THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

Alternative Care Survey

UASC Task Force
2025

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INTRODUCTION

Children affected by armed conflict, displacement, and natural disasters are at greater risk of being separated from their families, leading to increased vulnerability. Strengthening alternative care systems is critical to ensuring their protection, development and wellbeing. Since 2013, the humanitarian sector's primary guidance to respond to unaccompanied and separated children in need of Alternative Care has been the Alternative Care in Emergencies (ACE) Toolkit. The ACE Toolkit now requires substantial revision to address the evolving socio-political landscape, emerging child protection challenges, and shifts and developments in best practices. Changes over the past decade, including new conflict dynamics, displacement patterns, and the growing use of cash-based assistance, underscore the need for updated, responsive guidance. It must also incorporate relevant developments from non-emergency contexts, particularly in the majority world, such as improved policy guidance on kinship care (e.g. Family for Every Child) and supported independent living models for adolescents (e.g. UNHCR, 2023). These shifts demand updated, context-responsive tools that can guide safe, appropriate care for all separated children in crisis contexts.

In September 2024, the Unaccompanied and Separated Children Task Force (UASC TF) of the Alliance for Child Protection in Humanitarian Action (Alliance) conducted a survey to gain insight into alternative care practices in humanitarian and crisis-prone settings. The survey, led by Save the Children and the International Rescue Committee on behalf of the UASC Task Force, aimed to assess the needs, approaches, and challenges in providing quality alternative care for children in emergencies.

The findings from this survey will contribute to updating the ACE Toolkit, and refining alternative care approaches, and identifying key resource and policy gaps, in humanitarian settings.

1. RATIONALE

While international frameworks such as the UN Guidelines on Alternative Care outline principles for protecting children in alternative care in any setting around the world, implementation of them varies significantly across contexts. The survey was designed to fill critical knowledge gaps in alternative care provision within humanitarian settings. Overall, the survey sought to understand:

- What alternative care **needs** exist in a range of humanitarian and crisis-prone contexts
- What **approaches** have been developed to address these needs
- What **gaps** exist in how to work effectively with children in alternative care

Findings from this survey aim to inform programmatic improvements, capacity-strengthening initiatives, and policy development. The results will be used to strengthen alternative care practices at various stages of humanitarian response, from emergency preparedness to post-crisis recovery. This work aligns with ongoing efforts to prioritize family-based alternative care models over residential models, recognizing the importance of stable, nurturing environments for children's development and wellbeing.

2. METHODOLOGY

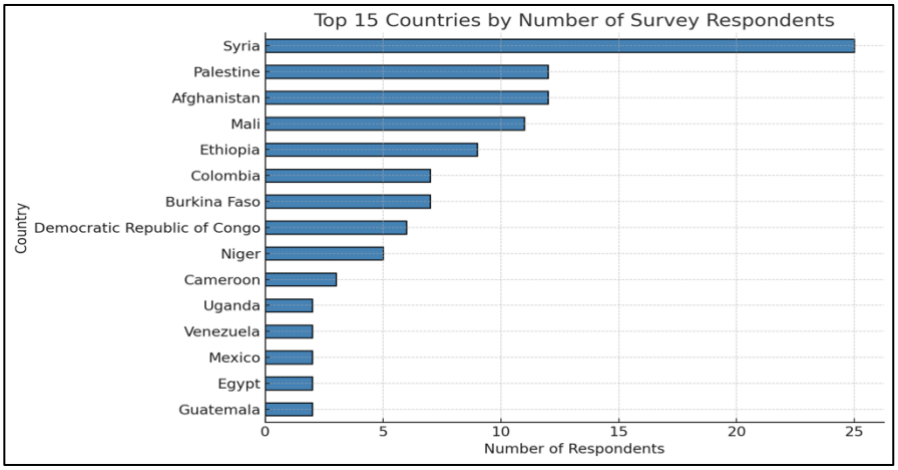
The survey targeted alternative care practitioners, child protection specialists, and humanitarian actors working in emergency and crisis-affected contexts. It was distributed online to relevant stakeholders, including international and national NGOs, UN agencies, and government representatives, although it encouraged individual feedback rather than agency-led response. The survey was promoted through the UASC TF as well as disseminated to Alliance members. It was designed to capture both quantitative and qualitative insights into alternative care practices, policies, and gaps. The survey was sent out in Spanish, Arabic, French and English.

3. SCOPE AND LIMITATIONS

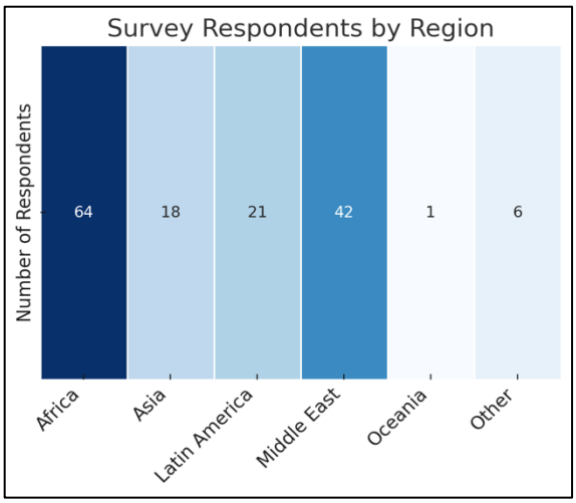
The survey focused on alternative care for children in humanitarian settings, including displaced, refugee, and host community contexts. While responses were received from a diverse range of actors, government representation was notably low, limiting insights into national policy implementation and priorities. Regional disparities in response rates suggest the need for further, targeted, assessments, particularly in underrepresented regions.

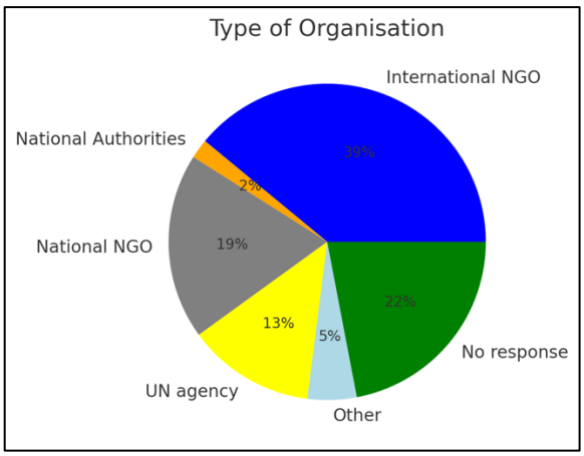
4. RESPONDENT DEMOGRAPHICS

Responses were collected from 154 participants across multiple countries, with high representation from Africa, the Middle East, and Latin America. The data offers insight into regional engagement in the Alliance, key actors in alternative care and UASC programming, and variations in alternative care structures according to context. Understanding these demographics helps contextualize the findings and identify potential gaps in representation to be filled.



Survey respondent countries: Syria (24), Palestine (13), and Afghanistan (12) had the highest participation. Countries experiencing humanitarian crises, such as Mali (11), Ethiopia (9) also had notably high response rates.





Survey respondent regions: Africa (64 respondents) had the highest response rate, followed by the Middle East (42 respondents), largely linked to crises in Syria, Palestine, and neighbouring areas. Latin America (21) and Asia (18) had moderate engagement, while Oceania (1) and other regions (represented by "Other") had the lowest participation.

Survey respondent organisation type: International NGOs (39%) were the highest represented organisation type, highlighting their key role in alternative care, particularly in humanitarian settings. National NGOs (19%) were represented as well as UN Agencies (13%) who indicated their role in the provision of policy guidance, technical support, and funding. Government participation (2%) was minimal, raising concerns about the survey's reach, particularly given that government actors play a mandated role in alternative care in most contexts. Other organisations (5%) included independent, community-based, and faith-based groups, reflecting diverse approaches.

5. KEY CHALLENGES AND RECOMMENDATIONS ACROSS REGIONS

This section outlines key challenges and recommendations across regions identified through the survey findings.

Alternative care providers face common challenges across diverse contexts. Resource constraints remain a significant barrier, affecting the quality of care, training, and infrastructure. Many countries also struggle with weak legal frameworks, with alternative care policies either absent or poorly enforced. This often leads to fragmented systems that default to institutional care rather than prioritizing family-based solutions. Government involvement is often limited, with low public sector leadership and funding, leaving NGOs (both national and international) to fill the gaps. While these organizations play a crucial role, this reliance raises concerns about the long-term sustainability and regulation of alternative care systems.

Another critical challenge is the shortage of suitable foster families and trained caregivers, worsened by stigma and lack of financial or structural support. Low community awareness and cultural resistance further limit the success of alternative care placements, as misconceptions discourage families from fostering children.

These challenges are often magnified in crisis settings, where conflict, displacement, and disasters further weaken child protection systems, and ultimately alternative care systems.

5.1 Common and Effective Alternative Care Approaches

Across regions, respondents highlighted family-based care as the most prevalent and preferred approach. Kinship care is the most common form of alternative care, particularly in the Middle East, West Africa, and Latin America. Foster care is widely practiced. Some regions favour informal, community-based arrangements. While others have more structured formal foster care programs.

