



# **Catholic Care for Children in Uganda: A Family for Every Child**

**FINDINGS FROM A MIDTERM EVALUATION**

*Cover photo: Resettled infant is embraced by her family.*

All photos provided by Nyokabi Kahura.

©2021, GHR Foundation. All rights reserved. No portion may be reproduced without permission from GHR Foundation, 60 South 6th Street, #2950, Minneapolis, MN 55402; [info@ghrfoundation.org](mailto:info@ghrfoundation.org); [www.ghrfoundation.org](http://www.ghrfoundation.org).

# **Catholic Care for Children in Uganda: A Family for Every Child**

## **FINDINGS FROM A MIDTERM EVALUATION**

# **CONTENTS**

<b>PREFACE</b>	<b>5</b>
<b>CCCU MIDTERM EVALUATION</b>	<b>6</b>
Introduction	7
Catholic Care for Children in Uganda	8
Looking back: How it all began	11
What is changing?	14
What is driving the change?	20
What are the challenges and learnings?	21
What makes CCCU so special?	25
Looking ahead	27
<b>AFTERWORD</b>	<b>28</b>
<b>CATHOLIC CARE FOR CHILDREN LOCATIONS</b>	<b>29</b>
<b>APPENDIX</b>	<b>31</b>



GHR Foundation is a private foundation based in Minneapolis, Minnesota (USA). It exists to be of service to people and their limitless potential for good. It supports Catholic Care for Children in Uganda through its Children in Families initiative, which envisions a world where all children—especially those at risk of losing or without parent care—are living in safe, nurturing families.



The Association of Religious in Uganda represents nearly 100 religious institutes whose 7,000 members—religious women and men—live and minister in Uganda. ARU encourages collaboration, and it supports and empowers each religious institute to live its unique charism within the church. ARU sponsors Catholic Care for Children in Uganda.



Nicole Moran and Associates provide consultancy and facilitation services to nonprofit organizations, particularly in evaluation, experience capitalization, and strategy development. Participation, dialogue, respect, and mutual learning are central to their work. They especially value collaboration with religious congregations.

### **Abbreviations**

ACF	Alternative Care Framework
ARU	Association of Religious in Uganda
CCI	Childcare Institution
CCCU	Catholic Care for Children in Uganda
OVC	Orphans and Vulnerable Children

# PREFACE

*Daniel Lauer and Kathleen Mahoney*

Led by Catholic sisters, Catholic Care for Children in Uganda (CCCU) is a visionary effort to ensure children grow up in safe, nurturing families or family-like environments. In Catholic Care for Children in Uganda we see women and men religious reading and responding to the signs of the times. They are attuned to emerging global trends in care and national frameworks that now favor family- and community-based care for children over institutional approaches. They have explored the best of the social sciences and have seen how a child's sense of belonging to a family is crucial to his or her healthy development across the life span. They have reflected on the Scriptures and Catholic Social Teaching and what these mean for the ways in which they minister to those in need, especially children and families.

Under the auspices of the Association of Religious in Uganda (ARU), women and men religious started a journey together. It is called Catholic Care for Children in Uganda. Recognizing the benefits of family life for children, CCCU is working hard to reduce recourse to institutional care and promote family- and community-based care for children. The journey has been especially meaningful for 17 religious institutes that have a charism or long-term mission that finds expression in care of children and their families. As a result of their efforts, hundreds of children are now living in families rather than institutions.

To more fully understand these impressive results and how they were achieved, in 2020 GHR Foundation commissioned a midterm evaluation of CCCU with hopes it would inform, encourage, and inspire. In the following pages you will find a summary of the evaluation.

We heartily thank the evaluation team, Nicole Moran and her associate Nyokabi Kahura. Despite the challenges presented by the COVID-19 pandemic, they took on the effort. They listened thoughtfully, received our questions graciously, and engaged all respectfully. We are grateful for their evaluation report, which has already deepened our appreciation for CCCU and our understanding of what it takes to transition from institutional to family- and community-based approaches to care for children.

We also thank our partners at the Association of Religious in Uganda. In the early days of CCCU, Sister Margaret Kubanze, LSOSF; Sister Alice Jacan, SHS; and Brother Sixtus Barigye, BSCL made invaluable contributions. We extend our thanks to ARU's current leadership team, especially Sister Lydia Bwor, LSMIG, Secretary General; Sister Specioza Kabahuma, DST, Assistant Secretary General; and Sister Adeodata Ahimbisibwe, DMJ, Treasurer. We are especially grateful for the dedicated CCCU team: Sister Euphrasia Masika, DST, Program Director; Sister Stella-Maris Kamanzi, OLGC, Program Coordinator; Mr. Joseph Sentongo, Data Manager; and Ms. Carol Nansukusa, Case Manager. They continue to impress with their leadership and service. We thank them for working with the evaluation team and for their honesty, transparency, and generosity in sharing the story of CCCU.

# CCCU MIDTERM EVALUATION



*Catholic Sisters survey a children's home dormitory (top). Twins (below) being prepared for resettlement with their family.*



# Introduction

*Nicole Moran and Nyokabi Kahura*

Catholic Care for Children in Uganda (CCCU) was established in 2016 to strengthen Catholic congregations in the expressions of their charisms, especially those with a charism of care for children. Its goals are to enable children to grow up in safe environments, reduce recourse to institutional care, and encourage family- and community-based care for children. CCCU has been enormously successful. It is emerging as a model for best practice in childcare and protection, not only in Uganda but globally.

The objectives of the midterm evaluation were to:

- Examine what has been accomplished in the four years since the program began
- Identify and describe changes resulting from program interventions
- Elaborate on the challenges faced
- Articulate learnings to enable informed future decisions
- Help CCCU realize its desired outcomes more fully and efficiently

In conducting the evaluation, the team's approach was participatory, appreciative, and focused on the learning aspects of the CCCU program experience to date. The evaluators consulted more than 100 program participants and other stakeholders, and they sent an online survey to 117 participants of the program (with a 60 percent response rate). During visits to 12 childcare programs in the four regions of Uganda, evaluators met team members, program participants, duty bearers, children, and families.

*Babies' home in Uganda*



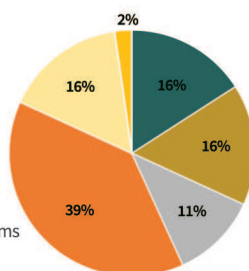
# Catholic Care for Children in Uganda

Catholic Care for Children in Uganda started in 2016 as an initiative of the Association of Religious in Uganda. ARU is the official umbrella body for 99 religious institutes and over 7,000 Catholic sisters, priests, and brothers (with nearly 80 percent of membership being female). The overall goal of CCCU is to strengthen those congregations with a charism of care and to do so in ways that help children grow up in safe, nurturing families or family-like environments.

Seventeen religious institutes who care for orphans and vulnerable children (OVC) agreed to participate. There are currently 44 childcare programs involved in CCCU: 14 long-term residential care institutions<sup>1</sup> (children's & babies' homes); 21 short-term residential care institutions (17 OVC annexes, 1 boarding annex<sup>2</sup>, 3 rehabilitation centers); and 9 nonresidential programs (2 rehabilitation centers, 7 community-based programs).

