

THE SOMALILAND POLICY ON ALTERNATIVE CARE
REPUBLIC OF SOMALILAND
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Cover Page

Forward

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1. Introduction and Background

1.1 Background

The purpose of the Guidelines for the Alternative Care of Children in Somaliland is to....

The Guidelines provide practical tools for child protection practitioners who work with children deprived of parental care and those children who are at risk of being separated from their parents. Alternative care, as presented in the Guidelines, applies to a formal or informal arrangement whereby a child is cared for at least overnight away from the parental home. The Guidelines promote two key principles. The first principle is “necessity”. The first question practitioners need to ask is whether or not placement in alternative care is necessary for that specific child. Many children who have families can become separated and should be placed back within their families if it is in their best interests. The second principle is “appropriate”. The second question practitioners need to determine is whether or not a care placement is appropriate. They can do this through first determining if the placement meets minimum standards and then determining if it is the most appropriate place to meet the needs of the specific child. Whenever alternative care in Somaliland is considered, these two principles will guide the decision making process.

The following alternative care services in Somaliland include the following:

Informal care

- Kinship care
- Informal non-family based care (Foster care)

Formal care

- Foster care
- Kafalah
- Family-based group care
- Supported child-headed households
- Supported independent living
- Institutional care
- Care for children in emergency situations.

1.2 Situation Analysis

Alternative care applies to children who are not living with their parents because they are orphaned, abandoned or separated from their family. This is due to factors, often interrelated, that include poverty, death of one or more parents, social crises in families such as divorce or a parent abandoning a family, and abuse. In Somaliland alternative care is mostly provided by relatives, also called kinship care, by non-relative families and through residential care. Children in Somaliland are also found outside of supported care environments and are in urgent need of protection and support. This includes children who are abandoned, living on the streets and living in child-headed households. There are especially high concentrations of separated children and unaccompanied minors within internally displaced person settlements.

The *Convention on the Rights of the Child*, in Article 20 requires governments, in accordance with their national laws, to ensure alternative care for children temporarily or permanently deprived of their family environment. An alternative care system starts with strengthening families and communities to prevent their separation. Should children be in need of alternative care, it must be at a quality to ensure the fullest protection and development of children and the

Comment [AK1]: Refer also to the Guidelines for the Alternative Care of Children (UN, 2010)

return of children to family care environments if in their best interest. The *Somaliland Policy on Alternative Care Policy* of the Republic of Somaliland (from hereafter described as “the Policy”) provides the framework for the government and civil society to meet the needs of these children and their caregivers.

The number of children and caregivers within or in need of alternative care in Somaliland is not known. However, there is broad-based agreement that the number of children in the streets and child abandonment is increasing.

The 2011 Multiple Indicator Cluster Survey finds approximately 11 percent of children in Somaliland are orphans with over two-thirds having lost a father. The *Orphans and Vulnerable Children Situational Analysis (2009)* in Somaliland indicates 94 percent of these children are in kinship care. Only one in ten of such households are receiving any kind of assistance and this is mostly from relatives. Approximately 60 – 70 percent of the households describe their need for food and shelter assistance for these children and the rest of their family. About half of the families describe their need for livelihoods support is “urgent” and require support for the children to go to primary school.

The number of residential care facilities in Somaliland is not known. Those administered by the Government face considerable challenges in providing for the basic needs of children, including an adequate level of trained caregivers and case workers to ensure protection, emotional support and transition back to family-based environments and the community.

There is pressure to increase the number of residential care centers in Somaliland, particularly rehabilitation centers for children on the street. However, there is global agreement by child welfare experts that nurturing family-based care is better suited for the growth and development of children.

1.2 Policy Vision, Goal and Objectives

Policy Vision: The children of Somaliland are living in safe and nurturing families.

Policy Goal: To prevent separation of children from families and provide alternative care options that meets children’s basic needs including their physical, emotional and spiritual needs.

Policy Objectives:

- To identify the categories of alternative care for Somaliland, including situations where types of alternative care are recommended in the best interests of children;
- To identify key strategies and link them to policy for categories of alternative care and highly vulnerable populations;
- To identify roles and responsibilities for government and civil society at national and decentralized levels and implementing frameworks of alternative care; – including
- To recommend monitoring, evaluation and accountability frameworks for alternative care;
- To clarify authority and decision-making processes for children in a variety of circumstances;
- To identify levels of support for alternative caregivers, for families with children at high risk of falling outside of family care, and children who are outside of care;

- To identify the rights of children in alternative care situations in Somaliland; and
- To identify strategic action for preventing family separation and promote reunification of children within their family environments.

1.3 Scope of the Policy

It is the responsibility of the State to provide alternative care to children who are temporarily or permanently deprived of their family environment and/or for whom it is not within their best interests to remain in their biological family. The Policy applies to children and caregivers within the jurisdiction of Somaliland without any discrimination. The Policy provides guidance to all relevant stakeholders in Somaliland including the following:

- Duty bearers in government at the national, district, regional, district and community levels;
- The legislative branch of government to inform and ensure laws are in the best interests of children in alternative care;
- Civil society leaders, groups and non-profit organizations assisting children and caregivers through services, advocacy and building public awareness in alternative care;
- Alternative caregivers including families and residential care providers;
- Children and youth upon whose needs the Policy is based and whose participation and consultation in alternative care is necessary.

2. The Republic of Somaliland Responsibilities and Commitments as Established in Laws, Conventions and Policies

2.1 National Laws and Policy

According to the *Constitution of the Republic of Somaliland*:

- The State is responsible for the health, development and education of the mother, child and the disabled who have no one to care for them (*Article 19*).
- Every person has the right to life, security, dignity, reputation, right to private life while also prohibits physical punishment and any other injuries (*Article 24*).

The Juvenile Justice Law (L 36/2007) in establishing a fair and humane child justice system promoting “the involvement of parents, victims, elders, women, professionals, and communities in the children justice process in order to facilitate the reintegration of children as socially constructive and productive members of the society.” (*Article 5*)

The Orphans and Vulnerable Children Policy(2011) highlights four key multi-sectoral approaches in supporting orphans, child- headed households and other children in need of alternative care: socio-economic security, including micro-finance; food and nutrition security; access to education and psychosocial support.

The National Child Protection Policy(Draft) protects children without appropriate care. It states an alternative care policy shall be developed with a range of options for children requiring support including family-based care options such as foster care. The Ministry of Labour and Social Affairs is identified as the focal ministry for alternative care.

The Child Rights Act(Draft) in its chapter on alternative care identifies standards and stipulates procedures in the best interest of children.

The Personal Status Law(Draft) provides for the rights children have with parents, and guardianship, custodial rights and conditions for children in the event of death or divorce of parents.

2.2 International Conventions

Somaliland recognizes the **United Nations Convention on the Rights of the Child**

In *Article 20* of the Convention:

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.
2. States Parties shall in accordance with their national laws ensure alternative care for such a child.
3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

According to the **Universal Declaration of Human Rights**:

- The family is the natural and fundamental group unit of society and is entitled to protection by society and the State (*Article 16, 3*).
- Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection (*Article 25, 2*.)

The **African Charter on the Rights and Welfare of the Child** states in *Article 19 Section 1*, “Every child shall be entitled to the enjoyment of parental care and protection and shall, whenever possible, have the right to reside with his or her parents. No child shall be separated from his parents against his will, except when a judicial authority determines in accordance with the appropriate law that such separation is in the best interest of the child.”

2.3 Islamic Law

The **Constitution of the Republic of Somaliland** in Article 5.2 states, “The laws of the nation shall be grounded on and shall not be contrary to Islamic Shar’ia.”The **Qur’an** is clear about Islamic obligation to orphans. Harshness to orphans is a sign of a non-believer (107:1-2). One must take care of orphans and be good to them (Surah4:036), and be careful, honest and just about the orphan’s wealth and how to spend it to the benefit of the orphan (4:2). Allah’s

judgment in heaven is based on honoring the orphan (9:15-18). Righteousness is based on love for Allah, for kin, orphans, the needy and wayfarer (2:177).