Despite global efforts to prioritize deinstitutionalisation, institutional care persists. This was raised by respondents particularly in the Middle East, Asia, and Latin America. This reflects the equally slow progress in non-humanitarian settings in shifting towards family-based models, due to funding limitations, policy gaps, and entrenched institutional care norms.

For older adolescents, independent living arrangements and supervised group care help to transition children into adulthood. Particularly in West Africa and the Middle East.

Overall, the survey reaffirms that family-based care is the most effective model for children's well-being. While institutional placements remain a fallback where other options are not adequately supported.

5.2 Gaps in Policy, Resources, and Government Involvement

Findings from the survey highlight critical gaps that undermine alternative care systems. Many countries lack clear alternative care regulations. Where policies do exist, they are often not widely implemented or monitored. In these humanitarian contexts, Governments play a minor role in alternative care, with most initiatives led by international and local NGOs. This raises concerns about long-term accountability and sustainability.

To strengthen the evidence base, future efforts should prioritise outreach and data collection in underrepresented crisis settings, including countries experiencing active conflict or large-scale displacement (e.g. Sudan), to ensure guidance reflects realities on the ground and does not omit high-risk contexts.

Chronic underfunding and humanitarian funding cycles severely limit program expansion and quality, affecting the recruitment of social workers, support for foster and kinship families, and the provision of essential services. Addressing these gaps is crucial to strengthening alternative care for children in humanitarian contexts.

5.3 Strengthening Alternative Care Systems: Key Recommendations

Legal and Policy Reform:

- Develop and enforce comprehensive alternative care laws, aligned with international guidelines.
- Establish family-based care as the preferred option, with clear regulations and quality control measures.
- Strengthen monitoring mechanisms to ensure proper implementation and enforcement.

Financing and Resources:

- Establish dedicated funding streams for alternative care where feasible at global level, including national government budget allocations and donor partnerships.
- Invest in long-term funding strategies rather than short-term project-based grants.
- Explore innovative financing, such as public-private partnerships, to sustain programs beyond emergency response phases.

Workforce Capacity:

- Train social workers to provide quality, trauma-informed care.
- Support caregivers and foster/kinship families to provide trauma-informed care and support.
- Strengthen case management systems to ensure better tracking and support for children in alternative care.
- Develop mentorship programs for caregivers and foster families to enhance their capacity.

Community Engagement:

- Conduct public awareness campaigns to combat stigma and misconceptions about foster and kinship care.
- Engage faith and community leaders to advocate for family-based care solutions.
- Encourage the creation of community-owned child protection networks to identify and support at-risk children.

Coordination with Local and National Systems:

- Fully integrate alternative care services into national child protection systems, where these are functional.
- Embed alternative care programs within broader social protection and disaster preparedness, and contingency planning frameworks.
- Include clear provisions for alternative care in disaster risk reduction and emergency response plans
- Establish standard procedures for family tracing, interim care, and foster care placement in emergencies.
- Promote coordinated responses between humanitarian actors and national child protection services to support continuity of care beyond the crisis phase.

Despite a global consensus favouring family-based care in emergencies, respondents noted that institutional placements remain common, particularly when frontline actors lack practical tools or protocols. The UN Guidelines and other normative frameworks set important standards, but they do not provide detailed guidance on how to implement alternative care in the midst of conflict, displacement, or disaster. This is where the ACE Toolkit remains critical: as one of the few global resources specifically designed to support safe, appropriate care decision-making in emergencies.

6. REGIONAL SNAPSHOTS

This section provides a high-level overview of regional trends in alternative care, summarizing contextual drivers, dominant care approaches, and key systemic challenges. The bulleted sub-headings in each section draw directly upon the survey findings. These regional snapshots offer a lens through which to interpret the subsequent survey findings and allow for more tailored use of the data by regional actors.

6.1 Middle East and North Africa

The MENA region's ongoing conflicts and displacement crises (e.g. Syria, Yemen, Sudan) have led to large numbers of unaccompanied and separated children requiring care. Extended family and community networks are the primary safety net, but institutional care remains significant, especially where kafala or foster care systems are not formalized. Government engagement is often weak, with NGOs and religious charities playing leading roles. Kinship care is widespread, but legal and policy frameworks for alternative care are weak or fragmented. Priorities include developing national frameworks, adapting care models to Islamic contexts, and improving coordination and oversight.

- **Drivers:** Protracted conflict and displacement noted in Syria, Lebanon, Palestine.
- **Care Types:** High prevalence of kinship care and institutional care.
- **Government Role:** Lower reported government engagement and high 'I don't know' participant responses on regulations.
- **Barriers:** Cultural constraints and weak legal protections cited under 'Community and Social Barriers' and 'Legislative Gaps'.

6.2 Southern Africa

While less affected by armed conflict, Southern Africa experiences periodic natural disasters and public health emergencies that impact children's care. Kinship care remains dominant, especially in countries with high HIV/AIDS-related orphanhood. Some states, like South Africa and Namibia, have stronger legal frameworks and social protection systems supporting foster care. However, rural areas face service gaps, and institutional care remains a fallback. In emergencies, the priority is supporting existing community care networks.

- **Drivers:** HIV/AIDS epidemic, economic shocks, and natural disasters (e.g. floods, droughts)
- **Care Types:** Kinship care remains dominant; foster care exists in stronger states but is uneven
- **Government Role:** Some states have strong legal systems; others rely heavily on NGOs
- **Barriers:** Service gaps in rural areas; institutional care remains a fallback option

6.3 West Africa

West Africa is heavily affected by protracted displacement and emergencies, especially in the Sahel and Lake Chad Basin. Kinship care is the most common form of alternative care, followed by informal foster care. Government involvement is relatively strong in some countries, but services remain under-resourced, especially in rural areas.

Legislation is often incomplete or poorly enforced, and institutional care persists in the absence of viable family-based options. Key priorities include strengthening foster care, improving family tracing, and enhancing state-NGO collaboration.

- **Drivers:** Conflict and displacement, including internal and cross-border movements
- **Care Types:** Strong informal and formal foster care and kinship care
- **Government Role**: High-level government involvement in policy and practice reported (94%) and structured foster care systems
- **Barriers:** Limited legislation, access issues in rural areas, stigma, and reliance on institutional care noted under 'Legislative Gaps' and 'Community Barriers'

6.4 East and Central Africa

East Africa hosts large refugee populations, especially from South Sudan and Somalia. Kinship care and clan-based support systems dominate, with some success in community-based foster care placements supported by humanitarian actors. Formal foster care systems are underdeveloped, and government oversight is limited in specific crisis contexts. Refugee contexts rely heavily on international agencies to facilitate placements and ensure child protection standards. The shortage of trained foster carers and weak national policy frameworks remain major barriers.

- **Drivers:** High displacement due to conflict and instability (e.g. Ethiopia, DRC)
- **Care Types**: Kinship and institutional care dominate, though systems are weakly formalized
- **Government Role:** Limited government oversight; INGOs often lead on placement and support
- **Barriers:** Lack of clear regulations, fragmented care structures, weak gatekeeping

6.5 Latin America and the Caribbean

Latin America and the Caribbean face high levels of violence and displacement, but formal alternative care systems are weak or non-existent in many countries. Institutional care is often the default, with family-based care limited by poverty, lack of training, and policy gaps. Governments rarely lead on care provision, and most interventions are NGO-run. Even when kinship care is feasible, it lacks structured support. Strengthening national frameworks, building up foster care capacity, and improving coordination are critical needs.

- **Drivers:** Violence, gang activity, and unaccompanied migration, particularly affecting adolescents
- **Care Types**: Strong formal foster systems exist but are under-implemented; kinship and institutional care are widely used
- **Government Role:** Moderate-to-strong presence reported (83%), but with implementation gaps
- **Barriers:** Stigma, funding constraints, and rural access issues

6.6 Asia

Asia's humanitarian care needs stem from conflicts (e.g. Afghanistan, Myanmar), natural disasters, and displacement. Many countries still rely on institutional care, though interest in family-based care is growing. Kinship care is used informally, but formal foster care is rare and under-resourced. Policy frameworks are weak or inconsistently applied. Orphanage use has surged after disasters, as seen in post-earthquake Nepal and post-tsunami Indonesia. Priority actions include formalizing care systems, strengthening gatekeeping, and supporting family tracing and community-based care.

