

**Zambia National Consultation
- Accelerating Children's Care Reform -
04th-06th May, 2016**

Report back



**Zambia National Consultation
Accelerating the national children's care reform process 4th-6th MAY 2016
Radisson Blu Hotel, Lusaka**

WITH SUPPORT FROM



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Table of Contents

Acronyms	4
Executive summary	5
Introduction	10
1. Workshop report back	13
1.1 Day One: Summary of presentations and discussions	13
1.2 Day One: Group work – Programme learning and recommendations to accelerate child care reform	19
1.3 Day One: Summary of afternoon presentations and discussions	20
1.4 Day One: Group work - Reflections and recommendations on mechanisms which facilitate accelerated care reform	22
1.5. Day Two: The role of the social services workforce in child care reform - Summary of presentations and discussions	25
1.6. Day Two: Group work - Planning, developing and supporting the workforce	29
1.7 Day Three: Advocacy and moving forward with priorities - Summary of presentations and discussions	34
1.8 Day Three: group work - Strengthening advocacy	36
1.9 Closing session – setting priorities and agreeing actions	37
2. Call to Action	39
3. Conclusions and report recommendations	40
List of tables and annexures	48
Tables:	48
Table 1 – Group work Day 1	48
Table 2 – Group work Day 2	53
Table 3 – Group work Day 3	58
Table 4 – Expressions of Interest Day 3	60
Annexures:	65
Annexure 1 – Agenda	65
Annexure 2 - List of participants	67
Annexure 3 - Relevant resources available on the Better Care Network Site	69
Annexure 4 – Scenes from the consultation, Lusaka	73

Acronyms

ACC	Area Coordinating Committee
ACRWC	African Charter on the Rights and Welfare of the Child
BCN	Better Care Network
BQCC	Basic Qualification for Child Care
CCI	Child Care Institution
CCUP	Child Care Upgrading Programme
CDA	Community Development Assistant
CiF	Children in Families
CMMB	Catholic Medical Mission Board
CPD	Continuous Professional Development
CRS	Catholic Relief Services
CWAC	Community Welfare Assistance Committee
CWD	Children with Disabilities
DHS	Demographic and Health Survey
DNRPC	Department of National Registration, Passport and Citizenship
DWAC	District Welfare Assistance Committee
FICE	International Federation of Educative Communities
GBV	Gender-Based Violence
GRZ	Government of the Republic of Zambia
GSSWA	Global Social Service Workforce Alliance
HEI	Higher Education Institution
HR	Human Resources
IMS	Information Management System
INGO	International non-governmental organisation
JCM	Jesus Cares Ministries
M&E	Monitoring and Evaluation
MCDSW	Ministry of Community Development and Social Welfare
MEAL	Monitoring, Evaluation, Accountability and Learning
MOE	Ministry of Education
MYSCD	Ministry of Youth, Sport and Child Development
NCCC	National Coordinating Committee for Children
NGO	Non-governmental organisation
NHC	Neighbourhood Health Committee
NIPA	National Institute of Public Administration
NPA	National Plan of Action
OVC	Orphan and Vulnerable Children
PSMD	Public Services Management Division
PSWO	Provincial Social Welfare Officer
SAG	Sector Advisory Group
SCI	Save the Children International
SSW	Social Services Workforce
SWAZ	Social Work Association of Zambia
TEVETA	Technical Education, Vocational and Entrepreneurship Training Authority
UNCRC	United Nations Convention on the Rights of the Child
UNZA	University of Zambia
USAID	United States Agency for International Development
VAC	Violence Against Children
ZACCW	Zambia Association of Child Care Workers
ZAPD	Zambia Agency for Persons with Disabilities
ZARD	Zambia Association for Research and Development

Executive summary

In May, 2016, 77 diverse children's care stakeholders from government ministries, UN agencies, civil society, donors, academia and the media came together in Lusaka over three days to take part in a national consultation to accelerate the national child care reform process in Zambia. The consultation was led by the Ministry for Community Development and Social Welfare (MCDSW) and supported by the Better Care Network (BCN), Save the Children International (SCI) in Zambia, the Global Social Service Workforce Alliance (GSSWA), the GHR Foundation and multiple in-country governmental and non-governmental partners.

The purpose of the consultation was to identify key issues and recommendations towards an accelerated care reform process in Zambia. Specifically the meeting sought to identify challenges and gaps which may be hindering the care reform process and to identify priority actions and next steps. These were addressed through the following focus areas:

- evidence building and sharing;
- capacity strengthening and;
- advocacy related to family strengthening and alternative care.

This workshop also integrated a strong focus on the social service workforce (SSW) in acknowledgement that it is a critical element of child care reform.

Over the course of three days participants were exposed to examples of Zambian and other country initiatives and learning around child care and family strengthening, whilst also taking part in a number of group activities where key issues were highlighted and discussed. The consultation ended with a [Call to Action](#) by the Zambia Government through the Ministry of Community Development and Social Welfare for a more coordinated and accelerated effort to strengthen families and care for children.

The information and input collected at the consultation provided valuable insights on what should be considered or prioritised in order to develop an effective strategy for accelerated care reform in Zambia.

General conclusions

Importantly, there was a clear sense from the meeting that the focus for care reform has now shifted to the prevention of separation of children from their families and away from a reliance on institutions. This is a positive development and shows that Zambia has identified where it is heading in the context of its care reform process, and that it is in a favourable position to shift its policy, programming and legislation in this direction.

In terms of how this goal might be achieved, there were a number of key issues or approaches which clearly emerged. This included, evidence of a deepening commitment to including children and families living with disabilities into child protection systems and alternative care strategies, as well as a commitment to supporting more strongly evidence-driven strategies to strengthen families, for instance through social protection policies, and especially social cash transfers.

Additionally there was a clear call at the consultation to improve coordination - both horizontally and vertically - between the different government ministries and the non-

government sector, and to move away from siloed programmes which do not coordinate with or complement existing policies and programmes. The need for a shared and realistic vision and strategy around child care reform was abundantly evident.

Finally, the need to direct more financial resources towards initiatives that benefit children - especially at the community, area and district levels where most of the implementation takes place - was also highlighted. This includes the need to strengthen many aspects of the SSW but especially in relation to recruiting, training and accrediting the SSW to be able to support children and families, as well increasing actual numbers of workers.

Conclusions and specific recommendations are given around the three main focus areas.

Evidence building and sharing – conclusions and report recommendations

Taking into account existing efforts to collect evidence and learning, there was a strong sense from most stakeholders that there is still an urgent need to improve how primary data, information and other evidence and learning is collected and shared. Collectively, stakeholders indicated that the evidence base is weak in a number of specific ways and that where there is information, it is either hard to access or is not incorporated into policy and programme.

- A well-capacitated national interagency coordination mechanism for Alternative Care, under the National Coordinating Committee for Children (NCCC), which could be chaired by MCDSW, needs to be put in place, with part of its mandate being to develop a strategy for evidence building and sharing.
- Undertake a review of the status and usage of existing mechanisms, structures and other strategies which are currently in place in Zambia to collect primary data, evidence and learning, and seek to build on those which are effective and/or have potential to be integrated into a strengthened evidence building and sharing strategy¹.
- Undertake further discussion regarding the feasibility of centralised electronic information sharing platforms or databases and what these would look like – they should seek to include easy access for all stakeholders to quality evidence, data, information and analysis of initiatives and programmes targeting children. This should also include identifying potential partners which could manage the information platform or database (e.g. the Zambian Government’s Central Statistical Office, academic partners, such as universities, or partners which specialise in knowledge management).
- Within a strategic plan, consider directing more human and financial resources for ongoing research on some of the key focus areas mentioned above, including children and families living with disabilities.

¹ The mapping of the children’s care landscape which is currently being undertaken, with envisioned end date early 2017, and which includes a review of relevant legal and policy frameworks, programmes, research and evidence gathering, will contribute to an enhanced understanding in this regard.

- Ensure that the evidence building and learning strategy incorporates elements which will ensure the uptake of learning and incorporation of learning into revised or new policy and programming. This might include annual learning meetings, partnerships with academic and training institutions, including those training the SSW, and clearly linking evidence building and sharing to a capacity building and advocacy agenda.

Capacity strengthening – conclusions and report recommendations

The consultation also considered capacity building aspects in relation to care reform with a specific focus on the role of the various SSW cadres, who are considered a key element of quality provision of child care.

During discussions regarding building the evidence, it was made clear that the capacity of both government and non-governmental organisations, including at the grassroots level, could be built to collect more, and improved, data and evidence around child care. There was also a sense from the meeting that capacity could be further built to ensure that data and evidence can be analysed and shared in a way that is more useful to stakeholders and will increase the uptake of evidence and learning, and its incorporation into national policies and programmes.

It was not altogether clear from the consultation how stakeholders' capacity for advocacy could be strengthened beyond first needing to come together around the table to develop a common vision, perhaps through a sub-working group of the Alternative Care Technical Working Group under the National Coordinating Committee for Children (NCCC), which can develop a common advocacy agenda and strategy with agreed roles and activities. The strategy should also identify areas where capacity strengthening is required and how this will be achieved.

More specifically around the SSW, the consultation identified and discussed many areas where the workforce could be strengthened. The key priorities which emerged were the need to: increase staff numbers within the child care system; ensure minimum standards for workforce training and competencies, define more clearly the roles and responsibilities as well as the core competencies of a social worker or social welfare worker, including clarifying the required skills sets in relation to the 2015 National Child Policy and the 2014 Social Protection Policy; establish an appropriate process to accredit the workforce and; strengthen referral systems.

Key recommendations included:

- A national level Technical Working Group on SSW, based on the existing “Guiding Coalition for the SSW” must be formally implemented to spearhead the planning, development and support of the workforce². A core responsibility of the Technical Working Group on SSW could be to develop a national competence framework and occupational standards for SSW within the child care system. This will guide the training, recruitment and deployment of SSW at different levels.

² A Guiding Coalition for the SSW was supported by USAID/Save the Children's Zambia Rising programme. The proposal is to transform this into the SSW TWG under the NCCC. During the last NCCC meeting (November 2016) this was endorsed. The process for transitioning now needs to take place.

- Ensure that any commonly agreed learning and advocacy strategies consider the capacity implications and incorporate plans and actions which can strengthen capacity where needed.
- Develop a SSW strengthening strategy and action plan³. It will be necessary to clearly define the credentials of a SSW, recognise and make use of the diverse cadres of social service workers and adopt an inclusive approach to SSW strengthening that takes into account the needs of the various cadres in the child care system. This should also extend to a strategy which links to other child protection processes and programmes around family strengthening including capitalising on other CSO human resource capacities which target children and families.
- The Government of Zambia, working in collaboration with development partners, NGOs and academic institutions needs to develop a national training curriculum on child protection, including child care, and to systematically launch this training curriculum alongside existing social service-related programmes. This could include, for example, a practice-oriented professional certificate for existing SSW workers; in-service training programmes; and diploma, degree and masters levels training.
- The government should support and fast track the establishment of an accreditation and registration council for social work and other social service related training programmes. This will require supporting the Social Workers' Association of Zambia to establish a social work council as a legal entity that plays diverse roles in supporting discipline-related accreditation; the certification of social workers and social service workers; the development and enforcement of ethical standards; and spearheading continuous professional development for SSW social workers.
- The Government of Zambia needs to work towards systematically and regularly updating data on the SSW within government and NGOs and using this data to inform concrete HR projections for the SSW within the child protection system, which would include child care.

Strengthening advocacy – conclusions and report recommendations

Input gathered at the consultation considered advocacy issues related to: policy and programming change; changing beliefs, attitudes and perceptions and; accessing services in the community, specifically around the social service workforce.

The lack of a common advocacy agenda and strategy, as well as the need for better coordination, were highlighted as obstacles to effective advocacy for key changes. Linked to this, advocacy which aims to change policy and programming was considered additionally challenging because there is a lack of robust evidence which can be used to drive messages calling for change. There was also the sense that despite strong support from key ministries, advocacy efforts might also need to seek increased political

³ There is a Draft Implementation Plan for Strengthening the SSW which the Government of Zambia developed with the support of Save the Children's Zambia Rising programme. This now needs to be updated to include any areas, not already included in the Plan, which were recommended during this National Consultation for Child Care Reform.

commitment at the very highest level to ensure that more resources are directed to children and child care.

There was also much focus on the role of the community in supporting care reform, with the consultation acknowledging that community attitudes, knowledge and practices play a significant role in successful care reform, but exactly how this should be addressed was unclear from the consultation. Thinking about change at the community level during the meeting appeared to be somewhat conflicted and unresolved - whilst indigenous and/or informal practices and knowledge residing at the community level were acknowledged, at the same time others implied that communities needed to change attitudes, knowledge and practices. This suggests that more efforts need to be directed at understanding community (“informal”) child protection and care practices and how communities’ practices do or don’t link with formal child protection and care systems.

Key recommendations included:

- A Technical Working Group for Alternative Care under the NCCC⁴, needs to be put in place and/or strengthened, with part of its mandate to develop a common advocacy strategy. The strategy could address the different areas where change is desirable and who should be targeted, identify any opportunities and priorities, develop messages driven by existing and emerging evidence, and identify a timeline;
- Any advocacy strategy should be developed and implemented by different agencies in a coordinated and strategic manner, bringing the various comparative advantages into play;
- Specific advocacy needs to be undertaken on behalf of especially vulnerable groups of children such as those living with disabilities or with HIV;
- Traditional leaders, religious leaders, children in or out of care, and other key community members need to be consulted and included in advocacy planning and implementation in order to ensure that community messaging and campaigns are more effective. This also includes learning more about local and traditional knowledge and informal child protection and child care systems and how they do or don’t link to formal systems. Where systems do not align, there could be a stronger focus on working with communities to identify alternative, innovative, bottom-up approaches and evidence-based approaches, with less emphasis on standard awareness, sensitisation or behaviour change campaigns.

⁴ The NCCC is led by Ministry of Youth, Sport and Child Development. A Technical Working Group on Alternative Care could be created led by the MCDSW with cooperating partners, line ministries, NGOs and CBOs.

Introduction

In May, 2016, 77 diverse children's care stakeholders came together in Lusaka over three days to take part in a national consultation to accelerate the national care reform process in Zambia. The consultation was led by the Ministry for Community Development and Social Welfare (MCDSW) and supported by the Better Care Network (BCN), Save the Children International (SCI) in Zambia (through Save the Children's programme *Zambia Rising*), the Global Social Service Workforce Alliance (GSSWA), the GHR Foundation and multiple in-country governmental and non-governmental partners.

The purpose of the consultation was to identify key issues and recommendations in order to accelerate the child care reform ("care reform") process in Zambia. Specifically the meeting sought to identify challenges and gaps which may be hindering the care reform process, and to identify priority actions and next steps. These were addressed by focusing on the following key areas:

- evidence building and sharing;
- capacity strengthening, and;
- advocacy related to family strengthening and alternative care.

Additionally, this consultation also included a specific focus on the social service workforce (SSW), which is a critical element of care reform, and in acknowledgement of efforts currently being made in Zambia to strengthen this area of work. The SSW component was the main focus of Day Two, and the role of the SSW in facilitating and sustaining the care reform agenda was highlighted. Presentations on Day Two focused on planning, developing and supporting the SSW. Participants were also consulted on the strengths, weaknesses and opportunities for building up the capacity of the SSW within the Zambia national context. Global perspectives on workforce strengthening were also shared as well as the opportunities which exist for networking and mutual support through global, regional and national associations.

More generally, the consultation forms an important part of a facilitative process which can help inform the longer process of developing and finalising a national care reform strategy. The outputs of the consultation meeting are documented in this report and will be shared widely with a view to contributing to the development and finalisation of a Zambia National Implementation Plan for Child Care ("the Plan").

The workshop was attended by representatives from government ministries, civil society, faith-based organisations, UN agencies, donors, academia and the media. The meeting was structured to allow for presentations and also group discussions, with the goal of identifying priorities from stakeholders.

Background to the consultation

Better Care Network's support for national consultations in the region

Since 2013, BCN has been facilitating regional and country consultations around care reform in the Eastern and Southern Africa region. The BCN Regional initiative organised a regional consultation in August 2014 in Nairobi, Kenya, followed by two national consultations in BCN priority countries, Rwanda and Uganda. These participatory and interactive processes brought together national and international actors involved in

strengthening and reforming child care systems at the country level, including government, policymakers, practitioners, international and national NGOs and UN agencies, community- and faith-based organisations, and academia.