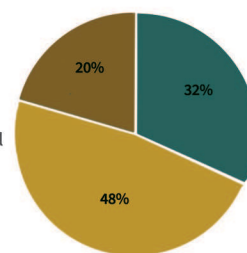
**CCCU Childcare Programs**

- 7 Children's Homes
- 7 Babies' Homes
- 5 Rehabilitation Centres
- 17 Annex Schools
- 7 Community-based Programs
- 1 Boarding Annex



**Residential vs. Nonresidential Care Facilities**

- 14 Long-term Residential
- 21 Short-term Residential
- 9 Nonresidential



CCCU was designed based on causal assumptions:

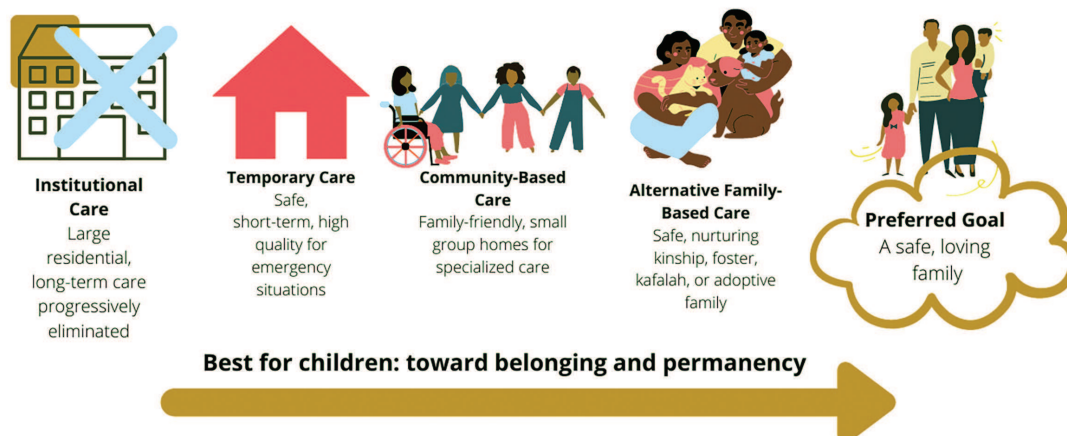
## If ...

- Catholic stakeholders learn about the Ugandan government's new legislation for care institutions and understand the benefit of family care for a child's well-being, and if ...
- Stakeholders embrace the vision of the Alternative Care Framework, and if ...
- Catholic sisters and brothers acquire social work and child protection skills needed for family- and community-based care, and if ...
- Catholic religious institutes work together, and if ...
- Religious institutes align their ministries with the Continuum of Care ...

## ...Then

- Religious women and men will become leaders in childcare reform in Uganda, and ...
- Well-trained and resourced religious will implement the vision of the Alternative Care Framework (Continuum of Care), and ...
- They will give more robust expression to their charisms, and ...
- Children will receive the highest quality care, and ...
- There will be an increase in the number of children living in families or family-like environments.

## Continuum of Care for Children



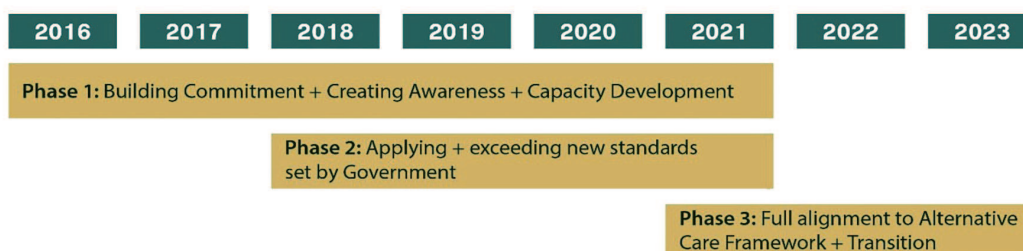
To reach these goals CCCU is running three overlapping phases. **Phase I** (2016- 21) aims at developing capacity for religious to provide the highest quality care possible for children living outside of family care. It entails scholarships for religious to study social work, training in child protection, and building commitment towards the Alternative Care Framework. While being trained as social workers, the scholars immediately begin applying their new skills when they return to work in their childcare institutions (CCIs).

Therefore, GHR began funding **Phase II** (2018-2021) earlier than planned, which includes pilot transitions at two children's homes to family- and community-based care. Phase II further aims at making sure that the Catholic childcare institutions are exceeding the new standards set by the government. It also includes spiritual activities, especially for the scholars to ensure they are

deeply rooted in their faith, with a spirituality leading to expression of charism.

**Phase III** is still to be developed; it will help the other CCIs and programs to fully embrace the Alternative Care Framework and make their transitions to family- and community-based care.

In addition, GHR Foundation has responded to emerging needs and provided additional support, including funding child protection training for superiors, diocesan representatives, and caregivers as well as a large cohort of sisters who had, with previous support from GHR, secured college-level training in counseling. GHR has also funded external partners supporting the program, such as the SPOON Foundation for a nutrition component, AMECEA for support in communications, and Markempa, which is supporting the transition of donors.<sup>3</sup>



<sup>1</sup> Long-term residential care refers to children staying more than 6 months in the institution; short-term residential care refers to children staying not more than 6 months.

<sup>2</sup> Boarding for children to be closer to school; boarding annex at the start of the CCCU Program was a children's home.

<sup>3</sup> SPOON Foundation is a U.S.-based organization empowering caregivers, creating tools, and strengthening systems to bring critical nutrition and feeding practices to children without family care and children with disabilities. Within the CCCU program, SPOON supports those institutions with children with disabilities and special needs (annex schools); [www.spoonfoundation.org](http://www.spoonfoundation.org). AMECEA is an acronym for the Association of Member Episcopal Conferences in Eastern Africa, a Catholic Service Organization for the national Episcopal Conferences of the nine countries of Eastern Africa. AMECEA supports all three CCC programs in the region (Uganda, Kenya, Zambia) through training as well as with advocacy and social marketing tools (e.g., writing stories and producing videos); [www.amecea.org](http://www.amecea.org). Markempa Consulting supports the development of CCCU's approach to building long-term financial sustainability to deliver new family- and community-based services (i.e., fundraising and donor transitioning); [www.markempa.com](http://www.markempa.com).

---

## Situation of Orphans and Vulnerable Children in Uganda

In Uganda 57 percent of the population is age 18 or below and more than half is deemed critically or moderately vulnerable. It is estimated that up to 5 million children have lost one or both parents, often due to HIV/AIDS. Many orphans/OVC live in child-headed households or other families, but there is a declining extended family and community support system. Separation from their families leaves children vulnerable to abuse, exploitation, and child trafficking. Other causes of the increasing vulnerability of children are mainly failure to provide basic needs due to poverty, but also because of domestic violence, alcoholism/drug abuse, or chronic diseases in parents/family members.

---

## Institutional Care in Uganda

As a result, a growing number of children are living outside of protective families. An estimated 50,000 children live in CCIs/ residential facilities, which are often called orphanages. However, more than two-thirds of those children have at least one living parent and many more have a contactable relative. The main reason for placing children in institutional care is poverty. Many admissions could be prevented if the family received some support. Because institutional care is associated with negative consequences for child development, Uganda is moving towards family-care or at least community-based approaches to childcare.

*(See the Government of Uganda, Ministry of Gender, Labour and Social Development: National Child Policy 2020; Brochure AMSRIU: CCCU, Child Protection, Alternative Care and Legal Frameworks)*

*Children's home in Uganda*



# Looking back: How it all began

The story of CCCU begins in 2015. With encouragement from the leadership of GHR, program staff were looking for value-added linkages and alignments between GHR program areas. Kathleen Mahoney from the Sister Support Initiative and Dan Lauer from the Children in Families Initiative took this idea to heart. On a trip to Uganda, they met with the leadership of ARU to discuss women's religious life and with leaders in the care sector to learn more about the state of care and care reform.

Around that time the government of Uganda had enacted new legislation concerning the care of children and the requirements for operating homes. The number of CCI in Uganda had increased from 40 to 600 in 20 years, creating risks for various kinds of abuses, such as human trafficking, child labor, and violence against children.

