



USAID
FROM THE AMERICAN PEOPLE

VISIT TO THE AFRICA KIDSAFE PROGRAM IN ZAMBIA

February 6–16, 2008

**VISIT TO THE AFRICA KIDSAFE PROGRAM IN ZAMBIA
FEBRUARY 6–16, 2008**

John Williamson
Senior Technical Advisor
Displaced Children and Orphans Fund

This publication was produced for review by the United States Agency for International Development's Displaced Children and Orphans Fund, DCHA/DG, under contact #DFD-M-00-04-238-00, with Manila Consulting Group, Inc. The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

TABLE OF CONTENTS

Acronyms and Abbreviations	iii
Country Map	iv
EXECUTIVE SUMMARY	v
INTRODUCTION	1
The Africa KidSAFE Network and Its Partners	1
Clarifying the Issue of Street Children in Zambia	7
The Evolution of Africa KidSAFE	8
Outreach	9
Outreach to Groups of Street Children	10
Reintegration	11
Prevention	14
Attention to Girls	16
Ways to Sensitize the Public	16
Zambia Association of Child Care Workers	17
Access to Education and Training	17
Zambian National Service Camps	17
Mobile Health Services	18
KidSAFE Soccer League	18
Minimum Standards of Care	19
Capacity Building	19
OBSERVATIONS	21
Effective Development of Systems	21
Pervasive Use of Inhalants	22
Recommendations	24
APPENDIX A: SCOPE OF WORK	27
APPENDIX B: KEY RESOURCE DOCUMENTS	28
APPENDIX C: ITINERARY	29
APPENDIX D: LIST OF KEY CONTACTS	31
APPENDIX E: KEY FINDINGS OF THE 2006 STUDY OF STREET CHILDREN IN ZAMBIA	33
APPENDIX F: THE CGAP GRADUATION MOdel	35
APPENDIX G: PRIORITY AREAS FOR PREVENTION WORK	36

ACRONYMS AND ABBREVIATIONS

BQCC	Basic Qualification in Child Care
CBO	Community-based organization
CETZAM	Christian Enterprise Trust of Zambia
CGAP	Consultative Group to Assist the Poor
CRC	Convention on the Rights of the Child
CTO	Cognizant Technical Officer
DCOF	Displaced Children and Orphans Fund
DSW	Department of Social Welfare
GRS	Government of Zambia
JUCONI	Junto Con las Niñas y los Niños
KidSAFE	Shelter, Advocacy, Food, and Education
LLT	Education for Life and Development
MCDSS	Ministry of Community Development and Social Services
MYSCD	Ministry of Youth, Sport, and Child Development
NGO	Nongovernmental organization
PCI	Project Concern International
PEPFAR	President's Emergency Fund for AIDS Relief
RAPIDS	Reaching HIV/AIDS Affected People with Integrated Development and Support
USAID	U.S. Agency for International Development
VSU	Victims Support Unit
WFP	World Food Program
YOFOSO	Youth for Sport, Rehabilitation, and Restoration
ZACCW	Zambian Association of Child Care Workers
ZNS	Zambia National Service

COUNTRY MAP



EXECUTIVE SUMMARY

Africa KidSAFE is one of the best projects that I have seen since being associated with the Displaced Children and Orphans Fund (DCOF). Certain aspects of the program can be strengthened, but it is evident that Project Concern International (PCI), together with the members and partners of the Africa KidSAFE network, are continually reviewing their work and taking steps to improve the program's effectiveness. The work with and for street children in which PCI and the Africa KidSAFE (Shelter, Advocacy, Food, and Education) members are engaged in is inherently challenging. These children are arguably the poorest and most vulnerable from some of the poorest communities in the country. On the whole, however, PCI, the Africa KidSAFE members, and their governmental and civil society partners have made significant progress in addressing very difficult problems.

PCI's countrywide situation analysis of street children and the periodic night counts carried out by Africa KidSAFE outreach workers, together with the Department of Social Welfare (DSW), have generated a significant change in perspective on the issue of street children in the country. Their efforts have shown that the number is much lower than previously thought and that the problem is of a size that can be addressed effectively. Night counts have shown that the number of children living full time on the street in Lusaka has declined from 253 in December 2006 to 119 a year later.

