

LESSONS FROM THE CHILDREN IN FAMILIES PLUS (CIF+) PILOT - VOLUME 2:

A Collective, Holistic Approach to Reintegrate Children in Residential Facilities to Family Care



PREFACE

PURPOSE OF THE LEARNING BRIEF

The CIF+ learning brief serves to provide partners with a consistent bi-annual progress/flash report with a focus on lessons learnt during the review period. The brief is informed by one on one review between CRS, partners and the GHR M&E consultant. It is hoped that the brief will provide reference information to inform deliberate changes for improved service delivery and case management during the life of the pilot.

Given the goal of the CIF+ pilot, the learning brief is potentially a reference resource for ultimate future replication of the project at larger scale in other districts in the country.

ACKNOWLEDGMENTS

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CREDITS

Photography:

Cover: Dooshima Tsee/CRS

Page 2: Mbiliya Luhanga/CRS

Page 5: Mbiliya Luhanga/CRS

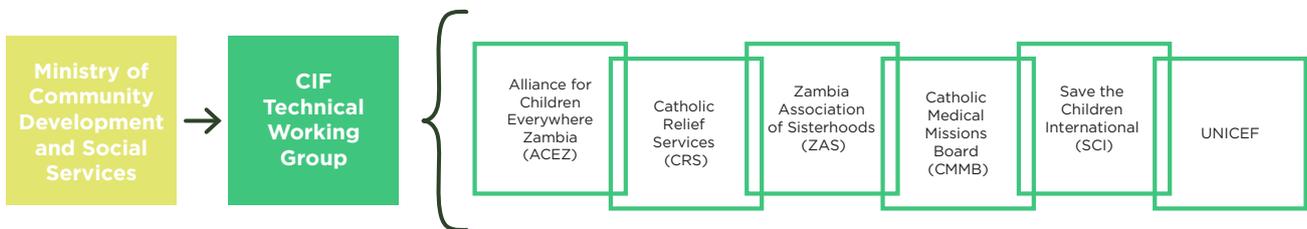
Graphic Design:

Francis Smeins for CRS - www.francispmeins.com

INTRODUCTION

In 2019, the Ministry of Community Development and Social Services (MCDSS) pioneered a three-year multi stakeholder pilot to reintegrate 200 children from Child Care Facilities (CCFs) in Lusaka district to their families and communities. The Children in Families (CIF) collective effort is designed to clarify and refine systematic child reintegration processes formerly addressed in isolation and without clear coordination. The CIF Plus (CIF+) pilot is an opportunity to showcase the collective impact that can be achieved when government provides program direction in collaboration with Non-Governmental Organizations (NGOs) to drive efforts aimed at reintegration of children with their families and communities.

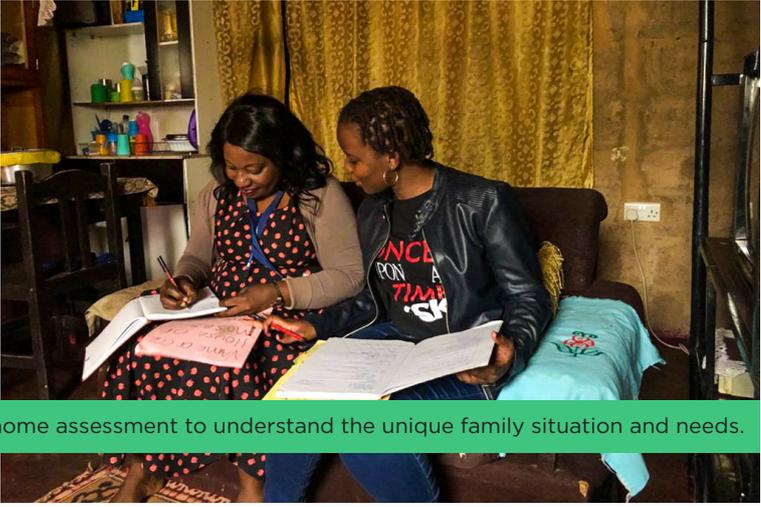
Led by the MCDSS, the CIF working group which includes the Alliance for Children Everywhere Zambia (ACEZ), Catholic Relief Services (CRS), Zambia Association of Sisterhoods (ZAS), Catholic Medical Missions Board (CMMB), Save the Children International (SCI), and UNICEF provides critical services for the reintegration of children into families and communities within the broader national continuum of care for children.