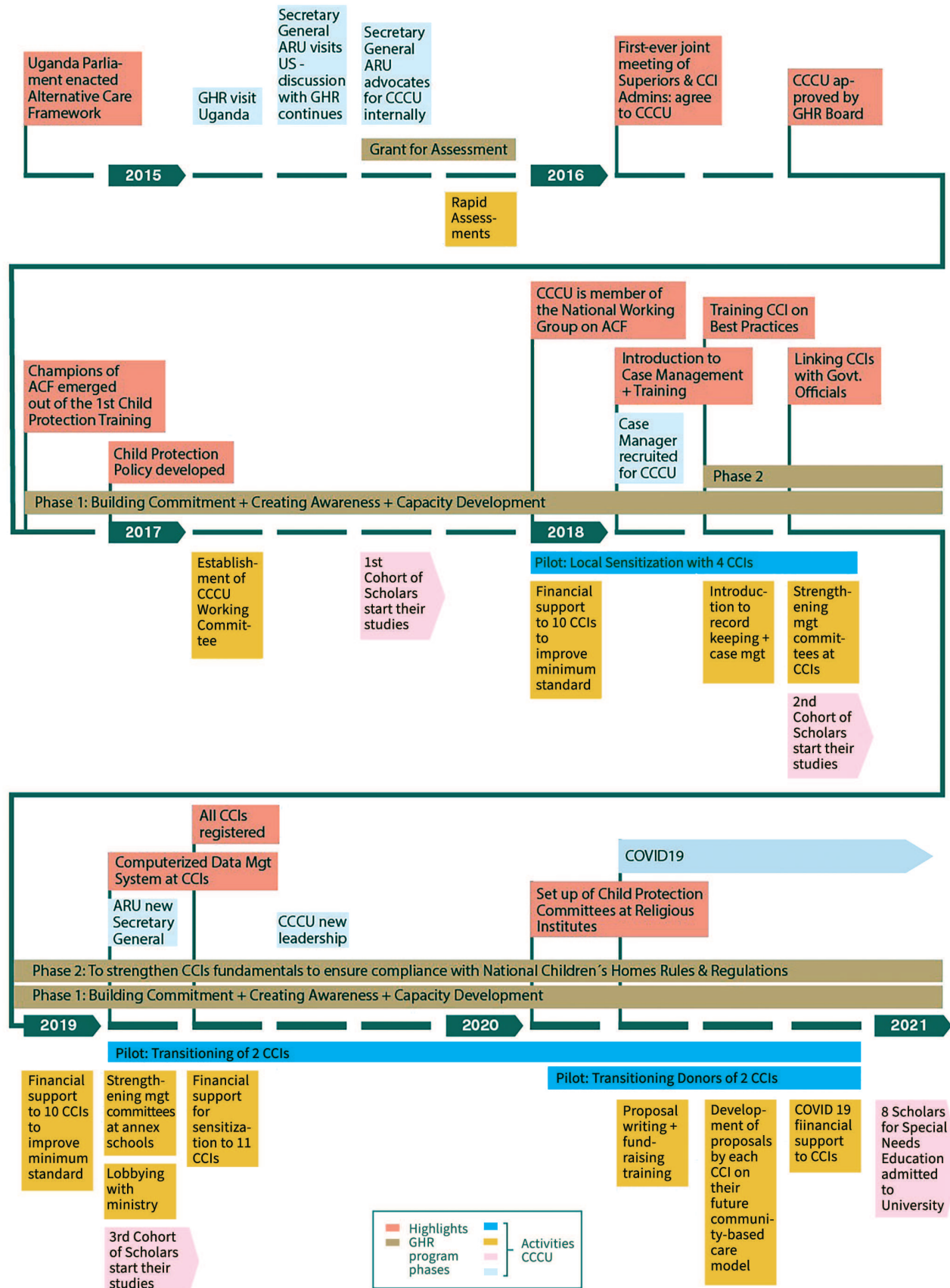
To ensure children's well-being, the government came up with measures for child protection. They established licensing requirements for institutional care with minimum standards, as well as official standards and procedures to be applied when responding to the plight of orphans and other vulnerable children (OVCs). Professional training in social work was now required by law for those who were responsible for the care of children outside families. Moreover, the government planned to close some institutions to promote family- and community-based care.

Not long after returning from Uganda, Mahoney had the opportunity to meet with Sister Margaret Kubanze, LSOSF, Secretary General of ARU, who happened to be in the United States for a short course at the University of Notre Dame. They spoke in more detail about religious life and the care of children. Mahoney asked Sister Margaret a small question that was to have major impact. "What if we provided support for the sisters with a charism of care to equip them to better care for children?"

Sister Margaret replied, "Yes, we need to train social workers because our sisters are not qualified in social work." If Sister Margaret had said no at that meeting, there simply would be no CCCU program today. It helped that Sister Margaret's congregation, the Little Sisters of St. Francis, has as its charism care of children. Sister Margaret realized they had good-hearted sisters and child caregivers, but they were not specifically trained to do the work. "It opened my eyes to what is happening internationally," she now says, "but also to what is happening in Uganda—the government passed new rules that we were not very aware of—and I realized that one day the government would close all CCIs."

This conversation led Sister Margaret to consider how religious men and women could become champions of child protection and care reform in Uganda. She met

# Story of CCCU



with the chair of the ARU Executive Committee and the leaders of religious institutes to share her concerns and advocate for her idea with them.

Her efforts resulted in a “Rapid Assessment of Catholic Care for Children in Uganda.” The first part of the GHR-funded study assessed the situation in Catholic CCIs and looked at the work sisters and brothers in Uganda were already doing with OVCs. The second part of the study looked at the emerging legal framework for the care of vulnerable children and its implications for care providers.

The results of the study, completed at the beginning of 2016, indicated that the religious were already caring for children and were doing so out of charity and goodwill, but without professional training. There were gaps in social work and child protection training as well as in the administration and management of their CCIs. Homes were operating, but like many others, they did not meet the new minimum standards.

The Rapid Assessment was presented at a meeting with leaders of religious institutes whose charisms focus on care for children, as well as the administrators of the CCIs. This was the first time that all religious involved in care for children had ever been gathered. Hearing about the new legislation and its implications, the participants were reluctant and cautious at first, but then slowly they changed their minds. It was a process, and the key was to reflect on the charism of the congregations and about their strengths.

“We had to awaken the superiors,” says Sister Margaret, “so that the homes were not closed

abruptly. We told them, ‘You better become aware that there are new ways to manage homes internationally but also at the national level.’”

The discussion focused on how to protect the congregations because the sisters became aware that they had been doing their work with insufficient legal protection. They realized they needed to professionalize or risk being abruptly shut down, which would put the families and children who depended on them at risk.

The religious superiors and CCI administrators decided to work together, resolving to comply with the new legal framework and policies. In time they met with government leaders and offered to become national implementing partners to take the lead within Uganda in moving toward family- and community-based care approaches.

---

[CCCU] was just the way of expressing our charism—what moves us to do what we do, the way we do it, the attitude we use to do it, the energy we put in, and the commitment. We built on that strength to ensure that this expression of charism is now combined with skills and professionalism.

—SISTER SPECIOZA  
KABAHUMA, DST, ASSISTANT  
SECRETARY GENERAL  
OF ARU

This was the birth of Catholic Care for Children in Uganda. A planning and advisory committee was established to determine the steps to be taken and develop a proposal for submission to GHR Foundation. The plan focused on building and strengthening the capacities of individual sisters and brothers and the congregations to live their charisms of care.

As Sister Specioza Kabahuma, DST, Assistant Secretary General of ARU, explains: “This was just the way of expressing our charism—what moves us to do what we do, the way we do it, the attitude we use to do it, the energy we put in, and the commitment. We built on that strength to ensure that this expression of charism is now combined with skills and professionalism.”

# What is changing?

Many changes can be observed after four years of implementation of CCCU.

## Near term: Changing attitudes and building capacity

Changes in thinking and attitudes are clear, and capacity building is evident.

**Importance of family:** Through the course of many meetings and trainings came a shift in mindset among the superiors and religious of 17 religious institutes and teams of 44 childcare programs. They came to appreciate how important it was for children to grow up in families or family-like environments.