The Global Social Service Workforce Alliance (“the Alliance”) - BCN collaboration on care reform

In 2015, the Alliance and the Better Care Network developed a [working paper](#) “*The role of social service workforce development in care reform*” that explores the topic of social service workforce strengthening as it relates to child care reform. Its purpose is to provide a resource for reform efforts and a practical and accessible overview for use by policy-makers, practitioners, and service providers in contexts that are considering the implications of care reforms for their social service workforce, or which are already engaged in a process and are searching for strategies to align and increase the effectiveness of the workforce. The paper illustrates key issues by drawing on the experiences of Indonesia, Moldova, and Rwanda, three countries in the process of care reform.

Care reform in Zambia

Momentum for child care reform in Zambia is at an all-time high, with important initiatives by the Government of Zambia including the implementation of the newly-adopted National Child Policy (2015) which refers to child care as a part of the overall child protection system. There is political commitment and leadership to accelerate the care reform process that began in 2001 with the launch of the Child Care Upgrading Program with support from UNICEF. National Minimum Standards of Care for Child Care Facilities have also been developed and adopted, and were launched in July 2014. Currently, Alternative Care Guidelines, including the Foster Care guidelines, Adoption Guidelines and Family Tracing and Reintegration guidelines are currently being finalised.⁵

Key partner initiatives include the GHR *Children in Families* initiative which enables national and international stakeholders to collaborate to accelerate the care reform process. Under the leadership of the MCDSW, a technical working group for the *Children in Families* initiative meets on a monthly basis to coordinate efforts. Among the stakeholders supporting the MCDSW to push this initiative forward, are UNICEF, Save the Children (through the *Zambia Rising* programme), CMMB, Bethany Christian Services Global and the Catholic Relief Services. Focus areas for the collaboration include, strengthening the social services workforce capacities and inter-governmental coordination to implement the Plan, as well as strengthening national capacities to measure the Plan’s achievements.

In June, 2015, BCN and GHR also undertook a preliminary consultation visit to Zambia, where the need for a common framework on care reform was highlighted by Zambian stakeholders. In addition, BCN has held further consultations with a number of stakeholders, including USAID, the Save the Children teams, the UNICEF Zambia country

⁵ At the time of writing – November 2016.

office and the MCDSW. All welcomed the idea of a national consultation at this critical stage of the Zambia child care reform process.

A window of opportunity to accelerate efforts

Currently, there is significant international partner support for care related programmes and strategies in Zambia, and therefore a need to ensure that this is undertaken in a coordinated and strategic manner, with a common understanding and vision which also aligns with broader child protection systems strategies and frameworks.

The current Zambian context, therefore, presents a unique opportunity to support the development of an accelerated and coordinated strategy for child care reform in Zambia - one which builds on existing efforts, and also reinforces the focus on the prevention of unnecessary family separation.

1. Workshop report back

1.1 Day One - Opening session: summary of presentations and discussions

Opening speeches and presentations	
Launch of the National Consultation	The Honourable Minister of Community Development and Social Welfare – Honorable Emerine Kabanshi, Member of Parliament
Welcome Remarks	Permanent Secretary, Ministry of Community Development and Social Welfare (MCDSW)
Presentation on Global Perspectives on child care reform	Better Care Network (BCN)
Key Note Presentation: Overview of child care reform in Zambia Welfare – key frameworks, programmes, achievements and plans.	Director, Department of Social Welfare

The Honourable Minister of Community Development and Social Welfare – Honorable Emerine Kabanshi, Member of Parliament, welcomed delegates and officially launched the national consultation.

Welcome Remarks - Permanent Secretary, Dr Davy Chikamata, Ministry of Community Development and Social Welfare (MCDSW)

The Permanent Secretary (PS) emphasised Zambia’s commitment to implementing legislative, policy and administrative measures for the protection and promotion of the rights of the child. He highlighted a number of social protection programmes including public welfare assistance and social cash transfer schemes, school feeding programmes, education bursaries, as well as skills training. The multi-sectoral nature of social protection was also acknowledged as was the need to coordinate across various sectors.

The PS acknowledged the link between poverty and children entering institutional care and the need to accelerate efforts to further develop evidence, capacity and strategies to strengthen families and reform child care in Zambia. The role of different partners and stakeholders in this process was highlighted.

Presentation on Global Perspectives on child care reform⁶- Florence Martin, Director, Better Care Network (BCN)

Better Care Network is a global interagency network of organisations which focus on children without adequate family care. BCN:

- Facilitates active information exchange and collaboration on the issue of children without adequate family care;
- Advocates for technically sound policy and programmatic action on global, regional and national levels;

⁶ Slides 1-21

- Is guided by the UN Convention on the Rights of the Child (UNCRC) and the *Guidelines for the Alternative Care of Children* (2009).

The presentation highlighted a few key initiatives implemented in the region by BCN - which focus on convening, facilitating and advocating - including:

- BCN Eastern and Southern Africa Regional Initiative and Regional/National Consultations (Rwanda, Uganda, Zambia);
- *Care To Practice* (C2P): an online community of practice for Eastern and Southern Africa practitioners;
- *Better Volunteering, Better Care* Initiative (co-facilitator with SCI), an online initiative which works to promote ethical volunteering to support children and families.

Globally there are care reforms being undertaken in virtually all countries, for the most part based on the ever-growing body of research demonstrating the critical importance of family environments in a child's development. Key to the reform is the UN Convention on the Rights of the Child and the *Guidelines on Alternative Care of Children*. This has led to an increased focus on strengthening families to be able to care for children and a move away from residential models of care.

The BCN presentation aimed to highlight learning from the African region and other regions. It noted the need for a robust legal and policy framework to support care reforms and the need for evidence to inform strong policy and advocacy, as well as highlighting an increased focus on prevention and support to families, with especial emphasis on identifying and supporting endogenous care practices.

BCN also emphasised the need to be realistic in terms of the timeline required to achieve substantive care reform, and that strategies need to be feasible and speak to the broader child protection system, working across ministries and sectors. In particular there is a need to understand which challenges and barriers exist in relation to care reform in each context, as well as the need to build up a skilled social services and general workforce.

Key Note Presentation - *Overview of child care reform in Zambia Welfare – Key frameworks, programmes, achievements and plans: Director of Social Welfare, Department of Social Welfare, Ministry of Community Development and Social Welfare*

The Director of Social Welfare provided an overview of the progress made so far in care reform in Zambia, highlighting some key achievements as well as gaps and challenges. The presentation also emphasised the need to approach care reform as part of efforts to strengthen families, and to align with the broader child protection system and social protection frameworks.

The presentation noted some of the most recent key policies, guidelines, minimum standards⁷ and structures which have been developed to support care reform in Zambia. Some key programmes were also mentioned including the *Children in Families* initiative which brings key stakeholders and Government around the table in order to strengthen

⁷ Notably the Minimum Standards of Care for Child Care Facilities (2014)

coordination, evidence and responses for child care, with an emphasis on supporting and strengthening prevention strategies, such as avoiding family separation.

Highlighted strengths include: Zambia’s UNCRC signing in 1990 and ratification in 1991; Commitment from MCDSW and Ministry of Youth, Sport and Child Development (MYSCD) to accelerate a care reform; support from cooperating partners including UNICEF, USAID, GHR and Save the Children; and evidence driven programming.

Highlighted challenges include: an increase in poverty and an accompanying increased risk of child separation; the “silosation” of different child and family focused programmes; a lack of awareness regarding care reform and the continued desire to give “alms” or charity as a primary response; and a resistance to the reintegration of separated children back into families and communities.

The Director outlined the plans in place to address current challenges and gaps which include: supporting a fostering programme, which will include children who are migrants; building up the evidence base; building national capacity to support the Minimum Standards of Care for Child Care Facilities and the reintegration of children into families and communities; the finalisation of a National Alternative Care Framework; continued partnership building and awareness raising; and strengthened engagement with those running Child Care Facilities.

Session 1 – Chair: Chief Child Development Officer, Ministry of Youth, Sport and Child Development Panel Session - Key children’s care programmes in Zambia	
Presentation 1 Demographics in relation to children – Zambia perspective	Central Statistical Office and Better Care Network
Presentation 2 Conceptualisation of Child Care Reform	UNICEF
Presentation 3 Children in Families Initiative and building an integrated Monitoring and Evaluation (M&E) Framework	GHR Foundation

Demographics in relation to children (part 1) – the Zambia perspective, [Central Statistical Office](#)

The Central Statistical Office presented a demographic profile of children ages 0-17 in Zambia. There are an estimated 8,405,792 children in Zambia, representing 53% of the total population, with a slight majority living in rural areas.

Living arrangements: Most children (60.1%) live with both parents, but just under 40% of children are living with one parent. Some 16.7% of this group of children live with another carer. Just over 11% of these children are single or double orphans.

Civil registration: The statistics tell us that only 17.1% of children have a birth certificate.

Health: 3.6% of 15-17 year olds are living with HIV; 28% of 15-19 year old girls are mothers or pregnant, with the incidence rising with every year between the ages of 15-19. The North Western province reports the highest incidence of teenage pregnancy and the Copperbelt province, the lowest incidence.

Education: Children who are double orphans are less likely to be attending school.

Protection: 8.2% of girls aged 15-19 report sexual violence.

Demographics in relation to children (part 2) – the Zambia perspective, [Better Care Network](#)⁸

Better Care Network then followed on to share what is known about child care and living arrangements based on the 2013-2014 Demographic and Health Survey (DHS) report for Zambia. In terms of living arrangements, the DHS echoes the statistics presented by the Central Statistical Office but also provides a breakdown by province and by age group. What we learn is that in the East Africa regional context, Zambia has one of the highest rates of children living with neither biological parent (15% for children ages 0-14). However, Zimbabwe and Malawi have yet higher rates of 24% and 17% respectively.

To note, DHS reports a high rate of children living with neither biological parents in Zambia - 15% for children ages 0-14. Some 98% of children (0-17) who are not living with their biological parents do live in related care (also called “kinship care”).

There are also large variations in living arrangements according to age group, wealth quintile, rural-urban, and regional background characteristics, whilst there are only slight variations according to gender.

The Western province can be considered an outlier in the country, as rates of children living with only one parent (but with the other parent also still alive) are nearly double the rates found in other regions of Zambia.

BCN noted that a better understanding of the reasons behind these findings and variations is still required and that this has important implications for national care reform policies and strategies.

Conceptualising child care reform – UNICEF

UNICEF gave a presentation on how care reform needs to be understood and undertaken within the broader child protection system strengthening process (see figure 1 below). The presentation described forms of informal and formal care and what is understood by alternative care. It also highlighted how care reform policies, strategies and programmes need to take into account their multi-sectoral nature and be aligned to a strong child protection system. This includes the need to agree on a vision for the whole child protection system, and the roles of different stakeholders.

The need to look at prevention of separation strategies for children and their families was also emphasised as well as the need to address reasons such as household economic shocks and violence, common reasons why children end up in institutions.

The presentation also highlighted how the SSW plays a key role in a full and functional child protection system, noting that the particular focus of the child protection system must inform the SSW’s mandate and how it should fulfil its role. In the context of Zambia, primary focus is on ensuring more children grow up in families, therefore prevention of

⁸ from slide 22

separation and support to families to be able to care and keep caring for their children should become a key aspect of the SSW in relation to child care.

The presentation went on to outline what constitutes care reform. Care reform is seen as the re-phrasing of the objective or goal of the care system and subsequently the revision or development of accompanying policies, laws, guidelines, services, mandates and the monitoring of care provided to children.

It was also noted that the process, including SSW strengthening, should be led by the Ministry of Community Development and Social Welfare.

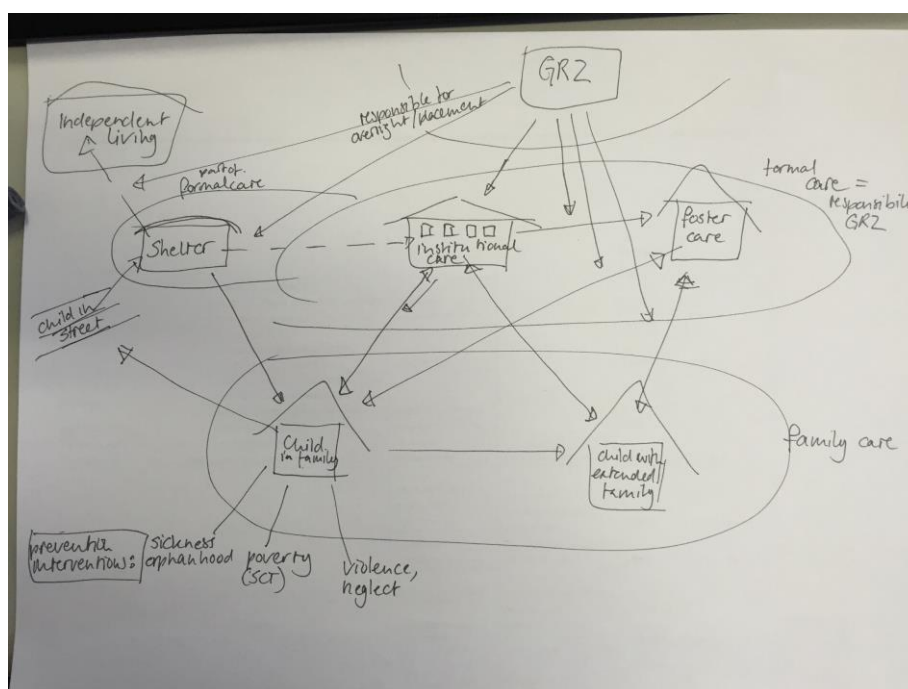


Figure 1. Child care and the child protection system, UNICEF

Children in Families Initiative and building an integrated M&E Framework - GHR Foundation

GHR presented the Theory of Change model which is being used for the *Children in Families Initiative* globally, noting that this is designed to transform interventions and support systems to protect and nurture children within a family unit.

This approach is intended to be achieved through developing models of family strengthening and children’s alternative care which is evidence-driven and demonstrates promising practice. The approach requires a collaboration between Government and Civil Society at various levels.

GHR seeks to support the development of a comprehensive care system that is multi-pronged. To this end, *Children in Families Initiative* works with different agencies which can address the different aspects of a care system with a view to generating a collective and coordinated impact.

The presentation highlighted what are considered to be the conditions for collective success and went into more detail on how a shared measurement system is approached within this programme.

Summary of discussions

In relation to demographics:

Counting heads of household - local definitions and contexts: There was detailed discussion as to how the head of a household is identified and how this is reflected in statistics, noting that in Zambia this becomes complex if the household is polygamous or if the male household member or father is living away from the home for work, for instance in a farm compound or in another country. The Central Statistical Office responded that in some parts of Zambia, particular age groups are more likely to migrate because of work, and that recent migration over the last 12 months **has** been captured by the statistics and that further analysis can now be undertaken using this available new data.

Additionally, questions were raised as to how statistics were disaggregated to reflect rural and urban settings. The distinction between the two was discussed and it was acknowledged that this was a challenge, with official definitions differing at times from the realities of actual contexts.

In relation to the number of children in residential care: As shared by the Department of Social Welfare (MCDSW), there were about 8,000 children living in institutional care. It was noted that the institutional data which is collected currently has many limitations. For instance, the methodology of the design of the form used to collect data has been challenging, but that the next census will help clarify some statistical information.⁹

Regarding the prevention of the separation of children from families and children living in institutions: It was noted that stakeholders should be focused on providing knowledge and skills to help keep families together, which includes, but also goes beyond legislation and social protection strategies.

Regarding children with disabilities and those living or working on the street: Questions were asked around the number of children living with a disability in institutional care, noting that perhaps they are more likely to be living in an institution but that stakeholders do not have the data yet. Additionally, questions were raised around children living or working on the street, including: the number of children and how they can best be supported in terms of care. It was acknowledged that this group of children are challenging to care for as they often struggle to adjust to structured home environments.

Linking to other sectors: The need to link child care reform to other sectors, especially education, was also noted.

⁹ The official record of the number of children living in institutional care will also most likely change once findings are completed from the forthcoming Nationwide Assessment of Child Care Facilities led by the MCDSW with the support from UNICEF and GHR Foundation under the CIF Initiative. At the time of the meeting the Ministry was in the process of undertaking the nationwide assessment of child care facilities. This study was still forthcoming at the time of writing (Nov 2016).

1.2 Group work – Programme learning and recommendations to accelerate child care reform

In this group work session six “cafés” were set up where key questions around programme learning and evidence were discussed. The purpose of the exercise was to gather a wide range of opinions and ideas in order to identify any key areas of concern, focus and consensus among stakeholders.