The **Hadith of the Prophet** says those who support orphans will be close to the Prophet in Paradise (“like this” with two fingers close together). Orphan children are to be taken in by families and treated like one’s own children without discrimination. Orphans and vulnerable children shall be supported in their basic needs through zakat.

2.4 Traditional Law and Practice

Clan leaders in Somaliland are important mediators, decision-makers and problem solvers in family situations in which children can be vulnerable. They arrange assistance to families when they face difficult challenges including basic needs support to children. When children are in need of alternative care, Somaliland tradition is to keep children in the care of close relatives, extended families or, in the event relatives cannot care for a child, other families in the community of the same clan. Traditional leaders help to assess who in the community is best able to help a child, what additional support they may need and help facilitate that support.

3. Guiding Principles to the Somaliland Policy on Alternative Care

In 2009 the United Nation’s General Assembly adopted the **Guidelines for Alternative Care of Children**. The *Guidelines* were created to help to support the Convention on the Rights of the Child. They prioritize keeping children in or return to the care of their family or other appropriate and permanent care. Where permanency is not possible, the most suitable forms of alternative care are to be provided for the fullest development of children. Additional core principles for alternative care under the Guidelines and principles that apply to the Somaliland Policy for Alternative Care include:

- Keep children as close as possible to their original communities;
- Removal of children from their families as a temporary measure;
- Protect children from abuse, neglect and exploitation; and
- Recognize formal and informal care by relatives and others as valuable care options.

Consistent with the *Guidelines on Alternative Care* are the following key principles that shall also guide the Policy:

- Best Interests of the Child: The best interests of children in all considerations;
- Non-discrimination: All children having the opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism irrespective of sex, nationality, religion, ethnic or social origin, socio-economic level, disability, HIV/AIDS or other serious illnesses whether physical or mental, birth outside of marriage,immigration, legal or other status;
- Addressing inequality: Equity approaches based on understanding and addressing root causes of inequality to ensure access to basic needs, growth and development;
- Child Participation: Child participation and consultation, particularly the decisions affecting them and their future;
- Holistic: Integrated holistic approaches in supporting children and caregivers that cut across sectors of family and social affairs, justice, health, education and livelihoods. Life skills preparation is a vital component of alternative care, especially for older children;

- Evidence based: Evidence in guiding alternative care policy and strategies through monitoring and evaluation;
- Transparent: Good governance premised on transparency, quality of service and efficient use of resources.
- Residential care as a last resort: Given the evidence of the dangers of residential care, residential care should be used as a last resort, especially for children under the age of three, with the goal of transitioning children to family and community-based care;

4. Definitions for Key Terms and Words the Policy

Abandonment is the process whereby a parent, guardian, or other person with the responsibility of care or custody of a child deserts the child. Babies that are abandoned, sometimes referred to as foundlings, and are known as *lahelow* in Somali.

Adoption occurs when a child joins a family permanently through a legal process granting full parenting rights and responsibilities to the new parents and the child all the rights as a member of the family. Adoption is distinct from guardianship or foster care in that these forms of care are not necessarily a permanent change in status. Unlike kafalah, adoption allows for an adopted child to inherit money from the adopted family and to take the patrilineal name.

Alternative Care applies to vulnerable children outside of the overnight care of a legal parent. This includes **formal care** as recognized by a competent authority, or **informally** arranged by families, children or community leaders and members. Alternative care encompasses care by relatives (kinship care), foster care, family-based group home care, kafalah, residential care, and supervised living arrangements of child-headed households.

- The **alternative care system** includes preventing the separation of children from their parents, if in their best interest, through **family strengthening** which often includes parenting education, skill development and livelihood assistance. The alternative care system also includes other **supportive services** such as day and respite care, mediation, treatment for substance abuse and services for children and parents with disabilities. Additionally, the system links closely to supporting youth of majority age in their independent living as they come out of alternative situations.

Boarding schools are educational institutions where students spend the night in dormitories away from their families, though these students have regular contact with their families and frequently return to their homes when school is not in session. They are often privately run and fee-based. Though these schools are not considered alternative care, they are encouraged to consider and apply alternative care guidelines as needed to benefit the students, particularly those having vulnerable care situations at home. All boarding schools are encouraged to ensure that the students continue to have regular contact with their families and are able to return home when school is not in session.

Case workers in this Policy refer to a range of trained individuals including paraprofessionals, case managers and social workers providing social services including child and family assessment, development of case action plans, counselling and other direct services, referrals, follow up and monitoring, and reporting including case closure. Case workers can exist in the ministries and departments of the Government, non-governmental organisations and community-based groups.

Children are considered minors in Somaliland up to the ages of 15 or 18 years of age depending on their circumstance. The *Convention on the Rights of the Child* identifies children as under the age of 18. This Policy applies to children under the age of 18 to prevent their separation from families if in their best interest and those in alternative care.

Children on the Streets are those who have run away from their families and live alone on the streets, children who spend most of their time on the streets working and fending for themselves but returning home on a regular basis, or children who live on the streets with their families.

Children in contact with the law refer to children who may encounter and be of interest to the legal system, including the police, and assisted by the law, though they are not in conflict with the law. **Children in conflict with the law** are minors who encounter the justice system as a result of being suspected or accused of committing an offence. Protection and policy for children in conflict with the law are identified in the *Juvenile Justice Law and Policy on Diversion*.

Day care is a service provided by trained persons to pre-school or children with special needs for a period of time during the day in which they receive nutritious food and are engaged in age-appropriate developmental activities. Children do not spend the night at a day care facility. Day care can be designed to prepare children for future success in school and enables parents to work or do other activities during the time the child is in care. It frequently includes education and training in parenting.

De-institutionalization(*Dib u qaabayn*) is a process of reducing the number of children in residential care centers in which there are large numbers of children. This occurs through services preventing the need for residential care, reunification of children with their families or relatives, placing children in family-based alternative care options and transitioning children out of centers when they reach the age limit for the center.

Family-based group homes is alternative care for a group of children, not necessarily biological siblings, who are living in a home-like environment managed by adult caregivers trained to provide support similar to that which a parent provides to their children. The purpose is to provide as close to a home environment as possible with these family-like relationships often going forward in the after-care period of independent living.

Foster care occurs when children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family that has been selected, qualified, approved, monitored and supported in providing such care. Foster care is transitional to another care environment or independent living and usually not intended to be long term care. There is a defined care plan that includes the time frame of foster care and support.

Gatekeeping is a term used in alternative care describing a process of determining whether a child needs to be placed in an alternative care setting, referring the child or his/her family to appropriate forms of family support and/or determining the alternative care arrangement best suited for the child's situation. Gatekeeping is an essential process in de-institutionalization.

Guardianship is a person who is not a parent of the child who is given legal responsibility either through a will or assigned by the Court to care for a child. A customary guardian is someone recognised by the community or traditional authorities as having responsibilities to care and protect a child. Guardianship usually suspends, but does not terminate the rights and responsibilities of the birth parents. It differs from adoption, which often results in the termination of parental rights. In general a child may still inherit from the birth parents if guardianship exists and the legal responsibilities of a guardian tend to be much greater than those of a foster parent.

Home studies are thorough assessments of families and their homes to determine suitability for placement of children and provide for their needs. A home study involves verifying absence of criminal backgrounds of the caregivers. To ensure their ability to parent and care for the child, a home study also verifies the family income and/or employment, moral character, parenting beliefs and attitudes, health, shelter and ability to provide other basic needs for the child.