The network has expanded beyond Lusaka to the Copperbelt and other cities. PCI and the Africa KidSAFE partners have developed effective working relationships with a number of government of Zambia (GRS) agencies that are themselves using GRS funds in collaboration with Africa KidSAFE efforts. These agencies include the Department of Social Welfare, the Victims Support Unit (VSU) of the police, and the Zambia National Service camps of the Zambia Defense Forces. The Africa KidSAFE network has twenty member organizations and additional collaborative partners.

PCI has worked effectively with Africa KidSAFE members to track the results being achieved. It is quite significant that, during the three years of KidSAFE I, 557 children were reintegrated into families. Monitoring was done among children reunited with families, and 399 have remained for at least six months. Although many of the KidSAFE members running residential centers previously saw their respective programs as long-term solutions, the average length of stay is now just over six months, with children moving back into families and communities. This turnover has freed more space for additional children to move off the street. During the third year of KidSAFE I, 2,247 children were placed in school.

However, significant challenges remain. Poverty is extreme in some communities and is being made worse by morbidity and mortality resulting from AIDS. Better and more carefully targeted strategies are needed for economic strengthening, both to facilitate reintegration and to help prevent poverty-driven separations. The use of inhalants is still pervasive among children who remain on the street. Africa KidSAFE partners, however, are collaborating actively among themselves and with GRS agencies to seek better ways to address those issues.

INTRODUCTION

The Africa KidSAFE Network and Its Partners

Africa KidSAFE is a network of Zambian nongovernmental organizations (NGO) that work with street children. It was organized in 2000 by Project Concern International (PCI) and local NGOs, such as Fountain of Hope, with the dual aims of preventing children from moving onto the street unnecessarily and of helping children on the street to achieve durable, community-based solutions, as possible, with their families. The Displaced Children and Orphans Fund (DCOF) provided the first significant external funding for the Africa KidSAFE project, which was for the period of December 2004–December 2007, with a grant of \$1,715,782 to PCI (690-A-00-04-00343-00). PCI considers that phase as KidSAFE I. The report on a November 2005 visit by DCOF to review the activities of KidSAFE I is available at http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/report1st.html.

U.S. government funding has been provided to continue the project as KidSAFE II through 2010. PCI has signed an agreement with the U.S. Agency for International Development (USAID) totaling \$4.5 million for that period, and DCOF has committed US\$2,765,781. The President's Emergency Fund for AIDS Relief (PEPFAR) is also providing funding for KidSAFE II. In February 2008, John Williamson, DCOF senior technical advisor, again visited the project; this report is based on that visit. The primary purpose of the follow-up visit was to observe developments in the project since 2005. One of the most useful documents associated with the February 2008 visit by DCOF was a recently completed report by a representative from PCI's international office and a consultant in December 2007.¹ They carried out a detailed review of KidSAFE I and made sound recommendations for KidSAFE II.

In the January 2008 report "Africa KidSAFE" is used to refer to the network of Zambian NGOs addressing needs among street children. "Members" is used to refer to organizations that are part of the Africa KidSAFE network, and "partners" is used to refer to other organizations or agencies that collaborate with it. The projects are referred to as "KidSAFE I" and "KidSAFE II." PCI provides a secretariat for the network, coordinates its activities, and at times interacts with governmental bodies on its behalf.

An Overview of DCOF

Established in 1989 by an act of the U.S. Congress, the Displaced Children and Orphans Fund (DCOF) is administered by the Bureau for Democracy, Conflict, and Humanitarian Assistance of the U.S. Agency for International Development (USAID). It provides funding and technical assistance for initiatives to benefit especially vulnerable children, and especially those children affected by armed conflict and children on the streets or at risk of moving onto the street. DCOF was the first arm of the U.S. government to respond to the issue of children being orphaned and otherwise made vulnerable by HIV/AIDS, and it continues to provide technical support to that type of programming, although it is not providing new funding in that area. DCOF is managed by Lloyd Feinberg and is supported by the Displaced Children and Orphans Fund, War Victims Fund, and Victims of Torture Fund Technical Support Project. The project is managed by Manila Consulting Group, Inc.

DCOF has evolved into a program that seeks to improve and expand interventions to benefit children in the developing world who are affected by family separation or significant loss or displacement. It provides funding and technical support for programs and facilitates networking for information exchange and collaboration among organizations concerned with especially vulnerable children. Because annual DCOF funding is limited in relation to the massive problems it addresses, USAID uses these resources very selectively to support promising, innovative projects, to learn lessons that can be applied in other situations, and to share those lessons as widely as possible with practitioners.

