



Terms of Reference for Consultancy (International – Institution)

For the drafting of strategy and a national plan of action for de-institutionalization and alternate care for children

TOR Reference Number: ToR /2020/44

1. Programme Information:

CPD Outcome: Inclusive and equitable social services for children and adolescents, especially the disadvantaged and vulnerable groups are improved by 2020

CPD Output 1.5: Child Protection System

JRWP 2019-2020, Activity: De-institutionalisation and alternate care for children

Partner: Ministry of Gender, Family and Social Services

2. Background:

A very first children's home *Islaahiyya* (reformatory) was established in 1979 under the Unit for the Rights of Children, at the Ministry of Home Affairs. It functioned as a boarding school for boys, who were not able to access education due to poverty, orphaned or abandoned children. In addition, adolescent boys demonstrating challenging behaviour was sent to this institution to instil discipline¹. The name *Islaahiyya* was later changed to the Education and Training Centre for Children (ETCC) and placed under the Ministry of Education. In 2013, ETCC temporarily closed for renovations and remains closed.

The Maldives, unlike most countries, have very few childcare institutions and a small number of children in these institutions. Kudakudhinge Hiya, was established in 2004, and catered for boys and girls between the age of 0-9 years. Kudakudhige Hiya, with the increased demand, later moved to cater for children below 18 years. Fiyavathi was established in 2016. Currently, Kudakidhinge Hiya caters for children between 13 – 18 years while Fiyavathi for children below 13 years.

In many countries, institutionalized children face discrimination and stigmatization, and that is often expressed in the abusive attitudes and behaviors of poorly trained staff and reflected in the public's lack of concern for the violence that children experience in institutions. Because state alternative care institutions for children are closed to public scrutiny, incidents of violence against children in institutions remain hidden from the general public and state bodies. The "Assessment of State Alternative Care Institutions for Children in the Maldives" done in 2013 (Unpublished) showed the same.

The Maldives is committed to put an end to institutionalisation of children and move towards a family-based option and attend to the root causes of separation of children from their parents. The commitment furthers the pledge to strengthen families and the care they provide to children, and if the separation is in the best interest of the child, children will be placed in a family or community-based care². Furthermore, the ratification of the Child Rights Protection

¹ Harr, R., (2013), *Assessment of State Alternative Care Institutions for Children in Maldives*, Unicef Maldives.

² A World without Orphanages is Possible: The UN Resolution on the Rights of the Child 2019.
<https://www.hopeandhomes.org/blog-article/unrc-2019/>

Act in November 2019 mandates the state to establish family-based options for alternative care. The Act entails necessary details of the quality of alternate care for children.

3. Purpose of the Assignment

The purpose of this consultancy is to provide technical support to the Ministry of Gender, Family and Social Services to draft the strategy and action plan for de-institutionalisation and alternative care for children.

4. Duty station:

The consultancy will combine home-based and field-based services. The selected institution is expected to work remotely and on-site when the public health situation permits.

5. Travel:

The consultants are expected to undertake field visits to selected atolls when local travel is permitted by the relevant public health authorities.

6. Major tasks and deliverables / End product

The following tasks should be undertaken

The major tasks for the proposed consultancy include:

1. A desk review of existing reports and legal provisions for alternate care.
 - a. assess the impact of institutionalization on children who lived in alternate care homes (both positive and negative) and what happened to these children in the post alternate care homes phase of life.
 - b. discuss a hypothetical scenario of who better relevant authorities could have cared for these same children (in retrospective).
2. Mapp existing community-based services and practices. .
3. Explore and identify the current drivers for institutionalized child care and discuss possible ways of reversing/neutralizing these drivers.
4. Explore the potentials of new types of community-based alternative care.
5. Conduct a series of consultations with key stakeholders including, among others, children, members of public, parents and extended families of the children currently living in alternate care homes, government officials, policy-makers, CSO and human rights organisations.
6. Draft relevant policy and operational documents as follows:
 - o Alternative Care Policy and proposed options;
 - o Operational guidance for alternative care system outlining care options (may include kinship care, foster care, etc) including costing of these options;
 - o Costed strategy and action plan for de-institutionalization of children currently in state-homes and establishment of alternative care systems.

