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CARE REFORM IN ZAMBIA

A VIRTUAL STUDY TOUR

HOW TO TAKE PART IN THE VIRTUAL STUDY TOUR

This virtual study tour aims to provide you with an overview of care reform in Zambia from the comfort of your own home. To take part, you will need to:

1.

Read the snapshot of care and timeline of care reform below and follow the link provided to watch a short presentation on care reform in Zambia.

2.

Look at the promising practice examples, read the case studies provided and follow the links to review relevant documents. You can explore all of the examples or just look at those that interest you the most.

3.

Take part in a live webinar to ask a panel of experts from Zambia any questions you still have. The webinar will be held in December 2021. To register your interest and receive further details, complete this [short form](#). A recording will be made available [here](#) after this event.

4.

Let us know what you think of this virtual study tour by completing this [short form](#).

HOW TO TAKE PART IN THE VIRTUAL STUDY TOUR

Still want to know more?

There is a list of resources at the end of this document.

Confused by all the jargon?

There is a glossary of key terms at the end of the document.

Too much information?

You will see some colour coding in the document to help you quickly find the information of most interest to you.

Bold black is for information on the systems and mechanisms needed to support care reform, including legislation and policies, coordination mechanisms and workforce strengthening.

Orange is for information on work with families to improve the care of children, prevent separation or support reintegration.

Purple is for information on kinship care.

Red is for information on residential care.

Blue is for information on foster care.

Green is for information on adoption.

Brown is for information on care leavers.

SNAPSHOT OF CARE IN ZAMBIA

Population of country

Approximately 18.9 million people (2021 data).¹

Child population

53.4 per cent of the population is under the age of 18 (2020 data).²

Kinship care

32.1 per cent of households are caring for children who are not the biological children of the household head.³

Residential care

6,982 children in residential care facilities in 2021,⁴ compared to 6,413 children in 2017 (around half girls and half boys).⁵