DCOF's fundamental approach involves strengthening the capacity of families and communities to protect and care for their most vulnerable children, as well as strengthening children's own capacities to provide for their own needs. In keeping with DCOF's standard approach, "children" in this report are considered to be younger than eighteen years of age.

DCOF in Zambia

DCOF's involvement in Zambia began in 1997, with the provision of funding for activities to mitigate the impacts of HIV/AIDS on children. It included \$959,275 to Project Concern International (PCI) for the period November 1997 to September 1999 and \$3,015,817 to Family Health International (for activities implemented by CARE and Family Health Trust) for the period January 2000 to September 2002, a total of \$3,975,092, including The report, *Community Action and the Test of Time*, based on a follow-up visit in 2006, presents a downstream look at community action for vulnerable children initiated through that project (http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/comaction.html).

Most of the Africa KidSAFE member organizations are based in Lusaka, where the network was first established, but members from other cities in Zambia are being included. Africa KidSAFE holds quarterly meetings that include members and collaborating bodies. The number of network members has increased from nine, at the beginning of KidSAFE I, to twenty at the time of the most recent DCOF visit. In addition to collaborating among themselves and with PCI, Africa KidSAFE members work actively with relevant government of Zambia (GRS) bodies and with several Zambian and international NGOs. The main GRS partners are the Department of Social Welfare (DSW) in the Ministry of Community Development and Social Services (MCDSS); the Ministry of Youth, Sport, and Child Development (MYSCD); the Victims Support Unit (VSU) and the Drug Enforcement Commission of the national police force; and the Lusaka District Committee for Street Children.

Africa KidSAFE's collaboration with those GRS bodies has increased significantly since the previous DCOF visit. Funding allocation of 10 billion Kwacha (approximately US\$1,080,000) from the Ministry of Finance to MCDSS for a motor vehicle and for operating expenses related to DSW's work with street children has been a tangible indicator of the Zambian government's commitment and its recognition that DSW is proving effective in this work. The collaboration of PCI and Africa KidSAFE members with GRS agencies appears to have significantly increased the government's effectiveness in addressing issues related to street children.

During KidSAFE I, PCI (as the network's coordinator and secretariat) and the Lusaka District Committee for Street Children advocated along with MCDSS to put the challenge of working with street children on the agenda. Their efforts resulted in an increased allocation in the National budget for 2007. To access the allocated budget, MCDSS has to develop a strategy and a work plan for submission to the Ministry of Finance. PCI, together with UNICEF, took a leadership role in re-activating the Lusaka District Committee for Street Children and developed the requisite strategic and work plans through a consultative process.

DSW plays a number of key roles. It must approve the placement of a child in a residential facility. It engages in home visits to assess the feasibility of family reunification for children who express the desire to return home, and it must approve any reunification of a child from the street or from a center. Judith Mwape, PCI's Reintegration Coordinator under Africa KidSAFE I and II, was a gazetted officer of DSW; her background has greatly facilitated the collaboration among project personnel, Africa KidSAFE members, and DSW officers at central and district levels. MYSCD is responsible for policy matters related to children and youth and has operational responsibility for Zambian National Service camps, where youths who are at least fifteen years and above can go voluntarily to learn vocational skills. The VSU can investigate allegations of child abuse and neglect, as well as mediate property inheritance cases where there are allegations of "land grabbing" by relatives.

Some of the key partners of the Africa KidSAFE network are Grassroot Soccer, a sport-for-development organization; Breakthrough Sports Academy; Serenity Camp of the Catholic Diocese; and Christian Enterprise Trust of Zambia (CETZAM); a microfinance organization.

Africa KidSAFE began in Lusaka and most of the members operate there, the network has expanded however, to include organizations in other cities. The expanded network facilitates collaboration among organizations involved in assessing the appropriateness of family reunification. Street children in Zambia often move from city to city along the country's rail line from the Copperbelt to Lusaka. Africa KidSAFE now has members in Kabwe, Kitwe, and Ndola. Other cities where expansion is planned in 2008 are Kapiri Mposhi, Livingstone, and Solwezi.

It is important to recognize that the primary sources of financial support for the members' respective programs are from sources other than PCI and the KidSAFE projects. The members of Africa KidSAFE currently depend on PCI as the secretariat and coordinator of the network, as well as for capacity building and direction; however, they do not depend financially on PCI, apart from limited subgrants. During KidSAFE I, twenty subgrants totaling \$69,128 were awarded to KidSAFE members and partners. The grants were used for activities that included education, outreach, community sensitization, theater, and reintegration initiatives.