Questions discussed in the cafés:

- 1) What is the state of the evidence on child care in Zambia? What do we know and where are the gaps?
- 2) How do we gather strong evidence and data to guide policy, advocacy and programming related to family strengthening and alternative care?
- 3) How is evidence shared and used or policy and programming? What is working and where could we improve?
- 4) Do you know of any other projects, programmes and documentation which could add to our evidence base? Where is this information held (person/organisation/database)?
- 5) What are the resource implications for evidence generation and sharing?
- 6) What are the capacity implications (beyond financial resources) for evidence generation and sharing?

During discussions, this group work highlighted several focus areas where there seemed to be consensus. Across all the cafés **the general need to improve how a whole range of primary data, information and learning relating to family strengthening and care is collected, disseminated and used in programming for child care was a major concern**, with stakeholders agreeing that there were not always appropriate systems in place or that existing structures are not adequately sharing information and data. Additionally, the activity highlighted that many organisations appeared to be working in silos without a significant coordinated, strategic and transparent efforts to share information.

The discussions highlighted that a more strategic, coordinated and strengthened capacity to collect and share data would support efforts to improve programming and policy. There was much support for the creation of a shared database (although the exact data that it would hold, and its primary audience, was not specified) which is easily accessible by stakeholders, but it was also acknowledged that the capacity to collect and manage data, information and learning also needed to be supported at various levels. This includes investing more in research, evidence collection and learning. There were also suggestions around the need to support training for stakeholders (for instance programme and project implementers) to collect better quality data and evidence, and develop learning.

In terms of the kinds of data which could be collected, suggestions included conducting research at community level, using quantitative and qualitative household data which is collected by project implementers, mining existing data sets, increased analyses, and the packaging of data and information so that implications are more evident, and also more likely to be incorporated into policy and programmes. The failure to use the existing information which is gathered to inform policy and programming was noted.

Particular areas highlighted where more learning was required were: children with disabilities, including those in institutions with mental disabilities.

The responses are listed in full in **Table 1**.

1.3 Day One – Summary of afternoon presentations and discussions

Session 2) Chair – UNICEF, Panel Session: Strengthening the environment for accelerated children’s care reform	
Presentation 1 Legal framework and legislative provisions for child care reform	Mr Andrew B. Mukuwa, Zambia Law Development Commission
Presentation 2 Policy framework and coordination of efforts on child care reform	Nicholas Banda, Chief Child Development Officer, Department of Child Development, MYSCD
Presentation 3 Social protection as a component of child care reform in Zambia	Irene K. Munga, Chief Social Welfare Officer, Department of Social Welfare, MCDSW

[Legal framework and legislative provisions for child care reform](#) - Zambia Law Development Commission

This presentation provided an overview of the current legislative framework in place in relation to supporting child care, and it also outlined the function of the Zambia Law Development Commission, whose primary mandate is law reform. With reference to the UNCRC and the African Charter on the Rights and Welfare of the Child (ACRWC) the following legislation was highlighted:

- the Amendment Constitution which defines a child as a person who has attained the age of 18 years or below;
- and that young persons are protected from exploitation under the Bill of Rights.

Current legislation and judiciary structures specifically protecting children:

- Penal Code - exploitation and related vices - which is a partial domestication of the UNCRC;
- Anti-Gender-Based Violence (GBV) Act and the “Anti-GBV Fast Track” courts.

The presentation also gave an overview of potential and pending legislation which includes:

- The Children’s Code Bill - which is an attempt to bring all legislation relating to children under one legislative framework, and is a more comprehensive domestication of the UNCRC, however the presenter noted that it has been slow to pass into Law;
- Proposed amendments to the Immigration and Deportation Act and to the Anti-Human Trafficking Act. This is intended to provide enhanced protection for children on the move and had recently been completed, They were planned to be handed to the Ministry of Home Affairs in May/June 2016.¹⁰

¹⁰ At the time of writing, November 2016, it was not clear if this has yet been the case.

- Finalisation of the Amendments to the Intestate Succession Act was revived – the objective is to enhance protection of women (spouses) and children where a spouse/father dies intestate;
- Initial efforts have been made on legal reform aimed at ending child marriage.

[Policy framework and coordination of efforts on child care reform](#) - Department of Child Development, Ministry of Youth, Sport and Child Development (MYSCD)

This presentation provided an overview of the 2015 National Child Policy of Zambia. The implementation of the policy is led by the Ministry of Youth, Sport and Child Development.

The policy is based upon four pillars of the UN Convention on the Rights of the Child:

Survival - to coordinate and manage multi-sectoral child welfare and development programmes in order to ensure child survival;

Development - to coordinate and manage the formulation and implementation of multi-sectoral child welfare and development programmes in order to facilitate attainment of their full potential in the enjoyment of life;

Protection (and rights) - to ensure that children's rights to protection are enforced in order to safeguard and uphold their well-being;

Participation - to coordinate and facilitate the participation of children in national programmes in order to enhance child development programmes.

The National Child Policy (2015) also addresses issues such as child trafficking, child marriage, climate change and regional and international treaties. The policy also includes a set of guiding principles and a monitoring and evaluation plan.

The MYSCD presented its role in the National Child Policy, highlighting: coordination of all child welfare and child development implementation programmes and other child related matters; coordination of the development of the National Plan of Action for Children (NPA) and M&E framework for the National Child Policy; strengthening coordination with stakeholders involved in child welfare and child development programmes; building capacity of child service providers; ensuring that cross cutting issues are effectively integrated in the implementation of the policy; and conducting M&E of the implementation of national child policies, plans and guidelines.

Additionally the MYSCD presented on its achievements so far to include legislative review, increased school enrolments, increased numbers of children immunised, and strengthened child protection systems. Challenges have been identified as ineffective coordination, a weak monitoring and evaluation framework and insufficient budget allocation.

[Social protection as a component of child care reform in Zambia](#) - Department of Social Welfare, Ministry of Community Development and Social Welfare

This presentation discussed the National Social Protection Policy. It started by highlighting how social protection programming has not historically been implemented in a coherent and harmonised manner in Zambia, which has resulted in fragmented efforts to reach children and families, including especially vulnerable groups. This has also led to difficulties in measuring the impact of social protection programmes.

The presentation reminded participants that regional and global evidence has shown that social protection can be an effective strategy to help alleviate poverty, vulnerability and risk. It is now considered an essential component and a prerequisite for inclusive national development. Crucial to the successful implementation of social protection programmes, is the need for a well-coordinated, integrated and sustainable social protection system that responds to existing challenges. This can be achieved through concerted, coordinated efforts from a wide range of stakeholders.

Based on this background and understanding of social protection, the National Social Protection Policy was launched in Zambia in 2014. Zambia's social protection programme focuses on social assistance, social security, livelihoods, empowerment and protection by targeting the critically poor and most vulnerable people, which takes into account that children are one of the most vulnerable groups. To this end, the policy is founded upon four pillars:

- **Social assistance** (cash transfers and fee waivers);
- **Social security** (insurance schemes, protection of workers);
- **Livelihoods and empowerment** (microfinance, food parcels, literacy training for women) and;
- **Protection from violence, abuse and exploitation** (legal protection, child protection systems, trafficking, gender-based violence programmes).

The policy has also integrated the need to link child protection with social protection.

The presentation also provided statistics around the ratios of various different social protection programmes as well as geographical ratios.

Summary of discussion

During the discussion session, concerns were expressed regarding the **fragmented services and programmes resulting from the current structure whereby two separate Departments/Ministries** (MYSCD and the MCDSW) both have a mandate to ensure children's care, protection and wellbeing. It was acknowledged that the institutional arrangement is at times challenging in terms of coordination.

The need to raise better awareness of social protection policies, programmes and services at the family level was highlighted, so that those who qualify for particular services will successfully access them. It was also noted during this discussion that the current social protection strategy had not yet been evaluated, so we don't yet know what its impact has been. Additionally, the meeting learned that there are plans to scale up aspects of the Social Cash Transfer programme to all districts by 2017, and that it was envisaged that it would bolster care reform efforts, especially regarding family strengthening.

1.4 Group work – Reflections and recommendations on mechanisms which facilitate accelerated care reform

The purpose of this group work session was to reflect on the different mechanisms and frameworks in place in Zambia and discuss how these facilitate or create barriers for accelerated care reform, and identify any recommendations. In this session participants

sat together in focus groups and discussed a number of key questions from different perspectives, and identified priorities.

The focus groups were:

- District, Area and Community level;
- National level;
- Reaching especially vulnerable children (including children with disabilities, out of school children, street children)

The questions were:

- In relation to your group, what are the different mechanisms and frameworks in place to facilitate accelerated care reform?
- Where could mechanisms be strengthened and how?
- Consider the capacity and resources issues within your discussions.

A number of recommendations emerged from the group work which aimed to improve the coordination mechanisms for accelerated care reform at the national, district and community level perspectives as well as from the perspective of children and families living with disability. This included the need at the national level to develop a framework which can guide the collective efforts of stakeholders in a strategic and coordinated manner, as well as the very real and pressing need to better capacitate those working at sub-national levels with funds, learning, skills and equipment. It was also acknowledged that client communities do not always access formal services and mechanisms for a number of reasons.

Of particular note, despite the fact that there are a number of pieces of legislation and policy in place to support people affected by disability, including the National Social Protection Policy (2014), the need to further strengthen strategies around children and families living with disability was emphasised in this session. The group highlighted that these children and their families are still left out of some policies and programmes. It was also noted that fully abled children who live with a disabled parent should also be considered vulnerable. The key recommendations are listed below.

Key recommendations at the national level:

- There is a need for an Alternative Care Framework with a costed operational plan for its implementation;
- There is a need to strengthen and reinforce the legislative framework on child care.¹¹
- Strengthen coordination mechanisms on child protection/child care at national (through the creation of the Technical Working Group on Alternative Care under the NCCC) and sub-national level (by strengthening the existing coordination structures of the MCDSW and MYSCD).
- Mobilise and build capacity to support the NCCC.

¹¹ The development of Alternative Care regulatory framework is already on-going and was planned at the time of writing to be finalised and adopted by end of 2016.

Key recommendations at the district, area and community level

- Community Welfare Assistance Committees (CWAC) and Community Development Assistants (CDA) need stronger child protection and care knowledge and skills – provide training to CWAC and CDA;
- Direct increased funding for child protection at the district and sub-district levels;
- There is a need to better coordinate at the district level – strengthen existing coordination structures;
- Awareness needs to be raised in the community around child protection generally and risks to children - undertake sensitisation and awareness raising campaigns in local communities regarding child protection issues;
- The gatekeeping mechanism and referral mechanisms remain weak, along with the absence of a case management system for alternative care – increase the number of paralegal officers and encourage community stakeholders to use them.

Key recommendations for children and families living with disability

- Cash transfer programmes do target some people living with disabilities. However, there is a need to ensure that all those with disabilities can benefit from cash transfers;
- There is a need to strengthen implementation of the National Disability Policy and to build the capacity of stakeholders to implement aspects of the policy;
- Intensify awareness raising around legal frameworks and how they relate to children and adults with disabilities;
- Initiate more community-based projects and programmes to support families and communities dealing with disability.

1.5 Day Two: The role of the social services workforce in care reform

Summary of presentations and discussions

Session 3) Plenary Session, Chair - Department of Social Welfare	Global Social Service Workforce Alliance (GSSWA)
Presentation: The role of social service workforce strengthening in child care reform – experiences from other countries	

[*The role of social service workforce strengthening in child care reform*](#), Global Social Service Workforce Alliance

The plenary presentation presented key learning from the GSSWA and BCN [working paper](#). It focused on the three case studies from Moldova, Rwanda and Indonesia and the approaches taken to strengthen the social service workforce for care reform.

Some key lessons from the case studies highlighted that care reform demands a strong, well aligned, and competent SSW at all levels. Additionally, strengthening the SSW for care reform requires a multifaceted approach that involves a diverse range of actors across different sectors and levels. It is therefore important to build partnerships and establish strong coordinating mechanisms, such as technical working groups, to lay strategies and plans to strengthen the SSW.

Whilst in some cases, care reform necessitates the establishment of new positions within the social services system and the widening of the established positions base, in other cases it becomes necessary to retrain, retool and redeploy the existing workforce in order to align human resources to the demands of the care reform. In Moldova for example, in order to transform all of the residential care responses into community-based care, new cadres of community social workers, child protection specialists and social work managers and supervisors were recruited. The case studies also provide an important lesson on the role of professional associations of social workers and child and youth care workers in supporting the care reform process.

In general, child care policies and guidelines also need to specify the required cadres within the SSW, as well as their skills and competencies. Training needs to be realigned and flexible in order to meet the practical needs of care reform, with particular emphasis on family strengthening and alternative care.

Summary of discussion

There was a brief discussion following this presentation where participants raised a number of issues around strengthening the social services workforce. This included:

- the need to generate more evidence on the SSW - beyond just statistical data - to drive policy and programming in Zambia;
- the need to have an advocacy plan which can drive increased recognition and support of SSW strengthening, including using commemorative days to advocate to Ministers and other government structures;
- the key role of working groups in this process;
- the role of professional associations in promoting best practices and the development and coordination of national standardised curricula.

Session 4) Plenary Session, Chair - Department of Social Welfare, The current status of the social welfare workforce in Zambia	
Presentation 1 Findings from the human resources assessment and gap analysis of the social welfare workforce in relation to child care reform	Save the Children
Presentation 2 In country training opportunities for the social welfare workforce in relation to child care reform	University of Zambia, Department of Social Development
Presentation 3 The status of child and youth care workers in Zambia and their role in child care reform	Zambia Association of Children and Youth Care Workers

[Findings from the human resources assessment and gap analysis of the social welfare workforce in relation to child care reform](#); Save the Children International (through its programme *Zambia Rising*)

The *Zambia Rising* programme is implemented by SCI and funded by USAID through PEPFAR. It is a systems strengthening programme for Orphans and Vulnerable Children (OVC) and its goal is to strengthen government systems and structures to ensure that the most vulnerable children, adolescents and their families have access to health, social services and family-based care. One of its result areas focuses on strengthening the social services workforce.

During the Social Welfare Workforce Strengthening Conference held in Cape Town in 2010, the Zambian delegation identified key gap areas in the social services workforce and recommended two key actions:

- 1) Strengthen the professional association for Zambia’s social workers as well as establishing an accreditation system to assure quality and;
- 2) Conduct a comprehensive “situational analysis” that reviewed both the social services needs and current workforce structure, thereby identifying gaps and issue areas for strengthening.

In response to these recommendations, the Human Resource (HR) Assessment and Gap Analysis of the Social Services Workforce was conducted by the *Zambia Rising* programme in 2014. In addition, the Ministry of Community Development, Mother and Child Health (now the MCDSW) also commissioned two studies in 2014 - a skills audit and a linkages study looking at community-based volunteers - which was conducted by Voluntary Services Overseas. Later that year, the *Zambia Rising* programme and the MCDSW held a dissemination meeting on the findings of the HR assessment and a consultative workshop was facilitated to develop a “road map” to respond to the gaps identified. This roadmap was endorsed by the MCDSW. In 2015, consultative meetings were held to establish a National Guiding Coalition to steward the process to strengthen the SSW - which includes several key government departments, such as MCDSW, MYSCD, PSMD, Ministry of Education, Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA) and other stakeholders, GHR, UNICEF, SCI - and to develop an implementation plan to strengthen the SSW.

The HR Assessment revealed opportunities and successes as well as gaps in the formal (government) social service workforce. For example, whilst the established social welfare

officer positions at district level are 96.5% filled, there are critical challenges with heavy caseloads as well as the requisite qualifications not matching the practice needs, which results in compromised quality of services to vulnerable children. Social welfare and child development officer positions do not have standardised credentials, and the differentiation in job descriptions has meant a lack of critical skills required for challenging aspects of the work, such as case management.

Other challenges relate to:

- a lack of streamlined procedures for recruitment and deployment;
- limited adjustments in staff levels in relation to population-based needs (e.g. HIV prevalence);
- inadequate data on the existing SSW and the need for informed projections around human resource needs within the child care system;
- a proliferation of social work training programmes but without an accreditation system, and as a result no certification for social service workforce members.

It was also recommended that the social service workforce planning, development and support mechanisms need to be strengthened in order to support a comprehensive and successful care reform process, which is also aligned with child protection systems. This includes:

- A need to delineate clear roles, responsibilities and competencies across the SSW functions at all levels;
- Develop and deliver appropriate training for the different SSW cadres;
- Establish an interim body and process to regulate social work training;
- To support the Social Workers Association of Zambia (SWAZ) to implement its mandate and ensure the enactment of the Social Work Bill through Parliament;
- Establish a comprehensive database to track the SSW across different Ministries and other sectors, and inform projections for SSW needs;
- Ensure coordination and effective advocacy across Ministries to ensure SSW strengthening.