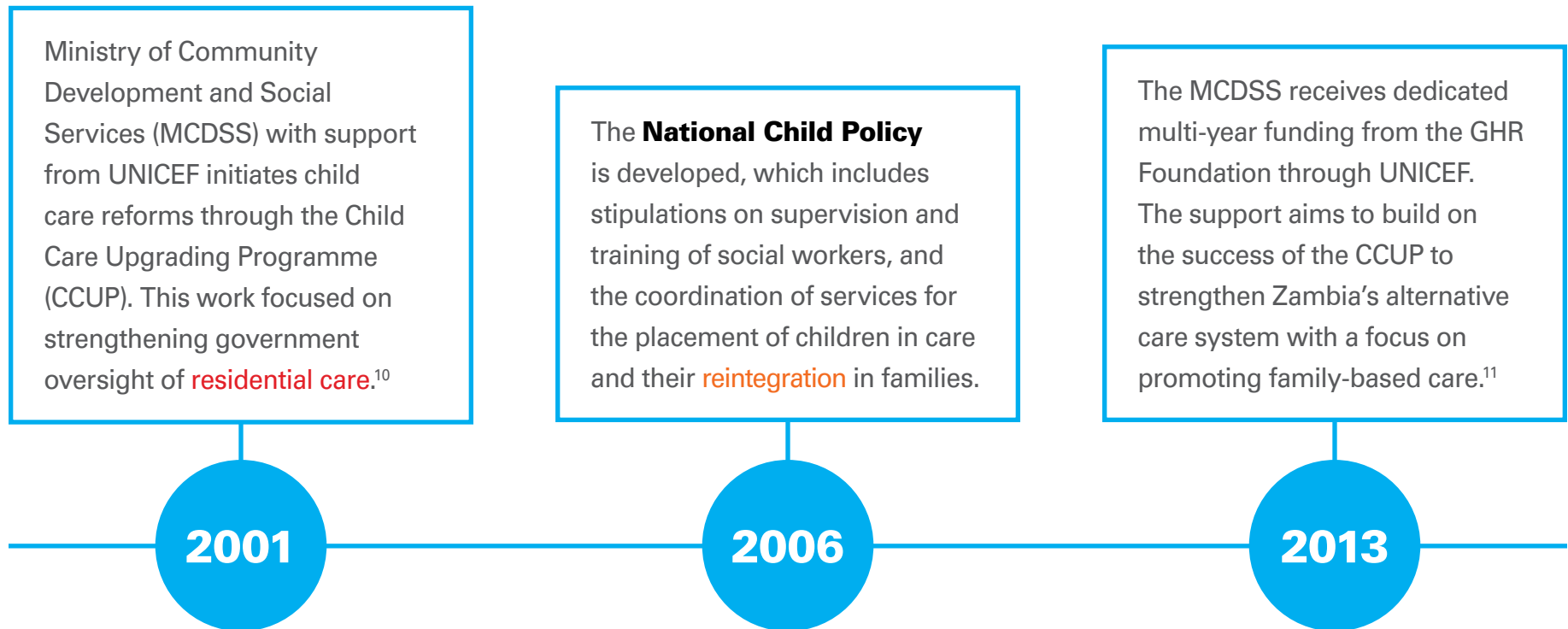
Foster care

71 children (31 boys and 40 girls) were placed in foster care in 2020. By mid-2021, 23 children (13 boys and 10 girls) had been placed with foster families.⁶

Domestic and intercountry adoption

Between 2017 to 2021, 318 children were adopted.⁷ This number accounts for formal adoptions by relatives and by non-relatives.⁸

A TIMELINE OF CARE REFORM IN ZAMBIA⁹



A TIMELINE OF CARE REFORM IN ZAMBIA

Multi-year funding is provided by the GHR foundation to a consortium of NGOs¹² to complement Government's alternative care systems strengthening programmes through **family preservation** and response interventions implemented under the Children in Families Initiative.

Participation in strategic learning event organised by the Non-Governmental Organisation (NGO) Lumos supports government thinking related to **de-institutionalisation**.

Children in Families Technical Working Group is established under the leadership of MCDSS to strengthen coordination and pilot the delivery of collaborative efforts to promote **family preservation** and family-based alternative care interventions.¹³

Launch of Minimum Standards of Care for Child Care Facilities: Regulations and Procedures (**residential care** facilities are known as Child Care Facilities in Zambia).¹⁴

2014

A TIMELINE OF CARE REFORM IN ZAMBIA

Learning visit to Rwanda to draw on best practice and strengthen the implementation of care reforms in Zambia.

The Hague Convention on Protection of Children and Co-Operation in Respect of Intercountry Adoption acceded and enters into force.

The **National Child Policy** is amended and implemented to comprehensively address alternative care among other child protection issues. Amendments relate to services to prevent **family separation**, strengthen **gatekeeping**, and promote **kinship care**, **foster care** and **adoption** over **residential care**. The policy also promotes adherence to minimum standards for **residential care** providers.

2015

A TIMELINE OF CARE REFORM IN ZAMBIA

Research finds that most children in **residential care** have living relatives and that placement is driven by poverty; death of a parent; disability or chronic illness of the child in care or caregivers; and abuse, maltreatment, or neglect.¹⁵

Technical support is provided through the Hague Conference on Private International Law for strengthening national standards on intercountry **adoption**.

Accelerating Children's Care Reform – A Call to Action¹⁶ is released by the Ministry of Community Development and Social Welfare (currently MCDSS) to urge line ministries and others working with children to support the implementation of a set of strategic actions to accelerate child care reform in Zambia.

2016

A TIMELINE OF CARE REFORM IN ZAMBIA

Nationwide assessment of **residential care** facilities is undertaken. This assessment shows a rise in the number of children in residential care from 4,500 in 2005 to 6,413 in 2017. Many facilities do not meet the minimum standards of care, particularly in relation to management capacity, record keeping, care planning, and quality of care provision. Gatekeeping mechanisms are found to be weak or non-existent: two-thirds of children who were admitted into **residential care** did so with signed consent by parents or guardians. Poverty cited as the main reason for admission into residential care.

2016
-
2017

A TIMELINE OF CARE REFORM IN ZAMBIA

Alternative Care and Reintegration Guidelines

developed. This framework provides a step-by-step guide on the provision of emergency care, **reintegration**, **kinship**, **foster care**, and domestic and intercountry **adoption**.

Alternative Care Case Management tools and Standard Operating Procedures (SOPs)

are developed. These inform the development of child and family welfare statutory and non-statutory case management system.