Table 1 shows the respective objectives of KidSAFE I and II.

Table 1. Comparison of Objectives

KidSAFE I Objectives	KidSAFE II Objectives
<p>1. Build the capacity of local NGOs and community based organizations (CBO) to design, implement, evaluate, and sustain effective programs that meet the needs of street children and those at risk of ending up on the streets</p> <p>2. Reduce community-to-street drift of at-risk children by increasing the caregiving capacity of families</p> <p>3. Reduce the number of children on the streets, through outreach, family tracing, and reintegration</p> <p>4. Meet the basic needs of street children through ongoing service provision on the streets and at Africa KidSAFE shelters</p>	<p>1. Reduce the number of at-risk children moving from their families and communities to the street</p> <p>2. Increase the number of children moving from the streets back to communities through family and community reintegration</p> <p>3. Increase the number of children benefiting from high-quality street- and facility-based services</p> <p>4. Increase public awareness and participation in protecting and promoting the rights of children on the streets</p> <p>5. Increase the capacity of the government of Zambia, local implementing partners, civil society organizations, and the private sector to effectively implement interventions that will benefit street children and those at risk of ending up on the streets</p>

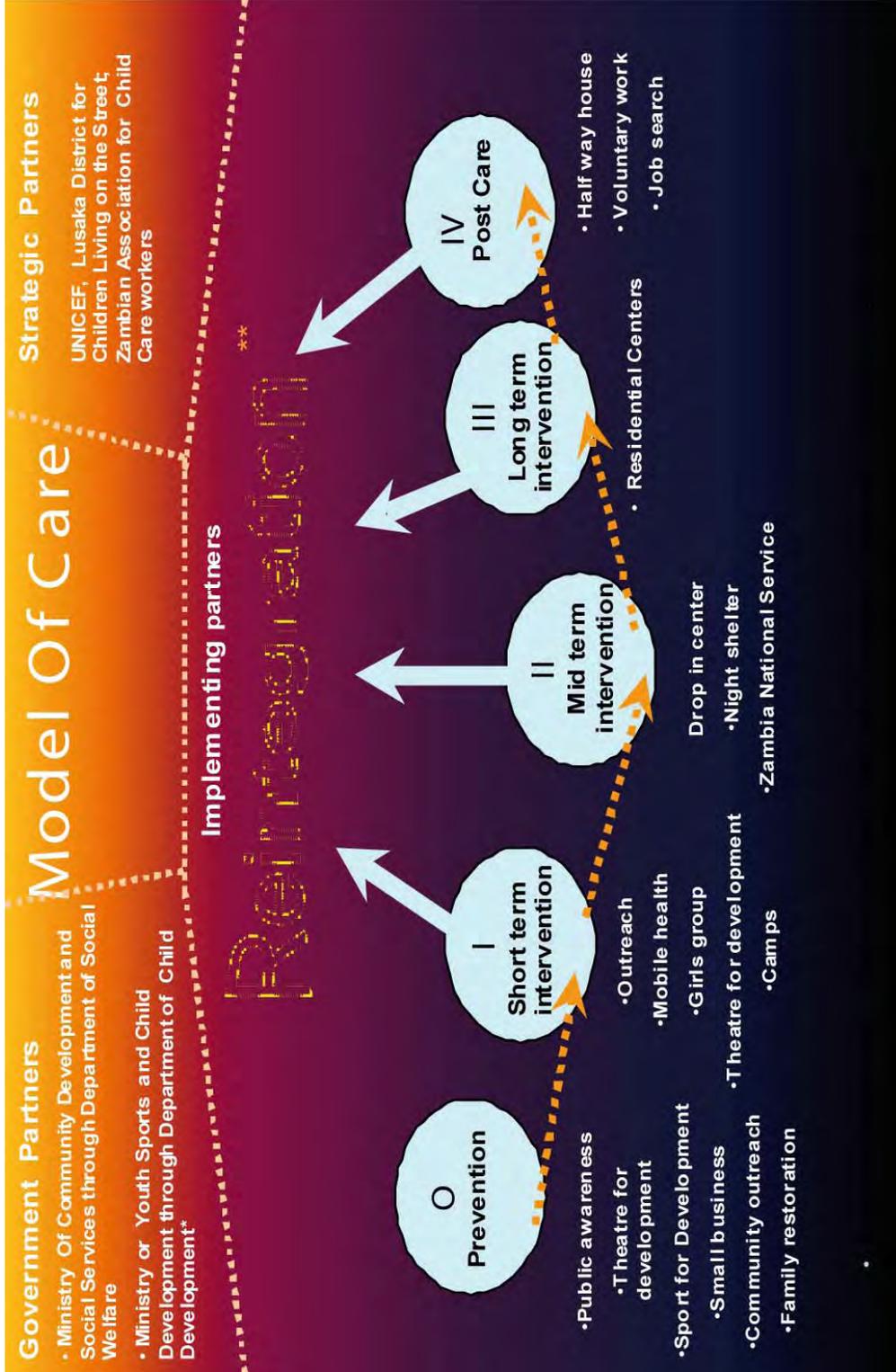
The members of Africa KidSAFE are described in Table 2.