The work ahead includes:

- Additional consultations with the aim of including recommendations from this national care reform consultation into the National Implementation Plan to Strengthen the SSW;
- Defining who forms part of the SSW;
- Agreeing on the focus of the National Implementation Plan to Strengthen the SSW, i.e. which national policies the plan should be anchored to and;
- Developing advocacy strategies to ensure the National Implementation Plan to Strengthen the SSW is used and supported by various government line ministries and departments, stakeholders and cooperating partners.

[Status of Child and Youth Care Workers in Zambia and their Role in Child Care Reform](#), Zambia Association of Child Care Workers

This presentation sought to highlight the indispensable role of the child and youth care workers in accelerating care reform. Their strategic positioning within communities and their work in the “life space” of the child means that child and youth care workers have a deep connection and links at the family and community level. Child and youth care

workers are considered to have important experience and knowledge in relation to child and youth care.

There are an estimated 2,600 child and youth care workers across the country. Although many child and youth care workers may not have been formally trained in social work, the Basic Qualification in Child Care (BQCC) is the foundation for child and youth care workers in Zambia, and has been adopted as part of the Minimum Standards of Care for Child Care Facilities by the Government and also included in the National Child Policy.

Child and youth care workers are further supported through professional meetings, and debriefing from the field and discussion forums. However a major challenge facing this cadre of the social services workforce is the high mobility and the lack of a clear professional progression, which has been found to demotivate workers.

[In-country training opportunities for the social service workforce](#), University of Zambia

Historically, professional social work training services in Zambia were introduced by the British colonial administration in 1940s with the establishment of the Oppenheimer College of Social Services in Lusaka, offering a 3-year professional diploma in social work.

These days, professional training in social work is provided by public and private universities, including the University of Zambia, DMI-St. Eugene University and Mulungushi University, which offer undergraduate and graduate level programmes, namely a Bachelor of Social Work and Master of Social Work.

Para-professional training in social work is provided by tertiary level training institutions including Community Development Colleges administered by the Ministry of Community Development and Social Welfare; TEVETA-certified colleges including the Evelyn Hone College of Applied Arts and Sciences, and the National Institute of Public Administration.

In terms of training around “children in families”, the Bachelors of Social Work curriculum at the University of Zambia incorporates a module on social work practice with children and families as well as community socio-economic development.

A major challenge is the absence of an effective system of accrediting training and certification of the SSW, and requires that the legal mandate be given to social work professional associations to provide these services. Whilst the number of training institutions has increased, there are no minimum standards to ensure quality and basic competencies, and they do not necessarily incorporate aspects required for effective care reform. Additionally, field practice education lacks proper guidelines and suffers from weak supervision. The work environment is not always conducive due to inadequate funding, which includes a lack of equipment such as personal computers and communication systems, as well as weak career paths for social services workers within the child care system.

Summary of discussions

The discussion which followed the presentation above raised a number of key issues. These included:

How to encourage and motivate people to train in the social service professions – Highly qualified workers often don't want to work in rural communities and it is hard to keep well trained people in these communities. It was observed that there is currently a limited role for professional associations in promoting this career path. This also included a comment on the need to improve training and the quality of the graduates currently being produced. Discussions also noted that informally trained child and youth workers have high levels of knowledge and experience but which is seldom acknowledged and tapped into.

A mention was also made of the need to further address the links between children's care and mental health, including ensuring that social workers can refer children to mental health services. Another question linked to this, asked if psychiatrists were considered part of the social service workforce, and that the definition of the social service cadre was not clear.

The key role of the education sector - This sector needs to be part of discussions regarding the strengthening of the social service workforce.

Mutual support for the Social Service Workforce - Part of the discussions on SSW strengthening focused on the need and current opportunities for mutual support of the workforce, with a short presentation being provided by Global Social Service Workforce Alliance on this issue. It was reiterated that due to the heavy case loads of child care workers, workers need to be able to better draw on the different support systems and structures available at the local, regional and international levels. This is important in order to minimise burn out, facilitate continuous learning and the sharing of best practices, and advance knowledge.

The Global Social Service Workforce Alliance and the Better Care Network both provide opportunities for networking, knowledge sharing and support internationally. Other relevant associations include the International Federation of Social Workers; the International Association of Schools of Social Work; the Association of Schools of Social Work in Africa; the Child and Youth Care Workers Network; FICE and other national level associations such as ZACCW and SWAZ. Participants were encouraged to join these and any other networks as part of efforts to strengthen the SSW around care reform.

1.6 Group Work – Planning, developing and supporting the workforce

Participants were divided into six groups and engaged in discussions on different aspects of SSW strengthening, namely: planning; developing; and supporting the workforce. Discussion questions revolved around the current status of evidence, the main challenges and gaps, and recommendations for strengthening the SSW.

A number of issues were raised through the discussions. For example, with regard to planning the workforce, it was generally observed that the current centralised human resource planning and management by the Public Service Management Division (PSMD)

is not adequately catering for the needs of social welfare or care reform since this was never its focus in the first place. This is can also be seen when considering that established positions for social welfare officers do not adequately match the workload at different levels, resulting in heavy caseloads, fatigue and limited productivity of the SSW.

There is also fragmented information about the current social services workforce in government and NGO sector, with the payroll as the only cited source of information on the workforce. This affects the ability of SSW planners to make projections for human resources and planning.

In addition, there appears to be a mismatch between training and practice due to weak linkages between universities and other training institutions on the one hand, and the social service organisations and government departments on the other hand. Ultimately, training is largely considered to be inadequately responding to the needs of Zambian society, including child care.

There is a general lack of systematic research and evidence building to inform SSW planning, recruitment and deployment. The current policies which include child care elements such as the 2015 National Child Policy and the 2014 Social Protection Policy are not clear on the required skill sets, and do not define the required workforce for the child care system.

Planning: Generally, as part of the priority actions for strengthening the SSW, the need to enhance a SSW strengthening strategy and action plan was evident. It will be necessary to clearly define the credentials of a SSW, recognise and make use of the diverse cadres of social service workers and adopt an inclusive approach to SSW strengthening that takes into account the needs of the various cadres in the child care system. The Government of Zambia needs to work towards systematically collecting and regularly updating data on the SSW within government and NGOs and to make concrete HR projections for the SSW that can ensure that children's care is also adequately addressed.

The group work is captured in full in **Table 2**.

Summary of opportunities:

Planning the workforce:

- Existence of a human resource management framework that guides recruitment of public (government) workers;
- Some existing data exists on the SSW through the payroll system;
- The report of the Human Resource gap analysis conducted by the *Zambia Rising* programme provides a good starting point, especially as it relates to the critical gaps.

Developing the workforce:

The increase in the number of training institutions such as public and private universities was considered an opportunity for developing the workforce in as far as education and training are concerned. Other opportunities include:

- Government/NGO initiated in-service training programmes;
- Existence of professional associations such as the Zambia Association of Child Care Workers (ZACCW) and Social Work Association of Zambia (SWAZ) which could provide mechanisms for continuous professional development, mutual support and quality assurance as well as sharing of best practice models among the SSW;
- Recognition and accreditation of the Basic Qualifications for Child Care has improved opportunities for developing the skills and knowledge of the child and youth care workers and has the potential to develop career paths for this cadre of the SSW.

Supporting the workforce:

- Government institutions, ministries and agencies of government that provide oversight and supervision structures for the SSW are: MCDSW, Ministry of Education (MoE), MYSCD and the Public Services Management Division.
- Professional Associations are: SWAZ and ZACCW;
- Committees at different levels of government provide mutual support to the workforce. Examples include: Community Welfare Assistance Committee, Area Coordinating Committee (ACC), District Welfare Assistance Committee (DWAC), Neighbourhood Health Committees (NHC) and PSWEGs;
- Systems for performance monitoring include: annual performance appraisal process and quarterly/annual progress reports at district, provincial and national levels.

Summary of gaps and challenges:

Planning the workforce

- Centralised workforce planning affects the ability of ministries to fulfil their human resource requirements. Hence, with regard to the SSW, the determining factor is the traditional structure and framework of the public service and is very much influenced by the ability to pay salaries;
- There are limited resources within the public services which have implications for ensuring that established positions for the SSW are filled or the establishment is expanded;
- There is a lack of proper communication between education institutions and the Ministry of Labour and other ministries, departments and agencies engaged in the social services means that it is not always possible to match practice needs and the training received. Most workshop participants perceived training to be largely inadequately responding to the needs of society, including child care;
- There is also a lack of ongoing research and evidence driven advocacy to inform SSW planning, recruitment and deployment;
- The social welfare policies including those that deal directly with children such as the 2015 National Child Policy are not clear on the required skill set and do not define the required social services workforce for child care, or for any other sector in the SSW;

- The ratio of the social service workforce to population is not known, and neither is the ratio of the child protection workers to the population of Orphans and Vulnerable Children (OVC);
- There is a lack of consolidation of workforce planning and data between government ministries, departments and civil society.

Developing the workforce:

Critical gaps still revolve around training, and included among others are:

- A lack of standardised curriculum for training the SSW;
- Limited involvement of key stakeholders in curriculum review and consultation;
- Limited dissemination and training on policies and child care reforms;
- The absence of a regulatory body to enforce minimum standards and ensure continuous professional development of the SSW and;
- Limited avenues for refresher training for the already employed workforce.

Supporting the workforce:

- Workers report a heavy workload;
- There is inadequate support for supervision at different levels;
- There are inadequate tools/equipment to carry out the work;
- Difficulties are experienced in accessing continuous professional development and continuous education programmes;
- There is no shared data, especially at district and community levels;
- There are overlaps in service delivery between different actors and cadres of SSW;
- Staff capacity and skills are limited (resources, HR, equipment, bureaucracy, overlaps in programmes).

Recommendations

Planning the workforce:

- Consolidate and update data on existing workforce in both government and non-governmental organisations in order to enable proper projections for human resources requirements for social services, including for care reform;
- Streamline and strengthen recruitment, hiring, and deployment of the workforce through:
 - Decentralising workforce planning to local government levels;
 - Clearly defining policies on child care and other social welfare sectors in terms of skills sets and essential qualifications needed by social service workers in particular settings, so that recruitment and deployment are undertaken more appropriately;
- Strengthen professional associations to be able to certify the workforce for care reform and other social services.

Developing the workforce:

- Increase awareness and sensitisation of available training opportunities;
- Identify training needs among the SSW and promote in-service training;
- Develop basic/certificate courses tailored to family strengthening and alternative care, and child protection;

- Involve corporate partners for financial support and scholarships for the SSW;
- Introduction of distance education/learning programmes to increase enrolment and flexibility for the already employed SSW;
- Increased collaboration between professional associations with universities and colleges;
- Design and deliver tailor-made programmes for different categories of social services workforce.

Supporting the workforce:

- Strengthen supervision mechanisms, including monitoring, evaluation and feedback, on SSW performance for different cadres of SSW;
- Strengthen professional associations through legal and regulatory frameworks;
- Strengthen collaboration between various professional associations within the social services system, and specifically ZACCW and SWAZ;
- Utilise advocacy platforms to raise awareness and recognition of social work and other social welfare professions.

Other priority actions and recommendations:

- Align training programmes to the practice needs to child care/reform and develop curricula in line with the new guidelines and policy relating to child care reform;
- Standardise core social work training programmes across Higher Education Institutions - through TEVETA - to ensure that all the people working with children have a basic foundation and body of knowledge;
- Develop national curricula on alternative care and child protection and as well design tailor-made and flexible training programmes for in-service workers;
- Strengthen networking and coordination between training institutions and service providers and workers;
- Adopt standardised para-professional training curricula for social service workers within the care system.

1.7 Day Three - Advocacy and moving forward with priorities

Session 5): Panel session: Advocacy and moving forward with priorities	
Chair: Catholic Relief Services	
Presentation 1 Current advocacy processes and gaps in relation to child care reform - developing a collective framework	UNICEF
Presentation 2 An example of a community-based response to child care reform	CMMB
Presentation 3 Addressing disability within child care reform	Department of Social Welfare

Current advocacy processes and gaps in relation to child care reform - developing a collective framework, UNICEF

This presentation addressed the importance of having an advocacy plan in place which can support the care reform process. It described what characterises advocacy and what steps need to be considered for successful advocacy. It described advocacy as a journey whereby a number of steps need to be taken by different actors in a coordinated manner in order to arrive at the goal.

The presentation highlighted the key elements of a successful advocacy strategy, including: the need for evidence to support calls for change; the need for coordination between different actors; and targeting fundamental changes which will impact on many aspects of child care reform. Advocacy can include awareness raising, campaigns, research, partnerships, lobbying and negotiation and social mobilisation.

The presentation also provided some examples of advocacy undertaken in other countries - Liberia and Rwanda.

Specific to child care reform in Zambia, the presentation highlighted the following:

- Emphasising family-based care, and increasing awareness around this strategy within child care;
- Capitalising on a wide range of media including social media and mass media;
- Mobilisation of a range of stakeholders;
- A collective advocacy framework, which is linked to the common vision of Zambia's child care reform strategy and process;
- Addressing misconceptions regarding child care such as support for residential care, raising awareness on the various care options, the need to change knowledge, attitudes and practice around child care, and more coordinated support among different cooperating partners and donors.

[An example of a community-based response to child care reform](#), CMMB

This presentation provided an outline of the *Kusamala* project which is being implemented by CMMB. It is a project which aims to strengthen the ability of government and community organisations to provide services across the continuum of care thereby preventing family separation and strengthening processes for family restoration.

Within this goal there are four key strategic objectives: strengthening capacities at the government level; increasing capacity within the health sector; increasing awareness of harmful practices affecting children; and increasing knowledge, skills and positive practices at the community level.

The project sees health facilities as important entry points in accessing the child and family at the community level. Health facilities not only provide important health related services but also have the potential to provide information which can help prevent child protection violations and support family based care. Additionally, the project supports or coordinates with a number of pro-family structures, such as community child protection committees and provides a range of activities such as counselling, peer support to families and savings plans.

[Addressing disability within child care reform](#), *Department of Social Welfare*

This presentation highlighted that in Zambia, as in many other countries, people affected by disabilities are also among the worst affected by negative socio-economic conditions, and face stigmatisation and social exclusion. Children living with disabilities are an especially vulnerable group of children. This has led to an understanding that children with disabilities must be at the core of child care reform efforts.

The presentation highlighted the existing current legal and policy frameworks in relation to disability, as well as the need to include children with disabilities in the child welfare system reforms and planning.

The presentation also provided some data on the current situation in regards to disability in Zambia. The 2010 Census indicated that 2.1 % of the Zambian population are persons living with disabilities (including 0.4% of children aged 0-14 years). Additionally, preliminary results of the 2015 National Disability Survey indicate a 7.2 % disability prevalence across the population. It is estimated that about one third of children in residential care have disabilities. Children with disabilities may live in residential homes because of a number of factors including: stigma, limited support to families and high poverty levels, and a lack of access to health and other services.

The presentation also provided a comprehensive list of recommendations and requirements in order to ensure that disability is placed at the core of child care reform. This included: increased political will; a change in discriminatory attitudes at other levels; the need for a stronger evidence base; national legislative frameworks, policies and operationalisation plans; a stronger emphasis on preventing family separation and the strengthening of families; the reduction of household violence; the provision of social protection; access to specialised services, including limited residential care for those with very severe disabilities who are in need of specialist care and services.

Summary of discussions

The discussions ranged widely when considering the role of advocacy in child care reform. There were questions around how to contextualise messages for the African/Zambian child as well as the role of indigenous knowledge in this process. It was noted that there is a wealth of knowledge residing in communities and that advocacy strategies should be framed to capitalise on this. Additionally collective reflection is

required to develop strong messages as well as strong coordination around and accountability to a common advocacy framework. This could be better supported through a national coordination mechanism.

There were also questions regarding the potential for over-reliance on communities and community level workers to implement many of the services and support to care for children. CMMB responded that they address this partially through the provision of volunteer payments and equipment such as bicycles and bags. Efforts are also made to ensure volunteers don't spend too much time away from families in the pursuit of their volunteer work and are supported through linking them to village banks and loans schemes.

Discussions also took into account that in some situations some severely disabled children will need very specialist care, and that they may need to live at a special facility. However it was highlighted that these specialist care institutions also need to take measures to improve aspects of the care they provide. Notably, ensuring that resident children are better integrated into the communities where they live, including having more contact with their families.