From inception, the CIF+ pilot has largely been an iterative process. In the second year of implementation, the pilot delved more deeply into service provision, strategic planning, and adapting the pilot design and implementation to meet the evolving needs of children and families particularly during the COVID-19 pandemic. The CIF+ pilot continues to provide valuable information for systems strengthening and capacity building for both MCDSS and non-government stakeholders.

Building on the [CIF+ Learning Brief Vol 1.pdf](#), Volume 2 draws from CIF+ partner programming experience, achievements and lessons learned. This document outlines lessons for stakeholders that are interested in child reintegration efforts and highlights examples of the pilot as it works to support children and families in Zambia.

CIF+ PILOT MENU OF SERVICES



A home assessment to understand the unique family situation and needs.

The CIF+ menu of services has been adapted to improve integration of services across partners and to strengthen services provided to targeted children, families, and communities in line with identified needs.



Individualized/Child Psychosocial Counselling:

On the revised menu of services, the Zambian Association of Sisterhood (ZAS) is the sole provider of psychosocial counselling services to prepare children for reintegration. Based on the case plans, children are assessed for trauma and behavioral challenges and provided with specialized therapy as needed. Career guidance counselling may also be offered to older children and young adult clients. As appropriate, ZAS provides services to families such as alcohol rehabilitation interventions and marital counselling to strengthen the family unit and prepare them to welcome their child/ren home.



Education Support:

The District Social Welfare Office (DSWO) is now securing education placements for children who need to change schools after reunification. CMMB pays school fees for a period of one year and provides education supplies as part of the returning child's reunification package. Where possible, the target child's Child Care Facility (CCF) will also pay for school fees of the child after reunification. The extent of educational support for children will vary depending on the CCFs financial capacity and buy in for the pilot, while some facilities are willing to provide education up to tertiary level even after a child has been reintegrated, others will only provide support if a child continues to live in their CCFs.



Positive Parenting:

Positive parenting services have been extended to all target families and not only the select few as initially planned. Targeted families who live in proximity, are mobilized to form community support groups where positive parenting sessions are conducted. Where there are geographic restrictions, the CIF supports the formation of groups consisting of the CIF target family and non-CIF families around the target family who are at risk of child separation.



Family Strengthening:

Save the Children will establish a revolving fund to strengthen the Village Saving and Lending Community service for very vulnerable families who require economic empowerment support. Initial grant funding is aimed at providing a safety net for the most vulnerable families who are unable to find the funds to save as they struggle to meet basic needs such as food.



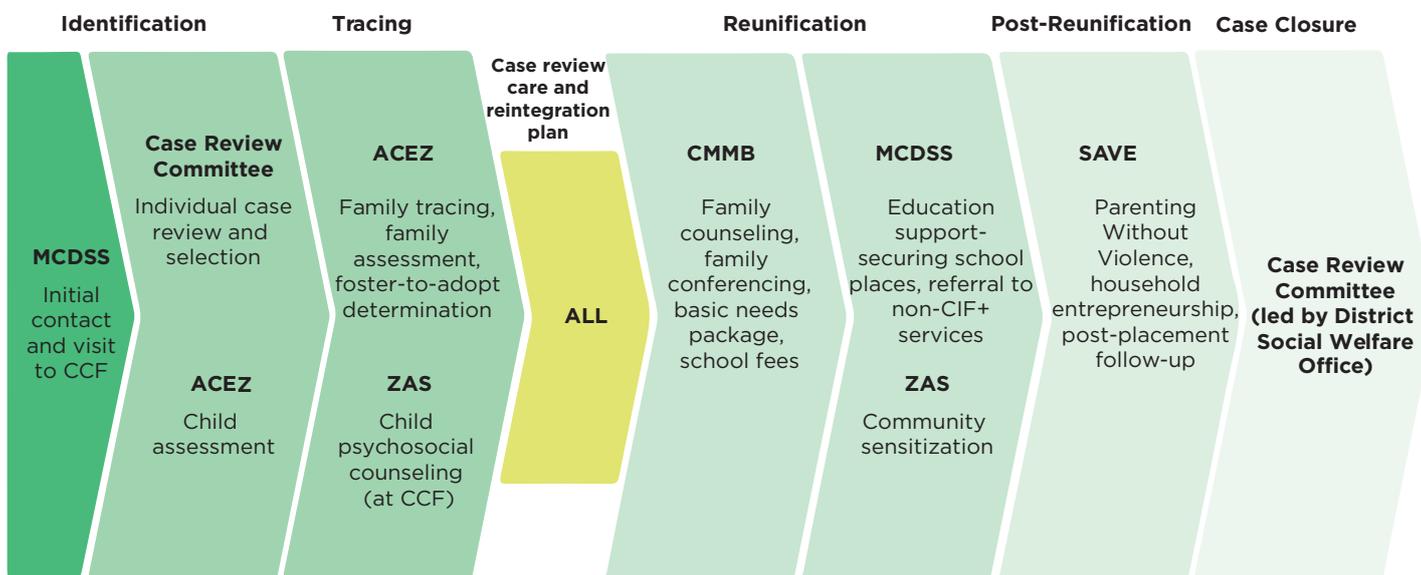
Linkages to non-CIF Services:

While services provided to the children and families are largely drawn from the CIF+ consortium, the pilot through the DSWO continues to leverage services from other providers to ensure that the holistic needs of the children in the target communities are met. For example, the pilot is now facilitating enrollment of children at Family Legacy Schools through the DSWO. This ensures that children have access to schools specifically founded to provide quality free education for families who cannot afford to pay for their children's education. These schools are also strategically positioned in low-income communities including the CIF+ hotspots to ensure that children do not have to travel long distances to attend classes.

Current summary of CIF+ roles for GHR partners (subject to change)



Under the leadership of the MCDSS and the Lusaka District Social Welfare Office:



ACHIEVEMENTS TO DATE

Under the strategic leadership of MCDSS, the CIF+ pilot has made tangible progress on key milestones including:



100 families

were assessed to inform case planning and subsequent service provision.



130 children

living in CCFs participated in the Singing to the Lions psychosocial group therapy.



121 individualized psychosocial counselling

sessions have been provided for children in need of this service to prepare them for reintegration.



33 children

have been reunified with their families and will be provided with post placement services as needed through to case close.



33 family counselling

and conferencing sessions conducted to prepare target families for reintegration and discuss family specific issues regarding the return of the child from the CCF.



32 reunification packages

disbursed to reunified children and families including school supplies for children returning to the schools they attended when they lived in CCFs.



7 community support groups

have been formed in Matero (4), Ngombe (2), and Misisi (1) compounds.



24 children

returned to the schools they previously attended with nine more in the process of transitioning to new schools.



10 families

participated in entrepreneurship and Village Savings and Loans Association (VSLA) training to generate capital for small business which can help them meet their family's basic needs.



30 mentors and facilitators

including seven (7) (CWAC), were trained to facilitate Parenting without Violence (PwV) for targeted children and families in the 4 CIF hotspots.