Table 2.

Organization	Geographic Area(s) of Work	Main Activities for Street Children
1. Mapode	Lusaka: Kanyama Compound for the girls' support and Mtendere for the boys'	Community school, day care, residential care
2. Youth for Sport, Rehabilitation, and Restoration (YOFOSO)	Lusaka: Garden Compound	Recreational day center
3. Children's Transformational Trust	Lusaka: Chibolya, Misisi, John Howard, Garden, and Mandevu	Community mobilization in various high-risk compounds in Lusaka
4. Jesus Cares Ministries	Lusaka: Mtndere Compound	Residential center for boys, community school
5. Fountain of Hope	Lusaka: Kamwala area/town area	Community school, library, drop-in center, night shelter for boys
6. Mthunzi Residential Center	Lusaka West and surrounding communities	Long-term residential care for boys
7. New Horizon Ministries	Lusaka: Kalundu	Shelter for young girls
8. Flame Transit Home	Chongwe	Community school, women's group, residential care for both boys and girls
9. Lupwa Lwabumi Trust	Lusaka and Southern Province	Outreach, reintegration, family restoration
10. Zambia Shanti	Lusaka: Mandevu	Residential center for boys
11. Friends of the Street Children	Kitwe	Network with a home for girls, home for boys, night shelter for boys
12. St. Lawrence Home of Hope	Lusaka: Kamwala South	Residential home for boys, community school
13. Messiah Ministries	Lusaka: Makeni	Residential center for boys and girls
14. Education for Life and Development (LLT)	Countrywide	Family restoration

15. Barefeet	Countrywide	Visual and performing arts, theater for development
16. Chisomo Drop-In Center	Lusaka: Northmead	Drop-in center for boys and girls
17. Rainbow Street Children Services	Ndola	Outreach, drop-in center
18. Cicetekelo Youth Project	Ndola	Education, skills training, residential care
19. Sables Drop-In Center	Kabwe	Outreach, day center, some shelter beds
20. Grassroot Soccer	Lusaka	Sports for Development organization

PCI and Africa KidSAFE members, together with partner agencies, hold quarterly meetings, and children involved with some of the member organizations also participate. Between meetings, there is frequent contact among the parties for collaboration, referral, technical support, and information exchange.



Clarifying the Issue of Street Children in Zambia

Apart from programmatic interventions, of which there are many, PCI and the Africa KidSAFE network have had a significant effect on the way that the issue of street children is understood in Zambia by clarifying and quantifying its causes and consequences. Previous dramatically large estimates of the number of street children may have had short-term value for advocacy purposes; but, ultimately those estimates probably discouraged effective action because the issue seemed both nebulous and overwhelmingly large.

The combined analytical efforts of PCI, the GRS, and Africa KidSAFE have shown that the issue of street children in Zambia is of a size that can be addressed effectively. In 2006, PCI, with funding from UNICEF, assisted the Zambian government in carrying out a national survey and situation analysis of street children.² The findings of that exercise, coupled with periodic night counts, have helped bring about a significant change in the understanding of the issue of street children in the country.

For the situation analysis, 1,500 street children were surveyed. It found significant differences between the approximately 25 percent of children who live full time on the street and the children who continue to be part of a household. The sexual vulnerability of girls was also highlighted in the findings. Before the situation analysis was performed, outdated and unsubstantiated estimates of the number of street children in the country appeared in various reports concerning vulnerable children; 75,000 was a speculative figure that was sometimes cited. The PCI-supported study estimated that 13,200 children throughout the country either live or work on the street. The study report advocates intersectoral work involving GRS and civil society to address the situation of street children. The situation analysis has helped to shift the perception about street children as an enormous and vaguely defined national problem to that of more manageable community problem. The shift has facilitated concrete, collaborative action. Key findings from the national study are included in Appendix D.

