



Children play during the “Lowani” or “Everyone Welcome” class at the Bauleni Special Needs School in Lusaka. Photo by John Healey for CRS

overview

CATHOLICS CARE FOR CHILDREN (CCC)

INITIAL RESEARCH FOR PROGRAM DESIGN

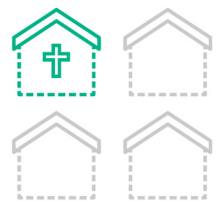
The purpose of CCC Phase I (January 2014 to September 2017) was to conduct a mixed-methods study to understand the factors affecting children’s placement in Catholic-affiliated residential care facilities (RCF) and generate reliable evidence to inform policy and programming in promoting safe and protective family or family-like care.



80-90% of children in residential care in the world have at least **one living parent**¹.

A growing body of evidence shows that **poverty, not loss of parents**, is often the primary reason for the placement of children in residential care^{2,3,4,5}.

Residential Child Care Facilities have increased in Zambia over the last few years, with the Ministry of Community Development and Social Services (MCDSS) recording 178 known child homes caring for over 8,000 children.



Approximately 20% of the known residential care facilities in Zambia are Catholic-run, **caring for 1,700+ children**.

¹ Williamson, J. & Greenberg A. (2010). Families, Not Orphanages, Better Care Network Working Paper. Available at: <http://bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023>

² The University of Nottingham (2012). Child Abandonment and its Prevention in Europe. The European Commission’s Daphne Programme. Available at: <http://www.bettercarenetwork.org/BCN/details.asp?id=30091&themeID=1001&topicID=1006>

³ Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children (2012). National Survey of Institutions for Children in Rwanda; FHI et al (2010). Op cit.

⁴ UNICEF Malawi (2011). All Children Count: A Baseline Study of Children in Institutional Care in Malawi. Lilongwe, Malawi: UNICEF Malawi

⁵ Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children (2012). Op cit.

QUICK FACTS

Funder	GHR Foundation as part of the Children in Families Initiative (CIF)
Timeframe	January 2014 – December 2018
# of Participating Facilities (Research)	39
# of Participating Communities	10
# of Research Participants	502
# of Participating Facilities	41

Given the effects of institutionalization on a child, the family, and the community, the need to respond to children without “appropriate care” continues to rise.

RESEARCH OBJECTIVES

The overall goal of the study was to gather relevant data to inform programs that would reduce the likelihood of children entering an RCF and promote the successful reintegration of children to healthy and protective family-based care, through the following objectives:

- Describe the characteristics of children living in Catholic-run RCFs and the services provided by the facility to its residents and within the community.
- Examine the facilities’ staffing and operating structures and identify the services that they provide to children and families to support reintegration and independent living for older residents.
- Explore the factors that promote alternative and family-based care in Zambia.



Girls sing and dance at the City of Hope orphanage in Lusaka. Photo by John Healey for CRS

KEY FINDINGS

Based on the facility profiles, the top five reasons a child is placed in a Catholic-affiliated residential care facility are:

- | | | | | |
|--|--|--|--|--|
| ①
 | ②
 | ③
 | ④
 | ⑤
 |
| Poverty:
Food
Insecurity | Death
of a
parent | Disability
or chronic
illness: child | Abuse,
maltreatment,
or neglect | Disability
or chronic
illness:
household
member |

PHASE II (OCTOBER 2017 -DECEMBER 2018)

CCC II is based on the findings from Phase I and engagement with stakeholders.

PROJECT GOAL

To improve the well-being of all children by providing and promoting family or family-like care and protection, as part of the CIF's broader vision.

PROJECT OBJECTIVES

- Prevent unnecessary placement of children in residential care
- Support reintegration to family or family-based alternative care
- Promote systems-level change through evidence-based advocacy
- Support better evidence and solutions through innovation

To lay out the groundwork for focused action with institutions and communities in a potential Phase III, Phase II focuses on:



Building
capacity of
partners



Engaging key
actors in advocacy
initiatives



Implementing
essential
training

PHASE III

In a potential follow-up phase, the project will strategically implement an integrated approach to promote family-based care for children, including gatekeeping activities that strengthen systems around prevention of child placement into facilities and activities that respond to children separated from their families.

Poverty is a major driver of child placement into facilities. Therefore, the project will leverage greater collaboration with community actors that support development programs to promote livelihood for families and children separated or at risk of separation.

CRS and its partners thank the GHR Foundation for their generous support with this research and look forward to continued partnership efforts to strengthen family-based care in Zambia.