2 families

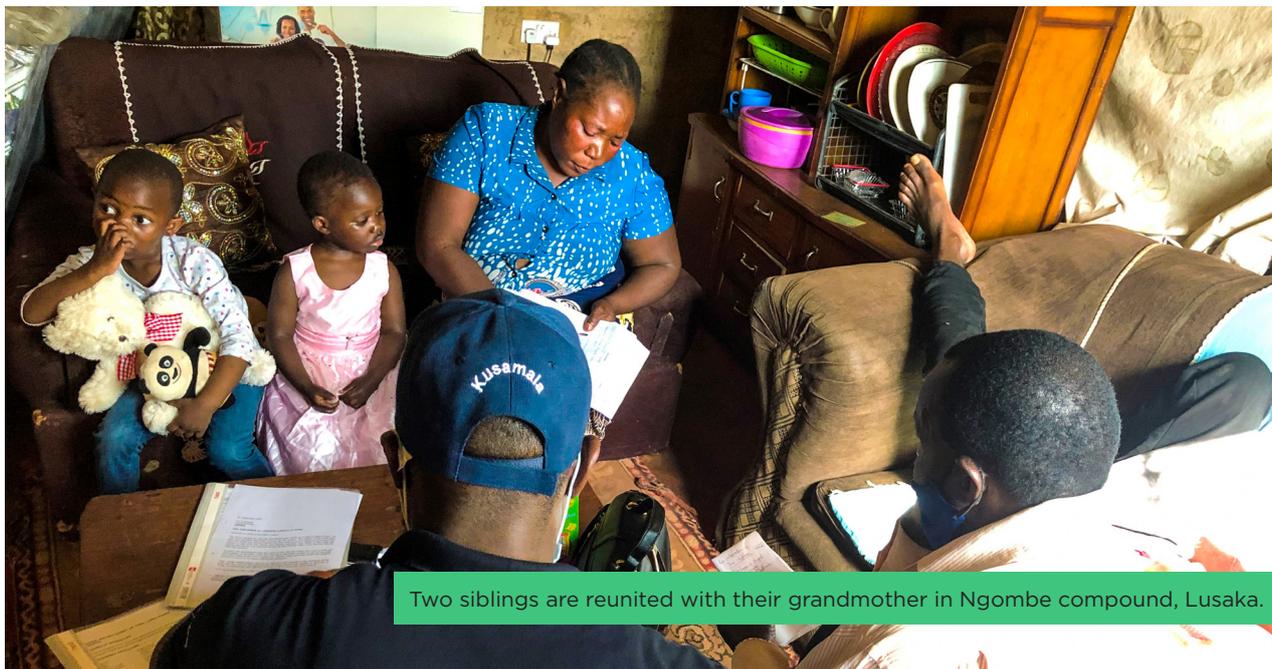
are receiving alcohol rehabilitation therapy based on assessment findings.



1 family

has been linked to Men Taking Action services that are centered on promoting male involvement in matters of childcare and protection.

ACHIEVEMENTS (CONT.)



Two siblings are reunited with their grandmother in Ngombe compound, Lusaka.



9 Case Review Committee meetings

were conducted with 143 cases reviewed. Two impromptu fast track committee meetings took place to discuss urgent matters regarding the pilot and challenges with specific cases.



3 planning meetings

were conducted to review the pilot's progress, challenges, lessons learnt, and budgets and to inform the new year's targets and implementation strategies.



1 quarterly CCF engagement workshop

was conducted to sensitize CCFs on the importance of family care for children and raise awareness of government national care reforms efforts.



13 radio talk shows

were conducted at Yatsani Radio Station to create community awareness on importance of family-based care for children.

OTHER MILESTONES:

- The DSWO has demonstrated improved documentation skills that are in line with the case management process guidelines.
- Completion of the CIF+ online database to enable real time data entry in progress. Data is captured and uploaded onto the database by partners based on their respective services and status of individual cases.
- Strengthened working relationships and increased exchange of knowledge and skills between government and NGOs through field accompaniment visits.

LESSONS LEARNT

A COLLABORATIVE ADAPTIVE MANAGEMENT APPROACH PROVED CRUCIAL TO CONFRONTING CASE MANAGEMENT CHALLENGES DURING THE COVID-19 PANDEMIC.

The second year of the pilot faced unforeseen challenges resulting in implementation lags, particularly the onset of the COVID-19 pandemic which led to strict travel and gathering restrictions enacted by the Ministry of Health that limited movements within Zambia. As such, the pilot focused on key elements of support while balancing the need to reduce the risk of infection for targeted children, their families and project personnel.

CIF+ partners came together to strategize key adjustments to implementation considering the pandemic. Attempts were made to utilize remote case management to ensure continuous engagement with families with access to mobile phones.

The consortium learnt that consistent service delivery and engagement of families and children during the pandemic helped to reduce the risk of families and children getting frustrated and discouraged when the reintegration process took longer than planned. After the five months physical absence due to the COVID-19 restrictions, the pilot worked to re-establish rapport with the families and affirm their commitment to the purpose of the project. Furthermore, homes had to be reassessed to reevaluate the family's circumstances after the long period of absence and in view of the impact of COVID-19.