The number of street children in Lusaka was also thought to be quite large, but unknown and, essentially, unknowable. However, PCI-supported Outreach Workers with transportation and supervision from DSW have carried out quarterly night counts, as recommended in the 2005 DCOF report. The results of those counts are included in Table 3.

Table 3. Results of Quarterly Night Counts

	December 2006	April 2007	September 2007	December 2007
Boys	231	155	190	119
Girls	22	7	12	3
Total	253	162	202	122

The night counts have become more thorough as additional locations where children have been sleeping at night have been identified. During the first night count, eight sites were visited, and during the most recent, eleven sites were visited. Even with more sites identified, the most recent count showed a decline in the number of children sleeping on the street in Lusaka. The night counts suggest that the reintegration work supported through Africa KidSAFE I has helped to reduce both the number of children sleeping on the street and the proportion of that number who are girls.

Street children who lead blind beggars are of concern because those children are unable to go to school. A total of seventeen such children were identified through a counting exercise. Some progress has been made by enabling five children to go to school, but efforts to train blind adults in crafts have not resulted in income that comes close to matching what the adults gain through begging on the street.

The Evolution of Africa KidSAFE

Since the previous DCOF visit, there has been a significant shift among the partner organizations that run residential centers for children who have been on the street. Previously, many partners considered a child's residence in their center to be an end result, with some children remaining for years. However, partners have come to accept family reunification (where possible and appropriate) and community reintegration as goals toward which they should work. By December 2007, the average length of stay in the centers run by Africa KidSAFE members had been reduced to just over six months. Reintegration focal points have been trained in some of the centers to work with children and to inform PCI's reintegration officer when a child wants to return to a family.

PCI's annual program review of Africa KidSAFE activities for the period from October 2006 to September 2007 indicated that the "major areas of focus in the past year included

- Expanding the network into Southern Province
- Intensifying outreach and reintegration activities

Legal and Policy Framework for Africa Kidsafe Family Reintegration Efforts

From a legal and policy point of view, family reintegration efforts for children living on the street in Zambia are governed primarily by the U.N. Convention on the Rights of the Child (CRC); the Zambian Constitution; The Juvenile Act, Chapter 53; relevant governmental regulations; and Minimum Standard of Care.

Zambia ratified the Convention on the Rights of the Child in 1991, thereby creating binding obligations on the government to ensure and respect children's rights to family life and protection. Specific rights guaranteed by the CRC include children's right to special protection (Art. 19 and 20), a right to privacy (Art. 16), the right to review of placement in substitute care (Art. 25), and the right to be heard in matters affecting their lives (Art. 12). Although many of the rights enumerated in the Convention have not yet been codified into domestic law, they remain binding.

The Juvenile Act, chapter 53 governs the state's treatment of children in need of care and children in conflict with the law. Under the Act, the Commission of Social Welfare in the Ministry of Community Development and Social Services is granted broad power to supervise and care for children in need of care.

Adapted from Family Reintegration Guidelines for Children Living on the Street: Legal Requirements, Africa KidSAFE-Endorsed Procedures & Good Practices

- Initiating small business support as a means of building household capacity
- Strengthening community mobilization activities
- Initiating activities targeting girl children on the streets
- Building capacity of VSU in child protection and working with street children
- Subgranting of funds to partners for education, skills training, street business, theater for development, and other areas”

Changes in the program during that period also included adding new Africa KidSAFE partners in Kabwe, Ndola, and Kitwe; funding from UNICEF to supplement DCOF funds; withdrawing World Food Program (WFP) food to partners (because of changes in the organization’s international priorities); and establishing a contract with CETZAM to provide microfinance services in conjunction with various network partners. Also, forty-five individuals (twenty-six men and nineteen women) were trained to perform street outreach. Night counts of children sleeping on the street continued in Lusaka and were initiated in Kitwe and Ndola.