Kafalah is an Arabic term that has several meanings in the context of child welfare. One is sponsorship or charity, such as through zakat, that supports children in their education and other basic needs. The other describes the placement of a child in a family for alternative care. The kafalah placement has the responsibility to parent a child as one's own, consistent with Islam, and upon final granting of this right by the Court. The kafalah placement can originate in a number of potentially interrelated ways: through the traditional means of families and elders in a community, informal kinship care, non-relative families seeking to parent children, approved alternative care providers such as foster families and residential care centers, and through non-governmental organizations and government authorities who coordinate the recruitment and placement of children with possible parents.

Kinship Care is family-based care from a child's relatives of the family known to the child. Kinship care can be formal or informal depending on whether or not guardianship has been granted by a Court.

Orphan is a child with one or both parents having died. **Agoon** is the Somali term for child whose father has died and the general term for orphans. **Rajayis** is the Somali term for a child whose mother has died.

Orphans and other Vulnerable Children (OVC) is often used as general term referring to children, including those who have one or both parents die, who are actively experiencing physical and/or emotional harm and needing urgent or immediate assistance. The *Orphans and Vulnerable Children Policy of Somaliland (2011)* defines these children as the following: orphans and child-headed households, children who are abused and neglected, affected by disability, in the streets, victims of trafficking, addicted to drugs and victims of harsh labor practices. All of these profiles of children place them at greater risk of falling outside of parental care and are potentially in need of alternative care. For the purposes of the Policy, orphans and other vulnerable children also include those who are at higher risk of falling outside of family care such as those living in extreme poverty in single parent households; children vulnerable to separation due to unstable, disrupted or divorced marriages; children experiencing discrimination and hardship by virtue of membership in minority clans and/or having no traditional community support. The Policy prioritizes services to prevent child separation from families when in their best interests, and recognizes children are at greater risk of separation when they are living in very poor single parent households, those experiencing abuse, and children in families facing discrimination and hardship by virtue of membership in minority clans and/or having no traditional community support.

Permanency is a concept in child welfare related to alternative care that recognizes it is in the best interest of the child to have stable, continuous and long term care in a family environment by parents or other caregivers who are completely committed to the wellbeing of the child. Permanency does not exclude there are situations whereby it may be in the best interests of the child to shift into another care option.

Residential Care is overnight care for children, either temporary or longer term, in group settings that bear little resemblance to care children receive in a family-like environment. Residential care can include emergency care, serve as transit centers, facilities for rehabilitation, and centers for children with special needs. The Policy identifies two categories of residential care centers in Somaliland named so as to minimize stigmatization of children living in and coming out of residential care:

- Child Caring Transit Centers specialize in rehabilitation services in route to family reunification and re-integration back into the community. Usually children in these centers are brought into care from living on the street and internally displaced person situations.
- Child Caring Centers have orphan, abandoned and other children separated from their families and relatives, including for economic and social difficulties. These centers do not necessarily have specialized rehabilitation services as do the transit centers.

Separated children are those separated from both parents, or from their previous legal or usual primary caregiver, but not necessarily from other relatives. As a result, this may include children accompanied by other adult family members. **Unaccompanied children** (also called **unaccompanied minors**) are children who have been separated from both parents and other

relatives, and who are not being cared for by an adult who, by law or custom, is responsible for doing so.

Supervised Independent Living is care for children and youth who receive support in transitioning from alternative care to life in the community. This is through the supervised assistance of a specialized person or team through a care plan. This can take the form of **youth homes** involving youth living together after residential care. **Supported independent living** and **after-care support** are terms also used to describe assistance provided to children by mentors or specialists. All of these services are to ensure a good support system is in place, to assist in practical issues as they may arise and enable access to services such as education, vocational training, health care and other needs. Many of these same support systems can be applied to assisting child-headed households.

5. Policy for All Categories of Alternative Care

5.1 The Policy applies to children in Somaliland up to the age of 18 years of age including refugees and asylum seekers.

Prevention

5.2 Early identification of vulnerable children and families shall be priorities for all Policy stakeholders to prevent separation of children from families if in the best interest of the child. Government line ministries, non-governmental organisations, religious and traditional leaders and other civil society groups such as community-based child protection committees shall have training and the capacity to identify orphan and other vulnerable children and families and the mechanisms to report and/or respond effectively.

5.3 Unstable marriages; divorces; single parent households, particularly those headed by women; and families struggling as a result of being in a disadvantaged minority clans shall be priority family situations to identify and support to prevent separation of children from family environments.

5.3 Child and family assessment guidelines shall be developed and in use by case workers as a foundation to the case planning to prevent children from separating from families, if in their best interest, and to provide alternative care if needed.

5.4 The following supports shall be available at no cost to children and caregivers as needed to strengthen families and improve the wellbeing of children in alternative care: legal assistance, interpretation and translation services, medical services, and educational stipends for uniforms, materials and fees for supplementary learning, and vocational training.

5.5 Standard Operating Procedures (also known as directories) shall exist and promoted for use by service providers and civil society groups seeking to assist orphan and other vulnerable children and families. These shall include prevention themes targeting highly vulnerable populations, available services, where to seek help, contact numbers, help lines and procedures

for assistance. 5.6 5.12 The national alternative care strategy and planning shall prioritize development of new family-based care options and services to lower the reliance on institutional care of children. This shall include providing financial resources for the development and support to family-based care.

Response

5.7 Children 0-3 years of age shall not reside in residential care. Alternative family-based care systems, including kinship, foster and kafalah care shall be the priority forms of alternative care for these children in the event they are abandoned or cannot be cared for in their birth families.

5.8 All forms of alternative care and vulnerable populations identified in the Policy shall be eligible for support from the State, including a basic level of services. This service shall consist of assessing children and families, developing a case action plan including psychosocial services, referrals to other support mechanisms, follow-up and case closure. Standards shall exist for this case work. Timelines for responsibility of care are clearly outlined in case plan. Tracing and reunification with families and relatives of children shall be integral to the plan, if in the best interest of the child.

5.9 5.5 Case management and service capacity through case workers shall exist across key ministries and non-governmental organizations coming into contact and providing services to orphans and other vulnerable children and families. This includes making referrals and follow-up for alternative care coordination

5.10 Placement and follow up procedures shall exist for children entering formal family-based care environments and reunification back into the biological families. This shall consist of a home study to ensure the family has the capacity to provide fully for the wellbeing of the child, background checks and a support plan as needed for parent education on the needs and rights of children. Ministry of Labor and Social Affairs case workers and those of other municipal social affairs offices shall conduct this work.

5.11 Standards and procedures shall exist to ensure regular contact of children separated from their parents, if in the best interest of the child. Verification of the parents shall be standard operating procedure. If competent to do so, parents and close relatives of children in alternative care shall be brought into decision-making regarding the children.

5.12 Whenever possible and appropriate, children shall be consulted on the caregiving options available to them, such as which relatives or families to reside with, based on their own preferences, current link to communities, and child-friendly information provided to them by competent authorities.

5.13 Whenever possible and in the best interest of children, siblings shall not be separated in families and alternative care.

Standards

5.6

5.14 The number of children in alternative care shall be reported at least on an annual basis per category of alternative care, number of family-based caregivers, gender and disability demographics of children and caregivers.

5.15 Accountability to children shall exist through a “promise-keeping” system whereby children receiving services shall be presented with age-appropriate information on the services they can expect to receive and their rights. Examples shall include the right to confidentiality, participation in decisions affecting children and responsiveness in services. During or after the service period children will be asked to evaluate the promises given to them and this information shall inform the monitoring and evaluation of the Policy.

5.16 Codes of conduct for caregivers and caseworkers shall exist and posted in visible locations at residential care centers and other locations that may be visited by children and families in alternative care such as community centers.

5.17 Children in alternative care shall have access to confidential complaint, help-seeking and response mechanisms to better ensure their protection and care. They shall be informed of their rights to make complaints and seek help.