**Child Protection:** After that, capacity development began with child protection training, social work training, and many other workshops. The change in thinking didn't come easily, as Brother Gerard, administrator of St. Mugagga Boys Home, notes, "I was perplexed by this idea of deinstitutionalization. I couldn't understand how it could work. But with time I came to understand and accept it. For many years, the boys would stay at the homes until their adulthood. At the time of being admitted, no records would be taken about the reason why the child was brought into a home nor who the families and relatives were."

---

The feedback from Makerere University was that they can clearly see from their recent visits to the childcare programs that, among those who have been specifically trained in care practices and case management, their level of understanding and knowledge is much higher.

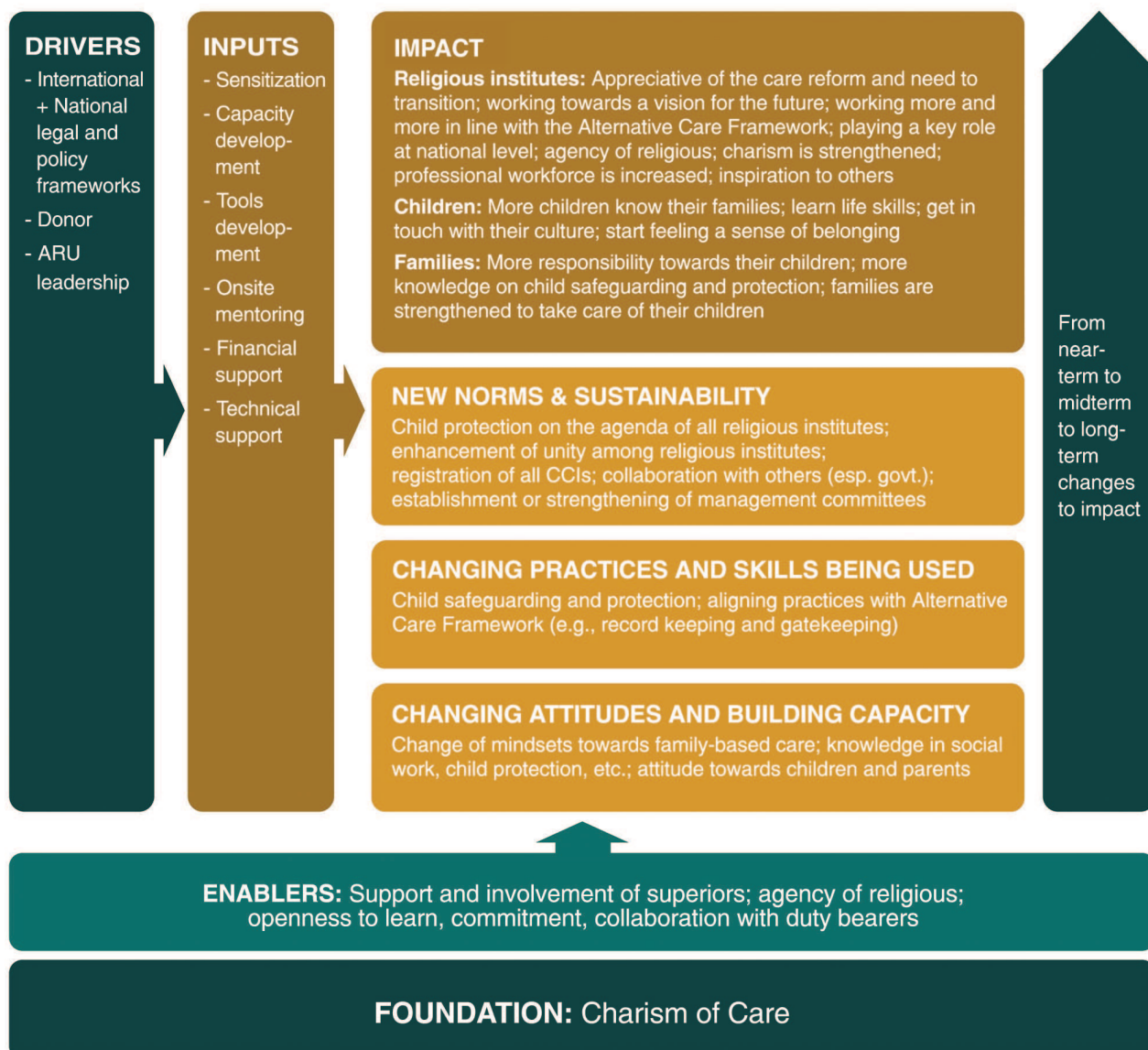
—EVALUATION TEAM

As part of the evaluation, the teams of the childcare programs were asked what they thought were the biggest changes they had noticed since the program started. One area was knowledge about child protection, which led to better understanding and care for children. It also involved teaching children their rights, and training others, such as team members, parents, and community members, on child protection. The religious had to recognize the right and responsibility of parents to take care of their own children.

This was a learning for the religious and for the parents themselves through community sensitization.

**Role of parents:** An administrator at an annex school says, "CCCU helped me to make parents realize their role and responsibilities. Also, the diploma in social work that I pursued increased my knowledge on how to take care of children, how to manage the little resources we have, and how I should involve the community."

**Social work training and community education:** Internally, the CCCU program built the capacity of 306 religious in child protection and 62 religious in social work, and CCCU sensitized 710 stakeholders to the government's new childcare policies. Training in social work was especially effective, as participants of the program now feel more qualified, competent, and confident to do the work of caring for children and their families.



## Midterm: New practices and skills

Changes in behavior and systems are also evident.

**Assessment tools:** Using the results of the Rapid Assessment, the CCCU team began structuring the program and developing (self-) assessment tools to get the CCIs in order before taking the next step. To be registered with the Ugandan Ministry of Gender, Labour, and Social Development, they needed to meet the minimum standards. They also wanted to address deficits and ensure a conducive living environment for children. The newly gained knowledge on child protection also resulted in changes of practices. They said that they are now

taking better care of the children, that corporal punishment has been reduced, and that they are also involving the children when making decisions that affect their futures.

**Implementing processes:** Another important change, according to team members, was understanding the importance of the different steps in case management: confidentiality, record keeping, gatekeeping, and follow-up. Case management is the center of the transitioning process, and the CCCU Program team has developed many different tools and manuals to guide and facilitate the process. Records at the childcare institutions and programs from before 2016 are difficult to find. They often consist of only

some notes in a notebook but no record for individual children. From 2017 onwards, a record is kept for each child staying at the children's or babies' homes as well as for the children who participate in the other childcare programs.

#### **Gatekeeping:**

Gatekeeping has also been a practice widely picked up by the participating residential homes. In the past, the gate to get in was wide open, and the gate to get out was too narrow. It is now the other way around: it is hard to enter and easy to get out. The focus is now on the children leaving the facility as soon as possible. Before, out of charity, institutions would often keep the children until they married. But today the institutions see it as the right of the children to be with families and that they have to leave the institution to support their healthy development as individuals. Now every child has an entry and exit plan for resettlement. Brother Gerard, administrator of St. Mugagga Boys Home, says, "Children end up in the childcare institutions for different reasons. It is important to understand the reason that brought the child and whether admitting them at the institution could have been or could be prevented. Gatekeeping! Fight to keep the child at home by working on the problem. Remember that you can still support the child while it is still living at home."

**Collaboration and networking:** The third big change, as highlighted by CCCU program participants, concerned collaboration and networking. They learned how to work with the government, how to coordinate with others in the field, and were empowered to partner with others. Before the CCCU program, most childcare programs were either not aware of or not in touch with the different duty bearers in their community, that is, the interested and responsible parties in a

---

There are significant changes in case management practices including gatekeeping, documentation, family tracing, reunification of children with families, and some childcare institutions have clear agendas of what they want to transform into as they deinstitutionalize. The number of children under care has significantly reduced.