Regarding children with disabilities, the issue of accessing assistive devices such as wheelchairs and education was also discussed. Community-based rehabilitation programmes are currently being piloted in six schools - which includes training teachers - with the aim of integrating children with disabilities into schools. It was noted that there are not many groups which can manufacture various assistive devices for children with disabilities, but this is planned to be scaled up by government.

Additionally there was discussion, but no clear answers, as to how community-based rehabilitation of children with disabilities links specifically to child care reform in Zambia, with the discussion noting that there is currently not enough evidence to support policy development. The role of social cash transfers was also considered, with mention of the fact that we don't yet know how social cash transfers reduce the incidence of the separation of children living with disabilities from the families. For instance, currently only people living with disabilities in urban areas are receiving cash transfers. Anecdotally it was reported that many people with disabilities who are living on the street have not necessarily left the streets as a result of receiving support.

Finally in terms of data collection, the government is motivating for the inclusion on a disability indicator in DHS. Capacity is being built to conduct this particular survey.

1.8 Group work – Strengthening advocacy

The purpose of this activity was to identify areas for advocacy at the various levels by working together on a case studies and documenting barriers and areas where change is needed. Additionally, by working through the steps needed to address an actual scenario, different actors at various levels were also able to experience what it really means to implement aspects of child care.

Each group was given different scenario (see Table 3). They then discussed within the Zambian context which issues need to be addressed and the steps to be taken. The group identified any challenges or barriers experienced in effectively addressing the situation.

The groups then discussed what needs to change in the Zambian context in order for the situation to be addressed more effectively. Finally the groups identified key messages that could lead to change. These are summarised below.

Summary of group work

Because of the nature of this exercise, which focused on problem solving around realistic scenarios, there is much emphasis on addressing issues at the district, area and community levels, through both local and national level structures, procedures and strategies. The scenarios highlighted at once the challenging nature of child care generally, as well as the very real gaps and challenges which exist.

The following issues emerged as key factors in reforming the care system and potential areas to focus advocacy:

- The need to change communities' and other stakeholders' - including children's homes' - attitudes to child care. Discussions highlighted that hostility, resistance to change, fear, stigma and uncertainty all contributed to creating barriers to care reform. Discussions also noted that these particular factors were barriers in terms of preventing children from being sent to residential care. Discussions suggested that many people think that community and other stakeholders do not want to accept change.
- Linked to the point above, as well as to the point around referrals below, there is a perceived unwillingness or lack of information among community members to work with formal structures such as the Department of Welfare or the Police.
- There is a need for strengthened coordination, which includes how information is shared, as well as the need to strengthen referral systems.
- The lack of adequate resources and structures - both human and financial - at the sub-national level, creates challenges in ensuring that children can be adequately cared for by their families, and access support services. This includes inadequately trained workers, a lack of transport and a lack of facilities such as "one-stop centres" - which can support improved reporting of gender-based and sexual abuse. In terms of family strengthening, stakeholders also highlighted the need for more concerted efforts, resources and strategies which include helping families access psychosocial support, financial and material support and health care.

The full results are captured in **Table 3**.

1.9. Closing session – setting priorities and agreeing actions

In this session the meeting facilitators reported back on some of the key issues and highlights of the meeting. These have been summarised and integrated into the general conclusions which follow. Additionally, all the stakeholders who attended the meeting were asked to reflect on what has been presented and discussed over the last three days and to consider the nine key lessons which have been identified around effective care reform in the report "Analysis of Child-Care Reform in Three African Countries: Summary of Key Findings" (March 2015, BCN, UNICEF, PEPFAR, USAID).

These are:

- 1) Changing beliefs attitudes perceptions and vested interests;
- 2) Coordinated multi-sectoral approach;
- 3) Shift of policy and resources towards family and preventative family support services;
- 4) A range of family based alternative care services;
- 5) A skills mandated resources social service workforce;
- 6) Placing children and families affected by disability at the centre of the reform agenda;
- 7) Evidence to inform policy and advocacy;
- 8) A robust legal and policy framework;
- 9) A realistic progressive time bound approach.

Stakeholders were asked to indicate on the relevant poster on the wall which areas they as individuals or organisations would be interested in working on further, and where possible, to specify particular activities or areas of interest within these categories. The full results are captured in **Table 4**.

2. Call to Action

The meeting was closed by the Director of the Ministry of Child Development and Social Welfare and a [Call to Action](#) to accelerate care reform was issued.

Ministry of Community Development and Social Welfare
Accelerating child care reform in Zambia:
A Call to Action

The Government of the Republic of Zambia is committed to ensuring that the lives of children in this country are secured through various policy documents and in particular the national child policy for which we are currently developing a National Plan of Action through the Ministry of Youth, Sport and child Development. Also in place is the National Social Protection policy which aims to secure the lives of all vulnerable groups, especially children.

Government is committed to ensuring that all families are protected and able to provide care for their children through the finalization of the care reform that has been initiated since 2001 through the Childcare Upgrading Programme. Following the child care reform forum held in Lusaka On 06 May 2016, the Government of the Republic of Zambia through the Ministry of Community Development and Social Welfare urges other line ministries and cooperating partners, civil society and all stakeholders working with children to support the implementation of the following strategic actions to accelerate child care reform in Zambia.

1. Establish a national technical working group on child care reform;
2. Develop a child care reform strategy including costed implementation plan with focus on prevention of family separation, provisions of appropriate alternative care and ensuring the linkages between the child and family welfare system, child protection system and social protection system;
3. Develop a national alternative care framework with the following components: (i) coordinating mechanisms on alternative care at community, District, Provincial and National level, (ii) gatekeeping mechanisms; (iii) alternative care regulations/guidelines and related standardised operational procedures; (iv) skilled and mandated competent social welfare workforce, (v) family based alternative care options such as foster care, kinship care/extended family care and adoption (domestic and international), (vi) public awareness campaign on the importance of family based care;
4. Strengthen the social services workforce through standardised training and accreditation and increase resources to deliver coordinated care services for children;
5. Address the specific needs of children and families affected by disability as part of the child care reform strategy and the national alternative care framework;
6. Undertake quality research and evidence building around child care including the development of effective platforms for information sharing;
7. Awareness raising and advocacy for political and social mobilisation to support the child care reform, especially ensuring the participation of children, youth and family as actors of change for child care reform;
8. Secure human and financial resources to accelerate the child care reform process.

Let us use this call to action to renew our commitment of nurturing and supporting the children of Zambia.

3. Conclusions and report recommendations

The consultation provided some valuable insights into which elements of care reform should be prioritised in order to lay the foundations for the development an effective strategy for accelerated care reform in Zambia.

There was a clear sense from the meeting that the care reform focus has now shifted to the prevention of separation of children from families, which emphasises strengthening families to be able to care for their children. This in itself is a positive development as it indicates that Zambia has identified where it is heading in the context of its care reform process, and that it is now in a relatively strong position to shift its policy, programming and legislation in this direction.

In terms of how this goal can be achieved, the consultation meeting demonstrated a deepening commitment to including children and families living with disabilities into child protection systems and alternative care strategies, as well as a commitment to incorporating evidence driven approaches, notably social protection and especially cash transfers¹², into family strengthening strategies.

Additionally, there was a clear call at the consultation that improved coordination was a priority - both horizontally and vertically, and between the different government ministries and the non-government sector. The consultation supported a move away from siloed programmes which do not coordinate with or complement existing policies and other programmes. The need for a shared and realistic vision and strategy around child care reform was abundantly evident from consultation discussions.

Finally, the need to direct more financial resources which are specifically for children - especially at the community, area and district levels where most of the implementation takes place - was also highlighted. This includes the very real need to strengthen many aspects of the SSW but especially recruiting, training and accrediting the SSW to be able to support children and families, as well increasing actual numbers of workers.

Recognising that many aspects of care reform are cross cutting in nature, the conclusions and recommendations below are loosely broken down according to the three main focus areas of:

- evidence building and sharing;
- capacity strengthening, and;
- advocacy related to family strengthening and alternative care.

Issues pertaining to the social service workforce are integrated into these focus areas.

Evidence building and sharing - conclusions

Taking into account existing efforts to collect data, evidence and learning, there was a strong sense from most stakeholders that there is still an urgent need to improve how information, including primary data and other evidence and learning, is collected and shared. Collectively, stakeholders indicated that the evidence base is weak in a number of

¹² To note, whilst there is evidence at the global and regional level on the effectiveness of cash transfers in supporting families, Zambia's current cash transfer programmes have not yet been evaluated.

specific ways and that where there is information, it is either hard to access or is not adequately driving, or incorporated into, policy and programme.

For instance, in terms of primary data, while it was acknowledged that data was collected by some national agencies, notably the Central Statistical Office, there were concerns that this data was generally hard to access. This was often attributed to the fact that there was no easily accessible central online database for statistical data.

Additionally, when discussing programme learning, stakeholders also indicated that agencies do not systematically share the information and learning which they have collected. In the case of learning, a centralised structure or system, possibly supported by the MCDSW or a strong national coordination group, was suggested as a possible measure which could be employed to address this. Additionally it was recognised that this lack of evidence sharing was linked to a more general lack of coordination between stakeholders, whereby programming is often planned in a siloed and “non-transparent” manner.

In terms of the capacity to collect quality programme data and information, the need to continue to support organisations to develop their Monitoring, Evaluation and Learning (MEAL) capacities and activities was also highlighted. It was also noted that there needed to be further clarity on what specific data and information is needed and how it could be used, which could be part of a broader national evidence and learning strategy to support an alternative care strategy.

The consultation also highlighted that access to statistics and information alone is not sufficient in terms of ensuring that planning processes and policy and programme development are evidence driven. Recommendations were made by some stakeholders that data needs to be “consolidated” and other information and learning “repackaged” in order for it to be used more effectively. This includes efforts which can support a more skilled and useful analysis of existing data such as: measuring trends, further analysis (also called “mining”) of existing data sets in order to answer new questions, as well as convening annual meetings to share information and learning.

It was also noted in the meeting that information is often shared at the higher levels, whilst those working at other levels - including community, ward, area and district levels – are not always able to access information so easily. Likewise, we might also assume that what is being learned at the field level may not be reaching high levels where policy and programming is often decided. There was the suggestion at the consultation that more needs to be done to learn from the community and informal sectors.

In addition, there were some strong recommendations around where further research, data collection, investigation and learning could take place. Specifically, much emphasis was placed on how children and families living with disabilities can be better incorporated into the care reform agenda. Encouragingly, the MCDSW mentioned that advocacy was taking place to ensure that the DHS can collect information on disability. The impact of the current social protection strategy on families is also currently being reviewed.

Another area mentioned was the need to contextualise alternative care strategies and build on indigenous forms of children’s care. The consultation gave the sense that not

enough was currently understood regarding how indigenous systems in Zambia could be supported to prevent separation from families as well as provide other forms of alternative care.

During discussions which focused more specifically on the SSW, it was highlighted that there is no specific, certified child protection or child care curricula currently being offered in Zambia. It is therefore not clear to what extent existing curricula incorporate or reflect current policies, programmes and learning related to child care. This has contributed to workers of the SSW often being unaware of or inadequately informed regarding child related policies, reforms, learning or current practices. In addition, it is not clear to what extent learning from the SSW is systematically collected and shared within and outside of the SSW sector.

What also came out of discussions on evidence building and sharing is the multi-dimensional nature of child care, and its place within a wider child protection system. For instance, group work and discussions also noted the need for evidence building to extend to areas of health including mental health, as well to education, also noting that improved birth registration would also impact positively on children's care. Generally, the point was made that all stakeholders working on children's issues need to work more closely together through complementary and coordinated policies and programmes.

Evidence building and sharing - report recommendations

- A well capacitated national Technical Working Group, which could be chaired by MCDSW, needs to be put in place, under the NCCC, with part of its mandate being to develop a strategy for evidence building and sharing. The strategy would ensure that it incorporates:
 - a strategic vision regarding what data and evidence needs to be collected;
 - a learning agenda which supports the strengthened analysis and usability of data and evidence;
 - articulates clearly which stakeholders should be included, including the SSW and;
 - ensures that these stakeholders at all levels (policy, programmes, implementation, national and subnational, informal sector) can participate.
- Undertake a review of the status and usage of existing mechanisms, structures and other strategies which are currently in place in Zambia to collect data, evidence and learning and seek to build on those which are effective and/or have potential to be integrated into a strengthened evidence building and sharing strategy. The mapping of the children's care landscape which is currently being undertaken will contribute to an enhanced understanding in this regard¹³.
- Undertake further discussion regarding the feasibility of a centralised database and what this would look like and its target audience – it should seek to include easy access for all stakeholders to quality data and analysis. This should also include identifying potential partners which could manage the database (e.g. government statistics bureau, academic partners, such as universities, or partners which specialise in knowledge and data management).

¹³ The final report is planned to be ready early 2017

- Within a strategic plan, consider directing more human and financial resources for ongoing research on some of the key focus areas mentioned above, including children and families living with disabilities.
- Take into account that information sharing does not necessarily equate with changes in policy, programme or practice. Ensure the evidence building and learning strategy incorporates elements which will support the uptake of learning and its incorporation into policy and programming. This might include annual learning meetings, partnerships with academic and training institutions, including those training the SSW, and clearly linking evidence building and sharing to a capacity building and advocacy agenda.

Capacity strengthening - conclusions

The consultation also considered capacity building aspects in relation to care reform with a specific focus on the role of the SSW as a key cadre of workers.

During discussions regarding building the evidence, it was made clear that the capacity of both government and non-governmental organisations, including grassroots organisations, could be built to collect more and improved evidence around child care. There was also a sense from the meeting that capacity could be further built to ensure that data and evidence can be analysed and shared in a way which is more useful to stakeholders and will increase be reflected in policy and programmes.

It was not altogether clear from the consultation how stakeholders' capacities for advocacy could be strengthened beyond first needing to come together around the table to develop a common vision, perhaps through a sub-working group of the Alternative Care TWG under the National Children's Coordination Committee, which can develop a common advocacy agenda and strategy with agreed roles and activities. The strategy should also identify areas where capacity strengthening is required and how this will be achieved.

More specifically around the SSW, the consultation identified and discussed many areas where the capacity could be stronger. The key priorities which emerged were:

- **The need to increase staff numbers within the child care system:** The social welfare officers and child protection officers at the different levels of government and within NGOs are overworked and there are not adequate numbers engaged to meet the demands in practice. The existing number of established positions¹⁴ for SWOs do not reflect demand or the various statutory and non-statutory duties performed by this cadre of workers.
- **Whilst the number of training institutions has increased, there are no minimum standards to ensure quality and basic competencies,** and they do not necessarily incorporate aspects required for effective care reform. Additionally, field practice education lacks proper guidelines and suffers from weak supervision.
- **The need to define more clearly the role of a social worker or social welfare worker and to ensure there is appropriate accreditation of the workforce:**

¹⁴ In May 2016 there were 274 positions.

Currently there is no standardised accreditation of social work education and training programmes and this compromises the quality of the SSW.

- **The need to strengthen referral systems:** These systems are currently weak and need to be strengthened through capacity building of the workforce as well as improved coordination and the incorporation of evidence and learning.
- **The current policies which include child care elements such as the 2015 National Child Policy and the 2014 Social Protection Policy are not clear on the required skill sets,** and do not define the required workforce for the child care system.

Capacity strengthening – report recommendations

- Form a sub-group within the national Technical Working Group under the National Coordinating Committee for Children. This sub-group would need to clearly articulate its focus areas and what it does and doesn't include, and coordinate with other sub-groups. It would also need to take into account that focus areas should include family strengthening and prevention of separation.
- Ensure that any commonly agreed learning and advocacy strategies consider the capacity implications and incorporate plans and actions which can strengthen capacity where needed.
- Develop a SSW strengthening strategy and action plan¹⁵. It will be necessary to clearly define the credentials of a SSW, recognise and make use of the diverse cadres of social service workers and adopt an inclusive approach to SSW strengthening that takes into account the needs of the various cadres in the child care system. This should also extend to a strategy which links to other child protection processes and programmes around family strengthening and seeks to capitalise on other CSO human resource capacities targeting children and families.
- A national level Technical Working Group on SSW, based on the existing “Guiding Coalition for the SSW” must be formally implemented to spearhead the planning, development and support of the workforce¹⁶. A core responsibility of this TWG could be to develop a national competence framework and occupational standards for SSW within the child care system. This will guide the training, recruitment and deployment of SSW at different levels.
- The Government of Zambia, working in collaboration with the development partners, NGOs and academic institutions needs to develop a national curriculum on child protection, including child care, and to systematically launch training in these specific areas alongside existing social service-related programmes.