After travel and social gathering restrictions were lifted, the project subsequently increased the number of personnel conducting field activities to meet the need for increased family support and ensure the pilot was on track to achieving the project targets. Accompaniment to the field observed COVID-19 physical distancing and health protocols. This enabled the coordination team to better understand urgent matters arising between the children and their families and provide timely support as needed. CIF+ family counselling and conferencing sessions were also leveraged for dissemination of key COVID prevention messages to not only safeguard the family members' health but build capacity of families to prevent infection for the returning child.

Finally, due to COVID-19 and the need to increase the frequency and services of family meetings, the CIF+ implementing partners agreed to reduce the target number of children for reintegration from 200 to 81, recognizing the need for participating families to receive more holistic support.

STRONGER ENGAGEMENT OF CCFs FOR CIF PLANNING AND IMPLEMENTATION IS AN AREA FOR IMPROVEMENT.

It appears that some CCFs have coached children against the idea of reintegration during the assessment phase. To mitigate this challenge, during counselling sessions, the pilot continues to discuss with children the importance of family-based care and address fears and concerns that children share.

Furthermore, the project has also adapted CIF pilot plans to include quarterly reintegration workshops where CCF heads are sensitized and reminded on the importance of children living in families to ensure buy-in for national care reform that promotes family-based care for children. To further enhance their role and engagement with the project, CCFs are also invited to join the CRC meetings where they are tasked with facilitation of family visits for the children.

THE PILOT'S INCLUSIVE SELECTION CRITERIA HAVE IDENTIFIED YOUNG ADULTS IN NEED OF REINTEGRATION SERVICES.

Due to the lack of timely exit strategies or the complex dynamics of some cases, some children have overstayed in CCFs and matured to young adults living in these facilities. To promote inclusive targeting and service provision based on need, the pilot has resolved to extend CIF services to school going young adults up to the age of 24 years living in CCFs. This will promote access to holistic reintegration services under a coordinated and structured continuum of care for these young adults.

Finally, while the pilot aims to provide reintegration services to children living in CCFs with varied backgrounds and vulnerabilities, the project does not have the capacity to provide long term rehabilitative services for children coming from the street without prior interventions. These children have been referred to the DSWO to facilitate comprehensive provision of support services.

EACH CHILD AND FAMILY'S REUNIFICATION PACKAGE MUST BE TAILORED TO UNIQUE NEEDS.

The child reunification package is provided in line with assessment findings and the package may vary based on the needs of a child and family at the time of reunification. For instance, some families will need education supplies, clothing, or mattresses for the returning child. The package may also include basic COVID-19 prevention supplies. The pilot is now including seed funding for severely vulnerable families who need economic empowerment support to adequately prepare for the return of their children.

FAMILY TRACING AND ASSESSMENT EFFORTS PRESENT DISTINCT CHALLENGES AS WELL AS OPPORTUNITIES TO IDENTIFY OTHER CHILDREN AT RISK OF PLACEMENT IN CCFS.

The pilot continues to face difficulties around tracing of families due to poor documentation of cases, children overstaying in CCFs, lack of family visitations and failure of children to locate their homes. Further, some families change homes and do not inform the DSWO or the CCFs. To mitigate these risks, the MCDSS is promoting policy adjustments to support consistent contact between children and their families and enhance documentation procedures. The pilot is working with the Child Protection Unit (CPU) under the police to assist with tracing of these families. Where families have not visited the child in years and tracing efforts are futile, foster care and adoption service is being considered.

Furthermore, families whose children are admitted in facilities tend to advocate for child placement in CCF within their families and networks. Therefore, one admission increases the risk of admission of other children from the same family and community. Existing children within facilities are therefore seen as an opportunity to identify other children in the targeted families and communities that may be at risk of placement. These families are now prioritized for family strengthening services including positive parenting and family conferencing and counselling sessions to prevent secondary separation for reunified children.

Lastly, assessments have revealed some children initially targeted for reintegration are potentially cases for foster care and eventual adoption as their families cannot be traced or not willing to receive them back into their families. While the pilot does not provide foster and adoption services, the pilot has engaged ACEZ and the DSWO to assess and provide appropriate alternative family-based care option as required. Both partners provide foster care and adoption services outside of the CIF+ pilot.