—TECHNICAL EXPERTS,  
MAKERERE UNIVERSITY

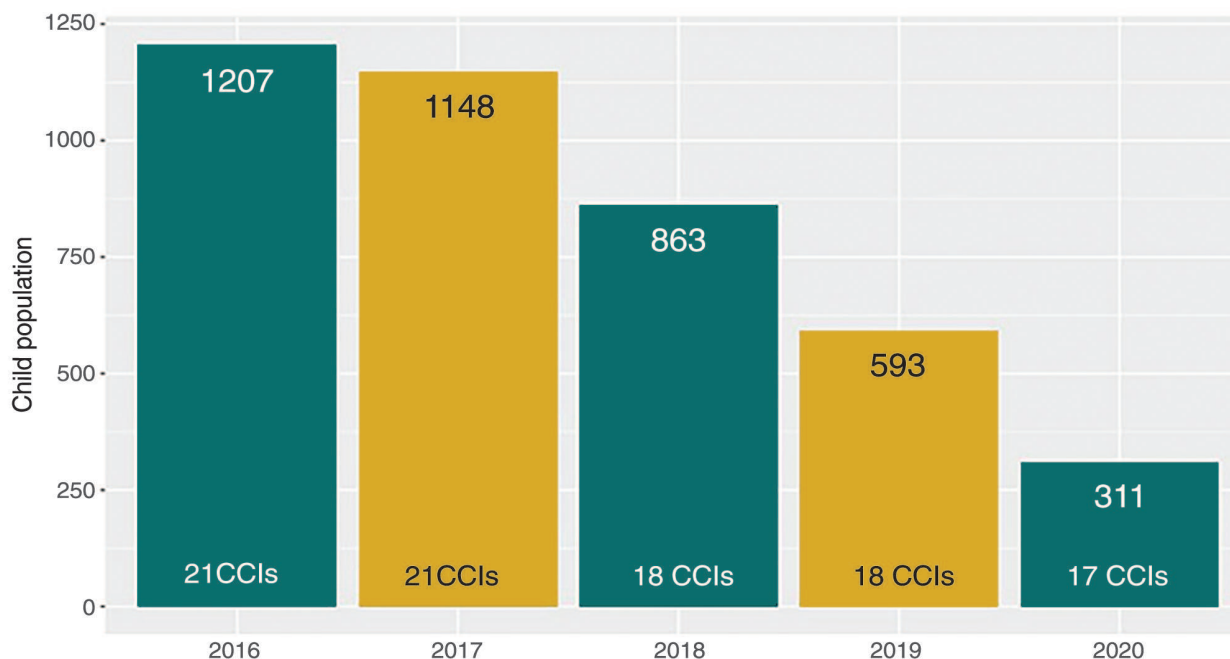
given case. After introduction through CCCU, the childcare programs are now aware of the different duty bearers and collaborate with them as much as possible. Sister Teddy, the administrator of Kinyarugonjo Children's Home, who has a diploma in social work and social administration, says, "Through my new knowledge I also know which stakeholders I should approach and involve in the process of resolving the cases."

### **Long term: New norms and sustainability**

**Impact on Religious Institutes:** For the religious institutes, CCCU has produced many results. On the one hand there is an enhancement of unity among religious institutes. Before the CCCU program started, the religious institutes with a charism of care for children did everything on their own, never meeting or exchanging ideas and resources with those doing similar work. Now they enjoy coming together to share and learn. They have a feeling of unity by starting and making this transformative journey together, and realizing that they are all facing similar challenges but also positive changes and successes. A superior states, "We came to know that we are not alone, but many brothers and sisters are involved in the same work. The differences are the localities."

On the other hand, the religious institutes have embraced the new approach to childcare as part of their charisms. Their charisms have not changed, but they have aligned their approach to childcare with a new understanding of what is in the best interests of children and their families. When asked about the reasons why their congregation decided to be part of the CCCU program, a superior answers, "To strengthen our institute in

## Total census in residential Catholic CCIs, 2016-2020



the expression of our charism with our members becoming champions of childcare reform.”

### Changes for children and their families:

The impact for children and their families is enormous. As a result of the efforts of the staffs from residential childcare institutions, more children know and are connected with their families. For those who have been successfully resettled with their families, they are learning life skills that they were not able to learn in the daily routine of an institution. They are getting in touch with their culture and have started feeling a sense of belonging. Some families are showing more responsibility towards their children. Families as well as community members have also gained more knowledge on child safeguarding and protection and how to report child protection issues. The program is helping more people to know about deinstitutionalization and how important the family is. So change is slowly emerging in society. In addition, the fewer children who remain in the CCIs are better cared for as a

result. The graph above shows the decline in the number of children in residential CCIs, from 1,207 to 311. It also highlights a decline in the number of residential CCIs, with 4 residential CCIs becoming nonresidential (from 21 to 17).<sup>5</sup>

## Case study

A case study from St. Mugagga Boys Home highlights the positive impact of resettlement for children. Eric Balikudembe,<sup>4</sup> now a teenager, was taken to a babies’ home by his father when he was only over 2 weeks old after his mother died in childbirth. For many years the family never saw him nor knew where he was. After his family was found, he is now living with his older brother. Eric’s family was happy and ready to receive him back home.

“We believe that when a child grows up, where the mother or where the person who has decided to mother a child is,” says Eric’s family, “it will be taught core duties that will help the child for future self-reliance. Here at home, Eric shall get

<sup>4</sup> Names of children have been changed throughout this document.

<sup>5</sup> At the start of the CCCU program there were 21 residential CCIs in the program. By 2020, this number had gone down to 17: 2 CCIs became Community-based programs; 1 CCI converted to a boarding annex; 1 residential rehabilitation center was made nonresidential.



*(Top) Eric Balikudembe is resettled at his older brother's home. (Above) Eric poses with one of his sisters.*

the chance to know his family, to know where he belongs, to learn his culture, and to learn his language. He will also get a chance to know and understand the society that he is living in. When he first came back home after staying at the children's home, he didn't know how to do many things by himself. He didn't know how to wash his clothes, didn't know that he needed to go to the borehole to fetch water, how to prepare food, or how to clean the compound. After being at home for some time, he is learning a lot of things, and we don't have to tell him what he needs to do."

Eric himself says, "Life is much tougher here at home than it was at St. Mugagga Boys Home. However, here I now have the chance to know my family and people who love me."

To sum up, CCCU has had a remarkable impact with:

- A wide-scale shift in mindset embracing family as the best place for a child.
- A significant increase in capacity with skills to transition to new care models.
- Fewer children in residential care and more children living with their families.
- An improvement in care for children still in residential settings.
- Increased collaboration among religious institutes and the exercise of leadership by religious women and men.

So how did this change happen?

*Eric Balikudembe prepares a meal with family members.*



# What is driving the change?

The **key external drivers:** Changing international and national legal frameworks were a powerful motivation behind CCCU. When religious women and men realized that their CCIs were not in compliance with new legal policies in Uganda, they decided to start the journey to improve residential care and transition from institutional to family- and community-based care.

The **key internal driver:** ARU leadership put the topic on the agenda and ensured that the program was spiritually grounded and connected to the charisms of the religious institutes. Their care for children was based on faith and charism, not monetary reasons. It was also the openness of religious to learn, be engaged, be committed, and use technical expertise from different sources. The commitment of the superiors was essential throughout the process because without their buy-in, the journey would not have started and succeeded.

The **key enabler:** GHR Foundation's willingness to support the program substantially over multiple years was vital. GHR Foundation was prepared to journey together with ARU on this new path of building the capacities of religious institutes and their CCIs to meet the requirements of the changed regulatory framework in Uganda in caring for children.