5.18 Standards of care shall exist for all formal alternative care categories and be used as guides for awareness and learning, assessment, evaluation, and certification.

5.19 Responsibilities of care shall exist and used as guides for informal kinship care including key caring principles and the rights of children.

5.20 Children in alternative care shall not be beaten or abused, either verbally or physically. All case workers, caregivers and other stakeholders shall be aware of different forms of violence including physical, psychological and verbal abuse. Clear and enforced guidelines shall exist throughout the alternative care system regarding acceptable behavior management techniques and disciplinary measures for children. Training shall occur on the guidelines. Children in alternative care shall have orientation to guidelines on disciplinary measures.

5.21 All formal alternative caregivers shall meet minimum levels of certification based on standards of care. Training materials and procedures shall exist. Caregivers shall receive appropriate support and training which shall include child development, child’s rights and child well-being.

5.22 Standards shall exist and training occurs to ensure proper use of the financial and in kind resources raised by charities and individuals through means such as zakat and kafalah sponsorship to assist orphans and other vulnerable children and families. 5.26 Associations of alternative caregivers shall receive encouragement and assistance from service providers to enable mutual support and learning and input into best practices.

6. Policies for Specific Alternative Care Categories

6.1 Informal Care

- Options for which families shall care for children shall be based on factors which include child preference and the ability of the family to meet a child's basic needs including psychosocial support, and being able to afford and provide for the basic needs of the child.
- Communities with high concentrations of unaccompanied and separated children shall be surveyed and awareness shall be raised for families and children to be identified.

6.1.1 Kinship Care

This is the largest and most traditional form of alternative care in Somaliland. It is a vital family-based safety net for orphan and other vulnerable children. The authority and decision-making for children comes from the relatives caring for them.

Key Policy Strategy: Vulnerable kinship care situations, particularly in female-headed households and those headed by the elderly, shall be identified and supported through basic services to strengthen well-being of the family and children under care.

Policy:

- The Government shall promote voluntary registration for informal kinship care to enable assessment of the alternative care situation, provide support if needed and establish a monitoring process for the wellbeing of children as needed.
- The Government shall ensure that the families receive information on the minimum responsibilities of caring for children and where they can access support, such as for education and in health services.

6.1.2 Non-kinship family-based care

Many children in Somaliland are being cared for informally in families who are not their relatives. This could be through friends or acquaintances of the family or, less commonly, from households or not having any prior relationship. A high concentration of these care arrangements are in internally displaced person settlements. These care providers have no legal and, little traditional authority over the children.

Key Policy Strategy: Informal non-kinship family-based care transitions into foster care.

Policy:

- Non-kinship family-based caregivers shall transition into foster care through registration and certification with the assistance of case workers trained and approved by authorities. Guardianship shall be clarified by caseworkers and through the Courts as needed.
- The Government in collaboration with the civil society shall undertake initiatives to raise awareness for families and children to be identified, registered and transitioned into formal foster care with the assistance of case workers.

6.2 Formal alternative care

- If the child's background is known, every effort will be made to place the child within the same clan, if in their best interest.
- If the background of a child is not known, such as abandoned infants, the alternative care plan shall be best suited to meet the age and physical and emotional needs of the child consistent with section 7.5 of the Policy.

6.2.1 Foster care

Foster care can benefit vulnerable populations such as abandoned infants, survivors of abuse and unaccompanied and separated children within internally displaced person settlements. The authority and decision-making for children in foster care is held by the State and through approved non-governmental organisations that are implementing foster care, in consultation with the parents if known and the foster care family who supervises day to day activity of the child.

Key Policy Strategy: Foster care is developed and increasingly fills the alternative care gap for formal family-based alternative care.

Policy:

- A strategy of development and support of foster care shall exist, including recruitment, training and certification of foster families.
- Case workers shall prepare foster caregivers through training and coordinate support to the foster family and child consistent with the foster care case plan.
- The foster care plan shall include objectives and timelines for care and support to the family and children to address specific needs. It shall identify the permanency goal for the child who may include return to family or relatives, more formal guardianship arrangements, kafalah and/or preparation for after-care independent living.
- The Government shall certify foster caregivers and award of guardianship as necessary to provide for the needs of the child with the assistance of approved case workers.
- Foster families shall receive in kind and financial support as needed, to offset the expenses of caring for the foster child.
- After-care preparation and support shall exist for children in foster care, family-based group home and residential care to enhance successful integration into family and

community environments through good social skills and access to education, vocational training, health care and other services.

6.2.2 Kafalah

In most respects kafalah is the same as the relationship between a parent and biological child, including authority and decision-making. It is for children who are not able, likely or in their best interest to return to the care of their parents. This includes children who are abandoned and where tracing has been unsuccessful in locating parents and relatives.

Key Policy Strategy: Eligible children are placed in kafalah as soon as possible, in the best interests of the child. Kafalah placements are approved based on home studies verifying the family has the capacity to meet the needs of the child and the parents fully understand their responsibility and the child's rights.

Policy:

- Kafalah shall be a placement option for children in need of families when:
 - Tracing procedures have not resulted in identifying the parents or relatives of abandoned children; and
 - The child is an orphan and if a parent is still living there is an inability to parent the child indefinitely into the future. This can be based on the assessment of traditional leaders of the community and verified by case workers upon submission of the kafalah recommendation to the Court for the order.
- Kafalah placements shall be with Somalis who are of Islamic faith.
- Kafalah shall be preceded by a period of kinship or foster care of no less than one year to ensure the long term viability and compatibility of the family and child in kafalah and, if the child is abandoned, to allow time for tracing .
- A home study shall occur to ensure the kafalah placement is best suited and in the best interest of the child. This can occur in collaboration with traditional leaders by a case worker and serves as the recommendation to the Court for the kafalah order.
- Procedures and standards for home studies exist, including background criminal checks, financial capability, parenting experience and adequate shelter.
- A recommendation of support to the kafalah family may come from the traditional leaders and/or the case worker, such as provision of educational stipends. This support may be provided by the community as arranged by traditional leaders and/or from the Government.
- The child's approval of the kafalah shall be necessary if the child is nine years of age or older. However, the age may vary depending on the maturity of the child and the special needs condition of the child. The traditional leaders and case worker will make this assessment for recommendation to the Court prior to the order.
- Should a biological parent present themselves after the kafalah placement and request return of the child, a high standard shall exist for the Court to allow the return of a child to the biological parent due to potential harm in the psychosocial health of a child

particularly if the child has been in kafalah care from an early age and for a relatively long period of time. Based on the assessment of traditional leaders and the case worker, the Court shall take into consideration factors including the following in this determination:

- The opinion of the child;
 - The child's psychosocial health;
 - The age and length of time the child has been in kafalah;
 - The wellbeing of the child in kafalah;
 - Child abuse and neglect;
 - If there was fraud in the kafalah placement; and
 - The ability of the biological family to meet the needs of the child.
- The kafalah shall be known to children through age-appropriate disclosure practices and to ensure a child's right to know his or her historical identity.

6.2.3 Residential Family-based group home care

Children may be in a situation whereby reunification, fostering or kafalah is not possible nor in their best interest. Family-based group home care is an alternative to residential care that can be better suited to meet individual needs of children including building their capacity with household and family living experience that will be of benefit in the after-care period. Children benefitting from this care often are in a situation where family reunification, foster care or kafalah may not be possible or in their best interest. Children in residential care may have friends in the center with whom they are unrelated but have established close, almost sibling-like bonds. These children can potentially be cared together in family-based group homes. In the absence of viable reunification prospects, children who would otherwise be in residential care can benefit from family-based group homes. These homes can be set up with children having diversity of age ranges, and with both boys and girls in living arrangements consistent with traditional values and customs. Siblings stay in the same homes with each other. House mothers (sometimes with fathers) manage the homes as though they are the parents, tending to the children's emotional and psychological needs in a home-like environment. The house parents do not change; they are engaged over the long term to provide continuity in caring for the children to enable healthy attachment and long-term support. They work to build long term relationships with the children and between the children. Family-based group homes also serve as a useful bridge for youth into supported independent living arrangements. The youth will have experienced family life and can carry forward family-like relationships with their housemate brothers, sisters and parents into independent living situations. The authority and decision-making for family-based group home care is through the State and under the guardianship delegated to the residential care center or non-governmental organisation implementing this category of care. Family-based group homes shall as much as possible be integrated into the communities, rather than large scale compounds.