Piloting of community (non-statutory) case management tools is undertaken through the Service Efficiency and Effectiveness for Vulnerable Children and Adolescent

(SEEVCA) project, which provides cash plus care services to vulnerable households. This initiative is designed as a mechanism to support **family strengthening**, prevent separation and address other vulnerabilities that lead to the placement of children in institutional care.

MCDSS establishes the National Alternative Care Technical Working Group – a national mechanism to support more harmonised and **coordinated implementation** of alternative care programmes within the broader child and family welfare system.

2017

A TIMELINE OF CARE REFORM IN ZAMBIA

Several efforts are made to **build the capacity of the social welfare workforce** to support care reforms by the government. This includes a series of training and mentorship supports to enable the effective application of minimum standards of care, alternative care and reintegration guidelines, and case management tools.

Child care and protection case management tools and SOPs approved and rolled out in all ten provinces. Individual child assessments conducted, and case files opened for all children in **residential care**.

MCDSS Kitwe District Pilot aimed at transitioning children from two residential care facilities to family based care arrangements in line with the alternative care and reintegration guidelines and case management tools initiated.¹⁷

MCDSS partners with the University of Zambia develop a curriculum for in- and pre-service short courses on alternative care and case management.

2018

A TIMELINE OF CARE REFORM IN ZAMBIA

MCDSS Lusaka District Pilot aimed at transitioning 200 children from **residential care** facilities to family based care through the Children in Families Plus initiative initiated.

Electronic case management and information management systems are introduced for children receiving care and protection services.

Launch of the Communication and Advocacy Strategy on promoting family-based care with a costed implementation plan.

The **National Framework for the Care of Children in Need of Care** and the child law review highlight the importance of family-based care.¹⁸ **National Standards for the Accreditation and Authorisation of Adoption Agencies** are also developed in line with the provisions of the Hague Convention on Intercountry **Adoption**.

A practical in-service short course on alternative care and case management is finalised and launched. The first cohort of **District Social Welfare Officers** are trained by MCDSS, the University of Zambia and Mulungushi University.

2019

A TIMELINE OF CARE REFORM IN ZAMBIA

Work begins to ensure the continuity of care and protection services during the COVID-19 pandemic through improved **coordination referral mechanisms and case management** protocols for MCDSS and the Ministry of Health. A guidance note is produced for emergency alternative care for children during COVID-19.

UNICEF support MCDSS and the Social Workers' Association of Zambia to develop a competency and licensing framework for both para and professional **social workers** for improved service provision including to children and families.

2020

A TIMELINE OF CARE REFORM IN ZAMBIA

A national campaign begins to promote **family-based care** and reduce the use of **residential care**. This sees the roll out of a Community Dialogue Toolkit in five districts, the sharing of key messages through social media and the development of policy implementation briefs.

Documentation begins of facility-run services for **care leavers** to inform the development of a national care leavers' strategy.

2021

AN OVERVIEW OF CARE REFORM IN ZAMBIA

Watch a short video [here](#) to see an overview of the care reform process in Zambia provided by government and UNICEF officials.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

POLICIES AND GUIDANCE TO SUPPORT CARE REFORM

MCDSS is mandated to provide child care and protection services, including family welfare services. It envisions a Zambia in which all children grow up in a home environment, preferably with their biological or extended family, considering the rights and specific needs of every child. Care reform efforts in Zambia were initiated in 2001, under the Ministry's leadership and oversight. Since this time, the Ministry has developed and revised several policy frameworks and guidelines related to care reform.

Key policies included the National Framework for the Care of Children in Need of Care¹⁹ which outlines the continuum of care options for children in need of care. This policy states that family preservation should be prioritised. For children in need of alternative care, institutional care should be used only as a last resort and for the shortest period possible, and children should instead be placed in kinship or foster care. These priorities have also been incorporated into the National Child Policy (2016).

Guidance includes the Minimum Standards of Care for Child Care Facilities (2014) (see Box 1). Other policies and guidelines are outlined in the timeline above.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

BOX 1

Minimum Standards of Care for Child Care Facilities (CCFs)

In 2014, the Minimum Standards for CCFs were developed, informed by extensive consultations with community members and professionals across a range of sectors and services. The guidelines frame the placement of children in residential care as an interim measure, to be used only when other means of child care are unavailable. The minimum standards include the following.