Task	Deliverables	Duration
PHASE 1		
<p>1. A desk review of existing reports and legal provisions for alternate care.</p> <p>a. assess the impact of institutionalization on children who lived in alternate care homes (both positive and negative) and what happened to these children in the post alternate care homes phase of life.</p> <p>b. discuss a hypothetical scenario of who better relevant authorities could have cared for these same children (in retrospective).</p>	<p>1- Report on the Desk Review, stakeholder consultation and community service mapping</p>	<p>45 working days</p>
<p>1. Conduct community service mapping to look at specific drivers for institutionalization (including the consultation with the children/families/institutions) and mapping of existing community-based services</p>		
<p>2. Individual and group consultation with key stakeholders including but not limited to: (i) children currently living in alternate care homes, children who left alternate care homes in the recent past, parents of children living in alternate care homes, staff working at alternate care homes, staff from Family and Children Service Centres (FCSCs) where children are/were placed; (ii) State institutions such as Ministry of Education, Ministry of Health, National Drugs Agency, Maldives Police Service, Juvenile Justice Unit, Island Councils; (iii) Gender and Human Rights Council/Parliament, Human Rights Commission of Maldives, & (iv) General Public, Civil Society Organisations, and Children</p> <p>Special attention to be given for to ensure voluntary, meaningful and safe child participation by ensuring that consultations uses child-friendly participatory means of engagement (including inclusive of those with</p>		

<p>disabilities or special needs which may require adjustments) and that children are safe to share their views without fear or threat of repercussions from caregivers or institutions.</p> <p>Discussion/consultation should be focused towards exploring potential models applicable, appropriate and feasible to Maldives. looking at specific drivers for institutionalization (so will involve consultation with the children/families/institutions themselves) and well as a mapping of existing community-based services. The gap that is identified becomes a part of the strategy, including the reorientation of the workforce in the institutions and prioritizing of financing towards community-based services, social protection and family strengthening initiatives.</p>		
<p>3. Draft relevant policy and operational documents as follows:</p> <ul style="list-style-type: none"> ○ Alternative Care Policy and proposed options; ○ Operational guidance for alternative care system outlining care options (may include kinship care, foster care, etc) including costing of these options; ○ Costed strategy and action plan for de-institutionalization of children currently in state-homes and establishment of alternative care systems. 	<ul style="list-style-type: none"> ○ A first draft of the listed documents 	<p>15 working days</p>
<p>4. Validation workshop(s) with key stakeholders on proposed options for alternate care</p>		<p>5 working days</p>
<p>5. Draft relevant policy and operational documents as follows:</p> <ul style="list-style-type: none"> ○ Alternative Care Policy and proposed options; ○ Operational guidance for alternative care system outlining care options (may include kinship care, foster care, etc) 	<ul style="list-style-type: none"> ○ A final draft of the documents 	<p>5 working days</p>

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| <p>including costing of these options;</p> <ul style="list-style-type: none"> ○ Costed strategy and action plan for de-institutionalization of children currently in state-homes and establishment of alternative care systems. | | |
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Soft and hard copies to be submitted to UNICEF. Payments will be disbursed against acceptance of products, and against accepted deliverables and on the acknowledgement of the receipt of the deliverables.

6. Estimated duration of contract and deadline for submission of end-product

The total consultancy will be for a duration 70 days.

7. Qualifications or specialized knowledge and/or experience required

The required background, experience and competencies for the consulting institution is as follows:

Multi-disciplinary team with qualified experts in social work, public/mental health, education, child rights protection, costing and budget analysis or another relevant background with the following qualifications and skills:

- Master's in social work, International Development Studies or related field.
- Experience and expertise in conducting research and assessment on child protection issues
- Experience in issues related to alternative care and child protection
- Previous experience in setting up alternative care systems and rights programming
- Experience in costing and budgeting child protection and/or social welfare services
- Strong presentation and communication skills in English (fluency required);
- Strong coordination skills and ability to adhere to deadlines;
- Demonstrate cultural, gender, religion sensitivity and compliance to UNICEF standards
- Experience in setting up alternate care systems especially family or community-based systems
- Demonstrate experience, ability to promote and carry out child safe and meaningful participation of children

The team should also include at least one local expert who is also proficient in Dhivehi (the local language)