¹⁵ There is a Draft Implementation Plan for Strengthening the SSW which the Government of Zambia developed with the support of Save the Children's Zambia Rising programme. This now needs to be updated to include any areas, not already included in the Plan, which were recommended during this National Consultation for Child Care Reform.

¹⁶ A Guiding Coalition for the SSW was supported by USAID/Save the Children's Zambia Rising programme. The proposal is to transform this into the SSW TWG under the NCCC. During the November 2016 NCCC meeting this was endorsed. The process for transitioning now needs to take place.

- The training curricula on child protection/child care could be designed to cater for different levels, interests and packages including for example: a practice-oriented professional certificate (for SSW who are already in service) and a diploma, degree or master's level programme;
 - Additionally, existing social work programmes can be enhanced to address some of the human resource requirements of care reform through collaborative curricula review and by advocating for the inclusion of modules and specialisations in care reform related fields;
 - A related strategy could be to develop and implement an in-service training programme for current workforce that specifically addresses core child care aspects including family strengthening, alternative care, and child protection in general. To ensure effective support and supervision of the workforce, the SWO supervisors must also be systematically trained in these fields, as well as in management and the supervision of social services for children, and more generally.
- The government should support and fast track the establishment of an accreditation and registration council for social work and other social service related training programmes. This will require supporting the Social Workers Association of Zambia to establish a council on social work/social services as a legal entity. It has a diverse set of roles in supporting discipline-related accreditation including: certification of social workers and social service workers; development and enforcement of ethical standards and spearheading continuous professional development for SSW.
 - The Government of Zambia needs to work towards systematically and regularly updating data on the SSW within government and NGOs and using this to inform concrete HR projections for the SSW within the child protection systems, which would include child care.

Strengthening advocacy - conclusions

This focus area looked at which aspects of child care could be included in an advocacy strategy for effective and accelerated care reform. The consultation addressed advocacy as an umbrella term which can include a range of objectives and activities such as policy change, as well as media campaigns, awareness raising and community approaches to change people's attitudes, knowledge and practices.

The lack of a common advocacy agenda and strategy, as well as the need for better coordination, were highlighted as obstacles to effective advocacy for key changes. Linked to this, advocacy which aims to change policy and programming was considered additionally challenging because there is a lack of robust evidence which can be used to drive messages calling for change. There was also the sense that despite strong support from key ministries, advocacy efforts might also need to ensure increased political commitment at the very highest level to ensure that more resources are directed to children and child care.

The role of the community in accelerating care reform also needs to be considered. For instance, community attitudes, knowledge and practices play a significant role in the kinds of care and protection received by a child. Additionally, it is acknowledged that

indigenous and/or informal practices and knowledge residing at the community level which could potentially inform care reform strategies. This suggests that increased efforts need to be directed at understanding how communities function, including informal child protection and child care systems currently being used, and how and why these do or don't link with formal child protection and care systems.

Advocacy for policy and programming change: The shift towards a prevention approach was highlighted, where the focus is on strengthening the protective role of families and preventing family separation, it was noted that both the MCDSW and the MTSCD expressed support for furthering this agenda.

It was also clear that advocacy needs to be undertaken to strengthen capacity - for both the human and financial resources which are available for some specialised services - including training the workforce and improving referral systems. Specifically, more resources are needed at sub-national levels where implementation is taking place.

Changing beliefs, attitudes and perceptions: There were suggestions that more work with traditional leaders could be undertaken at the community level as an approach to encourage communities to support alternative care strategies such as fostering, adoption and keeping children out of institutions.

The need to change people's attitudes, especially in relation to children and families living with disability, was especially evident, noting that many communities, schools and other service providers needed education, training and support around children and families with disabilities.

Accessing services in the community: The consultation highlighted the need to raise awareness within the community as to the kinds of services and support, including cash transfers, which are available to clients in the community, and how they can be accessed.

Additionally, an interesting point was made during the consultation that often communities don't make good use of the formal child protection and care systems which are available to them, for instance choosing not to report crimes or abuse to hospitals or the police. This may be because communities perceive these services as inefficient, lacking in credibility, too expensive or inaccessible. Whilst suggestions were made that "one stop" clinics could help address this, more needs to be learned in terms of why communities often don't access formal services, and how communities might want to address this. It may be that conventional awareness raising or "behaviour change" campaigns are not effective and that a deeper understanding of and engagement with communities to develop their own community led approaches would be more successful.

Social service workforce: It was also noted during the sessions focusing on SSW that there is a need to utilise advocacy platforms in order to raise awareness and recognition of social work and other social services professions. This would encourage more people to train in a related profession. Additionally, a need was identified to advocate for comprehensive and standardised training module and curricula around child protection and care.

Strengthening advocacy - report recommendations

- As suggested above, a Technical Working Group under the NCCC, needs to be put in place and/or strengthened, with part of its mandate being to develop a common advocacy strategy. The strategy could address the different areas where change is desirable and who should be targeted, identify priorities, develop messages driven by existing and emerging evidence, identify a timeline and any opportunities.
- Any advocacy strategy should be developed and implemented by different agencies in a coordinated and strategic manner, bringing the various comparative advantages into play.
- Specific advocacy needs to be undertaken on behalf of especially vulnerable groups of children such as those living with disabilities or with HIV.
- Traditional leaders, religious leaders, children in or out of care, and other key community members need to be consulted and included in advocacy planning and implementation in order to ensure that community messaging and campaigns are more effective. This also includes learning more about local and traditional knowledge and informal child protection systems and how they do or don't link to formal child protection systems. Where systems do not align, there could be a stronger focus on working with communities to identify alternative, innovative, bottom-up approaches and evidence driven approaches, with less emphasis on standard awareness, sensitisation or behaviour change campaigns.

Tables and Annexures
Zambia National Consultation “Accelerating Children’s Care Reform” 04th-06th May, 2016

Tables

Table 1 - Group work Day 1

<p>1) What is the state of the evidence on child care in Zambia? What do we know and where are the gaps?</p>	<p>Children with disabilities:</p> <ul style="list-style-type: none"> - There is a need for research on children with disabilities, especially those in institutional care. - Capacity building is required for carers and disability assessments. - Incorporate research on children with special needs. <p>Children in institutions:</p> <ul style="list-style-type: none"> - There is need to research and monitor to these children, especially in institutional care. <p>Mental health:</p> <ul style="list-style-type: none"> - The mental health field should be considered part of the care discussion. <p>Accessing information and learning:</p> <ul style="list-style-type: none"> - The higher the level of work, the more information is available and known about; the lower the levels, i.e. communities, the less information is available or accessed. <p>Data collection and information systems and sharing:</p> <ul style="list-style-type: none"> - We need a working central database. - Stakeholders need to be clear about the data needs from the onset. - We need more analysis of the data that we do have – from skilled people (validity). - Birth registration processes need to be more efficient and local. <p>Coordination:</p> <ul style="list-style-type: none"> - All stakeholders working with children, or looking at child protection issues should work together. Working in isolation results in issue being addresses in an uncoordinated manner. - The government is not providing a conducive platform for all to participate (lack of transparency). <p>Accessing support:</p> <ul style="list-style-type: none"> - Families don’t know where to get help. - Processes to get help are complicated – it becomes a barrier - Institutionalisation of children should be a measure of last resort, we need to promote family strengthening.
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2) How do we gather strong evidence and data to guide policy, advocacy and programming related to family strengthening and alternative care?

Data collection and information systems and sharing :

- We need to have system or strategy on how to collect data.
- Sharing information among NGOs and Government should be enhanced.
- Creation of a platform for information dissemination and sharing.
- A database should be developed and managed.
- We need shared information to reach common goals.
- We need to ensure the dissemination of info/evidence and data on a regular basis.
- We need to gather primary data from affected groups – i.e. children, parents, child care institutions.
- Organisations work in silos – they don't share the information.
- There is a need to consolidate data from institutions - first step, identify who is responsible for this task, in this case MCDSW; then create a database fed by institutions; ensure all institutions have own database during assessment.
- Interventions are required (financial and human resources) for increased accessibility, availability and quality of information.
- There is a lack of transparency regarding the information that is being gathered.
- There is need to have a database of information which can later be disseminated or shared.
- Need for data capturing and monitoring.
- Establish an annual meeting/conference for sharing organisational level evidence (formal and informal) to identify current gaps and inform policy and programmatic approach.

Building capacity:

- We need to improve the quality of data through strengthening capacity regarding data collection and analysis.
- There are still a lot of capacity gaps exist in many organisations.
- We need to build capacity in data management systems and the workforce.
- Capacity building of care givers and service providers is required through training.
- Referrals and linkages to social protection are required.

MEAL:

- We should have strong M&E strategies.
- Programmes should have a strong M&E component.
- Evidence based approaches are required.

**3) How is evidence shared and used or policy and programming?
What is working and where could we improve?**

Increased sharing of evidence and learning required:

- There is a need for annual conference for dissemination and networking.
- There is a need to have data packaged into consumable formats for policy makers and programme designers.
- Information should be made accessible to everyone – the sharing is poorly done.
- Regulating authorities need to enforce dissemination of information by organisations.
- Evidence being gathered is not being shared extensively.
- Need to have a directory for all organisations dealing with children for easy sharing of data.
- Requesting data as a means of accountability.
- Information sharing at multiple levels and more than once.
- We should learn from the past experience of other partners.

Increased support for collecting information, research, analysis and learning required:

- Qualitative and quantitative (statistical) evidence should be used to measure trends so that stakeholders are able to measure progress made for a given intervention (variable).
- Provide resources for conducting research at community-based levels.
- Encourage use of informal data collected in house to stimulate further research.
- Collaborative, coordinated efforts on data needs and research methodologies are required.
- Research work is vital to data collection and decision making.
- Mine data sets that are currently not being shared (often with NGOs) and share in yearly knowledge sharing meetings.
- From the knowledge sharing meeting develop a common plan on which data are needed (the gaps) and who/how this will be gathered for shared learning.

<p>4) Do you know of any other projects, programmes and documentation which could add to our evidence base? Where is this information held (person/organisation/database)?</p>	<p>Community based work: More organisations are working on the communities but there is less networking.</p> <p>Children with disabilities: Norwegian Association of the Disabled Pilot Project – a holistic approach to child care.</p> <p>Family strengthening: - Family strengthening project under SOS Children’s Villages in Kitwe. - Save the Child (Kasisi programme): discourages child “dumping” (abandonment).</p> <p>Sexual and reproductive health: - Sexual and health intervention project (location not provided).</p>
<p>5) What are the resource implications for evidence generation and sharing?</p>	<p>Build on existing resources and structures: - The mechanisms of sharing information are there and just require strengthening. - We should utilise necessary platforms to share data. - We need to use the right resources in order to be efficient and effective. - There is a need for collective efforts.</p> <p>Invest more in research and evidence generation - We need to invest more in research. - We need to ensure resources for evidence generation are available (human and financial).</p> <p>Invest more in children: - There are not enough resources to provide proper care to children. - Financial implications are a challenge especially in rural areas.</p>
<p>6) What are the capacity implications (beyond financial resources) for evidence generation and sharing?</p>	<p>Coordination and consultation: - Need to strengthen coordination between the service providers. - CSOs to ensure government is aware of any research being undertaken. - There is antagonism instead of dialogue between partners. - Need for regular consultative meetings between GRZ and civil society. - No collaboration between NGOs/INGOs/Government. - Partner with academia. - Lack of common goal framework.</p> <p>Collection and sharing: - The need to share data and information down/past national government to district and community level. - Need for systems and standards in place for data collection and storage. - Lack of data sharing among stakeholders.</p>

	<ul style="list-style-type: none"> - Lack of mandatory reporting through a centralised system so that information is accessed by anyone. - Leadership and systems to be instituted for research for research and data management. - Lack of systems/policies on information generation and sharing. - Lack of political will in research. - Sensitization to the community is very important because they will be able to know things and what to do. - Lack of skilled personnel to carry out research. - Sharing of information is critical as it will help a lot of stakeholders. - On the sharing of information and finances, some organisations don't share what they have – they want to keep everything to themselves. - Strengthen research and allocate resources towards evidence. - Feedback should be given back to the communities where data was collected. - In order to gather strong evidence and data to guide policy, advocacy and programming related to family strengthening and alternative care there is need to generate a data management system that will capture all statistics of children based on the practical situations on the ground. <p>Uptake of information and learning:</p> <ul style="list-style-type: none"> - Failure to use the information gathered. - Need for technical capacity to collect, analyse and utilize data. - Regulate social work practice. - Need for MIS and child protection. - Information is not properly used and shared. - Train the team: workforce as part of capacity building. This gives support and helps workforce become more skilful and work towards common goal. <p>Also noted: There is a lack of authority to cause implementation</p>
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Table 2: Group work Day 2: Planning, developing and supporting the workforce

A. Planning the workforce		
	1) Current practices with regard to planning the social service workforce in Zambia	<ul style="list-style-type: none"> - The Public Service Management Division (PSMD) manages the planning and recruitment process. There is a human resource management framework that guides recruitment of public (government) workers. Whilst government ministries and departments input into the framework, there is no specific human resource (HR) strategy for the social welfare workforce or specific to the child care sector. The Public Service human resource plan and recruitment strategy is dependent upon the approval of the Ministry of Finance (Treasury) since it has financial implications. - NGOs (which are often donor driven projects) plan the established posts, recruitment and deployment of their workforce according to the availability of financial resources; there is no government secondment of SSW within the NGO sector.
	2) How is data or information about the workforce currently captured?	<ul style="list-style-type: none"> - The payroll system is centrally managed by the PSMD and is the major mechanism and source of data on all public servants including the SSW. - Additionally, each Ministry is expected to know its current HR status vis-à-vis the established positions and ideal base of human resources. Through routine payroll reports, it can tell how many positions are filled and how many are not and the pattern of deployment. - Civil society: each organisation has information on their own staff but no central system has been developed to collect ongoing data on the SSW.
	3) What are the main challenges or gaps in terms of planning the workforce?	<ul style="list-style-type: none"> - Centralised workforce planning affects the ability of Ministries to fulfil their HR requirements. This is because the central government plans are primarily influenced by the Treasury and the national budgets, and they tend to be incremental rather than based on actual HR needs within ministries, departments and agencies. - There are limited resources within the public service which has implications for ensuring that established positions for the SSW are filled or the establishment is expanded. - Lack of proper communication between education institutions and the Ministry of Labour and other Ministries, departments and agencies engaged in the social services means that it is not always possible to match practice needs and the training received. Most workshop participants perceived training to be largely inadequately responding to

		<p>the needs of society including child care.</p> <ul style="list-style-type: none"> - Lack of ongoing research and evidence based advocacy to inform SSW planning, recruitment and deployment. - The social welfare policies including those that deal directly with children such as the 2015 National Child Policy are not clear on the required skill sets and do not define the required workforce for child care. - Ratio of the social service workforce to population is not known and neither is the ratio of the child protection workers to the population of OVC. - Lack of consolidation of workforce planning and data between government ministries and departments and civil society.
	4) How can recruitment, hiring and deployment of the workforce be strengthened?	<ul style="list-style-type: none"> - Workforce planning needs to be decentralised to local government levels. - Policies on child care and other social welfare sectors should clearly define the skill set and essential qualifications needed by social service workers in particular settings so that recruitment and deployment are done more appropriately. - Strengthen professional associations to be able to certify the workforce for child care reform and other social services.
B. Developing the Workforce		
	1) Existing opportunities for the training and education of the SSW.	<p>Two major opportunities were identified:</p> <ol style="list-style-type: none"> 1) The formal social work programmes in higher education institutions, 2) The short certificate courses run through private tertiary institutions. <p>Currently there is one public and one private university that have degree and diploma programmes in social work i.e. Zambia University and Mulungushi University. Whilst the increasing number of universities is seen as an opportunity, many have not yet launched courses that are strongly aligned to social welfare/services professional training. Government, NGOs and professional associations run in-service training programmes that are tailor made to the needs of the particular cadre of workers. The commonly cited example was the Basic Qualification for Child Care (BQCC) which has been spearheaded by the ZACCW and has recently been accredited by the TEVETA.</p> <p>There is no course at certificate, diploma or degree level specific to child protection or alternative care, though some of these aspects might be covered in the social work curriculum according to the University of Zambia delegates.</p>

	<p>2) How can access to relevant education and training for the social service workforce be expanded?</p>	<ul style="list-style-type: none"> - Inclusion of specific child care training in the social work curriculum at diploma, degree and post graduate levels. - Awareness and sensitisation of training opportunities that are currently available. - Identification of training needs among the current workforce so that better training programmes are designed and delivered. - Increasing basic/certificate courses tailored to family strengthening and alternative care and child protection issues. - Involve corporate partners for financial support and scholarships for pre- and in-service training. - Introduction of distance education/learning programmes to increase accessibility. - Design tailor made programmes for different categories of social welfare workforce.
	<p>3) Critical gaps and challenges in developing the SSW</p>	<ul style="list-style-type: none"> - The current curricula for courses that traditionally train the SSW i.e. social work and other related programmes are not necessarily aligned to child care reform and alternative care. - There are variations in curricula offered by different institutions with no minimum standards in place. - Curriculum review and consultation is not consistent, so there are gaps between current policies and practice demands and the education and training programmes. - Field work/practice education for SW students is not effectively planned and executed. - There is limited dissemination of policies and reforms among the current workforce within the child care system. - Limited opportunities for in-service training and continuous professional development.
	<p>4) How can education and training programmes be supported to become more responsive to the practice demands of child care reform?</p>	<ul style="list-style-type: none"> - Design and deliver refresher courses in case management, child care, assessment, care plans, tracing, reintegration, family-oriented care etc. - Strengthen monitoring and evaluation and feedback mechanisms on performance. - Student practicum guidelines should be clearly stipulated and field work oriented towards areas where we need to develop skills in line with the child care reform. - Effective supervision by the course coordinators and more active engagement with the students' field supervisors can help to develop more relevant skills and competences among the SSW. - Frequent review/update of curriculum in consultation with relevant stakeholders, including government Ministries, CCIs and practitioners. - Strengthen collaboration between stakeholders including child care institutions and other social service organisations, professional associations, social welfare practitioners and the universities and colleges.