- A stipulation that CCFs must develop care plans for every child in residential care. These plans should focus on reintegrating children with parents or relatives or placing them in foster care or adoption.
- Requirements for CCFs to support children's basic needs and foster their emotional, physical, moral and religious development.
- Processes for admission and discharge.
- Necessary qualifications for staff and appropriate caregiver to children ratios.
- Protocols for registration, certification, inspections, and monitoring.
- Child safeguarding policies.

The standards make special mention of the need to support children to build stable, trusting relationships with adults.²⁰ They can be found [here](#).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

CASE MANAGEMENT TOOLS TO SUPPORT CARE REFORM

Case management is an important methodology used by social workers. It uses standardised guidance to identify needs, make referrals to appropriate services, monitor children and families, and keep effective records. In Zambia, case management tools have been developed specifically to support care reform processes (see Box 2).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

BOX 2

Case management to support care reform in Zambia²¹

Between 2016 and 2017, UNICEF in collaboration with Children in Family Initiative (CIF) partners supported the government to carry out a nationwide assessment of residential care facilities to inform care reform in Zambia.²² The assessment showed limitations in the admission and case management processes by both social welfare officers and social workers/caregivers in CCFs. To help remedy this problem, a set of case management tools was developed, including tools for intake; assessment of individual children and families; case planning; case implementation; and case review.²³

CIF partners supported MCDSS to develop additional tools to support the reintegration of children, through tailored collaborative effort which included the following.

- Guidance on the importance of reintegration and the principles for successful reintegration.
- An overview of the purpose of case management for reintegration.
- The types of information that social workers are expected to collect and manage to support reintegration.
- An explanation of the roles and responsibilities of different stakeholders.
- Step-by-step guidance on each stage of the reintegration process: assessment, screening, planning and review, development of a reunification agreement, and post-placement monitoring and review which is aligned with the alternative care and reintegration guidelines.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

COORDINATION AND OVERSIGHT OF CARE REFORM

In 2017, the MCDSS established the national alternative care technical working group, a national mechanism to support more harmonised and coordinated implementation of alternative care programmes within the overall child and family welfare system.

STRENGTHENING THE WORKFORCE

Since 2017, UNICEF has supported social services workforce strengthening, with a specific focus on building the capacity of District Social Welfare Officers (DSWOs) and social workers and caregivers in child care facilities (see Box 3 below).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

BOX 3

Workforce strengthening for the better care of children in Zambia²⁴

UNICEF has worked with the Department of Social Welfare and the University of Zambia to develop two training modules on alternative care and case management procedures for in-service training of DSWOs. The modules include the following.

- National and international legal frameworks on care.
- The primary importance of supporting families and preventing separation.
- Care decision making within the continuum of care for children at risk of separation or in need of care.
- How to use case management tools for care planning, monitoring, and review.

DSWOs spend two weeks in the classroom receiving this training. Upon return to their work stations, each is mentored through the management of selected cases to further enhance knowledge and skills. Ongoing remote supervisor and peer to peer mentoring is provided through a WhatsApp group established as part of this process, which has proven particularly useful. The WhatsApp group allows Social Welfare Officers across the country to share best practices and challenges and seek guidance on active cases. Supervisors and managers are given an insight into the problems faced by DSWOs to identify common support needs and guide social workers accordingly. The platform also helps generate case studies for ongoing in-service training, and for newly developed courses in social work at the University of Zambia's Department for Social Work.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

STRENGTHENING FAMILIES TO CARE FOR CHILDREN

Efforts to strengthen families to care for children have taken on many different forms in Zambia. This includes the use of case management to assess and support families (see Box 2) and government and NGO run programmes and services to reduce family separation and promote family reintegration (see Boxes 4, 5 and 7).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

BOX 4

Piloting reintegration for children and families in Kitwe District

Since 2018, MCDSS has been piloting a reintegration programme for children in Kitwe District as part of the Children in Families initiative. This work has been carried out with the support of UNICEF, the GHR Foundation and for the first year in partnership with Hope and Homes for Children-Rwanda. The work began with the government District Social Welfare Office identifying two child care facilities for reform.²⁵ Initially, regular meetings were held with staff from these facilities to build trust and share government child care reform goals. A seven step reintegration process was then introduced for each child in residential care, which was guided by case management tools (see Box 2).