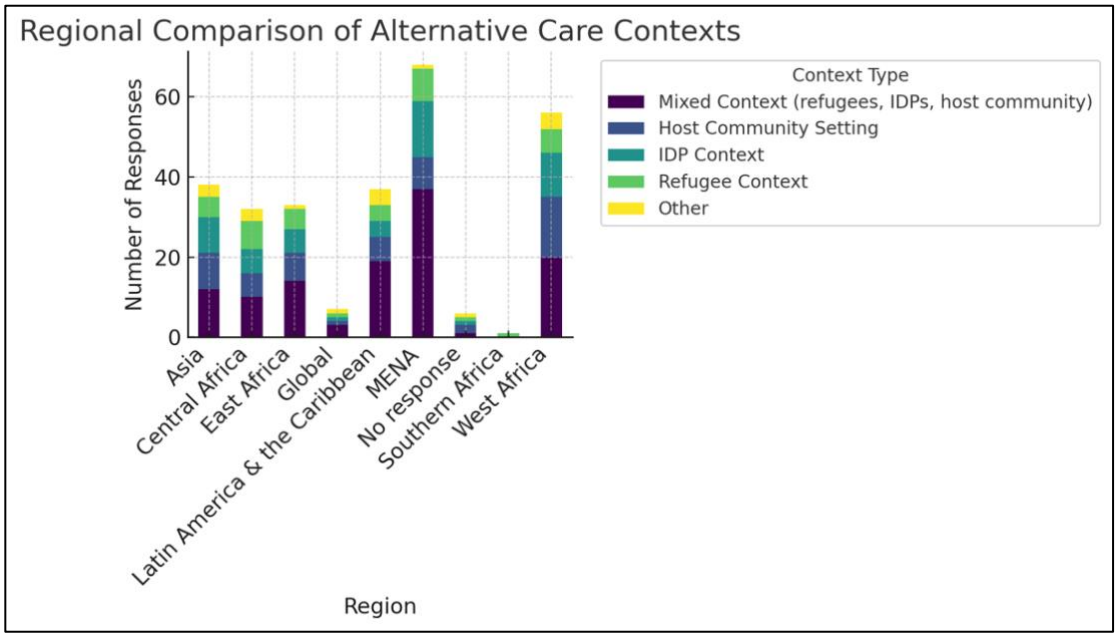
- **Drivers:** Conflict, poverty, and both slow-onset and rapid-onset disasters
- **Care Types:** Institutional care remains dominant; kinship care noted but under-supported
- **Government Role:** Regulation and oversight vary widely; some states rely heavily on institutional care
- **Barriers:** Weak formal regulation, low foster care awareness, limited public engagement

7. SURVEY FINDINGS

7.1 Alternative Care in Context

Alternative care approaches must be adaptable to displacement contexts. In regions like MENA, West Africa, and Central Africa—where displacement is high—responsibility for refugee and IDP populations varies. In some settings, governments oversee care within national child protection systems. In others, UN agencies lead, creating parallel care arrangements. This variation directly affects how alternative care is planned, funded, and monitored, reinforcing the need for context-specific responses grounded in clear coordination structures.

7.a Regional Comparisons on Alternative Care Contexts

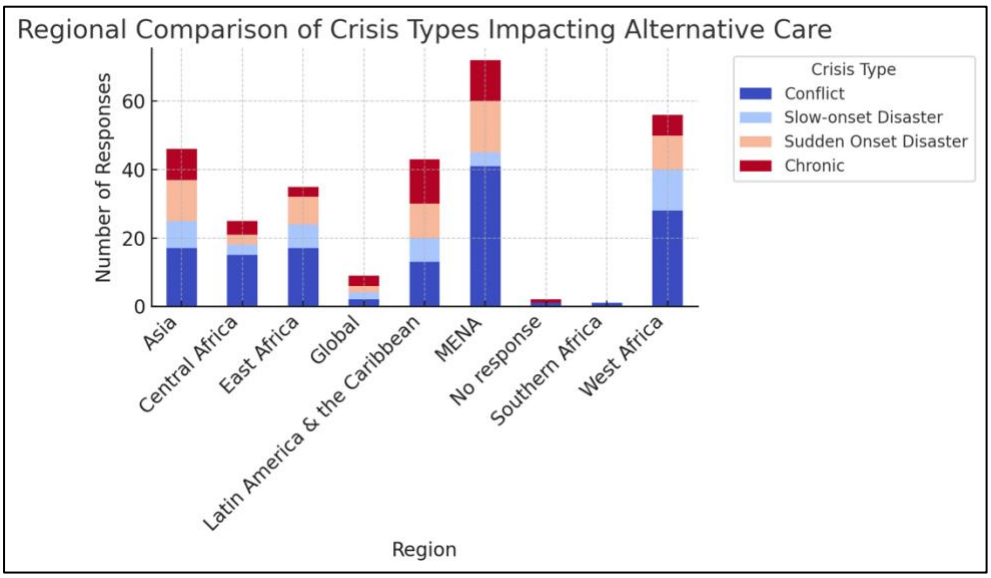


- The limited number of responses from Southern Africa may reflect a smaller footprint of formal alternative care programming in humanitarian settings, or a gap in outreach to local actors in this region. Similarly, the small number of Global-level responses suggests a lack of input from international organisations with a care-specific mandate. In both cases, the findings may indicate limited engagement by the Alliance with key actors, both global technical leads and local practitioners, highlighting opportunities to strengthen collaboration and information flow across levels.
- Mixed Contexts (116 responses) were the most commonly reported, highlighting settings where refugees, IDPs, and host communities all require alternative care responses. This complexity was especially evident in MENA (37), West Africa (20), and Latin America & the Caribbean (19), where parallel systems, displacement-driven separation, and varied legal frameworks often coexist—demanding flexible, well-coordinated care approaches.
- Host community settings were noted in 54 responses, particularly in West Africa (15) and MENA (8). While this may reflect the presence of community-based care systems, it could also indicate vulnerabilities among non-displaced populations that require attention, especially in areas where national care systems are fragmented or under-resourced. It also underscores the need to strengthen cohesion between responses for host and displaced communities.
- IDP Context (52 responses) highlight internal displacement as a key driver of the need for alternative care , particularly in MENA (14) and West Africa (11).
- Refugee Contexts (38 responses) are particularly relevant in MENA (8), Central Africa (7), and West Africa (6), signalling the cross-border displacement as a key driver of the need for alternative care.
- There were minimal responses from Southern Africa (only 1 in the Refugee Context category) suggesting low survey responses or fewer crises necessitating alternative care interventions in this region.
- Sudan provided no answer on this point, despite the country's large-scale displacement due to conflict. This gap underscores the need for further investigation into areas where data may be missing or underreported, particularly in contexts facing acute humanitarian crises.

7.b Children at Risk of Family Separation

1. Crisis Type Impacting Alternative Care

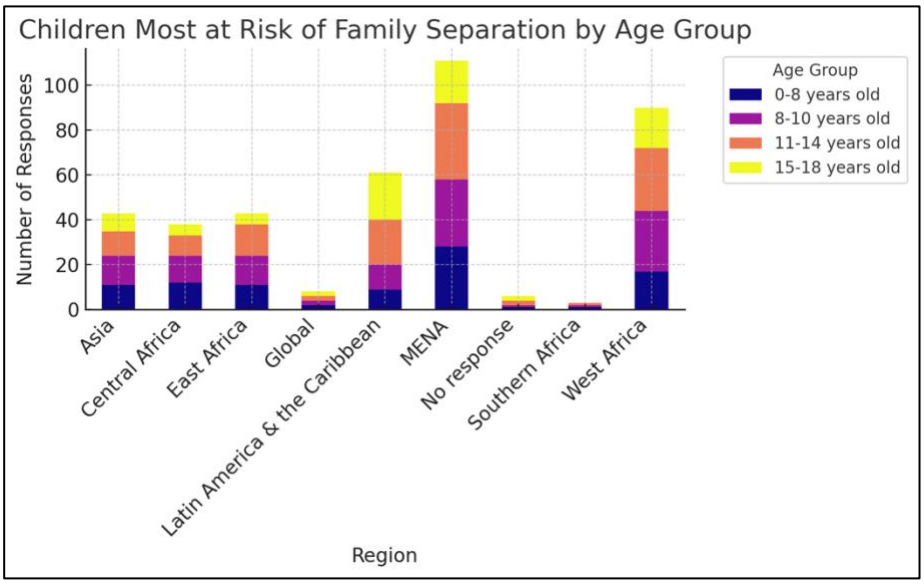
According to survey respondents, conflict remains the key risk driving family separation (85% of respondents highlighting it as the key risk). High-risk regions for sudden-onset disasters require stronger emergency response planning while long-term solutions are needed for slow-onset and chronic crises, particularly in Africa and Latin America.



- The regions most affected by conflict-related separation are the Middle East and North Africa (MENA), West Africa, and East Africa respectively.
- Beyond conflict, three other types of crises—sudden-onset disasters (38%), chronic crises (32%), and slow-onset disasters (27%)—also contribute significantly to family separation.

These patterns suggest that alternative care responses must be tailored to the nature, phase and pace of the crisis. Conflict zones require robust child protection and family tracing mechanisms that can be activated rapidly and operate under insecurity. Sudden-onset disasters may demand fast-deploying emergency care options and preparedness planning. In contrast, slow-onset and chronic crises—often marked by economic decline, food insecurity, or climate-related displacement—require sustained investment in resilience-building and social protection systems that can prevent unnecessary separation and support kinship or community-based care. Tailored guidance and adaptable tools for each crisis type could be essential for effective planning and response.