The **key activities** that contributed to results:

- Sensitization of all stakeholders on reformed childcare and the benefits of deinstitutionalization.
- Capacity development for larger numbers, i.e., a critical mass able to improve the quality of the CCIs, including child safeguarding and protection, case management, and processes for resettling a child to a family.
- Development of robust tools, e.g., children's admission register, standards for CCIs, child protection policy, and step-by-step case management processes.
- Visits by the CCCU team to the childcare programs and the mentoring of social workers undergoing professional training to encourage implementation of best practices.
- Collaboration with different duty bearers, such as probation officers, local councilors, and community development officers.
- Financial and technical support for the childcare programs to increase standards of care and ensure successful resettlement of children.



*Sister Teddy confers with John, a parent.*

## What are the challenges and learnings?

### Challenges

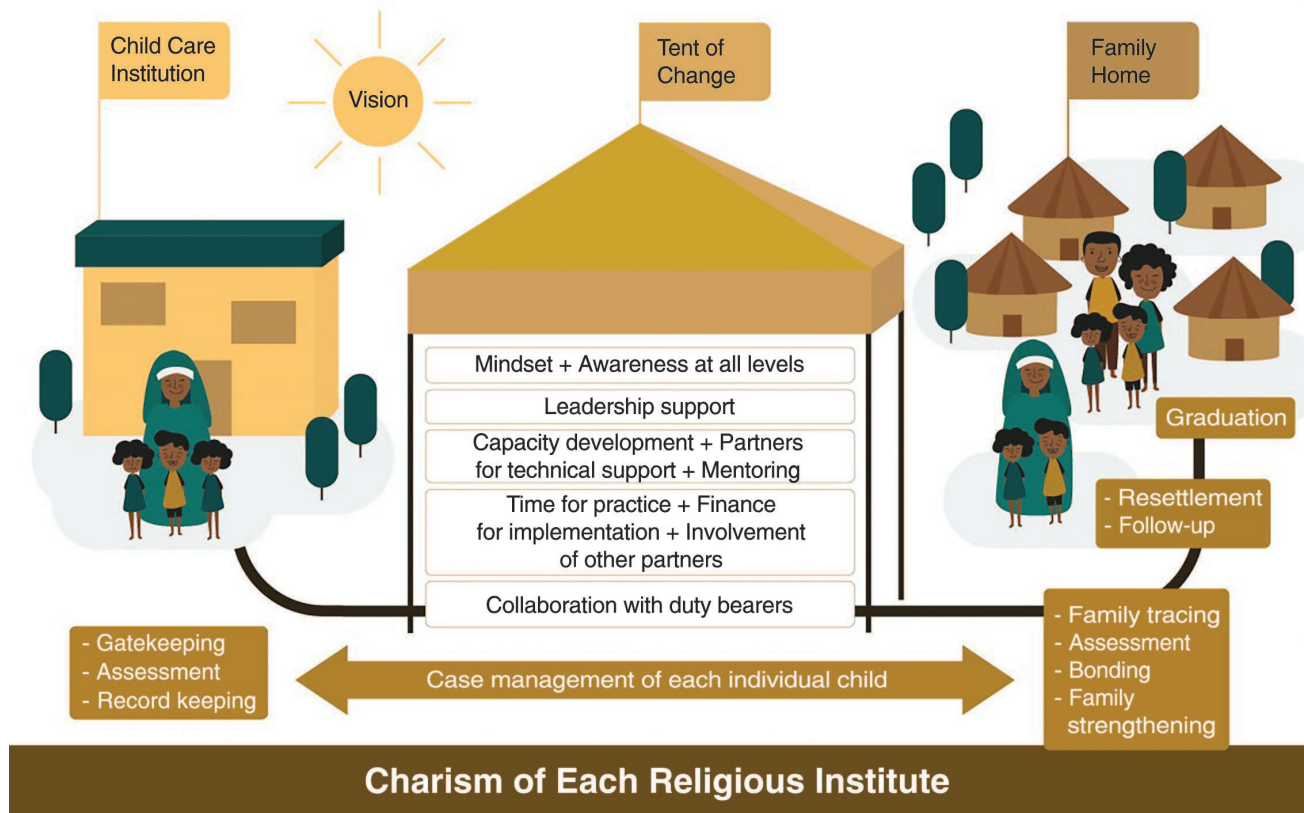
The challenges the program faced were largely due to limited resources. The children's and babies' homes have struggled to fully implement the transition process because additional resources are required. While still running CCIs, staff must find additional resources for family tracing, travel, and support for families so they can welcome a child back.

Staff also faced time constraints due to many different CCCU activities or pursuing studies while having a full-time job at the childcare program. Some felt that there was not sufficient time to apply all the new knowledge and skills gained. Other challenges were the underlying structural problems that led to a child's placement in a home in the first place, as well as the noncooperation of some duty bearers and parents. And, in general, there are not many other organizations working in the field.

The task of tracing families and relatives was also a challenge. It took a lot of thinking, planning, learning from experience, guidance, and missteps to get the children back home. Through training and mentorship, the children were successfully resettled despite the enormity of the task and complexity of the process. Brother Gerard, administrator of St. Mugagga Boys Home, says, "Resettling the children has taught us several things about deinstitutionalization through our own experiences and from the capacity building done by CCCU."

## Journey from institutional to family-based care: Gradual change process–step-by-step–in the best interests of the child

The tent as a symbol for a change process within a safe environment so that it is successful and without harm to the children



COVID-19 also negatively impacted the financial situation of the religious institutes as they rely on the salaries of their sisters and brothers who work in other settings, for example, as teachers in government or private schools. These salaries are critical for the religious institutes to survive and to underwrite the costs of their other institutions and programs. When schools were closed due to COVID-19, sisters and brothers became unemployed, and the religious institutes lost this primary source of support.

COVID-19 also accelerated the decline in the number of children in the residential care institutions. Due to the pandemic, 221 children were returned to their families. With the first shutdown in March 2020, the situation was so dire that some CCIs, fearful that children in their care might die, arranged to send them home, while some parents, similarly fearful, came to collect their children. This situation has raised concerns for the

well-being of the children who were returned home, some without optimal levels of case management and safeguarding.

### Key learnings

**Courage** is required to start the journey that will keep the charism of care alive in today's context. It is essential that the unifying charism of caring for children is at the center of the journey, guiding the process and all interventions. This focus will not only motivate all religious involved, but also support them in their ministries. Especially for those pursuing studies in social work, they must be aware that the professional knowledge and skills they are learning are to support them in living their charism through their ministries.

**Many stakeholders** must be engaged from different angles, with different messages, in different forums to gain support for

deinstitutionalization. They have to understand the benefits of deinstitutionalization so they can support and contribute to the process. An awareness and understanding of the key elements of child safeguarding and protection helps build a case for deinstitutionalization.

Therefore, it is important that the content of training on child safeguarding is linked to child rights as elaborated in the United Nations Convention on the Rights of the Child (UNCRC) and the Alternative Care Framework. For example, when CCCU participants were trained in child protection, they came to understand that a child has a right to a family. Child protection is not only about sexual abuse but that growing up in a family or family-like environment is best for children.

**Capacity development** for those involved in the transitioning process is foundational. A capacity-building plan is critical. But training and study courses alone do not ensure that theory is translated into practice. Guidance is required to reinforce the learning and apply and integrate it into the routine. Mentoring and supervision visits by technical experts and the CCCU program management team to the institutions are vital to the learning process. Staff from the CCIs may feel like sending children back home when they realize that the CCIs are not operating within the legal framework. It is of utmost importance that the CCIs are supported in their registration processes. The danger would be too high if an institution were to be shut down by the government, which would, in one way or another, be harmful to the interests of the children in the institution.

Before starting the transitioning **sufficient funds** have to be secured, otherwise CCIs will not be able to manage. Financial support is required to tackle the different steps in case management and to ensure that resettlement is done in the best interest of the child. Funds are needed for family tracing (announcements on the radio, cost of travel for family assessments, bonding visits, etc.) and family strengthening.