- ➔ Assess the child.
- ➔ Develop a care plan.
- ➔ Engage other government ministries and NGOs to support the implementation of the care plan.
- ➔ Trace and assess parents and extended family members who could potentially care for the child.
- ➔ If reintegration is possible/in the best interest of the child, facilitate contact between the child and family members and prepare both for reintegration.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

- ➔ Constitute and deliver a reintegration package based on the identified needs of the child and the family.
- ➔ Link the family and child to a Community Welfare Assistance Committee (CWAC) members for continued support. This programme has a strong component of household economic strengthening, which involves assessing the needs of children and families and linking them to existing social protection initiatives where possible. It provides a district model that can be adopted by other DSWOs to promote family based care.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

BOX 5

Government partnership with Catholic Care for Children in Zambia on family reintegration²⁶

In 2016, an in-depth study of Catholic-affiliated residential care in Zambia revealed that poverty was the primary reason for children to be placed in residential care.²⁷ The study can be found [here](#). These findings substantiated a growing sentiment within the Zambia Association of Sisterhoods that family-based care for children should be prioritised over institutional care. After all, its members reasoned, if money and family support were what was needed to keep children in safe and loving homes, then it was time to re-orient their services away from ‘orphanages’ towards family strengthening and preservation in communities.

The Catholic Care for Children (CCC) programme was thus established in 2017, as a component of the Children in Families Initiative. In 2019, a pilot programme was established to reintegrate children with their extended families or place them in foster care involving two Catholic residential care facilities. As of April 2021, 48 children had been placed in families and another 12 are expected to be reintegrated by the end of 2021.

CCC staff follow a step-by-step reintegration approach similar to that described in Box 4. A key component of this work has been on-the-job training of sisters and other caregivers in case management and counselling. Once a plan is in place to meet these identified needs, children are provided with counselling in their transition out of institutional care. Once placed within families, they are provided with follow up support as needed.

The careful approach to de-institutionalisation and family reintegration taken by CCC provides a model for other organisations to follow. Such efforts also reflect the priority placed by the Government of Zambia on ensuring children are raised in safe and loving families.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

In 2020, the COVID-19 pandemic led MCDSS with support from UNCIEF and other UN agencies to the establishment of a blended emergency cash transfer programme which involved the provision of cash transfers and case management services to reduce the risk of family separation and to support reintegration (see Box 6). It is hoped that learning from programme will be used to support future family strengthening initiatives.

BOX 6

COVID-19 Emergency Cash Transfer programme

When the COVID-19 pandemic hit in 2020, an emergency cash transfer programme was rolled out. This programme provides additional support to 3,167 households already enrolled in Zambia's Social Cash Transfer scheme.²⁸ Recognising that family separation was a likely outcome of pandemic-related pressures, MCDSS, with support from UNICEF, expanded and delivered additional case management supports to households with children vulnerable to separation. Community volunteers were engaged in identifying and supporting families facing difficulties, providing referrals to services as necessary. Support was given with the oversight and mentorship of government District Social Welfare Officers.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

TRANSFORMING RESIDENTIAL CARE

The care reform process in Zambia has significantly altered the landscape of care provision across the country with many residential facilities closing down or reorienting the type of care and support they provide. Box 7 outlines what one Zambian organisation has done to make this transition.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

BOX 7

Transitioning from residential to family-based care in Lusaka

Alliance for Children Everywhere (ACE) is a faith-based organisation that used to support vulnerable children through residential care. In recent years, ACE has transitioned to a focus on reintegrating separated children and strengthening families. This work involves the following.

- Raising awareness at the community level of the negative outcomes from institutional care.
- Developing an individualised plan for every child.
- Working with biological parents, extended family caregivers, foster and adoptive families to understand and prepare to care for the child.
- Assessing families' needs in terms of material, educational, social and other supports, and offering or linking parents and caregivers to appropriate skills training, coaching and other livelihood support.
- Linking families and community-based supports to government and other service providers.
- Providing ongoing follow-up support to parents and caregivers.