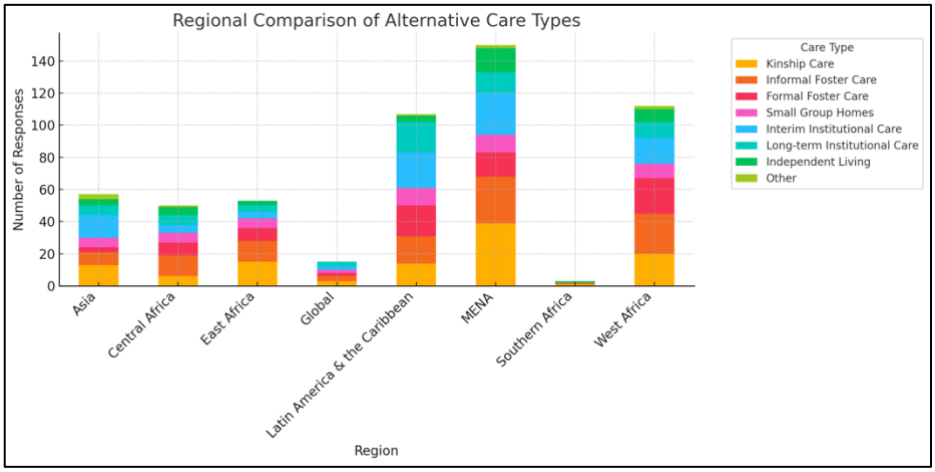
2. *Children Most at Risk of Family separation by age group*



- Survey respondents consistently identified middle childhood (ages 8–14) as the most sensitive period for separation risks. Specifically, children aged 11–14 years and 8–10 years were reported as the most vulnerable. This age group may be more mobile, take on greater responsibilities during displacement, and face increased exposure to harmful work, recruitment, or exploitation—placing them at higher risk of separation.
- Younger children (0–8 years) were reported to also face significant risks, particularly in MENA, West Africa, and East Africa. Their dependency on caregivers and limited capacity to self-protect means that even minor disruptions—such as conflict, flight, or caregiver illness—can result in separation. The impacts of such separation can also be particularly detrimental for infants. These findings highlight the need for stronger early childhood interventions and preventive support in these regions.
- While adolescents (15–18 years) were flagged less frequently overall, they were reported as highly vulnerable in Latin America and the Caribbean and MENA. In these contexts, risks are often linked to migration, gang violence, armed conflict, and forced labour, which can drive separation from families. In Latin America in particular, high levels of displacement—often linked to insecurity and lack of state protection—create distinct patterns of risk for adolescents, including unaccompanied migration.

3. *Available Alternative Care*

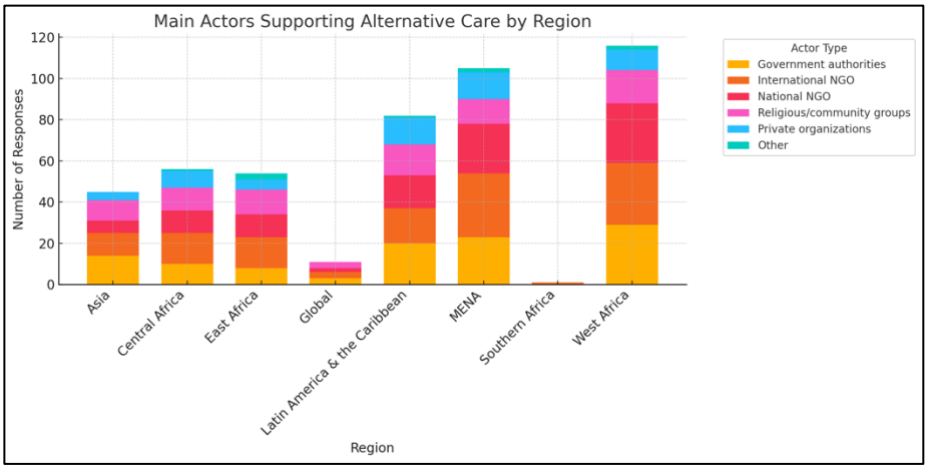
The prevalence of kinship care aligns with global efforts to prioritize family-based care. Conversely, the continued use of institutional care in some regions may suggest slow progress in deinstitutionalization efforts. Regional differences in formal foster care indicate that some areas have stronger child protection regulations, while others still rely primarily on informal care arrangements.



- Kinship care is the most common form of alternative care referenced by respondents, especially in MENA, West Africa, and Latin America & the Caribbean.
- Informal foster care is widely used in West Africa and Latin America & the Caribbean.
- Formal foster care is more structured in Latin America & the Caribbean and West Africa potentially indicating stronger regulatory systems.
- Institutional care remains significant in MENA, Latin America & the Caribbean, and Asia.
- Independent living is more common in MENA and West Africa, likely due to older children transitioning out of care systems.

4. Key Actors Supporting Alternative Care

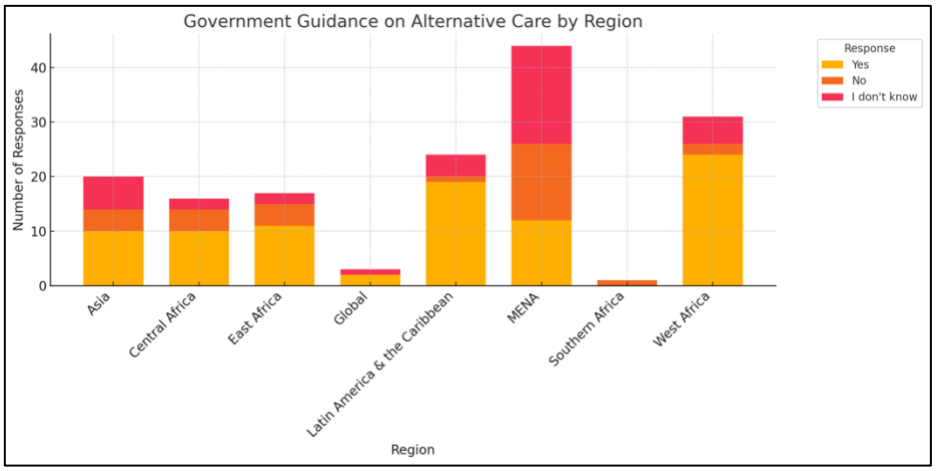
The strong role of international NGOs suggests a reliance on external funding and expertise, which may present challenges for sustainability and accountability. The lower engagement of governments in some regions, especially MENA, indicates a gap in state-led child protection systems, potentially requiring greater policy development and system strengthening. The presence of religious and community groups highlights the cultural and social importance and role of these groups, particularly in regions where state systems are weak.



- International NGOs play a dominant role across all regions, particularly in West Africa, Central Africa, and East Africa.
- Government authorities have a strong presence in West Africa and Latin America & the Caribbean but were reportedly less present in MENA and East Africa.
- Religious or community groups play a significant role in West Africa, East Africa, and Latin America & the Caribbean, reflecting the influence of faith-based networks in child protection.
- Private organizations appear to have a more limited role, with the highest presence reportedly in Latin America & the Caribbean and MENA.

5. National Regulations and Legislation

The uncertainty about government regulations in some regions suggests a lack of communication or dissemination of policies. The relatively high "No" responses in MENA indicate either an absence of formal frameworks or a failure to disseminate and implement existing ones. The stronger presence of government-led alternative care systems in West Africa and Latin America & the Caribbean suggests more structured regulatory frameworks, though their effectiveness needs further assessment.



- West Africa, Latin America & the Caribbean, and East Africa have the highest number of respondents confirming government guidance on alternative care.
- MENA and Central Africa have lower numbers, while Asia showed mixed results.
- A significant proportion of respondents in MENA and Asia responded 'I don't know', indicating uncertainty about government policies.
- Regions with a high 'No' response include MENA and West Africa reflecting gaps in alternative care policies.

Legislative weaknesses and government priorities frequently hinder the development and implementation of family-based alternative care systems. Many countries lack comprehensive frameworks, resulting in a reliance on institutional care:

- ***Asia:*** Respondents indicated that government priorities in Afghanistan promote institutional care, while the implementation of alternative care remains incomplete. A lack of policies, independent monitoring, and proper regulations further exacerbates the situation.
- ***Central Africa:*** Legal frameworks for alternative care are either insufficient or absent entirely, creating regulatory gaps. In many countries, institutional care remains the preferred care-type and seemingly the government's priority.
- ***East Africa:*** Respondents highlight the 'absence of government guidance and regulations' on alternative care. Weak referral systems and administrative issues in Ethiopia have left IDPs and children in limbo.
- ***Middle East and North Africa:*** Lebanon and Syria have weak or non-existent legal protections for alternative care, with limited options for foster or family-based care. In Lebanon, institutional care is the only government-provided option. Many programs are run without adherence to international guidelines.
- ***Latin America and the Caribbean:*** Respondents from Guatemala, Honduras, and El Salvador report strong legal frameworks, but with inadequate implementation. Mexico struggles with a lack of prioritization for family tracing and reunification, leaving most children in institutional care.
- ***West Africa:*** The absence of formal legislative guidance leaves care services fragmented and unregulated. Countries are struggling to establish laws that protect children in care.

