



# Integrated Child Protection and Health Kusamala Project

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# Presentation Outline

- Background
- Project Objectives and Activities
- Health as an Entry Point
- Reasons for using Health as an entry point
- Kusamala Key Learning Questions
- Community Based Early Response and Prevention
- Coordination



# Background

- Zambian households host orphans or OVCs outside nuclear family
- Increased number of children in institutional care and streets
- Inadequate coordination efforts and limited capacity to provide services across continuum of care



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# Kusamala Project Purpose and Objectives

**Purpose:** Strengthen the ability of government and community organizations to provide services across the continuum of care, from preventing family separation to strengthening processes for family restoration.

## Objectives

**Strategic Objective 1. Strengthen the capacity** of existing formal government structures and staff

**Strategic Objective 2. Increase the capacity** of the health sector to prevent and respond to family separation cases.

**Strategic Objective 3. Increase awareness** of the need to prevent harmful cultural practices for children and families in targeted areas

**Strategic Objective 4. Increase knowledge, skills, and positive practices** in communities, families, and children that promote stable, protective, nurturing environments for children of all ages Increased number of children



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## Health Facility as Entry Point

- ✓ demonstrate how the health system-entry point for early identification, prevention of abuse, neglect, and exploitation.
- ✓ demonstrate the need for leveraging resources and build greater synergy between the health system/structures and the child protection systems/structures.
- ✓ to better identify, assess, refer, and follow up cases with child protection concerns



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## Why Health Facilities

- ✓ health Facilities are first point of entry to Child protection for children and parents, whether during childbirth, birth registration, HIV testing and treatment, or in cases of physical abuse.
- ✓ potential to provide information that would prevent child protection violations and promote family-based care for a significant number of children and families.



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## Key Learning Questions

- Does identification by the health/HIV sector of child protection concerns and appropriate referrals result in a decrease in child abandonment and/or placement in residential care?
- What is the impact of identification and referral of child protection cases by the health system and is this related to prevention of child abandonment?
- For some children, it is not in their best interest to reintegrate them into their nuclear or extended family. What are the most effective interventions to provide the permanency and care of a family for these children?
- Does an increase in income for vulnerable households result in reduction or elimination of child separation?



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# Community Based Early Response and Prevention

- Play Therapy for early prevention and response by NHC members
- Family Circles of Care and Support Groups-positive parenting, open discussions and support
- Family strengthening-Village Savings and Loans and Associations for improved livelihoods at households level
- Pro family Expanded and strengthened Community Gate keeping through NHCs as Child Protection Committee
- Awareness raising





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## Pro Family Alliances-Coordination

- Children's clubs
- Family Circles of Care and Support-  
Household level
- NHCs/CWAC-lowest community  
structure
- Community Child Protection  
Committee
- District level-(DMO, Social Welfare  
Health Facilities, Sub grant



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## Services/Activities

- Child Counselling
- Peer support to families
- Savings for improved Livelihoods and stable families
- Street outreach
- Reintegration
- Support and Facilitate Coordination



Thank you for Listening