More details can be found on their website [here](#) and in a case study [here](#).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

PRIORITISING KINSHIP CARE

The essential role of kinship care in protecting and ensuring the wellbeing of children without parental care is acknowledged in Zambia's Alternative Care and Reintegration Guidelines (2017). These state that there is: 'An urgent need to recognise and strengthen informal care arrangements, especially kinship care, to ensure that children are not left without primary caregivers.'²⁹

There are 1.66 million boys and girls estimated to live in kinship care in Zambia.³⁰ Box 8 below describes the findings from a small-scale study on grandparent care in a rural community in Copperbelt Province.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

BOX 8

Findings from research about care in grandparent-headed households in Zambia

Grandparent care is a widespread mechanism of caring for children across Zambia.³¹ A 2013 study conducted in a rural area³² found that most kinship care households headed by grandparents were poor and very often children had to work because their caregivers were too elderly or infirm to earn an income. Boys and girls in these situations described feeling at times overwhelmed by their responsibilities and the challenging circumstances in which they were living. Nevertheless, children and young people consistently asserted that they would rather live with grandparents than other relatives. Although grandparents could not always meet their basic needs, children reported that grandparents loved and cared for them. In contrast, children living with other relatives were said to experience discrimination and be made to feel like a burden. These findings suggest supporting kinship care households to meet the economic and material needs of their members is a major step towards cultivating children's wellbeing. The study can be found [here](#).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

PROMOTING FOSTER CARE

In Zambia, foster care is seen as an important option for children who cannot live with their parents or wider extended family or friends of the family. Foster care guidelines form part of the national alternative care framework. The guidelines provide for short term and long term foster care and promote the training of foster carers. The guidelines suggest that each district should maintain a pool of emergency foster care families to avoid the placement of children in institutional care. This emergency care is used to support children in need of interim care, such as babies who are abandoned, while family tracing is undertaken. Recently the government has raised public awareness about how to become a foster carer as part of the national campaign on the importance of family-based care (see Box 9 below). The government is also working with partners to extend foster care to additional districts.

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

BOX 9

Facts about foster care in Zambia

In 2016, in an effort to promote family-based care across the country, the government developed a one-page pamphlet called 'Facts about Foster Care in Zambia'.³³ This resource provides information to potential foster carers using a simple question-and-answer format to common queries, such as: What is foster care? Who is a foster child? Who should foster? Why is fostering important? How can I apply to be a foster carer? The pamphlet also provides details for where to go in each district to find out more. A similar pamphlet was also developed on adoption.³⁴ The document on foster care can be found [here](#).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

ADOPTION

The Zambian government has established adoption guidelines as part of the alternative care framework. The guidelines provide step by step guidance for the processing both domestic and intercountry adoptions. The adoptions in part domesticate the 1993 Hague Convention on Intercountry adoption. It is estimated that between 2017 to 2021, approximately 64 adoptions were processed each year. The vast majority of these are domestic adoptions. In recent years, efforts have been made to improve child adoption in the country (see Box 10).

PROMISING PRACTICE EXAMPLES AND LESSONS LEARNT

BOX 10

Promoting foster care and adoption services in Zambia

MCDSS, in partnership with the NGO Alliance for Children Everywhere (ACE), been working to increase the number of prospective adoptive parents through sensitisation meetings and training in Lusaka and Ndola Districts. In 2021 the government launched a national campaign to promote adoption as a permanent care option for children who are abandoned or whose families that have relinquished their parental responsibilities over them. The campaign, which is part of broader efforts to promote family-based care for children in need of care, will be scaled up through 2022 via communication and advocacy events.

Since 2015, ACE (then known as the Christian Alliance for Children in Zambia) in partnership with MCDSS has piloted fostering to adopt. This is temporary foster care whilst the option to adopt the child in foster care is explored or whilst the administrative processes associated with adoption are completed. This can be used to test the suitability of placements and to ensure a family-based placement whilst adoption processes are completed to minimise the use of residential care.

In relation to intercountry adoptions, MCDSS, with support from UNICEF, has developed National Standards for the Accreditation of Adoption Agencies. These standards have provided guidance for the Government of Zambia, other state parties and international adoption agencies in processing intercountry adoptions in line with the 1993 Hague Convention.