Key policy strategy: Family-based group homes exist as an alternative care option for children who otherwise would be outside of family-based care, particularly residential care.

Policy:

- Development of family-based group homes occur if an assessment shows they are feasible and of benefit as an alternative to residential care.
- Standards and procedures shall exist for family-based group home care with the assistance of non-governmental organisations specializing in this care. These shall include parenting skills and living arrangements that are age appropriate and with separation of boys and girls consistent with the values and customs of Somaliland.

6.2.4 Residential care

There are two types of residential care in Somaliland commonly called rehabilitation centers and orphanages. To reduce stigma and discrimination for children in or coming out of the centers, the Policy shall refer to the centers as child caring transit centers (formerly rehabilitation centers) and child caring centers (formerly orphanages). Decision making and authority, including guardianship rights, may vary according to the center and the situation of children in the center. This shall be clearly documented for all children in residential care, consistent with the registration and certification of a center. Authority and decision making shall be based on a variety of factors including the involvement of the child's family and relatives, if known, with the child. At a minimum, directors of residential care centers make decisions on the day to day wellbeing of children in the centers. They are responsible for safeguarding their protection and ensuring their physical and emotional wellbeing.

Key Policy Strategy: The centers have adequate levels of caregivers and case workers adhering to standards for residential care and attending to the physical, emotional, spiritual, and protection needs of children. Residential care serves as temporary transitional alternative care to family and home-based care, including reunification, foster families, kafalah placements, family-based group homes, and supervised and independent living arrangements. Gatekeeping reduces the reliance of institutions as alternative care for children and enhances use of family-based alternative care.

Policy:

- The Government shall ensure all residential care centers are identified, categorized and registered.
- No new centers shall exist without prior authorization of the relevant authorities of the Government with clear and approved purposes consistent with the Policy.
- The centers shall have names that minimize stigma and discrimination for children and reflect the purpose of centers consistent with the Policy.
- All residential care centers have bi-annual certification, unless otherwise mandated by the relevant ministry, based on an assessment of the centers through a government-led peer

review process based on residential care standards. Key though not exclusive among these standards shall be:

- Age appropriate and suitable care for children based on their specific needs;
 - Suitable caregiver-to-child ratios to ensure protection and support to children; meet the needs of children;
 - “Child-friendly” infrastructure to maximize protection, particularly in sleeping and sanitation arrangements, security, recreation, study, worship and places of privacy for children;
 - Equal and quality access to basic needs, including recreational activities for both girls and boys;
 - Basic needs met with free access to good nutrition, health and education;
 - Vocational training services existing for children in centers, particularly children not likely to continue their education after leaving the centers;
 - Case files for every child documenting history, wellbeing and the case plan including reunification and family-based care strategies and supervised or supported independent living arrangements;
 - Regular and ongoing monitoring, documentation and support of children; and
 - Appropriate locations for new centers ensuring safety and children’s access education, health and other services.
- Standards shall clarify the responsibilities in residential care services between the Government and privately run centers.
 - Reunification of children with families and relatives and/or placement into other family-based alternative care options shall be a shared responsibility between the State and privately-run centers.
 - The number of children in child caring institutions shall be reduced through prevention and reunification services, development and use of family-based alternative care and through gatekeeping mechanisms that ensure children are not admitted into residential care unnecessarily. Each residential care center shall have case workers with gatekeeping responsibilities.
 - Caregivers shall receive training and certification based on a minimal set of knowledge, skill and behaviour capacities.
 - Children shall have access to qualified professional social service professionals who provide counselling and address psychosocial conditions of children.
 - Case workers shall coordinate plans for family-based care, rehabilitation, vocational training and independent living after residential care.
 - When in their best interest, children in all categories of residential care shall have regular contact with their families and relatives if known, shall stay with families or relatives when possible and/or shall have regular visitation from their families and relatives.
 - Children shall transition out of centers by 18 years of age.

- Government-administered centers are adequately funded by the State to meet Policy requirements.
- The Ministry of Labor and Social Welfare shall be the Government authority with oversight of residential care.
- All residential care centers of the Government shall be administered with oversight by the Ministry of Labor and Social Affairs as these centers serve primarily as institutions of alternative care.
- Residential care associations are encouraged as a means for identifying best practices in care, joint learning, gathering of statistics in alternative care, avoiding duplication to enable efficient use of resources, building capacity in the centers in the best interest of children, as an important stakeholder in assessing and awareness raising of the Policy and as an active participant in the monitoring and evaluation of residential care.
- Standards shall exist as to eligibility of children for categories of residential care centers.
- Child caring transit centers shall be run in close collaboration with the Ministry of Justice since many children in the centers have backgrounds of contact with the law and may be at risk of being in conflict with the law.
- The Ministry of Education shall collaborate with the Ministry of Labor and Social Affairs to ensure quality of education activities occurring in residential care.
- The Ministry of Labor and Social Affairs shall collaborate with the Ministry of Education and the Ministry of Religion and Endowment in assessing and making recommendations on the care of children in Boarding Schools. Orphans and other vulnerable children in Boarding Schools shall be referred to case workers as needed.
- Development of residential care associations shall be encouraged and receive assistance from the Government and from non-governmental organizations specializing in child protection and alternative care to enable mutual support and learning, advocacy for best practices and participate in peer review and certification of residential care.

7. Policies on Highly Vulnerable Populations and Alternative Care

7.1 Child-headed households

The authority and decision-making for children living together are held by the Government in consultation with known parents or relatives. Youth who are majority age in a sibling group shall make decisions for younger children in the group. Case workers shall monitor the family closely to ensure decision-making is in the best interest of minor children. If not, appropriate action will be taken including informing the Court.

Key Policy Strategy: Identify all child-headed households particularly in highly concentrated areas like internally displaced person settlements, assess the household and apply alternative care support services consistent with need.

Policy:

- Standards shall exist for determining if a child-headed household is considered a “family group” and should be supported as a child-headed household or through alternative care.
- For the family group option, a support plan shall guide services, including regular visits by a case worker, mentorship and other community-based supports, tracing and provision of basic needs including access to adequate shelter, nutrition, health, education, vocational training, protection and psychosocial support.
- If the family group support approach is not in the best interest of children in the household, the children shall be in alternative care that is best suited for their needs. Proximity of the siblings to each other and family-based options are primary considerations in determining the alternative care option.

7.2 Unaccompanied and separated children within internally displaced people’s communities and settlements

Authority and decision-making is with the Government in consultation with known family members or close friends and majority age youth siblings if present.

Key Policy Strategy: Identify, register and prioritize basic services for unaccompanied and separated children in internally displaced person settlements.

Policy:

- Identify and/or appoint a legal guardian for the children as soon as possible.
- The kinship caregivers of separated children are registered, assessed and receiving support according to a case plan.
- Non-relative informal care providers shall be trained and certified as foster care providers and receiving support.
- Day care or other protective care shall be available for young unaccompanied and separated children, particularly those not yet in school, to ease the burden of caregivers, particularly female-headed households who are securing livelihood away from the homes leaving children in potentially vulnerable situations.
- Tracing and reunification services shall be integral to the case plan for separated and unaccompanied children.