Outreach

Outreach to children living on the street has been a fundamental component of KidSAFE I and II. There are now fifty-six trained outreach workers (11 female and 45 male), of whom 36 are based in Lusaka, 12 in Kabwe, and 8 in Kitwe and Ndola. Those in Lusaka report to PCI’s outreach coordinator (a position created in 2006), and those in Kabwe and the Copperbelt report to local organizations. PCI pays for eleven of the outreach workers. Their work on the street gives children decide to try moving off the street into a care situation and often to reintegrate into families. So workers could increase effectiveness of outreach activities in Lusaka, the city was mapped into zones, and individual partners took responsibility for specific areas. PCI has reported that, during KidSAFE I, outreach workers made contact with 2,557 children. Although this number seems large in relation to the total number of children living on the street in Lusaka, it includes children in other cities and children who may be on the street during the day. It also reflects the continual turnover among children who are on the street, with some leaving and some coming onto the street, as well as some remaining over time.

Purpose and Approach

Following is an overview of the purpose and approach to the outreach efforts supported through Africa KidSAFE I and II:

The primary purpose of outreach is to encourage children to leave the street and to begin the process of family and community reintegration. As children will not all be prepared to make a decision to leave the streets, or may take time before they take this decision, outreach must be an ongoing, continuous process....

Street outreach aims to build a trusting relationship between children on the street and Africa KidSAFE outreach workers in order to facilitate a discussion about alternatives available to the child, including a return home, with or without a temporary stay in a transitional shelter. Outreach workers engage in a variety of structured and informal activities, including: identification and assessment of new street children, on-street

counseling, emergency medical care, referrals to drop-in or residential shelters, family tracing and reintegration work.

Successful outreach work requires workers to respectfully engage children and gain their trust. No child should be forced to talk with an outreach worker. Workers should approach children in a non-judgmental way and provide positive emotional support to each child on the street, regardless of age or circumstance.

In addition to discussing alternatives to living on the street, workers should also try to mitigate the present dangers children face on the street. Outreach workers can educate children about the harmful effects of drugs/inhalants; provide children with basic reproductive health and HIV/AIDS education; and link children with medical and mental health services.... Outreach programs should also provide or link children reluctant to leave the streets with temporary escape activities, such as drop in centers and camps.³

The outreach workers regularly visit children on the street and talk with them about their needs and options for moving on to a better situation. Through weekly case review meetings, they discuss the children with whom they have had contact and then develop plans for follow-up action.

For some time, PCI and Africa KidSAFE members have recognized the need for outreach workers to have documents that identify them as engaging in legitimate work with children on the street. This issue was raised with the author during his recent visit. At present, the workers are vulnerable to potential harassment or arrest, since their work on the street, particularly at night, can arouse suspicion. I understood that the Ministry of Community Development and Social Welfare was expected soon to issue identification documents for outreach workers.

Outreach to Groups of Street Children

Usually, outreach workers interact with children individually, but since mid-2007, there have been two cases where they, along with others, have helped groups of children to move off the street. The first case involved a group of children who were living in the water run-off drains under an intersection close to the Manda Hill shopping center. In June 2007, DSW was charged by the GRS with removing them, perhaps because of concern about their begging from shoppers. Through discussions initiated by PCI and the network, DSW agreed to allow the outreach workers to try to talk the children into going to centers rather than having the children forcibly taken from the street (an approach that has proven ineffective). The outreach workers had already established relationships with those children through street work and the KidSAFE Soccer League, in which the Manda Hill group had a team. Once the children agreed to go to Fountain of Hope as an initial step, DSW purchased mattresses, blankets, toiletries, and food to help meet their needs in the centers and it also provided for the transportation of the outreach workers.

On the night of June 8, 2007, outreach workers, DSW social workers, and personnel from the Victims Support Unit met with a group of thirty-two children at the Manda Hill intersection; twenty-six of them agreed to leave together, but six remained behind. Initially, the group went to

the Fountain of Hope center, which tends to provide children a first step off the street rather than long-term care. The children who remained behind, eventually joined the rest of the group at Fountain of Hope.

In addition to regular Fountain of Hope personnel, four outreach workers were assigned to work with the children during the day, and two stayed with them at night. PCI paid the daytime outreach workers and through partner organizations, arranged for activities in addition to the counseling provided by the outreach workers. DSW paid the outreach workers who stayed at the center at night. Eventually, twenty-two children were referred to the Lazarus Project, where they could go to school or take vocational training in carpentry. Another twelve remained at Fountain of Hope, and two went to St. Lawrence Home of Hope. Among the thirty-six children, six were later reintegrated into their families in three different cities.