CLEAR AND CONSISTENT COORDINATION AT THE CONSORTIUM LEVEL LED BY MCDSS CONTINUES TO BE THE BACKBONE FOR AN EFFECTIVE COLLECTIVE FAMILY REINTEGRATION CASE MANAGEMENT APPROACH.

Quarterly CIF+ strategy meetings provide a platform for the MCDSS HQ and the Lusaka Provincial Social Welfare Office (PSWO) to facilitate key discussions around pilot status, challenges, and lessons. The pilot has enabled MCDSS to provide higher level strategic oversight to the CIF+ consortium.

INDIVIDUALIZED COUNSELLING, FAMILY COUNSELLING AND BONDING ACTIVITIES ARE CRITICAL FOR IMPROVING THE LIKELIHOOD OF SUCCESSFUL CHILD REUNIFICATION.

Lack of mental health programs for children in CCFs has led to increased mental health challenges such as anxiety, suicide and homicide ideations among children. Individualized counselling has revealed that children in CCFs discuss suicide with peers as a solution to their problems but very rarely discuss it with their caregivers. Children living with HIV and on ART are more prone to having suicidal ideations compared to their peers who are HIV negative. To meet the high demand for child counselling services, the pilot has intensified the provision of counselling services to address challenges identified during assessments for children targeted on the pilot. The project is also planning to engage caregivers in trainings and therapy to address caregiving gaps and abuse allegations that have been highlighted identified during child counselling sessions.

Extension of counselling services to key family members in the community on the pilot is also critical for family strengthening and ensures that issues such as alcohol abuse and family disputes are dealt with, thereby promoting a favorable environment for the return of the child to the family. The pilot also recognizes that many communities in Zambia still maintain strong extended family ties and decisions concerning a child's wellbeing are discussed within the wider family unit. Securing appointments for multiple key family members for family counselling and conferences is not always easy as some family members live out of town or simply have conflicting engagements. The project is making use of the DSWO in different districts to engage relatives who live out of Lusaka, and phone calls and WhatsApp videos calls are used to engage these relatives where applicable.

Finally, bonding through deliberate child and family visits at the CCF and at the family home is critical for successful reunification and reintegration of children with their families. It fosters strengthened relationships between children in CCFs and their families which is critical for the transition of children into family life. Targeted CCFs are tasked with facilitating bonding through child and family visits.

NEXT STEPS

It has become increasingly clear that children and families participating in the pilot require more services, time and support than initially planned. Therefore, the project resolved to **reduce its target number of child reintegration from 200 to 81 children**. To meet this target and ensure holistic and comprehensive interventions given the COVID pandemic and within the project timeline, the CIF consortium has collectively agreed to re-strategize and increase the frequency and type of interventions to meet the needs of the families and pilot targets within the project timeline:

1

To meet the revised pilot deliverable of reintegrating 81 children, the pilot will **target 48 child placements for 2021**. This is broken down to a minimum of 5 placements each month through to December 2021.

2

Procure PPEs for all CIF field workers to reduce the risk of COVID infection during field work and ensure pilot momentum is maintained during the pandemic.

3

Increase number of personnel under each CIF partner in line with respective services areas to meet the need for increased support for targeted children and families.

4

Dedicate six DSWO case managers/social welfare officers, each paired with two interns, to support case management and train up future potential social workers.

5

Increase number of personnel from non-government CIF partners to accompany the six identified case managers/social welfare officers during field work.

6

Strategically distribute cases among case managers to meet case load reviewed at CRC meetings.

7

Increase engagement and support for Community Child Welfare Association committee volunteers and other government endorsed structures to ensure post placement support for reunified children and their families.

8

Send weekly status reports from the CIF+ dashboard to CIF implementing partners to ensure continuous engagement and tracking of services provided.

9

Improve CCF engagement and coordination through: CRC meetings, quarterly workshops to discuss importance of family-based care for children and national care reform issues, and efforts to bolster the role of the CCFs in the continuum of care for child reunification.

10

Reunification package to include basic needs of other children living in the target family's home, as opposed to focusing only on the reunified child as was previously done.

11

Provide Child Care Facilities Caregiver capacity building trainings to address care giving gaps identified during counselling sessions. These trainings include pediatric HIV counselling training and general caregiver training to address best caregiving practices, identifying trauma in children and burn out management sessions.