7.3 Children and youth leaving alternative care

Key Policy Strategy: Children have timely and adequate preparation for after-care living and receive support in the after-care period as necessary for livelihoods and psychosocial wellbeing. Of particular consideration are youth leaving residential care, children reunifying with families, and children and youth in foster care leading to re-integration in family or community-based environments.

Policy:

- Children in alternative care shall be nurtured and prepared to become good citizens and productive members of society.

- After-care preparation and support for children shall include social skill building and the availability and use of vocational training and stipends for further education.
- Reunification of children to families shall benefit from standards for re-integration including assessment and preparation of the children and families, and post-placement support and monitoring.
- All residential care centers and family-based group homes shall have supervised or supported independent living arrangement strategies and services available for after-care preparation and support. They shall have monitoring and support by an approved case worker as necessary. Contact persons shall be available to assist these youth.
- The formation of associations of care-leavers shall receive encouragement and support from service providers as a means to learn from care-leaver experiences, enable mutual support groups, advocate for best practices and serve as consultative bodies for laws, policy, standards and guidelines for alternative care and child protection. Participation of children currently in care shall be encouraged to link with the associations.
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7.4 Children in the Street

Decision-making and authority is the responsibility of the Government unless there is a known and competent family member.

Key Policy Strategy: Children on the street are receiving rehabilitation and transitional services to enable return to family-based care in their home communities.

Policy:

- There shall be no physical or emotional abuse of street children by law enforcement officers or any service provider, and abuse shall not be tolerated against these children by society more generally.
- Children in the street who are outside of family care shall be registered and have access to alternative care, including an assessment for eligibility for child caring transit centers.
- Siblings of children on the street shall be kept together when in alternative care, if in their best interest.
- Children on the street shall receive assistance in making contact with parents and relatives if separated from them as an important step in case work leading to their reunification, if in their best interest.
- The children being considered for care and services shall have a case worker from the Government or an approved non-governmental organisation based on the child's situation, including if in contact or conflict with the law.
- Only if absolutely necessary and consistent with the *Juvenile Justice Law* are children in conflict with the law detained. When in detainment they shall be in facilities suitable for children and never in a cell with an adult.

- Girls living on the street shall be considered at exceptionally high risk and have priority for services and alternative care to ensure their protection and care.

7.5 Abandoned children

Decision-making and authority of abandoned children is through the Courts as granted to the residential care center or caregiver assisting the child.

Key Policy Strategy: Children's lives are saved and transitioned quickly into nurturing family-based care, particularly if children are abandoned as infants.

Policy:

- Standards and procedures exist for abandoned children, including immediate response by police, medical providers and caseworkers to preserve life, address other emergency needs, initiate tracing procedures and secure care.
- Foster families shall provide care for infants and other young abandoned children to avert or minimize time in residential care.
- Tracing procedures shall occur as soon as possible to secure knowledge of the origin of the child and circumstances surrounding the abandonment, and efficiently position the child for kafalah as a possible permanent placement option if tracing fails.
- Abandoned children shall have the right to know about their historical record and identity and this shall be known to them through age-appropriate and sensitive disclosure practices.

7.6 Children from unwed mothers

Decision-making and authority for children born to unwed mothers shall come from the mothers if majority age, from the parents of the unwed mother if not majority age or from the Government if needed to protect the best interest of children.

Key Policy Strategy: Ensure children born from unwed mothers are protected and being cared for in a family-based environment.

Policy:

- Public awareness campaigns with messaging strategies shall promote moral behaviours, the importance of marriage and knowledge of good parenting to ensure children are born into healthy, nurturing and safe family environments.
- Mediation services shall be applied to unwed couples experiencing pregnancy and their families to ensure the best interest of the child in a family-environment. These services can be provided by elders, sheikhs, case workers and legal aid specialists.
- Mechanisms shall exist for mothers to receive services from case workers, including those of non-governmental organisations and the Government with capacity to provide counselling, shelter and support for the emotional, physical and spiritual health of mothers resulting in the safe birth of their children and planning for their care.

Livelihoods support through training in income generating activities may be necessary and shall be available for single mothers to provide for their children.

7.7 Children in female-headed households, divorced families and families with unstable marriages

Key Policy Strategy: These vulnerable family situations, particularly those that are poor and including those in disadvantaged minority clans, shall be identified and targeted for early intervention services to lower prospects of separation of children from families.

Policy:

- Family mediation mechanisms shall protect children and ensure their basic needs are being met through responsible actions and behaviours of parents.
- The basic level of services is benefiting these families and children to prevent separation, if in the best interest of the child.
- Husbands who are divorced from their wives and/or separated from the family shall be held accountable for income support and asset allocation to the family consistent with the *Personal Status Law* to support mothers and children.
- Livelihoods support shall benefit impoverished families, particularly households headed by women. This shall include developing access to savings and loan mutual support collectives that assist in covering for gaps in basic needs and leads to income generating activity.

7.8 Children with special needs

Somaliland, through the *Child Protection Policy (draft)*, is committed to providing an enabling environment for children and adults with disabilities. Children shall have access to free health, facilities shall be designed to ensure accessibility and there shall be inclusive education for children with disabilities. Under the *Child Rights Act (draft, Article 169)* disabled children shall be provided with wheelchairs or other means to enable mobility, individualized support measures shall be provided to meet the special needs of children, and children with disabilities shall have equal access to play, recreation and leisure activities.

Key Policy Strategy: Children with special needs in alternative care are identified and receiving support from caregivers and specialists to ensure their rights as children and to reach their fullest abilities.

Policy:

- Households providing informal alternative care to children with special needs are identified and have regular monitoring and support to ensure their basic rights including protection and humane treatment, and provision of physical and emotional support to meet their basic needs.
- Children impacted by HIV/AIDS face particularly vulnerable family and health environments and shall be a priority for identification and support by case workers.

- The case work plan for a child with special needs in alternative care shall identify support, including from specialists, to assist the child and caregivers in the special needs. This shall include referrals and following up on support.
- Children with special needs in residential care, including those facing challenges in mobility, shall be accommodated with necessary equipment, infrastructure and caregiving assistance to ensure safe and efficient accessibility to the facility and services.
- Foster care families and family-based group home caregivers shall receive specialized training and support to care for children in need of alternative care who have special needs including those with long term physical, mental, congenital, and genetic and central nervous system challenges.
- Children with special needs and their caregivers shall have priority access to psychosocial health services, including counselling.

8. Institutional Framework

8.1 Key Roles and Responsibilities: Government

Ministries and departments of the Government shall have a shared responsibility in the prevention of separation of children from families if in their best interest, assistance to caregivers and children in alternative care, and after-care support. This includes support in the areas of housing, health, education, livelihoods, legal services and alternative care casework.

The Ministry of Labor and Social Affairs shall

- Serve as the focal ministry for alternative care system planning and coordination, including monitoring and evaluating Policy implementation and impact;
- Follow up the dissemination and on-going implementation of the Policy.
- Produce an annual report on alternative care that shall include an accounting of the number of children in alternative care per alternative care category by gender, age and disability; the number and type of residential care centers; length of time children are in stay and other key indicators based on residential care standards; trends and evidence in alternative care to inform policy and strategies including the causes of children separating from families; key initiatives in alternative care and the effectiveness of alternative care strategies;
- Research and report on what contributes to family separation and use this knowledge to inform policy and services, in collaboration with other ministries, non-governmental organizations and other stakeholders.
- Coordinate basic services for orphan and other vulnerable children and families, including alternative caregiving families. This shall be in collaboration with case workers of other ministries, the Courts and approved non-governmental organisations to prevent separation of children through family strengthening, reunify children with

families and relatives, and support caregivers and children in other alternative care options;

- Provide oversight of residential care, including administration of residential care centers of the Government after a reasonable transition time if centers are being administered by another ministry;
- Approve new residential care centers and lead the certification of existing centers based on standards set for the centers. This shall apply to residential care centers run by the Government and those privately administered; and
- Certify foster care families, collaborate with non-governmental organisations approved to provide fostering and other services, conduct kafalah home studies and make recommendations to the Court for formal placement of children in these family-based care options.