6. Funding Constraints

Funding constraints were cited as a major challenge across all regions, significantly affecting the quality of care, training, and infrastructure. Specific challenges include:

- **Asia**: Survey responses reveal diverse challenges across the region, shaped by both acute crises and longer-term development needs. In Afghanistan, respondents reported severe budget constraints and access issues, with limited supplies, staffing, and infrastructure in childcare facilities. These concerns reflect the country's unique economic and political isolation, which limits care quality and reform efforts.
- **Central Africa**: Several respondents noted that local funding remains limited, with care systems struggling to expand beyond institutional models. Resource constraints, including lack of care packages, trained personnel, and infrastructure , continue to hinder the delivery of quality family-based care.
- ***East Africa:*** The prolonged conflict in Ethiopia's Tigray region and funding shortages have resulted in poor services for IDPs, including nutrition, WASH, and education. In Ethiopia, Economic hardships prevent families from fostering or supporting kinship care arrangements. Many facilities depend on short-term project-based funding, which lacks sustainability.
- ***Middle East and North Africa:*** Palestine and Lebanon face financial crises, leading to a 'depletion of resources and external support over time', threatening the sustainability of care programs. Actors in Syria describe interventions as 'fragile and unprofessional', mainly due to poor funding and oversight.

- ***Latin America and the Caribbean:*** Many national NGOs lack public funding, making them heavily reliant on international donors. In Mexico, respondents highlighted that foster care programs are limited due to resource constraints, and as a result NGOs struggle to provide basic services such as food and clothing.
- ***West Africa:*** Insufficient resources hinder the mobilization of foster families and alternative care solutions. State structures remain under-resourced, particularly in rural areas, limiting access to effective care options.

7. Barriers to Finding Suitable Family-based Care

Recruiting and training foster families remains a significant barrier. The stigma that can surround non-institutional care options in some contexts and insufficient resources further complicates the situation:

- ***Asia:*** There is a lack of trained staff and insufficient resources to support foster families. Recruitment of foster families is difficult due to limited awareness and support structures.
- ***Central Africa:*** Standby caregivers and foster families are hard to find, particularly for children with behavioural issues. Many foster families face poverty and lack of formal training to be carers.
- ***East Africa:*** Caregivers and foster families are limited in numbers and existing families struggle to meet the needs of children in crisis. One respondent mentioned that the economic and system-level operation are the major problems.
- ***Middle East and North Africa:*** Foster care in Lebanon is mostly provided by NGOs. Families are often not properly vetted or supported, and the concept of fostering remains culturally sensitive.
- ***Latin America and the Caribbean:*** Foster families in the region often lack training and operate without clear protocols or standards. One respondent in Bolivia reported that most placements are made outside of the legal framework, and that there is an over reliance on institutional care.
- ***West Africa:*** Recruiting foster families that meet required criteria is reported as a challenge. Alongside concerns that incentives for foster care may be exploited, leading to potential unintended negative consequences.

8. Community and Social Barriers

Low community awareness, cultural prejudices, and inadequate support structures limit the success of alternative care solutions.

- ***Asia:*** Public awareness of unaccompanied and separated children's needs is low, as are community-driven initiatives to support alternative care. Respondents emphasize the lack of networking services in supporting vulnerable children.
- **Central Africa***:* In some contexts, cultural beliefs and stigma around non-biological caregiving can affect how fostered children are treated within families. One respondent from the DRC noted that fostered children may be viewed as "second-class members of the family,"(Respondent, DRC) highlighting the need for more community sensitisation and structured support to ensure inclusive, safe care environments. However, these attitudes may vary significantly by location, caregiving arrangement, and the level of social work support.
- ***East Africa:*** Refugee and IDP communities face significant barriers, including insecurity, mobility issues, and lack of support for unaccompanied children. Families are hesitant to take in children due to ongoing crises and resource shortages.

- ***Middle East and North Africa**:* Respondents from Palestine and Syria describe how cultural constraints and social norms hinder alternative care solutions. Families are unwilling or unable to take in children due to economic and societal pressures.
- ***Latin America and the Caribbean:*** Stigma surrounding foster care and migrant children limits family-based solutions. Indigenous populations are uprooted from their culture, leading to challenges in integrating migrant children into community care.
- ***West Africa**:* Low awareness of alternative care options and poor family communication prevent children from expressing their needs effectively. Respondents noted the importance of sensitizing communities to foster care practices.

7.2 Recommended Approaches

This section summarises key recommendations from respondents on how to strengthen the availability, safety, and quality of alternative care in emergencies. It highlights programmatic priorities by region and outlines suggested approaches to improve legal frameworks, policy, community awareness and behaviour change, training and capacity strengthening and partnerships and advocacy.

1. Strengthening Legal Frameworks and National Policies

Strengthening legal guidelines, standards, and procedures is essential to institutionalize family-based care models and promote alternative care systems. Respondents emphasized the need for clear legal frameworks, policies, and collaborative mechanisms to support the effective implementation of alternative care approaches.

- ***Asia:*** Respondents emphasized the need for more formal interventions and better collaboration with governments to develop a comprehensive policy for alternative care across the region. Specific needs included policy development, negotiations with central authorities, and stronger partnerships between government ministries and stakeholders. One respondent noted, "Networks within the country and out of the country must coordinate to accelerate mechanism enhancement and to force the government for the implementation of the UN Guidelines on Alternative Care."
- ***Central Africa:*** The region highlighted the need for strategies to strengthen foster care systems and policy support for alternative care. Mobilization of resources and increased financial and technical support were seen as essential to build an effective alternative care infrastructure.
- ***West Africa:*** Respondents called for national guidelines to formalize alternative care and stable funding for implementation. One response emphasized the need to support the government to strengthen their capacity. There was also a push for increased government support to strengthen and increase the social service workforce.

2. Increasing Community Awareness and Promoting Behaviour Change

The need for community sensitization and behaviour change emerged as critical to promoting family-based care and safe and appropriate alternative care practices. Across regions, initiatives focused on educating communities, fostering awareness, and reducing stigma associated with alternative care.

- ***Asia:*** There was a significant emphasis on community sensitization and continuous behaviour change to encourage the acceptance of alternative care practices. This included proposed meetings with family members and local stakeholders to facilitate discussions around alternative care systems. One

respondent pointed out the need for "community sensitization and behaviour change" to tackle societal resistance to family-based alternative care systems.

- ***Central Africa:*** Respondents called for capacity strengthening and the implementation of income-generating activities for communities. These activities, alongside training of foster families in child protection and safeguarding, would promote better care and reduce reliance on institutionalized care.
- ***Middle East and North Africa****:* Advocacy and social and behavioural change campaigns targeting the drivers of family separation and placement in residential care were seen as necessary. This includes raising awareness and conducting training programs for host families to better care for unaccompanied and separated children.

3. Improved Training and Capacity Strengthening

A consistent theme across regions was the need to invest in the capacity of those responsible for delivering and overseeing alternative care—particularly foster and kinship caregivers, as well as social workers and caseworkers. While both groups share some core training needs (e.g. trauma-informed care[1], child protection principles), the specific skills and support required differ significantly. This section outlines those distinct needs and summarizes regional feedback.

Caregivers—including kinship carers, foster families, and emergency placement providers—require tailored, practical training to support children affected by separation, displacement, or trauma. Several regional findings reflect this need:

- ***Asia:*** As foster care systems evolve, there is a strong call for more formal training for caregivers, particularly in contexts where such care is new or under-regulated.
- ***Central Africa:*** Respondents highlighted the need for structured training in child safeguarding and protection, particularly for foster families supporting children with behavioural or trauma-related needs.
- ***East Africa:*** There were calls for a full foster care package that includes training in psychosocial care, economic support, and conflict resolution tailored to the realities of emergency settings.
- ***MENA and West Africa:*** Respondents described an over-reliance on informal and caregiver arrangements. Expanded access to pre-placement and ongoing training for caregivers was identified as essential to improving placement quality and stability.

Professional capacity to assess children's needs, place them safely, and follow up consistently was noted as a critical gap. Social workers, case managers, and child protection officers require sustained professional development, ideally embedded into national systems.

- ***Asia:*** Respondents emphasized integrating professional development with government-led initiatives to ensure quality and continuity of care.
- ***Central Africa and West Africa:*** Both regions identified an urgent need for expanded caseworker training in emergency contexts, especially to support rural placements and manage complex family tracing and reunification cases.

[1] "Trauma-informed care is an approach that recognizes and understands the impact of trauma on individuals and communities. It emphasizes the importance of creating safe environments, building trust, and empowering individuals by integrating knowledge about trauma into policies, procedures, and practices." UNICEF. (2021). *Trauma-informed approach: Understanding trauma and supporting healing in children and adolescents*. UNICEF North Macedonia. https://www.unicef.org/northmacedonia/media/12261/file/Trauma%20Informed%20approach.pdf

- ***West Africa:*** Training for frontline workers—including health staff and education personnel—was cited as a key enabler for a coordinated alternative care system. This spoke to the need for integrated services to provide holistic care to unaccompanied and separated children.

Several learning needs were echoed across both caregiver and caseworker groups. These include:

- Training in **trauma-informed care**
- Core **child protection principles** (safeguarding, confidentiality, safe referrals)
- **Emergency case management skills** (e.g. care planning, documentation, reunification pathways)
- Understanding of **local regulations**, roles, and gatekeeping processes in alternative care

4. Strengthening Collaboration and Advocacy

There was a strong emphasis across regions on collaboration and advocacy to secure resources and garner support for family-based alternative care systems. Multi-stakeholder partnerships, as well as advocacy efforts, are necessary to mobilize resources, strengthen local systems, and improve the quality of care for children.