---

*If you stay connected with your originating charism it is not a problem if the ministry changes.*

—FATHER JOSEPH KYEYUNE,  
FORMER ARU EXECUTIVE  
COMMITTEE CHAIRPERSON

**Program support** is also needed.

First and foremost, families who are welcoming back a child need support so that they are able to care for the child emotionally, physically, and financially. Second, CCIs need resources to strengthen families and to provide follow-up services. Additional funds may be needed to transition or repurpose

the home as well as to develop new planned programming, such as an emergency shelter, health center, nursery, and community-based program. It is important to develop a vision for each institution by planning out the whole process and visualizing each step to be taken for each CCI.

It is also important to have a **program management team** overseeing and managing the whole program, instead of each individual children's or babies' home or annex school, etc. struggling on its own. A program team can work on tasks relevant to all participants, such as providing and organizing technical support, developing and sharing resources, and facilitating exchange and learning between the institutions—as well as being accountable to the donor who is supporting the overall program. By operating under the auspices of ARU, CCCU is positioned to connect with superiors of the various religious institutes whose support is critical.

Mechanisms must be in place that allow the **voices of the religious institutes** and childcare institutions to be heard. The Working Committee of CCCU is an example of such a mechanism representing the different participants of the program of each of the regions. Having regular meetings of CCIs in the respective regions is also a way to learn from each other and collect inputs that can be fed back into the Working Committee. Superiors should also be involved as well as representatives of the different homes in the annual planning and review to increase their ownership of the program.

It is important to **hold to the work plan** and ensure that the different planned steps are

followed as it may otherwise negatively impact the transition process. For example, if the economic strengthening component is delayed, but at the same time the childcare institutions start the transitioning process without properly preparing those families in need, it may have a negative impact on the child and his or her reintegration into the family. Because many areas need to be addressed during the transitioning process, it is important to have specialists on board for advice and to ensure effective and efficient implementation.

A **multisectoral approach** is required to address the reasons for abandonment and neglect of children. Brother Gerard says, “It is important to understand the problem from which the child is coming. This will ensure that when the child is resettled, you do not have a child being moved from the frying pan into the fire. For example, if you resettle a girl child back into a family and community where teenage pregnancies or early marriages are a problem, understand how you shall ensure that that girl child will be protected.”

Considering all the challenges involved, CCCU has been careful not to focus on the number of children

resettled as a primary indicator of success as it may lead to adverse effects for children. In some situations, resettlement of some children is simply not advisable.

A case from St. Mugagga Boys Home illustrates this point: Ernest’s parents were teenagers when he was born, and his mother died during birth. He was admitted to a babies’ home and later came to St. Mugagga’s. At one point he was taken home by his father and stayed there for a while, but he ran away because his stepmother did not treat him well. A few years later St. Mugagga’s tried to reach out to his father again, but the father was not willing to take him back. Ernest is one of the ten boys still living at St. Mugagga’s. It is a difficult case; options are limited, especially because he is older.

The transformative journey from institutional to family- and community-based care has to be a **gradual process** of making sure that capacity is developed, new knowledge is applied, and healthy practices are established. There are many different tasks to be completed and cautions to be kept in mind. Therefore, it is important to constantly review the program, learn, adapt, and be prepared when starting the journey and know that a sustained effort and commitment is required.

---

## Preparing congregations and communities for resettlement

It is very important to sensitize members of a congregation. In our case, some members welcomed the idea and saw the importance of parents or relatives caring for the children. It took time for the rest to accept and understand the concept. If the idea is not accepted and understood, gatekeeping becomes a problem because some members will continue to send babies here for admission out of sympathy.

When we started sending the children back home, we did a lot of sensitization. We used Radio Maria, made announcements during Mass, and during church services. We also used women’s guilds and catechists to spread the message about deinstitutionalization. We would invite the probation officer, local council chairman, social workers, and other stakeholders to participate, and the public would call in to get more information. We also started encouraging parents and relatives of the babies and children at the home to come and visit the children so that they could bond with them. It was very encouraging to see positive results. When the public first heard about this idea, they didn’t think that it was a good idea.

—SISTER MARY, ADMINISTRATOR OF ST. KIZITO BABIES’ HOME



*A resettled child gets a visit from a social worker.*

## What makes CCCU so special?

CCCU has taken incredibly important steps and accomplished much over its four years. The religious in Uganda had the courage to say yes and start this transformative journey. Today everyone speaks the language of family- and community-based care. ARU/CCCU with the participating childcare programs are now advocates of this best practice. Changes at all levels can be observed, from near-term changes in thinking, to midterm changes in behavior, and long-term changes in systems. The impacts were felt within religious institutes and among children and families.

Within a year of implementation CCCU had established key structures—a national office and four regional Working Committees—and developed a common child protection policy for all ARU member religious institutes. By the end of 2018 the CCCU program had become an inspiration and role model for sisters in Zambia and Kenya. This influence was also reinforced through exchange visits among religious from these countries. Similar projects were launched (CCCZ and CCCK), all aimed at helping children in need of care and protection.

CCCU reached a milestone in 2019 when all residential care institutions in the CCCU program were legally registered. Before the program started only two CCIs were registered; now all are meeting minimum standards and fully comply with the National Children's Home Rules and Regulations.

In 2020 COVID-19 restrictions led to some delays in program implementation. Yet the work continued and the benefits accrued. The following testimony of a sister in



*A resettled child with her father says goodbye to a visiting social worker.*

a childcare institution who is currently studying for a diploma in social work beautifully describes the changes observed in the program.

Firstly, our CCI was not registered, but CCCU did a great work of ensuring that this CCI was registered. Ranging from proper documentation up to the filing system. Secondly, CCCU has ensured that the personnel working in these institutions have adequate knowledge of doing their work well to enhance proper service delivery—through taking people to school and also continuing trainings and updates on current affairs to suit the guidelines for the Ministry. Thirdly, as religious women and men, we were limited in our interaction with the districts in which we work, even with our neighbors and equally other childcare partners. With their efforts, we are currently in touch with our districts through the probation offices, DHO offices, and local council offices, etc.—a big change that has created a big difference in the CCI. We are now recognized as CCIs in the district, even in functions.

Fourthly, the filing system is so formal that contact tracing of the child's background has been made easy both on hard copies and digital. Fifthly, gatekeeping in the CCIs has been strengthened through the CCCU program. And then CCIs like ours were given an assistance to improve on sanitation, a factor that has helped the center to operate above the minimum standards, a thing that

had never existed before. Lastly, but not least, it has helped our sisters all trained in our congregation to serve in a better way as compared to before. I say on behalf of our CCI thank you CCCU, thank you so very much.

What makes the CCCU program unique is the strengthening of religious institutes through capacity development to express their charism of caring for children in today's world. Sisters and brothers are interested in further professional development—their goal is to be a model for best practice in childcare and protection in Uganda. The CCCU vision is for the religious to become champions of childcare reforms and improve outcomes for children living outside of family care. A senior probation officer offers evidence that CCCU is realizing its vision:

I work with institutions that are under CCCU and those not under CCCU. There is a very big difference! I want to give live examples. If you went to those that aren't under CCCU, the communication between the social worker and the child tells you that there is something lacking. The CCCU trained CCIs to love children and communicate with them—take a child as a child. There is a lot of training that CCCU has done—it has educated these people and equipped them with books that are guidelines on childcare. The CCCU CCIs are following the 2013 approved homes rules and regulations perfectly!

# Looking ahead

The journey of CCCU is ongoing. In 2021 CCCU will focus on improving case management and family strengthening, as well as building capacity for fundraising among the CCIs. Many of the childcare institutions are already envisioning what they will be doing in future—from setting up a healthcare center to address maternal health in the community, to developing a community-based program with a focus on economic empowerment, to a nursery or day care center, to an emergency shelter. These new visions mean developing action plans so that all team members are informed and understand what will happen and what their roles will be in the future.