RESOURCES

Better Care Network (2016) [Report on Zambia National Consultation - Accelerating Children's Care Reform - 04-06 May, 2016](#)

Government of Zambia, Zambia Statistics Agency, Ministry of Health, University Teaching Hospital Virology Laboratory, and ICF (2020) [Zambia Demographic and Health Survey 2018](#)

Government of Zambia, Ministry of Community Development and Social Services, Department of Social Welfare (2014) [Minimum Standards of Care for Child Care Facilities](#)

Government of Zambia, MCDSS, Department of Social Welfare (July 2017) [Nationwide Assessment Report on Child Care Facilities](#)

Januario et al (2016) [Factors Related to the Placement into and Reintegration of Children from Catholic-affiliated Residential Care Facilities in Zambia.](#)

QUESTIONS?

A webinar will be held in December 2021. To register your interest and receive further details, complete this [short form](#). A recording will be made available [here](#) after this event.

GLOSSARY OF KEY TERMS

Alternative care

The formal and informal care of children outside of parental care. Children outside of parental care are children not in the overnight care of at least one of their parents, as parents are unwilling or unable to care for children.³⁵ The Guidelines for the Alternative Care of Children outline several different forms of formal and informal alternative care including kinship care, residential care and foster care.³⁶

Residential care

Care provided in any non-family-based group setting.³⁷ A distinction is often made between different forms of residential care. For example:

- *Institutional care.* Large-scale facilities where children are cared for in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities.
 - *Small group homes.* Children cared for in small groups, usually with one or two carers, in specially designed and designated facilities.³⁸
-

Family-based care

Care in a family environment. Family-based care includes kinship and foster care (see below for definitions) and care by the child's biological or adoptive parents.

Kinship care

Family-based care within the child's own extended family or with close friends of the family known to the child.³⁹

GLOSSARY OF KEY TERMS

Foster care

Foster care is a formal arrangement whereby a competent authority places children in the domestic environment of a family other than the child's own that has been selected, qualified and approved for providing such care.⁴⁰

Although global guidance only acknowledges formal foster care, in many countries the term informal or spontaneous foster care is used to describe families taking in unrelated children that are previously unknown to them.

Supervised independent living

Children and young people living alone or in groups in the community but supervised by social workers, caregivers and/or community volunteers.

Gatekeeping

"A recognised and systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs."⁴¹

Case management

Case management is a key means of ensuring that vulnerable children and families get the services they need. Case management uses standardised guidance to support social workers in identifying needs, making referrals to appropriate services, monitoring children and families, and keeping effective records.⁴²

ENDNOTES

1. <https://www.unfpa.org/data/world-population/ZM>
2. <https://www.unicef.org/zambia/children-zambia>
3. Zambia Statistics Agency, Ministry of Health, University Teaching Hospital Virology Laboratory, and ICF (2020) *Zambia Demographic and Health Survey 2018*. Lusaka, Zambia: ZSA, MOH, UTH-VL and ICF, p.13.
4. Figures from the Ministry of Community Development and Social Services (2021) Case Management Database.
5. MCDSS (2017) *Nationwide Assessment Report on Child Care Facilities*. Lusaka: Government of Zambia. <https://www.unicef.org/zambia/media/581/file/Zambia-child-care-facilities-report.pdf>
6. Data on the total number of children in foster care is currently unavailable because national level tracking takes place on the basis of annual entries only. Efforts are under way to help Government strengthen case and data management of foster care cases so that disaggregated data can be made available for analysis and planning.
7. Figures from the Ministry of Community Development and Social Services.
8. UNICEF is supporting the Ministry of Community Development and Social Services to improve the management of foster care and adoption data by transitioning to electronic CM-IMS.
9. Information taken from: MCDSS (2014) *Minimum Standards of Care of Child Care Facilities*. Lusaka: Government of Zambia; Ministry of Community Development and Social Services, Department of Social Welfare 2017; ; Better Care Network (2016) *Report on Zambia National Consultation - Accelerating Children's Care Reform – 04-06 May, 2016*. New York: BCN.
10. This programme ended in 2012, by which time minimum standards were not finalised.
11. The consortium of partners working with the Government (MCDSS) on the Children in Families Initiative include UNICEF, Save the Children, Catholic Relief Services, Catholic Medical Missions Board, Christian Alliance for Children Everywhere and the Zambia Association for Sisterhoods.
12. Catholic Relief Services, Catholic Medical Missions Board, Christian Alliance for Children Everywhere and Save the Children. In 2017 the Zambia Association of Sisterhoods became the 5th NGO member of the consortium.
13. Members of the Children in Families Technical Working Group include MCDSS, UNICEF, Save the Children, Catholic Relief Services, Catholic Medical Missions Board, Alliance for Children Everywhere and the Zambia Association of Sisterhoods.
14. MCDSS 2014.
15. MCDSS 2017.
16. <https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-system-reforms/zambia-national-consultation-accelerating-children's-care-reform-report>
17. The aim of this initiative is to operationalise the alternative care guidelines and bring on board other partners and government departments in the district, and to generate and lessons for a district-led scalable model of service provision through multisectoral case management. Initial support rendered in partnership with UNICEF Zambia and Hope and Homes for Children – Rwanda to MCDSS
18. The Children's Code Bill has progressed provisions the foster family based, however it is yet to be approved by Cabinet before it can be tabled for approval before Parliament.