The Ministry of Justice shall

- Issue orders through Courts for guardianship and formal alternative care based on case worker assessment and standards and procedures identified in the Policy;
- Collaborate with the Ministry of Labor and Social Affairs in provision of rehabilitation services for children coming in contact with the law, including referrals of children and providing psychosocial support for children eligible for the child caring transit centers;
- Divert children from prison; and
- Raise awareness on needs of orphans and other vulnerable children and families in collaboration with other ministries and civil society consistent with the Policy, the laws of Somaliland and *Shar'ia*.

The Attorney General Office shall

- Ensure orphan and other vulnerable children and families have rights and protection in keeping with the *Constitution of the Republic of Somaliland*, the laws of the Republic and the *United Nations Convention on the Rights of the Child*;
- Provide free legal assistance for children to protect their rights;
- Divert children from prison; and
- Ensure children are not discriminated against and are protected in access to resources, including those involving finances and assets within families, under the laws of the Republic.

Ministry of the Interior shall

- Respond with urgency to reports of child abandonment to save life and address other urgent needs in coordination with other service providers identified in the Policy, according to standards and procedures for abandoned children;
- Develop Child and Women Help Desks within police stations for services to orphans and other vulnerable children and families and make referrals to other ministries and approved service providers according to standards and procedures for abandoned children;

- Respond to complaints about children on the street children and those from these children in a child-friendly manner and in coordination with the Ministry of Labor and Social Affairs and the Ministry of Justice;
- Divert children from prison; and
- Ensure that when children in conflict with the law are detained they shall be placed in facilities suitable for children and never in the cell with an adult or another person who may cause them harm.

Ministry of Education shall

- Ensure schools are safe places to learn and abuse to children is not tolerated. This shall include training of school headmasters and teachers in child protection, especially to ensure schools are free of corporal punishment and reducing risk of vulnerable children dropping out of school;
- Work with school administrators, school boards, child clubs, community leaders and families to ensure orphan and other vulnerable children attend school;
- Identify and make referrals to case workers on children in schools, including boarding schools, and families in vulnerable situations for basic service planning to protect children, prevent separation of children from families if in the child's best interest and strengthen alternative care;
- Ensure school uniforms, materials and other basic educational resources are available free of charge if necessary to ensure orphans and other vulnerable children attend school;
- Certify schools and education activities operating within the residential care centers; and
- Ensure that boarding schools are safe for children.

The Ministry of Resettlement, Rehabilitation and Reconstruction shall

- Identify and determine the number of alternative care families and children, including child-headed households and single parent-headed households in internally displaced person settlements;
- Ensure a standard procedure is operational in the settlements for household registration that identifies families providing alternative care and the relationship with the children, and child-headed households;
- Coordinate provision of basic needs to alternative care families and child-headed households in collaboration with other ministries and approved non-governmental organisations. This shall include prioritization of eligibility for shelter assistance to families providing alternative care to children and quick response to especially vulnerable care situations; and
- Ensure tracing and reunification activities for separated and unaccompanied children in settlements in coordination with service providers specializing in these services.

The Ministry of Religion and Endowment shall

- Ensure alternative care policy and practice is informed by and consistent with *Shar'ia* and the *Hadith of the Prophet*, including studying and clarifying issues as they arise in the best interest of children;
- Assist the Courts through *Shar'ia* committees with disputes involving marriages and family relations to protect and support children and prevent their separation from families, if in their best interest;
- Prioritize orphan and other vulnerable children in pre-school study supported by the Ministry;
- Raise awareness on needs of orphan and other vulnerable children and families, the importance of family based care, and the obligations for supporting this population under Islam;
- Promote, allocate and coordinate zakat for orphan and other vulnerable children and families, alternative caregiving families and residential care centers;
- Raise awareness in outreach to the public on moral behaviour in keeping with Islam to help minimize child abandonment; and
- Participate in the monitoring and evaluation activities of the implementation of the Policy.

The Ministry of Health shall

- Identify and report vulnerable children and their families and refer them for basic service planning to case workers as a means to protect them, prevent separation of children from families if in their best interest, and strengthen alternative care;
- Provide the necessary level of health staff and services in residential care centers to ensure children's good health;
- Ensure provision of free health care for orphans and other vulnerable children and their families, and alternative caregivers if they cannot afford health care; and
- Receive and stabilize abandoned children, children who are abused, and children living on the street with urgent health issues and make referrals to case workers for additional support.

De-centralized Administrative Authorities

Recognizing de-centralization is underway and in transition in Somaliland, the authorities shall

- Provide input into the rollout of the Policy, receive training, and plan for its implementation in de-centralized structures;
- Prioritize response to highly vulnerable children, particularly those who are abused and in need of immediate protection, through child friendly provision of services from police, social affairs and other municipal structures;
- Inform and make referrals to district level labor and social affairs, education and justice officials for technical assistance and support to orphan and other vulnerable children and their caregivers;

- Collaborate closely with district social workers and Courts in the implementation of the Policy.

The Parliament of Somaliland shall

- Advocate for and raise awareness on alternative care consistent with the Policy;
- Ensure the laws of Somaliland and the Policy on Alternative Care are aligned and re-enforce each other in the best interest of children;
- Align the *Personal Status* and *Child Act* laws of Somaliland to protect and support children and their primary caregivers in event of divorce or marriage separation; and
- Allocate necessary financial resources toward the development of the alternative care system.

8.2 Inter-ministerial and – sectoral coordination mechanisms for the Somaliland Policy on Alternative Care

The Ministry of Labor and Social Affairs shall

- Chair and provide leadership in an Inter-ministerial Working Group on Alternative Care within the framework of the Inter-ministerial Task Force on Child Protection, with each ministry appointing a focal person for the task force on alternative care;
- Lead the integration of alternative care within the Policy framework into other working groups on child protection, including those at de-centralized levels.

8.3 Non-governmental and Civil Society Organizations, Groups and Leaders

These stakeholders serve as a vital link of the Policy to all sectors of society. They shall have access to user-friendly copies of the Policy and review it with staff, volunteers and other constituents. Non-governmental organisations and civil society shall align their systems and capacities with the Policy to ensure consistency in program, projects and other activities. In keeping with these activities, non-governmental organisations and civil society shall:

- Disseminate the Policy and advocate for its implementation in the structures of the Government;
- Raise awareness of the Policy with stakeholders at all levels, including children and caregivers;
- Provide training and capacity building consistent with the Policy at low cost or free to maximize access among stakeholders to these activities;
- Provide on-going input on the Policy, including information based on the experiences of children and caregivers, and seek clarification of the Policy to strengthen its effectiveness;
- Participate in developing standards, procedures and guidelines identified in the Policy, and build capacity in these through training, testing and refining these resources;
- Provide financial and technical support to initiatives consistent with the Policy, if having access to these resources;

- Develop pilots in alternative care that are in short supply in Somaliland to fill gaps for at risk populations, such as in foster care, services to unwed mothers and children, and family strengthening activities including livelihood initiatives;
- Share information through child protection working groups and other networks on assessments, evaluations and lessons-learned from alternative care services and projects;
- Work with children and in collaboration with the Government to establish venues where children can safely meet and exchange ideas to understand their rights, mutually support each other and learn to resolve issues peacefully;
- Utilize financial resources allocated to alternative care responsibly and transparently; and
- When receiving kafalah sponsorship support for orphan and other vulnerable children and families, target these resources to the most vulnerable populations in keeping with the Policy and its guiding principles. These resources shall not in any way be improperly misused nor serve as a business activity of those facilitating the transfer of funding and support.