C. Supporting the Workforce		
	<p>1) What structures and systems exist to improve and sustain social service workforce performance and ensure ethical and effective practice by the workforce?</p>	<ul style="list-style-type: none"> - The different Ministries within government, specifically, the Ministry of Community Development and Social Welfare (MCDSW), Ministry of Education (MOE), Public Service Management Division (within the Central Government), and Ministry of Youth, Sports and Child Development (MYSCD) provide oversight to the SSW and their work. - Also, Community Welfare Assistance Committees (CWAC)/Area Coordinating Committees (ACC), District Welfare Assistance Committees (DWAC), NHC/PSWEGS. <i>Note:</i> The different coordinating committees at the district and local area level facilitate coordination, communication, monitoring and support supervision for the SSW. - Professional associations such as SWAZ, ZACC, Universities and colleges. - Systems to monitor performance of the workforce, including the Annual Performance Appraisal system which is applied to all government departments including the social welfare department. - Quarterly /annual progress reports by the SSW at all levels of government i.e. district, province and national levels, help to give direction on the needs and experiences of SSW in practice. - The Public Service Management Division has a system of skills development and knowledge enhancement for all government workers through its Public Service Training and development policy and is responsible for developing annual Continuous Professional Development (CPD) plans across government departments.
	<p>2) Challenges with regard to the social services work environment?</p>	<ul style="list-style-type: none"> - Heavy workload and limited staffing and individual capacity. - Inadequate support supervision. - Inadequate tools /equipment to carry out the work, including computers and other communication technology, vehicles, motorcycles. - Accessing continuous professional development and continuous education programmes is difficult. - Lack of shared data across the different government departments and levels as well as from NGOs. - Overlap in service delivery between different organisations. - Extremely limited funding and other logistical support to enable SSW fulfil their child care/child protection and other mandates.

	3) Mechanisms for mutual learning, mentorship, supervision and support	<ul style="list-style-type: none"> - Existing professional associations e.g. ZACCW and SWAZ. - Annual Performance Appraisal system facilitates/potentially supports supervision. - Establish data sharing mechanisms and strong referral systems across sectors and at different levels of service delivery.
	4) How professional associations can be harnessed to support the SSW for child care reform	<ul style="list-style-type: none"> - Develop a legal and policy framework that gives the professional associations a mandate to accredit, develop and support the SSW. - Strengthen the Social Work Association of Zambia. - Improve networking and coordination between the two main professional bodies relevant to child care i.e. SWAZ and ZACCW.
	5) Practical roles that professional associations can play in strengthening the SSW for child care reform.	<ul style="list-style-type: none"> - Contribute towards standardisation of training of social workers and child care workers and monitor curriculum standards. - Support communication, advocacy, knowledge sharing and CPD among the SSW. - Develop and enforce ethical standards and other quality assurance measures. - Handle complaints and grievances from service users. - Registration and certification of the SSW - issue and revoke practicing certificates/licences, and advocate for legal recognition. - Continuously advocate for better and supportive working environments for the SSW.
Critical gaps and challenges that need to be addressed in SSW.	<ul style="list-style-type: none"> - Inadequate staffing for the child care system. The social welfare officers and child protection officers at the different levels of government and within NGOs are overworked and capacity is inadequate to meet the demands in practice. - Need for a clear definition of a social worker/social welfare worker and appropriate accreditation of the workforce. - There is no accreditation of social work education and training programmes and this compromises the quality of the SSW. - Need to establish/improve referral systems among service providers. - Develop and adopt minimum standards for the training and education of different cadres of the SSW. 	

Table 3 – Group work Day Three : Suggestions for areas of focus/advocacy in relation to group work

Case study	Challenges	Recommendations and messages	Key targets and actors
1. You are a district social welfare office and DSW is informed that a newborn baby was left outside a community health centre in a basket. The baby girl is healthy and apart from being hungry and stressed appears well taken care of. No note was left but a toy and a blanket were left with her.	Families are not always aware of the services available to them.	<i>"Inform families in such a situation about available services for vulnerable families who are at risk of separation."</i>	<i>Stakeholders are traditional leaders, civic leaders, religious leaders, education, health, police.</i>
2. You are a social worker with a local NGO working on child protection and wellbeing in Lusaka. You are called by the head of a residential care facility as they have a 12 year old child who has run away from the institution and they have no idea of the child's whereabouts. You are asked to help.	<ul style="list-style-type: none"> - Lack of coordination among different gate keepers - Lack of information - Lack of human and financial resources - Attitude towards issues surrounding children - Hostility - Weak referral system 	<ul style="list-style-type: none"> - There needs to be coordination between different gate keepers - The referral systems needs to be strengthened - We need to have a positive attitude towards issues relating to children <p><i>"Every child matters - we all have a part to play and the responsibility."</i></p>	<i>This message is to target government, NGOs, civic leaders, church leaders, traditional leaders, children and parents with specific reference to police media social welfare and the church.</i>
3. You are the head of a child care institution in Western Zambia. A mother comes to you with her two children (6 and 11 years old) because she cannot cope financially any longer. Her husband has left her for another woman. She is asking you to take her two children so they can go to school.	<ul style="list-style-type: none"> - Transport - Human resources - Financial and Material Resources 	<ul style="list-style-type: none"> - Financial and human resources need to be available - Change in attitudes <p><i>"A child belongs to the family and the community"</i></p>	<i>This message would target child care institutions, family, community and the child.</i>
4. You are a community welfare officer in Northern Zambia. You are visiting a local child care institution at lunch time to meet with the head of the institution about their request for support. While you are there you notice that the facility is really run down, some children are preparing the food, others are just sitting, lying in the dormitory that is packed and dirty. It's school time but the children who are school aged are sitting together chatting. You try to speak with them but they seem	<ul style="list-style-type: none"> - Resistance to change, favouring homes - Inadequate resources 	<ul style="list-style-type: none"> - Counsel children and families - Involve homes in integration - Put more resources into family strengthening - Ensure minimum standards of care <p><i>"Promote alternative care"</i></p>	

<p>apprehensive and look nervously to the head of the institution. The head of the institution tells you that he hasn't had enough money to pay for school fees and transport for them to attend but he hopes you will be helping provide this.</p>			
<p>5. You are a church leader in Southern Zambia and one of your parishioners comes to you to seek advice. He is a father of 3 children and his wife has recently given birth to their 4th child. The baby was born with Downs Syndrome and his wife is looking very stressed following the birth. Both parents are concerned that caring for this child is beyond their capacity. The neighbours have been talking and told them that they are being unfair to their other children and the baby would be better off in an institution. The midwife has told them about an institution that cares for children with disability in the capital city. The father is seeking your advice about what he should do.</p>	<p>-There is a knowledge gap (fear, stigma, uncertainty)</p>	<ul style="list-style-type: none"> - Raise community awareness - Undertake capacity building - Provide psychosocial support - Provide material support (via church and others) - Provide health services support - Link the family to Department of Social Welfare and the Zambia Police Department <p><i>"Increase knowledge about the condition and how to intervene/support the family to take care of the child."</i></p>	<p><i>Community involvement is especially important.</i></p>
<p>6. You are local social welfare officer and you are contacted by the police. They have been called by the local teacher concerned about the wellbeing of one of her pupils, a girl of 10 whose behaviour has changed significantly over the last six months. After encouraging the girl to confide in her, she has told her that her father has been coming in her room at night and 'done things that hurt'. The girl says she has told her mum but her mother tells her that she is just a bad girl, inventing stories against her father. She has run away to her aunt many times but her mother keeps bringing her back and scolding her to stop creating trouble. The police is interrogating the girl at the school and is asking your help to remove the girl and place her in an institution.</p>	<ul style="list-style-type: none"> - How do child victims report what has happened? - Secrecy seems to protect the perpetrators - Safety of the child - Inadequate places of safety - Limited economic capacity of women -Lack of family support - Inadequate/lack of one stop service facilities 	<ul style="list-style-type: none"> - A one stop centre to handle the case - Support system for the victim's family and also the perpetrators <p><i>"Better services for the safety of children in the community that are preventive and responsive"</i></p>	<p><i>The target is the general community. Service providers, children, policymakers and the general community should all be involved.</i></p>

Table 4: Indications of interest by organisations/agencies as regards support for accelerated care reform (06 May 2016)

<p>1) Changing beliefs, attitudes, perceptions and “vested interests”</p>	<ul style="list-style-type: none"> - Amara, CiF Initiative, contribute to building the evidence base to inform advocacy campaigns - Anna, Dept of SW - Emmah Kaputi, Zambia Agency for people with Disabilities - Esther, CMMB - Gerald Kaputi, SOS Children’s Villages - Irene Hamvula, assistant registrar, DNRPC, Home Affairs. - Josephine Sinaka, Zambia Agency for people with Disabilities - Maud, UNICEF, communication for development and advocacy strategy - Mirriam T Zulu, Lifeline./Childline Zambia - MSYCD, work at community level with traditional leaders to raise awareness - Mwansa, UNICEF, communication for development - Agrippa Namatama, consular section, US Embassy
<p>2) Coordinated multi-sectoral approach</p>	<ul style="list-style-type: none"> - Agrippa, consular section US Embassy - Anna, Dept of SW - Barnabas Mwansa, SCI-ZR, supporting coordination efforts. - Beatrice, PSWO-Lsk, MCDSW - Esther, CMMB - Father Bob, ZACCW, - Gerald Kaputi, SOS Children Villages, Zambia - Harrison Kakemba, Family Legacy - Katie Januario, CRS, working with GHR/CiF, as well as universities - M Poka, Mulungushi Univ., to reflect on theory and training - Margaret , JCN - Maria Akani, psychiatrist, Chainama Hills College Hospital, include prevention and treatment for mental health - Mark, GHR Foundation - Maud, UNICEF, support coordination mechanisms at national and sub national levels, link response plans to VAC, CM and NPA. - Mbiliya, Bethany, strengthen coordination to avoid high case load, burn out and meagre resources. - Viola Chikumbi - Zyambo Kazembe, Dept of SW

<p>3) Shift of policy and resources towards family and preventative family support services</p>	<ul style="list-style-type: none"> - Anna, Department of Social Welfare - Barnabas Mwansa, SCI-ZR - Beatrice PSWO-Lsk, MCDSW - Damales, Dept of SW, redirect funding towards family strengthening programmes - Esther, CMMB - Gerald Kaputo, SOS Children’s Villages Zambia - Gladys Musaba, SCI, use current programmes such as women empowerment and cash transfers to support stronger families. - Jairon, SWAZ, advocate for this shift - Maria Akani, psychiatrist, Chainama Hills College Hospital, provide parenting classes, couple therapy and family therapy - Maud, UNICEF, support with child protection system framework - Morris Morno, increase resource allocation to PFS, integrate local knowledge on PFS - MYSCD, it can help influence a shift in policy focus - Simon, Bethany, MCDSW should spearhead this goal - Viola Chikumbi
<p>4) A range of family based alternative care services</p>	<ul style="list-style-type: none"> - Anna, Dept of SW - Beatrice, PSWO, MCDSW - Bethany, more support for family based care - Dan, GHR, support growth of family based alternative care - Esther, CMMB - Family Legacy, Harrison Kakemba - Gerald Kaputi, support foster care - Gladys, SCI, create awareness - J Mpoha, Mulungushi University, strengthen traditional care systems through advocacy - Katie Januario, CRS, programmatic work - Margaret Katei, JCM - Maria Akani, psychiatrist, Chainama Hills College Hospital - Maud/UNICEF, support development of review of care management systems - MCDSW, families have to be supported to prevent institutionalisation/strengthen families/support families for alternative care - Mibiliya, Bethany - MSYCD, more awareness and sensitisation

<p>5) A skilled mandated resources social service workforce</p>	<ul style="list-style-type: none"> - Anna, Dept. of SW - BCN, Care to Practice initiative, online community of practice. - Emmah Kaputi, ZARD - Esther, CMMB - Father Bob, ZACCW, training and networking - Harrison Kalumba, Family Legacy - Jairons, SWAZ - Josephine Sinaka, Zambia Agency for persons with Disabilities - Katie Januario, CRS, work with local universities and US universities to build capacity and accreditation - Kazembe Zyamb, Dept. of SW, license staff to a national body - Local universities need to network with other universities - Margaret Katei, JCM, networking is important - Maria Akani, psychiatrist, Chainama Hills College Hospital, training in mental health first aid to support children - Mark, GHR Foundation - Martin Hayes, USAID - Maud, Mwansa and Chi, UNICEF, develop a strategy on how to get there - Mbiliya, Bethany, accredited social worker programmes - Morris, Dept. of SW, accreditation of the workforce to the two upcoming bodies - Susan Liteta, Zambia Police, Child Protection Unit - UNZA, offer relevant courses with practicum - Zambia Rising
<p>6) Placing children and families affected by disability at the centre of the reform agenda</p>	<ul style="list-style-type: none"> - Anna, Dept. of SW - Dan, GHR, support better understanding of CWD - Danales, Dept. of SW, child participation - Emmah Kaputi, ZAPD - Esther, CMMB, family strengthening - Gladys Musaba, SCI - Hellen, MYSCD, awareness raising around disability - Josephine Sinaka, ZAPD - Kasisi - Katie Januario, CRS, work with communities, families affected by disability - Kazembe Zyambu, research - Martin Hayes, USAID - Maud, UNICEF, put in UN disability advisor to provide technical assistance

	<ul style="list-style-type: none"> - Mbiliya, Bethany, adoption and foster of CWD - MCDSW, provide financial support - Morris, Dept. of SW - Mr Michelo, MCDSW “CRB is the right platform to use” - Sarah Banda, MCDSW
7) Evidence to inform policy and advocacy	<ul style="list-style-type: none"> - Amara, M&E, CIF initiative, technical support to build capacity for M&E systems and sound research. - Anna Dept of SW, generate and use the information, - BCN, Zambia country page on website with a repository of documentation, supporting a Zambia care reform mapping - Damales, Dept of SW, raise awareness around best practices on care reform - Esther, CMMB - Family Legacy, Harrison Kalumba, evidence sharing - Father Bob, filling knowledge gaps, ZACCW - Gerard Kaluto, SOS Children’s Villages, Zambia - GHR, Dan, increased knowledge and understanding - Hamvula Irene, assistant registrar, DNRPC, Home Affairs - Kasisi - Katie Januario, CRS, provide data from the CCC research (Catholic Children’s Care) - Maud, UNICEF, identify knowledge gaps, undertake research - Morris, Dept of SW, operationalise web page on child care needs to be created - Mr Michelo, MCDSW - S Meoka, Mulungushi University, creation of a platform for knowledge sharing, research findings to feed into policy development - Simon, Bethany, central systems of evidence sharing - UNICEF, IMS and evidence sharing, Mwansa and Chi - UNZA, Jairons Miti, research, sharing, courses, strenghten MCDSW, coordination role - Zyambo Kazembe, providing technical and local personnel at grassroots level
8) A robust legal and policy framework	<ul style="list-style-type: none"> - Andrew Mukuwa, Zambia Law Development Commission - Anna, Dept of SW - Barnaba Mwansa, supporting policy reforms - Ernest Chilufya, Dept of Child Dev., formulate law as and policies to address the growing problem of street children in the country - Gerald Kaputo, SOS Children’s Villages - Jairons Miti, SWAZ, advocate for the above - Kasonde, MCDWS, an integrated approach building on available legal and policy framework