ENDNOTES

19. MCDSS (2019) *National Framework for the care of children in need of care*. Lusaka: Government of Zambia, Ministry of Community Development and Social Services, Department of Social Welfare.

20. <https://bettercarenetwork.org/sites/default/files/attachments/Minimum%20Standard%20of%20Care%20for%20Child%20Care%20Facilities%20Zambia.pdf>

21. The case management guidelines are not currently accessible to the public. As of November 2021, MCDSS is in the process of updating its official website, and the intention is to upload these and other documents once it is up and running.

22. MCDSS.2017

23. As of Nov 2021, MCDSS is in the process of updating its official website, and the intention is to upload these and other documents once it is up and running.

24. From interviews with UNICEF Zambia staff

25. Somone Children's Home for children below the age of three, and Nehemia Boy's Ranch, a facility for children between eight to 17 years old.

26. Information derived from <https://www.dandc.eu/en/article/zambia-supports-integrating-orphaned-or-abandoned-children-family-settings> and <https://www.globalsistersreport.org/news/world/ministry/sisters-expand-program-places-children-families-instead-institutions>

27.

28. Januario, K., Hembling, J., Rytter Kline, A. and Roby, J. (2016) *Factors related to the placement into and reintegration of children from Catholic-affiliated residential care facilities in Zambia*, Baltimore,

MD: Catholic Relief Services.

MCDSS administrative data, 2021.

29. MCDSS 2017

30. Zambia Statistics Agency, Ministry of Health, University Teaching Hospital Virology Laboratory and ICF 2020. This survey states that 16.4 per cent of the child population lives in a household without a biological parent (p.27).

31. See, for example, Nampanya-Serpell, N. (2002) 'Global implications' in D. Joslin (ed) *Invisible caregivers: Older adults raising children in the wake of HIV/AIDS*. New York: Columbia University Press, p.278–291.

32. Reijer, D. B. J. (2013) *Grandparents as parents: Skipped-generation households coping with poverty and HIV in rural Zambia*. PhD thesis submitted 3 October 2013. Faculty of Social and Behavioural Sciences, Amsterdam Institute for Social Science Research.

33. <https://bettercarenetwork.org/sites/default/files/Zambia%20-%20Facts%20About%20Foster%20Care.pdf>

34. <https://bettercarenetwork.org/sites/default/files/Zambia%20-%20Basic%20Facts%20About%20Adoption.pdf>

35. *United Nations General Assembly (2010) Guidelines for the alternative care of children GA Res 142, UNGAOR, 64th session, supplement number 49, Vol.1 (A/64/49 2010)*, New York: United Nations.

36. Ibid.

37. Ibid.

ENDNOTES

38. Family for Every Child (2012) *Towards a family for every child. Conceptual Framework*. London: Family for Every Child.

39. UNGA 2010.

40. Ibid.

41. Better Care Network (2015) *Making decisions for the better care of children. The role of gatekeeping in strengthening family-based care and reforming alternative care systems*. New York: UNICEF and the Better Care Network.

42. UNICEF and the Global Social Service Workforce Alliance (2019) *Guidelines to strengthen the social service workforce for child protection*. New York: UNICEF.

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