Of fundamental importance to the Policy are civil society stakeholders in local communities including children and youth groups, child protection committees, caregiver groups, after-care groups, elders and other community leaders, and religious authorities. These stakeholders experience and respond to situations of high risk involving orphan and other vulnerable children and families. For these groups and individuals:

- The Policy and its resources shall be developed in child and culturally relevant formats for better understanding and use.
- Capacity shall be built consistent with the Policy with the technical assistance of the Government and non-governmental organisations.
- Feedback and recommendations on the Policy, alternative care and its effectiveness shall be regularly solicited through participatory information gathering and tools to strengthen the accountability of Government and other approved service providers to each other and especially to children and their caregivers.

9. Implementation of the Somaliland Policy on Alternative Care

9.1. Key activities and indicators for policy implementation

These shall include:

- Development of a time-based costed *Plan of Action* for the Policy led by the Ministry of Labor and Social Affairs and integrated into budget and planning cycles of the Government;
- Integration of alternative care statistics and information into the Child Protection Information Management System managed by the Ministry of Labor and Social Affairs with access to relevant resources by all stakeholders;
- Integration of the Policy into the planning and implementation frameworks of each ministry as identified in and consistent with the Policy;

- Establishment of frameworks for documenting and tracking the number of children in alternative care by categories identified in the Policy, caregivers per alternative care category, and demographics of these populations as indicated by the Policy. This shall include:
 - Children and alternative care families in internally displaced person areas and settlement by the Ministry of Resettlement, Rehabilitation and Reconstruction;
 - Foster care and kafalah placements, and alternative care guardianship arrangements through orders by Courts through the Ministry of Justice;
 - Children in residential care by the category of caring center by the Ministry of Labor and Social Affairs;
 - The number of child abandoned by the Ministry of the Interior; and
 - The number of children in alternative care and alternative care families through Ministry of Labor and Social Affairs based on case worker intakes, information provided by non-governmental organisations and through registration initiatives as identified in the Policy.
- Non-governmental organizations, based on their activities, shall also provide documentation and tracking on the number of children in alternative care by categories identified in the Policy, caregivers per alternative care category, and demographics of these populations as indicated by the Policy.
- Mechanisms, standards, guidelines, processes and related tools and resources in the Policy are identified, refined and/or developed and organized for access and management by the Ministry of Labor and Social Affairs in collaboration with other ministries and stakeholders including:
 - Use of the minimum service package and related standards;
 - Child and family assessment guidelines;
 - Standards and procedures for abandoned children;
 - Standards for tracing and reunification of children;
 - Standards for regular contact of children separated from their families and relatives;
 - Standards for assessing child-headed households and guidance on determination of “family group” support status;
 - Complaint, help seeking, and response mechanisms for all types of care;
 - Abuse reporting mechanisms;
 - Guidelines on positive discipline of children
 - Codes of conduct for caregivers;
 - Training materials and processes for caregiver certification in foster, family-based group home and residential care;
 - Standards of care for all formal alternative care categories;
 - Responsibilities of care for informal kinship care;
 - Eligibility standards for residential care including standards specific to each category of residential care;
 - Gatekeeping guidelines for gatekeeping for de-institutionalization;

- Alternative care placement and follow up procedures;
- Home study procedures for kafalah, foster care and family-based guardianship orders;
- Standard Operating Procedures listing basic information on child protection and services;
- A “promise keeping” accountability tool for children receiving services; and
- Public awareness campaign themes relating to alternative care, including promoting of zakat for alternative care and related services.

9.2 Start-up implementation activities for the Policy on Alternative Care

These shall be:

- Establishing the inter-sectoral coordination mechanisms for the Policy including appointment by each ministry of their focal person(s) to the coordination body;
- Building awareness, discussion and accountability through translation and broad-based dissemination of the Policy in user-friendly formats to stakeholder groups and the mass media. This shall include background information on alternative care and the needs of orphan and other vulnerable children and families.
- Developing a participatory framework for surveying all residential care centers led by key stakeholders that leads to documentation of centers, the situation of children, care and administration of centers, and the development of commonly understood and agreed to standards including eligibility guidelines for children to reside in the centers and certification processes;
- Establishing confidential complaint, help-seeking and response mechanisms for children in residential care and in other venues such as community-based centers, and ensuring effective response to protect children;
- Identifying initial systems for collecting statistics on alternative care, in collaboration with other ministries, approved non-governmental organisation and civil society groups, and beginning to integrate the data into the Child Protection Information Management System;
- Initiating a pilot project encouraging voluntary registration of informal alternative caregivers to inform the development of a nation-wide system that identifies, registers, supports and protects caregivers and children;
- Developing guidelines and initial strategy for foster care; and
- Completing the minimum case service framework, building capacity in it, and linking with community-based child protection mechanisms.

10. Monitoring and Evaluation of Outcomes in Alternative Care

As the focal ministry for alternative care, the Ministry of Labor and Social Affairs shall establish and coordinate the monitoring and evaluation framework of the Policy. The Child Protection Information Management System shall support this framework with data on children in alternative care.

Each ministry named in the roles and responsibilities section of the Policy shall establish and coordinate monitoring, evaluation and accountability frameworks within their own structures and contribute this information to the Ministry of Labor and Social Affairs for the national alternative care monitoring and evaluation framework.

Assessing and reporting on progress, achievement and completion of indicators, including development of resources, in Section 9 of the Policy shall serve as one basis for monitoring and evaluating implementation of the Policy. Others indicators shall be identified as the inter-sectoral coordination body for alternative care develops its plans and strategy.

Result outcome and indicators shall exist and be utilized in the monitoring and evaluation system demonstrating quality in the alternative care consistent with the Policy and for the wellbeing of children. As relevant, these shall be dis-aggregated by category of alternative care and gender with reporting yearly and accumulated over time. Guidance on measuring the outcomes shall exist to ensure clarity and efficiency in the monitoring and evaluation system. Result outcomes and indicators to be considered shall include:

1. *Outcome:* Children in alternative care are receiving support through certified caregivers.
Indicator: The number and percentages of children identified in alternative care receiving support through certified caregivers;
2. *Outcome:* Children have improved protection and care due to confidential complaint, help seeking and response mechanisms.
Indicator: The number of orphan and other vulnerable children whose protection and care is improved as a result of the mechanisms;
3. *Outcome:* Residential care centers are providing quality alternative care.
Indicator: The number of residential care centers that are identified, registered and certified;
4. *Outcome:* Alternative care for children between 0-3 years of age is family-based.
Indicator: The number and percentages of these children who are in residential care and family-based alternative care categories;
5. *Outcome:* Children are transitioning from residential care to family-based care.
Indicator: The number of children successfully transitioned from non-family care situations to family-based care;
6. *Outcome:* A broader and improved range of alternative care options are benefiting children.
Indicator: The number of newer alternative care options, such as certified foster care families and family-based group homes, and the number of children benefiting from new family-based alternative care options since final approval of the Policy;

7. *Outcome:* The risk of children separating from families is reduced through greater access to education.
Indicator: School attendance rates of orphan and other vulnerable children in comparison to overall rates for children in Somaliland;
8. *Outcome:* The risk of children separating from families is reduced due livelihood and social protection assistance.
Indicator: The number of families and children in these families supported through assistance such as cash transfers and micro savings and lending activities.
9. *Outcome:* Children have greater protection and care through case services.
Indicator: The number of orphan and other vulnerable children and families receiving prevention, protection and alternative care assistance through case workers including a measurement of case closure due to stability and wellbeing of children;
10. *Outcome:* The informal alternative care safety-net of Somaliland is strengthened.
Indicator: The number of informal alternative care families identified, registered and receiving support; and
11. *Outcome:* Children's emotional and physical wellbeing is improved through services.
Indicator: The service satisfaction and improvement in protection, physical and psychosocial wellbeing as reported by orphan and other vulnerable children through accountability reporting tools.