	<ul style="list-style-type: none"> - Margaret Katei, JCM, integrated policy framework - Mbilya, Bethany - MCDSW, implementation of the available legal and policy frameworks - Simon, Bethany, - Irene Hamvula, assistant registrar DNRPC (Home Affairs) - Maud, UNICEF, Legal/policy assessment review, support for TA
9) A realistic progressive time bound approach	<ul style="list-style-type: none"> - Anna, Dept. of SW - Barnaba Mwansa, SCI-ZR - BCN, pilot tracking tool to measure implementation of AC guidelines - Chimunya Simaubi, Judiciary - Damales, Dept. of SW, involve key actors with clear roles and responsibilities. - Esther, CMMB , input into the process and participate - Gladys Musaba, SCI - Harrison Kakemba, Family Legacy - Jairous Miti, SWAZ - Kasisi - Kasonde, MCDSW – take into account what is already there and strengthen. - Martin Hayes, USAID - Maud, UNICEF, support development/provide TA - Mwansa, UNICEF, support the development of strat and implementation plan. - Simon, Bethany, undertake a trial/pilot of the strategy on one facility. - Viola Chikumbi - Zambia Rising - Margaret Katei, JCM - Karie Januario, CRS, be at the table to help provide technical assistance and resources in advance

Annexures

Annexure 1: Agenda

- Zambia National Consultation -
Accelerating the national children's care reform process
4th, 5th, 6th, MAY 2016
Radisson Blu Hotel, Lusaka

DAY ONE		
Session Chair: Director, Social Welfare		
08:30	Opening Session Highlight of consultative forum objectives Introductions (Facilitating team and participants)	Director, Department of Social Welfare
OFFICIAL OPENING		
09:00	Welcome Remarks	Permanent Secretary, Ministry of Community Development and Social Welfare (MCDSW)
09:10	Official launch of the National Consultation	Permanent Secretary to call upon the Minister, MCDSW
09:30	Presentation on Global Perspectives on child care reform	Better Care Network (BCN)
09:50	Key Note Presentation: Overview of child care reform in Zambia Welfare – key frameworks, programmes, achievements and plans	Director, Department of Social Welfare
10.15	Tea Break and Group Photo	

Session 1 – Chair: Chief Child Development Officer, Ministry of Youth, Sport and Child Development		
Panel Session: Key children's care programmes in Zambia In this session we look in more detail at some key children's care programmes and discuss what we have learned from these programmes		
10.45	Presentation 1 Demographics in relation to children – Zambia perspective	Central Statistics Office and Better Care Network
11.05	Presentation 2 Conceptualization of Child Care Reform	UNICEF
11.20	Presentation 3 Children in Families Initiative and building an integrated M&E Framework	GHR Foundation
11.35	Questions and Answers	Chair
11.55: Group work – Programme learning and recommendations to accelerate child care reform		
13.00 LUNCH		
Session 2 – Chair: UNICEF		
Session 2) Panel Session: Strengthening the environment for accelerated children's care reform		
14.00	Presentation 1 Legal framework and legislative provisions for child care reform	Zambia Law Development Commission
14:15	Presentation 2 Policy framework and coordination of efforts on child care reform	Department of Child Development
14.30	Presentation 3 Social protection as a component of child care reform in Zambia	Department of Social Welfare
14.45	Questions and Answers	Chair
15.00-15.20 Tea Break		
15.20 – 16.30 Group work – Reflections and recommendations on mechanisms which facilitate accelerated care reform		
16.30 Plenary session wrap up of Day One and instructions for Day Two		

DAY TWO		
Session 3 and 4 - Chair: Department of Social Welfare		
08:30	Recap of Day One and outline of Day Two activities	Facilitator
Session 3): Plenary session: The role of the social services workforce in child care reform		
08.40	Presentation 1 Role of social services workforce in child care reform – Experiences from other countries	GSSWA
09.00	Question and Answer session	Chair
Session 4) Panel session: The current status of the social welfare workforce in Zambia		
09.10	Presentation 1 Findings from the human resources assessment and gap analysis of the Social Welfare workforce in relation to Child Care Reform	Zambia Rising
09.30	Presentation 2 In country training opportunities for the social welfare workforce in relation to child care reform	University of Zambia, Department of Social Development
09.45	Presentation 3 The status of child and youth care workers in Zambia and their role in child care reform	Zambia Association of Children and Youth Care workers
10.00	Questions and Answers	Chair
10.15-10.40 Tea break		
10.40-12:00 Group Work – Planning, developing and supporting the workforce		
12.15-13.30 LUNCH		
13.30	Group presentations The different groups will report back on their discussions	Facilitator
14.10	Group work - Identifying and gaining consensus on priority areas and actions to strengthen the social welfare workforce	Facilitator
14.45	Wrap up of activity and summary	Facilitator
15.00 - 15.15 Tea break		
15.15	Presentation followed by Q&A: Mutual support for child care actors across the region – an overview of available resources	GSSWA/BCN
16:30 Wrap up and instructions for Day Three		
DAY THREE		
08.30	Recap of Day Two and outline of Day Three activities	Facilitator
Session 5): Panel session : Advocacy and moving forward with priorities		
Session 5 - Chair: Catholic Relief Services		
09.00	Presentation 1 Current advocacy processes and gaps in relation to child care reform - developing a collective framework	UNICEF
09.15	Presentation 2 An example of a community-based response to child care reform	CMMB
09.30	Presentation 3 Addressing disability within child care reform	Department of Social Welfare
09.45	Questions and Answers	Chair
10.30 – 11.00 Tea Break		
11.00-12.30: Group Work - Strengthening advocacy		
12.30-14.00 LUNCH		
Closing session Chair: Director, Social Welfare		
Closing session - Setting priorities and agreeing actions		
14.05- 14.35: Facilitators report back to the meeting on discussions		
14.35-15.05: Participants will review the recommendations and identify follow ups and next actions.		
Closing remarks		
15.10	Commitment to Action	Director, MCDSW
15.20	Civil society	Save the Children
15.25	UNICEF	UNICEF
15.30	Ministry of Community Development and Social Welfare	Permanent Secretary
15.40 - Meeting closes followed by Tea		

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Annexure 3: Resource List - Zambia specific resources available on the Better Care Network website and elsewhere

Main Zambia Country Page on BCN website: <http://bettercarenetwork.org/regions-countries/africa/eastern-africa/zambia>

Currently Highlighted Documents

- [Zambia Country Brief on Children's Living Arrangements](#)
- [Snapshot of Children's Living Arrangements](#)
- [Country Care Review](#)

National Policies, Frameworks and Legislation

[Minimum Standards of Care for Child Care Facilities: Regulations and Procedures](#)

Ministry of Community Development, Mother and Child Health, Republic of Zambia, Department of Social Welfare 1 Jul 2014.

The Non-Governmental Organisations' Act, 2009

[http://www.mcdmch.gov.zm/sites/default/files/downloads/Non-governmental Organisations 'Act%202009%20Zambia.pdf](http://www.mcdmch.gov.zm/sites/default/files/downloads/Non-governmental%20Organisations%20Act%202009%20Zambia.pdf)

The Juveniles Act

<http://www.parliament.gov.zm/sites/default/files/documents/acts/Juveniles%20Act.pdf>

National Health Policy

[National Health Policy](#)

National Strategy on Ending Child Marriage in Zambia 2016-2021 *Author: Zambia Ministry of Gender and Child Development | 05.04.2016*

<http://www.girlsnotbrides.org/resource-centre/national-strategy-ending-child-marriage-zambia-2016-2021>

Roadmap for Accelerating Reduction of Maternal, Newborn and Child Mortality, 2013-2016

http://www.mcdmch.gov.zm/sites/default/files/downloads/MNCH_Road%20Map.pdf

National Health Strategic Plan (NHSP) 2011-2015

<http://www.mcdmch.gov.zm/sites/default/files/downloads/National%20Health%20Strategic%20Plan%20-%202011%20-%202015.pdf>

Adolescent Health Strategic Plan 2011 - 2015

<http://www.mcdmch.gov.zm/sites/default/files/downloads/ADH%20Strategic%20Plan%202011-15.pdf>

Facts about Foster Care (Brochure) Zambia

<http://bettercarenetwork.org/library/the-continuum-of-care/foster-care/zambia-facts-about-foster-care>

MCDMCH - DSW Services Brochure

<http://www.mcdmch.gov.zm/sites/default/files/downloads/service%20brochure.pdf>

Basic facts about Adoption (Brochure) Zambia

<http://bettercarenetwork.org/library/the-continuum-of-care/adoption-and-kafala/zambia-basic-facts-about-adoption>

Basic facts about the Public Welfare Assistance Scheme (PWAS) Zambia

<http://bettercarenetwork.org/library/social-welfare-systems/social-protection-policies-and-programmes/basic-facts-about-the-public-welfare-assistance-scheme-pwas>

All other resources:

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

Catholic Relief Services, 2016

[Zambia: Children's Care and Living Arrangements, DHS 2013-14](#)

Better Care Network 14 Sep 2015. This country brief provides an overview of data on children's living arrangements in Zambia, extracted from the 2013-14 DHS survey. See also [Data on Children's Living Arrangements in Zambia](#)

[Prevent and Protect: Linking the HIV and Child Protection Responses to Keep Children Safe, Happy, and Resilient](#) Siân Long and Kelley Bunkers - UNICEF and World Vision International- 1 Mar 2015.

[Alternative Care Assessment in 6 Countries.pdf](#) Assessment of the current status of Alternative Care Legislation, Standards and Practices and identified Gaps in six countries: Kenya, Malawi, Swaziland, Tanzania, Zambia and Zimbabwe.

[Meeting Report of the Regional Learning and Consultation Meeting: Strengthening Child Care Systems](#), Better Care Network 19 Aug 2014.

[Call for promising practices on HIV and child protection linkages](#)

IATT CABA, 14 Aug 2014, The **IATT CABA** has commissioned a piece of work that seeks to identify approaches, interventions and tools that have effectively supported linkages between the child protection and HIV sectors, with a focus on three countries – **Nigeria, Zambia and Zimbabwe**.

[Handbook on Juvenile Law in Zambia](#) (2014)

[From a Whisper to a Shout: A Call to End Violence Against Children in Alternative Care](#) SOS Children's Villages and the University of Bedfordshire 2014.

[Drumming Together for Change: A Child's Right to Quality Care in Sub-Saharan Africa](#), SOS Children's Villages, Centre for Excellence for Looked After Children in Scotland, University of Malawi 2014. This report is based on a synthesis of eight assessments of the implementation of the Guidelines for the Alternative Care of Children in Benin, Gambia, Kenya, Malawi, Tanzania, Togo, Zambia and Zimbabwe.

[2012 Child protection system mapping and assessment report \(Zambia\) Min.Gender and Child Development](#) This report was conducted to provide an extensive assessment designed to map the existing child protection system in Zambia.

Fact Sheet on National Child Protection Systems in Zambia. Save the Children

<http://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/fact-sheet-on-national-child-protection-systems-in-zambia>

[Minimum Package of Services for Orphans and Other Vulnerable Children and Youth](#) Southern African Development Community 2011.

[The Situation of Orphans and Other Vulnerable Children and Youth in the SADC Region \(DRAFT\)](#) Southern African Development Community (SADC) 13 Oct 2010.

[Alternative Care for Children in Southern Africa: Progress, Challenges and Future Directions](#) UNICEF 9 Jan 2009. This report, prepared for UNICEF East and Southern Africa Regional Office (ESARO) assesses the capacity in Malawi, South Africa, Swaziland and Zambia to manage alternative care systems for children.

[Expanding Social Protection for Vulnerable Children and Families: Lessons Learned from an Institutional Perspective](#) Miriam Temin 1 Mar 2008. Examines the institutional challenges in implementing national social protection programmes.

[Report of Rapid Assessment and Analysis of Vulnerabilities Facing Orphans and Other Vulnerable Children and Youth \(OV CY\), and the Quality of OV CY Projects and Programmes in SADC](#) SADC Secretariat 2008.

[Assessment of Capacity to Manage Alternative Care in Zambia – \(2008\)](#)

Andrew Dunn John Parry-Williams, 2008.

[Lubuto Library Project: Bringing Knowledge and Enlightenment to Africa's Street Children](#) Lubuto Library Project 14 Jan 2007.

[Girls at Risk on the Streets](#)

Dr. Sue Gibbons for Africa KidSAFE 2007. A report that identifies gaps and provides recommendations for protecting and supporting girls living on the streets.

[The Impact of Social Cash Transfers on Children Affected by HIV and AIDS: Evidence from Zambia, Malawi and South Africa](#) Bernd Schubert, Douglas Webb, Miriam Temin, and Petronella Masabane 2007.

[Community Care or the Institution?](#)

Daphetone Siame 2007. Brief article observing the proliferation of orphanages in Zambia.

[Psychosocial Vulnerability and Resilience Measures For National-Level Monitoring of OVC](#) Leslie M. Snider, UNICEF 12 Aug 2006.

[Report on Survey and Analysis of the Situation of Street Children in Zambia: Profile of Street Children in Zambia](#) Lukas Muntingh 2006.

[Community Action and the Test of Time: Learning from Community Experiences and Perceptions](#) Jill Donahue and Louis Mwewa 2006. Research on the effectiveness and sustainability of established initiatives for vulnerable children in Zambia and Malawi..

[Legal and Policy Frameworks to Protect the Rights Of Vulnerable Children in Southern Africa](#) Save the Children UK South Africa Programme 2006. Reviews legal and policy frameworks for the protection of OVC rights in 10 Southern African countries.

[Community Care Coalitions \(CCCs\): An Effective, Local, and Community-Wide Response to HIV and AIDS in Gwembe District, Zambia](#) Esther Nkumbwa 2006. Short document outlining the constitution, role, and work of community care coalitions in Gwembe District, Zambia.

[Study of the Responses by Faith-based Organizations to Orphans and Vulnerable Children](#) Geoff Foster 2006. A study that looks at the response of faith-based organizations in Kenya, Malawi, Mozambique, Namibia, Swaziland, and Uganda. The report contains statistical information, and details positive care practices to build on, and negative examples to avoid.

[How Communities are Coping with the Impact of HIV and AIDS on Children: Findings from Uganda and Zambia](#) Jane Chege 2005. Assessment of pilot programs employing World Vision Community Care Coalition model in Uganda and Zambia.

[Making Cash Count: Lessons from Cash Transfer Schemes in East and Southern Africa](#) Stephen Devereux, Jenni Marshall, Jane MacAskill, and Larissa Pelham 2005. Case studies from Ethiopia, Zambia, Mozambique and Lesotho are discussed.

[Social Cash Transfers: Reaching the Poorest](#)

Bernd Schubert 2005. This paper explores the role and process of social cash transfers to reduce poverty and provide social protection. It examines a pilot cash transfer program in Zambia.

[A Costing Analysis of Community-Based Programs for Children Affected by HIV/AIDS: Results from Zambia and Rwanda](#) Leanne Dougherty, Steven Forsythe, William Winfrey, Kathy Buek and Minki Chatterji 2005.

[Safety Nets for Children Affected by HIV/AIDS in Southern Africa](#)

Geoff Foster 2004. Discusses the interplay between informal and formal safety net mechanisms in supporting orphans and children made vulnerable by HIV/AIDS.

[Orphans in Africa: Parental Death, Poverty and School Enrollment](#)

Anne Case, Christina Paxson, and Joseph Ableidinger 31 Dec 2003. Research on the incidence, living arrangements, and causes of lower school enrollment of orphans in Sub-Saharan Africa.

[Country Care Review: Zambia](#)

Better Care Network 2 Jul 2003. This country care review includes the care-related Concluding Observations adopted by the Committee on the Rights of the Child.

[Forgotten Families: Older People as Carers of Orphans and Vulnerable Children](#)

Help Age International and the International HIV/AIDS Alliance 2003.

[Survey of Orphans and Vulnerable Children in Rwanda and Zambia](#)

N/A, 2003.

[Suffering in Silence: The Links between Human Rights Abuses and HIV Transmission to Girls in Zambia](#)

Janet Fleischman 2002. Documents the nature of sexual abuse against girls in Zambia, why it continues to happen, and the links with HIV infection.

Annexure 4 : Scenes from the consultation, Lusaka



Scenes from the consultation, Lusaka