- ***Asia:*** The need for collaboration with different government ministries and key stakeholders was highlighted, alongside the importance of having clear frameworks and opportunities for funding. Coordination of networks both in-country and regionally was emphasized to ensure a collective effort in advocating for the implementation of UN guidelines on alternative care.
- ***East Africa:*** Advocacy for additional funding and partnerships with international and local actors was seen as crucial. Respondents called for collaboration with partners to increase humanitarian funding, particularly in conflict areas, and the need for advocacy to ensure sustainable support.
- ***Latin America and the Caribbean:*** Respondents emphasized the need for increased funding for alternative care services and greater coordination among actors. Advocating for a greater national commitment to alternative care reform was noted, along with the importance of financial resources and technical support for sustainability. The decentralization of services outside of capital cities was highlighted to ensure equitable access.
- ***West Africa:*** Advocacy for government support was highlighted, alongside the necessity for cross-sector collaboration between health, education, social protection, and livelihoods actors to create a more integrated approach to care. One response noted that increased funding from the government and better support for local institutions would be essential to strengthening alternative care systems.

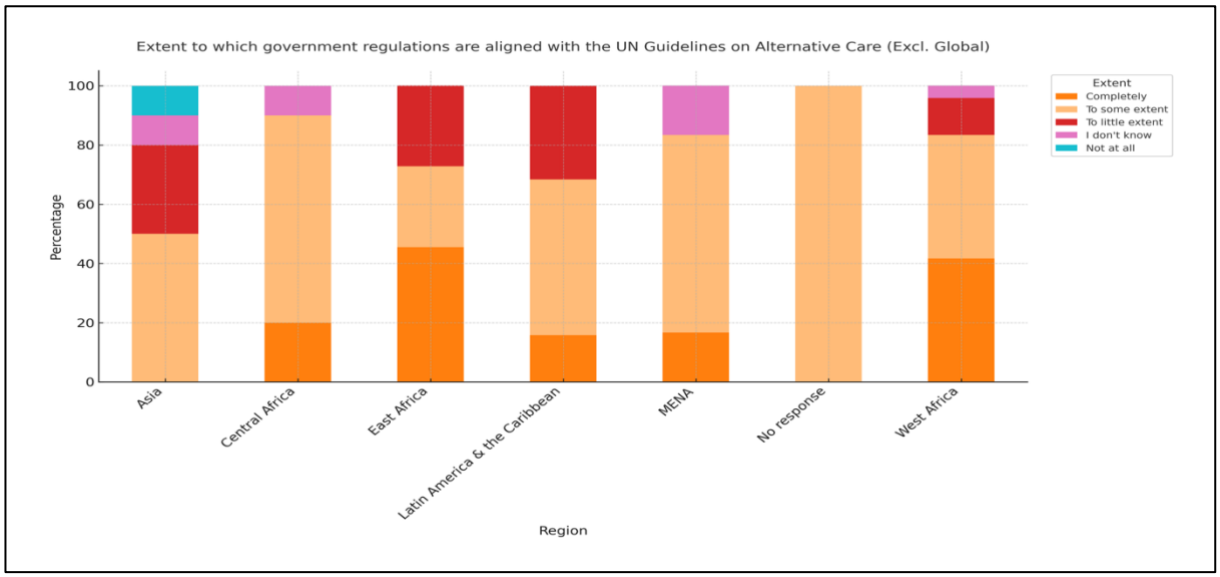
7.3 Utilisation of Global Resources and Tools

This section speaks to the alignment of national frameworks to global guidance, the utilization of global resources and tools, and understanding the use of the ACE Toolkit.

The following explores familiarity with the Alternative Care in Emergencies (ACE) Toolkit and other resources, where they are being used, and what supports or limits their uptake in different contexts. It also reflects on the visibility, accessibility, and perceived relevance of specific tools and resources, particularly the ACE Toolkit, among practitioners.

1. *Aligning with Global Guidance*

This snapshot supports the review of national frameworks by showing how far governments have progressed in aligning alternative care regulations with the UN Guidelines. It provides context for understanding the policy landscape discussed in this section and highlights where further efforts may be needed to strengthen regulation and oversight.



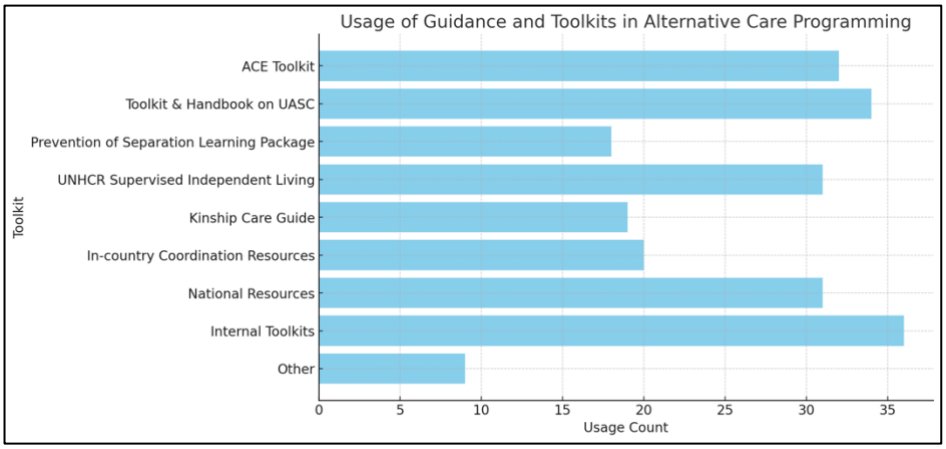
Variation in adherence to UN Guidelines:

- West Africa and East Africa had the highest rates of full compliance, suggesting stronger implementation where regulations exist.
- Central Africa, MENA, and Latin America & the Caribbean reported partial alignment, indicating regulatory frameworks exist but lack full enforcement. It also suggest that having regulations does not ensure alignment with UN standards
- Many respondents indicated adherence to some extent, highlighting challenges such as funding constraints, weak enforcement, and capacity gaps in government-led alternative care.
- Asia and MENA had notable responses of 'I don't know', pointing to uncertainty or gaps in awareness even among practitioners.
- Afghanistan in Asia also reported no level of complete adherence at all in their feedback.

The predominance of partial adherence highlights the need for better monitoring, stronger enforcement mechanisms, and targeted funding to close implementation gaps.

2. Toolkits and Resources

This section examines how existing guidance and toolkits on alternative care are being used in emergency settings. It considers the extent to which these resources inform practice, how accessible and adaptable they are for frontline actors, and where there may be gaps in uptake, contextual relevance, or operational clarity.

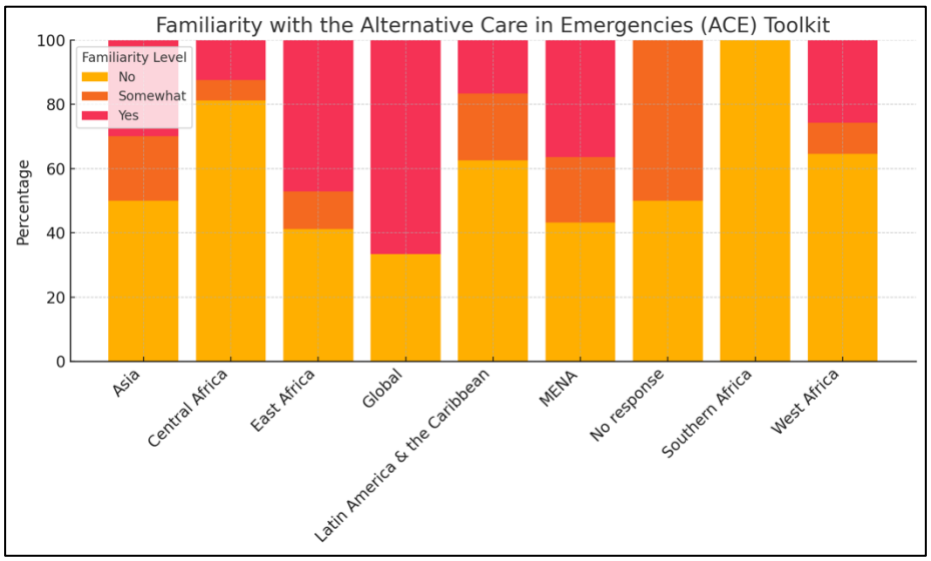


Utilised Resources:

- Internal Toolkits and Toolkit & Handbook on UASC were the most frequently cited, indicating reliance on both standardized guidance and organization-specific materials.
- The ACE Toolkit and UNHCR Supervised Independent Living Guidelines were also widely used, highlighting their relevance in field practice.
- West Africa had the highest use of National Resources and Internal Toolkits, suggesting stronger local adaptation, potentially driven by the need for resources in French.
- MENA and East Africa showed high engagement with global toolkits, particularly the ACE Toolkit and UASC Handbook.
- The Prevention of Separation Learning Package and Kinship Care Guide are newer resources, and have relatively lower uptake, suggesting that prevention-focused and kinship-specific tools may require further promotion or adaptation to field realities.

