOS, MGLSD SMT, UN, Development partners, DLGs, MoH, MOE &S, MOLG, Judiciary, Jlos Secretariat, Ministry of internal affairs and police, private sector, inter- religious council, MGLSD – Department of Culture<br>2.3 As above | 2.1None | 2.1 meetings costs(15paxs)<br>2.2 Conference costs, Per diem and transport costs |

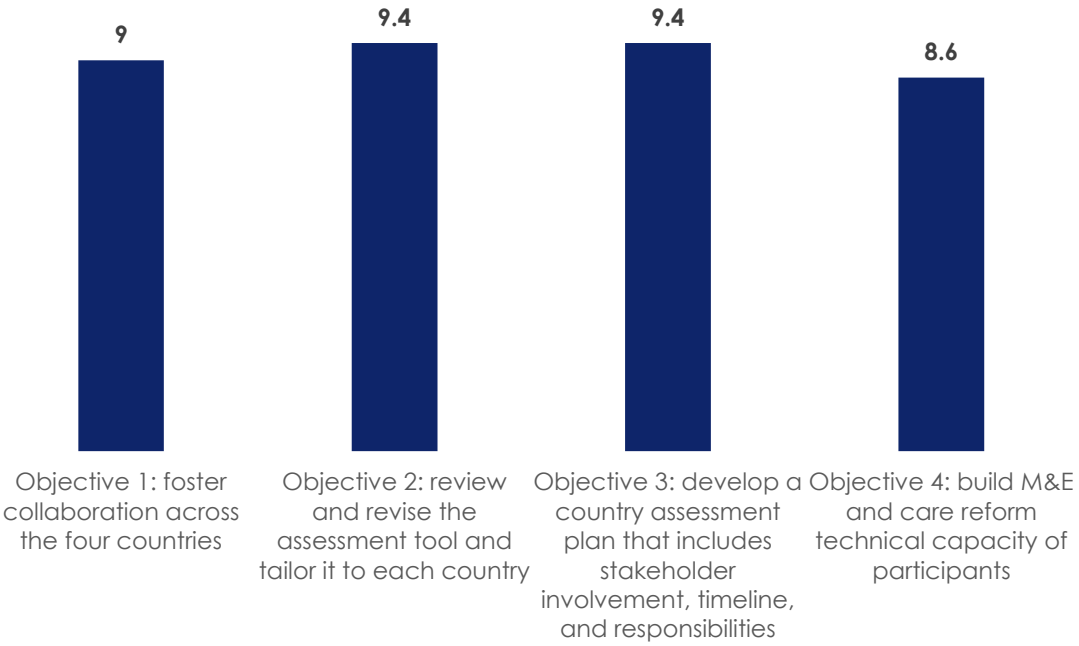
| Implementation Stage | Main Activities | Timing (From Week/Month–to Week/Month) | Key Responsible Stakeholder(s) | Other Stakeholders to Engage | Resources |
|---|---|---|---|---|---|
| **3. Developing the country assessment report** | 3.1Analysis and draft report writing<br>3.2 Review and validation of the report<br>3.3 Development of final assessment report<br>3.4. Hold data use workshop<br>3.5 Develop action plan based on recommendation from assessment (including plan for monitoring agreed upon actions) | 3.1 Week 1 Dec.<br>3.2 Week 3 Dec.<br>3.3 Week 2 Jan. 2018<br>3.4 Week 1 Feb. 2018<br>3.5 Week 1 Feb. 2018 | 3.1 MEval/CCT note taker, UBOs<br>3.2 CCT +, selected members of the CPWG, AC TWG<br>3.3 MEval<br>3.4 CCT +, selected members of the CPWG, AC TWG<br>3.5 CCT +, selected members of the CPWG, AC TWG | 3.1 None<br>3.2 None<br>3.3 none<br>3.4 None<br>3.5 None | 3.1 MEval/CCT note takers<br>3.2 Meeting costs<br>3.3 Measure team<br>3.4 meeting Costs<br>3.5 Meeting Costs |
| **4. Disseminating the findings.** | 4.1 Develop Policy and technical briefs<br>4.2 National and regional dissemination workshops. | 4.1 Week 4 Feb. 2018<br>4.2 Week 2 March 2018 | 4.1 Assistant Commissioner – Children/MEval/TPO, Afri-Child, CiF, Alternative Care Consultant - Mr. Kabogoza<br>4.2 same as 2.2 | 4.1 None<br>4.2 none | 4.1 staff time<br>4.2 Conference Costs - We can tap in to other programs to finance the regional dissemination such as BOCY, SOCY |
| **5. Monitoring key actions** | 5.1 Regular review meetings and feedback to stakeholders<br>5.2 Periodic reporting and sharing of lessons learned. | 5.1 Ongoing<br>5.2 Quarterly | 5.1 MGLSD – Department of Youth and Children Affairs<br>5.2 MGLSD/CCT | 5.1 None<br>5.2 Afri-Child/TPO | 5.1. Meeting costs<br>5.2 Staff time |