The next phase for the Catholic Care for Children movement is to learn and share knowledge and good practices between regional and global agencies to achieve synergies through the International Union of Superiors General (UISG). Towards this end, UISG launched Catholic Care for Children International (CCCI) in October 2020. With support from Catholic Care for Children International, teams from Catholic Care for Children in Uganda, Kenya, and Zambia now meet monthly (online) to share, learn, and support one another. CCCU has started a movement to ensure children grow up in safe, loving families, creating a ground-breaking path for others to follow.

*An empty dormitory*





*Sister Teddy checks in with a family.*

## AFTERWORD

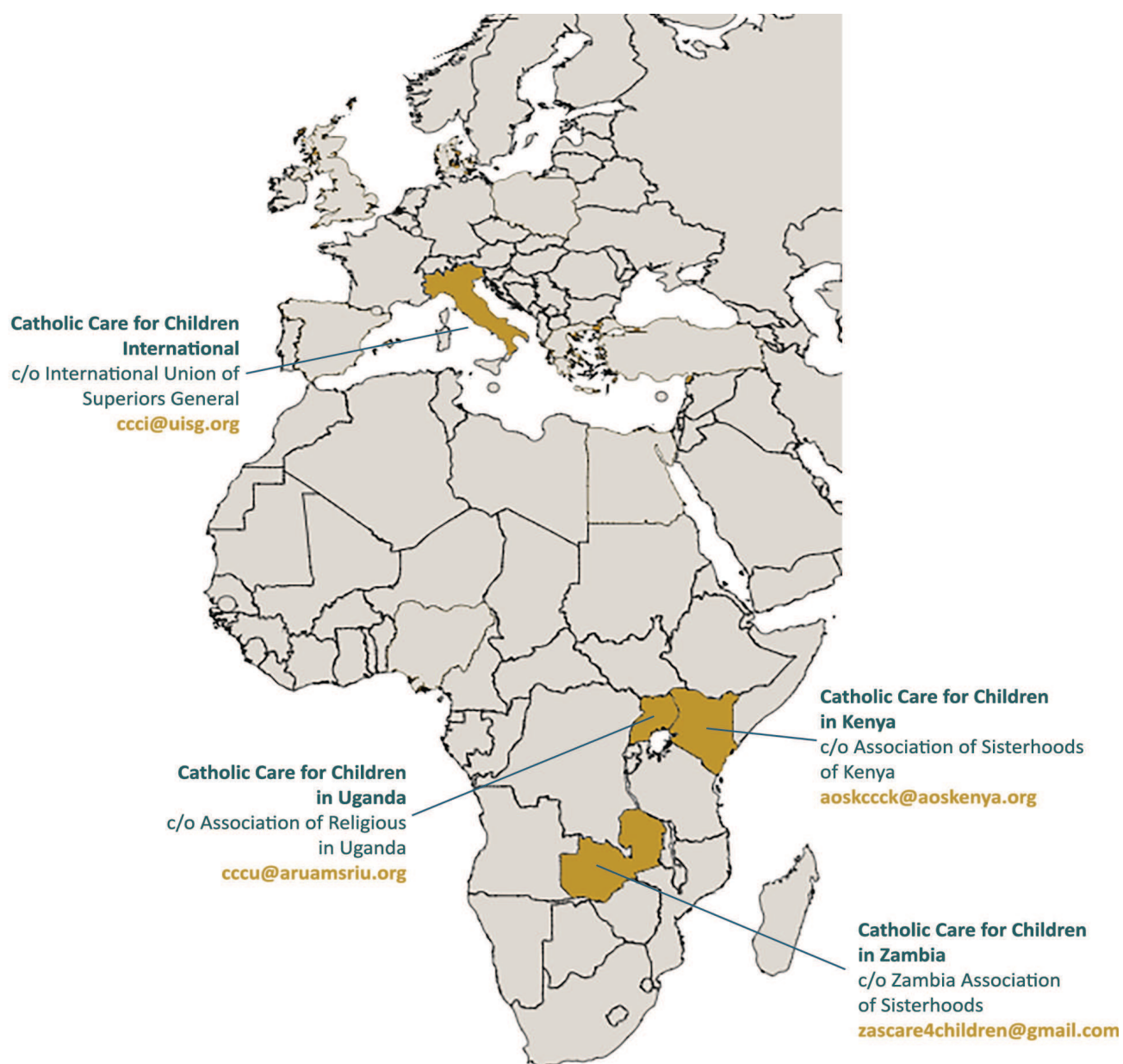
Catholic Care for Children in Uganda is part of a growing movement, led by women religious, to see all children growing up in safe, nurturing families. ARU/CCCU is a member of a vibrant network that includes Catholic Care for Children in Zambia, a project of the Zambia Association of Sisterhoods, and Catholic Care for Children in Kenya, a project of the Association of Sisterhoods in Kenya.

Inspired by the efforts of religious women and men in Uganda, Zambia, and Kenya, the International Union of Superiors General launched Catholic Care for Children International in 2020. CCCI is a global network of religious committed to reducing recourse to institutional care and encouraging family- and community-based care for children.

In 2020 representatives from CCCI, CCCU, CCCZ, and CCCK developed the CCC charter that guides the movement (*see the appendix*). CCCI invites religious institutes, particularly those with a charism for care, to consider participating in this global movement of care reform.

To learn more about, support, or participate in Catholic Care for Children, please contact Sister Niluka Perera, RGS, coordinator for Catholic Care for Children International; [ccci@uisg.org](mailto:ccci@uisg.org).

# CATHOLIC CARE FOR CHILDREN LOCATIONS





*A sister chats with other caregivers and remaining residents in a babies' home.*

# APPENDIX



## UISG Catholic Care for Children International

### CATHOLIC CARE FOR CHILDREN

Catholic Care for Children is a sister-led, charism-driven movement to ensure children grow up in safe, loving families.

Through the International **Union of Superiors General**, national associations of religious, and other appropriate groups, **CCC** is building capacity to express a charism of care for children in today's world, to reduce recourse to institutional care, and to encourage family- and community-based care for children. **Catholic Care for Children** is animated by the charism of care expressed by religious women and men whose leadership and service have often embodied the best of the Christian mandate to care for those in need.

### OUR PILLARS

#### Catholic Care for Children is:

Rooted in touchstones of the Catholic faith, especially

- Biblical mandates to care for children and other vulnerable persons and
- Principles of Catholic social teaching, especially those emphasizing the dignity of each person, a preferential option for the poor, and the right of each person to participate fully in family and community.

Informed by social sciences that are clear about the

- Importance of nurturing family bonds for wholistic, healthy development across life span and
- Risks associated with separation from family care, especially in institutional settings.

Aligned with the United Nations Convention on the Rights of the Child that spells out

- The child's right to a family and
- Guidelines for alternative care of children who are separated from their families.

Grounded in these pillars. Catholic Care for Children is committed to a **continuum of care** pertaining to the **best interests of the child**:

- If families are in distress, provide support to prevent separation of children.
- If separation occurs, see that children are reunited with families or placed in permanent family-like settings.
- If alternative residential care is necessary, ensure care is of the highest quality and shortest duration possible.

**Catholic Care for Children** is respectful of national legal frameworks and local cultures, and contributes to sustainable development. It recognizes the importance of collaboration and welcomes partnerships within church communities and beyond to realize the best possible outcomes for children and their families.

*Catholic Care for Children International, Catholic Care for Children Kenya,  
Catholic Care for Children Uganda, and Catholic Care for Children Zambia  
April 2020*




---

## GHR FOUNDATION

**CATHOLIC CARE FOR CHILDREN IN UGANDA: A FAMILY FOR EVERY CHILD**  
**FINDINGS FROM A MIDTERM EVALUATION**