3. Familiarity and Use of the ACE Toolkit

This section explores how well the Alternative Care in Emergencies (ACE) Toolkit is known and used by practitioners. It highlights levels of awareness, practical application in the field, and factors influencing uptake—such as training opportunities, accessibility, and relevance to evolving emergency contexts.



Overview:

- Most respondents (over 50%) were unfamiliar with the ACE Toolkit.
- MENA (36%) and East Africa (47%) had the highest awareness levels, likely due to stronger engagement with global alternative care frameworks.
- Central Africa (81%) and Latin America & the Caribbean (63%) had the highest levels of unfamiliarity, suggesting the toolkit has had less reach in these regions, this may also be done the lack of Spanish/Portuguese translation of the toolkit.
- While some respondents indicated partial familiarity ("Somewhat"), the low rates of full awareness suggest a need for wider dissemination, training, and integration of the ACE Toolkit into national frameworks.

Key Strengths Identified:

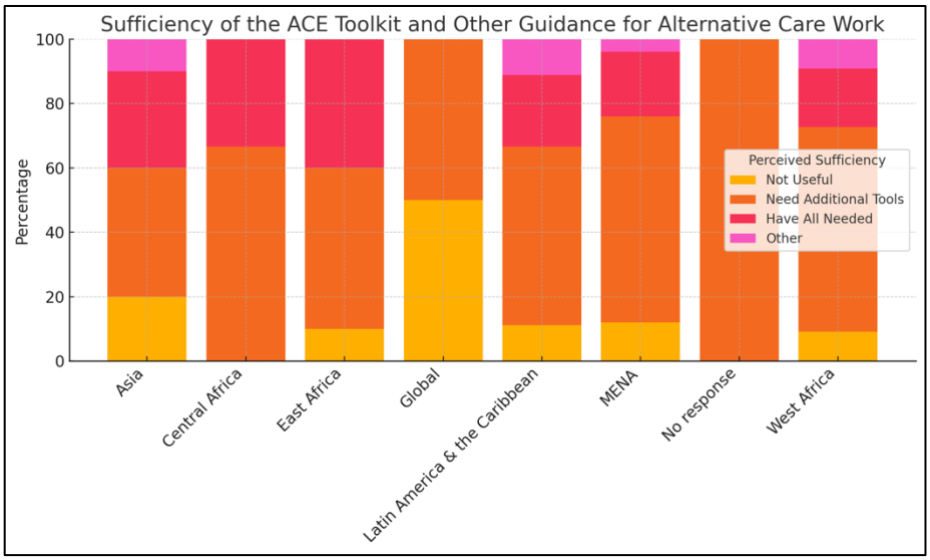
- Many respondents found all modules useful, particularly those related to holistic care, case management, and training resources for staff and caregivers.
- Guidance on individual care planning, alternative care types, and legal frameworks were frequently cited as critical.
- Sections on standards of care, supervision, and caregiver training were valued, emphasizing the need for structured guidance.
- Tools for foster parent identification and training materials were mentioned as particularly useful.

Challenges and Gaps:

- Some respondents found the toolkit outdated, particularly regarding resource references.
- Language barriers were flagged, with no Spanish version available.
- Calls for further formalization of alternative care systems suggest gaps in policy and implementation guidance.
- Several responses highlighted the need for contextualized approaches that account for local norms, risks, and capacities.

4. Sufficiency of ACE toolkit and other guidance

The following speaks to the sufficiency of various tools, including the ACE toolkit to inform and guide practitioners work on alternative care.



Overview:

- Across all regions, the majority (50-67%) indicated that existing tools are useful but require additional resources to be fully effective.
- MENA (64%) and West Africa (64%) had the highest demand for supplementary guidance.
- Only 20-40% of respondents in most regions felt they had all the guidance they needed.
- Respondents strongly requested updated and contextualized versions of existing toolkits, particularly the ACE Toolkit and emergency care resources, with region-specific adaptations that address local cultural realities, include refugees and asylum seekers, and provide localized foster care guidelines.
- There was a strong emphasis on the need for coaching, case management guidance, and staff capacity strengthening, particularly in Central Africa and West Africa. This was accompanied by calls for regular training, technical support, and improved access to international best practices were highlighted as key needs.
- MENA and East Africa respondents highlighted the need for tools to address emergency alternative care programming, including interim care centres, family tracing, and safe pathways for referrals.
- Global and Latin America & the Caribbean respondents flagged the need for guidance on non-institutional care models and methodologies for working with unaccompanied children.
- West Africa and MENA respondents emphasized collaboration with NGOs and local actors, with calls for platforms for knowledge-sharing, cross-sector coordination, and digital tools for alternative care tracking.
- Many requested screening and assessment tools to support placement decisions and long-term monitoring.

5. Requested Improvements and Updates to the ACE Toolkit

Contextualization and Local Adaptation:

- Broad demand for adapting the toolkit to local socio-cultural and legal contexts, particularly in MENA, West Africa, and Asia.
- Calls calls to include learning / tools around engaging local authorities, religious leaders, and community actors to enhance acceptance and applicability.

Improving Accessibility and Usability:

- Harmonization of guidance to reduce confusion between government-led and NGO-led initiatives (highlighted in East Africa).
- Requests for shorter, more practical formats with easier adaptation into local languages (e.g., Spanish translations for Latin America & the Caribbean).

Capacity Strengthening Support Required:

- Guidance on regularity of training on alternative care in emergencies, with specific calls for government capacity-strengthening (Central Africa, West Africa).
- Tools to support, and guidance on regularity of, specialized training in case management, foster care, and psychosocial support (noted across multiple regions).

Enhanced Emergency Preparedness:

- Guidance on greater integration with national child protection systems to ensure long-term sustainability.
- Tools supporting reunification, tracking, and referral pathways (highlighted in MENA and Latin America & the Caribbean).

Technological and Data Solutions:

- West Africa suggested digital databases, mobile apps, and blockchain technology for tracking and case management, although these would be a whole other project piece rather than toolkit update.
- Emphasis on data collection and analysis for evidence-based decision-making.

7.4 Capacity strengthening

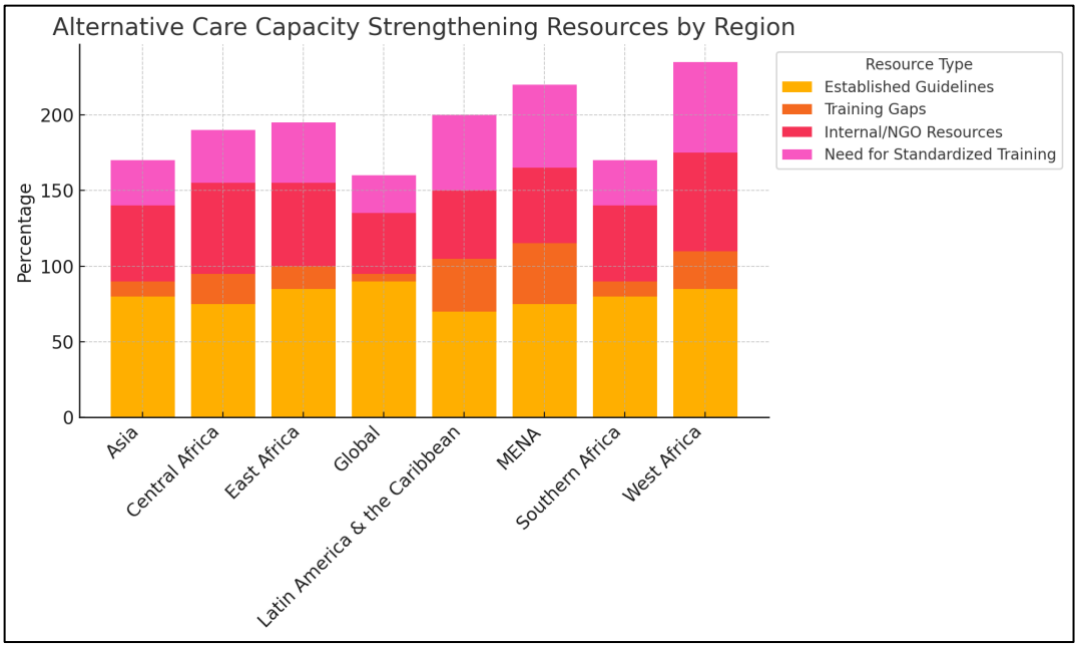
This section considers the strengths and gaps in understanding the capacity of actors at all levels involved in alternative care during emergencies. It reflects on training approaches, support for frontline workers, and the systems in place to ensure sustained, quality care. Insights also touch on how capacity strengthening efforts are adapted to context, scale, and urgency.

1. Overview of Alternative Care Capacity Strengthening Resources

Alternative care programmes currently rely on a combination of toolkits, training resources, and organizational support to strengthen capacity and improve care for children in emergencies. The key resources used across regions for capacity strengthening include:

- Toolkits and Guidelines: Widely used resources include the Alternative Care in Emergencies Toolkit, UNICEF guidelines, and national and international frameworks, which provide essential guidance on care provision.
- Training Resources: Manuals, workshops, and e-learning platforms equip professionals with skills in child protection, case management, and emergency response, ensuring both immediate support and long-term development.
- Organisational Support: Resources from international organisations and NGOs offer specialised care, technical assistance, and programme implementation support to improve alternative care systems.