# APPENDIX G. WORKSHOP EVALUATIONS

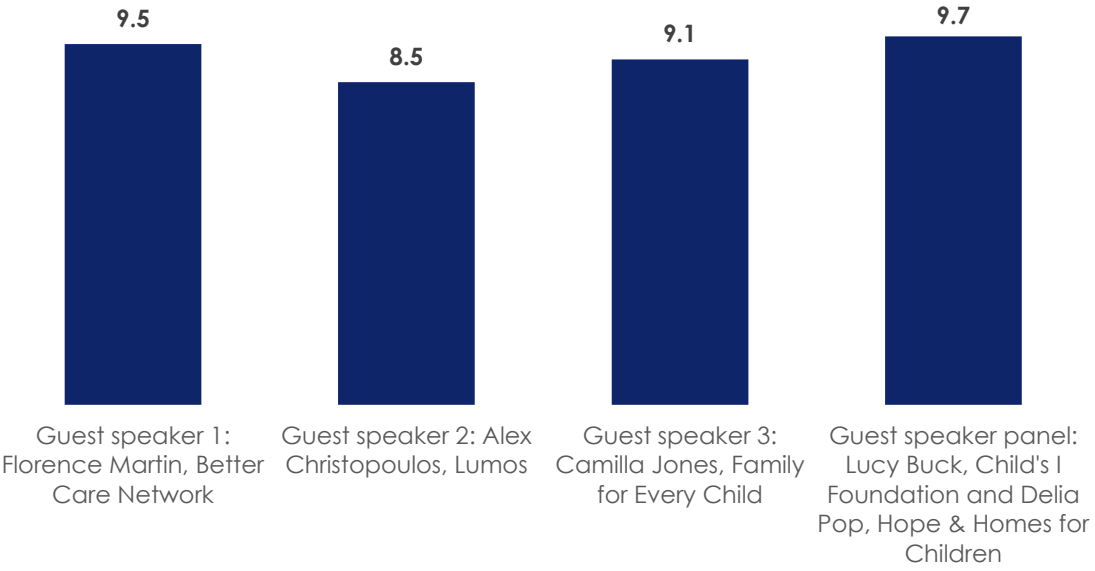
**On a scale of 1–10, overall workshop impressions:**



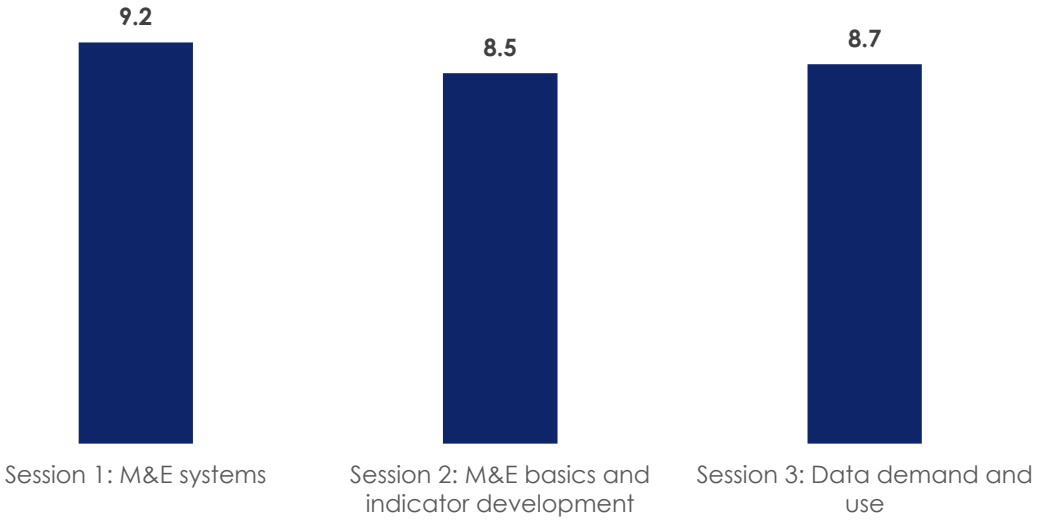

**On a scale of 1–10, the workshop objectives were met.**



**On a scale of 1–10, the guest speakers were interesting and relevant to my work.**




**On a scale of 1-10, the capacity building sessions were interesting and relevant to my work.**



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