Across regions, common tools include UN and Alliance guidelines, national policies, and capacity-strengthening resources. Below is a summary of the key types of resource currently used for alternative care and support, organized by region.



General Observations:

- The ACE Toolkit, UN Guidelines, and UNICEF resources were the most commonly cited references across all regions.
- Foster care and psychosocial support training were frequently mentioned, but many respondents said access to training was inconsistent or ad hoc.
- There is a clear call for localized, structured, and accessible training resources, suggesting a lack of systematic capacity-strengthening efforts.
- A number of respondents noted that existing tools were not well adapted to emergency contexts, particularly for case management and family-based care.

Regional Highlights:

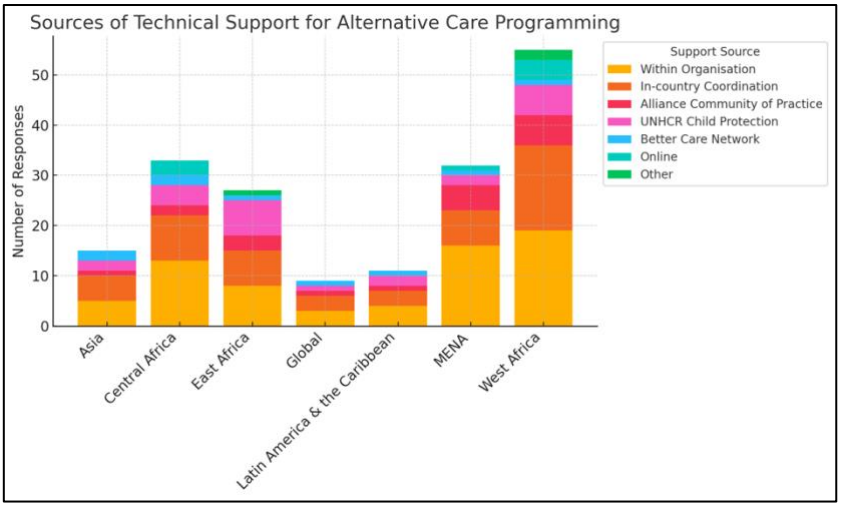
- East Africa, Central Africa, and MENA: These regions rely on a mix of international and national guidance, pointing to the need for both global frameworks and local adaptation.
- West Africa and Central Africa: Respondents frequently cited internal NGO training materials, fact sheets, and case management tools as their main sources for capacity strengthening — often due to limited availability or applicability of national resources.
- MENA and Latin America & the Caribbean: Several respondents noted a lack of available training resources, with some relying on organization-specific tools that were not tailored for humanitarian settings.
- West Africa, MENA, and Latin America: All specifically called for expanded training and stronger coordination efforts to improve care quality during emergencies.

2. Available Technical Support and Gaps

This section looks at the availability, accessibility, and quality of technical support for alternative care programming in emergencies. It explores who provides this support, how timely and context-sensitive it is, and where there are gaps—particularly in relation to coordination, surge capacity, and ongoing mentorship.

Region	Key Guidelines and Tools	Approaches to training and capacity strengthening	Sources
Asia	ACE Toolkit, UNICEF and CRC guidelines, foster care guidelines, supervised independent living	Community foster family preparation, UN resources for training	Online portals, e-learning networks, international NGOs
Central Africa	Alliance toolkits, SOS Children's Villages toolkit, UNHCR Guide on Child Protection	Engaging refugee communities, Capacity strengthening for care practitioners	International & national NGOs, Government directives
East Africa	CP basics, CPMS, CPIMS, ISAC, Alliance, Lumos, Hope and Homes, Maestral	Carer training, Family Tracing and Reunification (FTR) packages, Life skills & psychological support	INGOs, Alliance, National initiatives
Global	ICRC internal advice and resources, Toolkit for alternative care in emergencies	No specific training mentioned	ICRC, International humanitarian sources

Latin America & the Caribbean	Pathways for foster care, family reunification, reintegration, and adoption, SOPs for case management	Socialization of standards and protocols, Targeted advice for multidisciplinary staff	UNICEF, International cooperation agencies, Alliance resources
MENA	UNHCR and Alliance materials, training kits, alternative care documents, SOPs for alternative care	Psychosocial support, Communication techniques, Capacity strengthening	UNHCR, National frameworks, Training institutes
Southern Africa	ACE Toolbox, national alternative care tools, Internal and government-developed guidelines	Reinforcement of staff in emergency case management	National government policies, ACE toolkit
West Africa	ACE Toolbox, local SOPs, national operational procedures, Tools for separated and unaccompanied minors	Regular training and collaboration with community protection sectors	National governments, technical services



Overview:

- Most respondents rely on in-country coordination mechanisms and within their own organizations for technical support, particularly in West Africa, MENA, and Central Africa.
- West Africa and MENA show the highest reliance on multiple sources, including UNHCR and Better Care Network.
- Asia and Latin America & the Caribbean report lower access to diverse technical support sources.
- Limited use of online resources suggests a need for better digital access to global guidance.

- Lower engagement with global networks (e.g. Better Care Network, Alliance Community of Practice) highlights a gap in cross-regional knowledge sharing.

7.5 Additional support requested

The following priorities were identified by actors as critical areas where additional support is needed to strengthen alternative care in emergencies. These reflect both immediate operational gaps and longer-term system-strengthening needs, with an emphasis on government collaboration, contextual adaptation, and sustainable, child-centred approaches.

- Ensuring that tools and frameworks are adaptable to different cultural and socio-economic contexts was a common request, with calls for offline and translated resources.
- Embedding emergency response into national systems was seen as essential for sustainable care solutions. Respondents emphasized policy alignment, funding support, and long-term planning. For example, in Asia, there was a call to strengthen collaboration with government ministries to align emergency care with national frameworks and advocate for UN Guidelines implementation. Respondents across all regions called for integrating emergency practices, and contingency planning with wider national systems.
- Ensuring community involvement in alternative care solutions was widely recommended to improve acceptance and sustainability. This included collaborating with cultural and religious leaders and involving communities in piloting interventions and standardizing early response mechanisms.
- Ensuring clear standardized assessments, guidelines and training across organizations and governments was repeatedly mentioned.
- Resources should be available for low-tech, crisis-affected areas, ensuring inclusion of all service providers. This included a call for IT solutions for safe and compliant case tracking and data collection. These systems need to be available both online and offline and available in local languages.
- Emergency care frameworks must align with long-term national strategies for sustainable impact. This includes strengthening government and community capacity to transition from emergency to long-term care.
- Efforts to improve alternative care must include children with disabilities to ensure equitable access and tailored support. Tools should be adaptable, inclusive, and usable in resource-constrained environments to better support children with disabilities
- Alternative care systems must be strengthened to address the unique vulnerabilities of displaced children.

8. CONCLUSION

The results of this Alternative Care Survey underscore both urgent challenges and promising opportunities. By addressing policy and funding gaps, promoting family-based care, and strengthening collaboration, stakeholders can build more resilient alternative care systems.

Importantly, the survey was designed to inform the revision of the ACE Toolkit, and the findings provide rich insights to shape updated guidance. They also highlight the limited uptake of global tools in many emergency contexts, and the pressing need for context-specific, accessible resources, particularly in areas like training, and care for children with disabilities.

Positioning alternative care as a core component of national child protection strategies, especially within emergency preparedness and disaster risk frameworks is essential to ensure that children separated by conflict or disaster receive consistent, high-quality care in a safe family environment.

These insights offer a roadmap for policymakers, humanitarian actors, and child protection specialists to strengthen alternative care reform and build a more connected, evidence-informed global response.

ANNEX 1:

Survey Questions (in order of appearance in the report)

Q4. Who is most at risk of family separation in your context?
Q5. Which age groups are most at risk of separation?
Q7. What forms of alternative care exist in your context?
Q8. Who are the main actors supporting alternative care?
Q9. Does the national government have guidance and regulations on alternative care?
Q10. What feedback do you have on national policies and action plans related to alternative care?
Q11. What are the legislative gaps and government priorities?
Q12. What are the barriers to finding suitable foster families or family-based care?
Q13. What are the training and capacity building needs in your context?
Q14. What forms of collaboration and advocacy are needed to strengthen care systems?
Q15. To what extent are government regulations aligned with the UN Guidelines?
Q16. What toolkits and resources do you use in your work on alternative care?
Q17. How familiar are you with the ACE Toolkit?
Q18. Which components of the ACE Toolkit are most useful?
Q19. Is the ACE Toolkit sufficient for your work?
Q20. What additional guidance or tools would improve your alternative care work?
Q21. What improvements or updates should be made to the ACE Toolkit?
Q22. What capacity-strengthening resources are used?
Q23. What technical support is available and what gaps exist?
Q24. What additional support is needed?

Q25. How can emergency care be integrated into national systems?
Q26. How can communities be better engaged in supporting alternative care?
Q27. What harmonization or standardization is needed across guidance and tools?
Q28. What accessibility issues exist for guidance and resources in low-capacity settings?
Q29. How are children with disabilities considered in alternative care?
Q30. How is displacement addressed in alternative care systems?