In October 2007, following discussions with outreach workers, another group of fifty-six children agreed to go as a group to Serenity Camp, a facility owned by the Catholic Church. At the camp, they participated in a forty-day program that included discussions and counseling with outreach workers, as well as recreational and educational activities. The core group included children who had indicated that they wanted to go to a center, to go to school, or to be reunited with their families; a few who had not been involved in the preparatory work, however, simply joined the group at the last minute. During the camp, three children were reintegrated into their families, and thirty-nine children completed the camp in December, with five returning to their families in Kabwe, twelve going on to the Lazarus Center to attend school, and fourteen going to other centers. Nine children left during the camp and returned to the street; those children had joined the others at the last minute, not having expressed an interest in one of the options for leaving the street.

Reintegration

During KidSAFE I, 557 children were reintegrated into families and communities. The children were monitored and among those placed in families, 399 had remained for at least six months. Such an achievement has involved patient, collaborative work by outreach workers, center personnel, PCI's reintegration coordinator, and DSW.

The Africa KidSAFE approach to family reunification and reintegration is described in the draft titled, *Family Reintegration Guidelines for Children Living on the Street: Legal Requirements*. The document is under review by the Minister of Community Development and Social Welfare to ensure that it meets all necessary legal requirements and also that it merits endorsement as the national reintegration protocol. The purpose of the *Family Reintegration Guidelines* is to provide responsible and competent reintegration support for children who live on the street or who have moved from the street to residential care. The *Guidelines* accomplish such support by outlining core working principles, clarifying legal obligations and procedures for network members, and promoting good field practice. It includes the following observations on family reunification:

Africa KidSAFE recognizes family reintegration as more than the mere act of physically reunifying a child and caregiver. Rather, reintegration reflects a process by which a child living on the street safely transitions back into family and community life and stabilizes

there. Successful reintegration requires an emphasis on helping children re-create a sense of belonging and purpose in all spheres of their life: family, school, peers and community.

The reintegration process first involves determining with a child whether or not they are truly ready to return to their family. Families also require support for successful reintegration. Successful reintegration involves identifying root causes for the separation off the child and family and working with both child and family to reconcile them again. Efforts must build on child, family and community strengths to ensure a child's smooth transition and stabilization back home.⁴

The development of the reintegration protocol has been an important initiative, and it should have significance beyond Zambia. Along with the success that has been achieved with reintegration, it should be highlighted on the Better Care Network website. It is encouraging for DCOF that Brigitte de Lay, who was project manager of a former DCOF-funded project in Rwanda (http://pdf.usaid.gov/pdf_docs/pnacn141.pdf and http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/irc.html), was able to draw on her experience with that project in helping Zambian stakeholders to develop the reintegration protocol.

The reintegration protocol includes the conditions that Africa KidSAFE members have identified as essential for reunification:

- The child expresses a desire to return home.
- The family expresses a desire to have the child return.
- The future caregiver demonstrates a positive emotional attachment toward the child and a willingness to care for the child.
- No domestic violence, child abuse or child neglect exists in the home.⁵
- Caregivers can provide the child with basic nutrition and medical care, and they can meet community-specific, acceptable standards for support, including clothing and educational needs.
- No significant health risks are present in the home.

It is also important to take into account what the child considers important for a successful reunification.⁶

Poverty is not the only factor that pushes some children to turn to the street, but it is an issue in most cases. Many of the Africa KidSAFE partners have developed approaches to household economic strengthening that are intended to help prevent poverty-generated movement onto the street, and PCI has established an arrangement with CETZAM to initiate microfinance groups. Economic strengthening to facilitate family reintegration poses particular challenges, however. Whereas the preventive efforts involve groups of households and are typically clustered around the facility of an Africa KidSAFE member, support for reintegration involves individual households that may be anywhere and that are not necessarily able to join a group. An economic intervention must be tailored to the particular capacities, skills, and resources of the household concerned as well as economically relevant to its geographic area. Also, some households have

slipped so deeply into poverty that they lack significant economic capacity; consequently, they are not good candidates for economic strengthening, apart from direct cash or food assistance, at least as an initial intervention.

In some cases, depending on the location of a household, it may be possible to enable a member to join an existing economic-strengthening program of an Africa KidSAFE partner or an organization operating in the area where the family lives. When this option is not viable, the challenge may be to identify and support a targeted intervention to enhance the economic circumstances of a household. Additional work is needed to develop a range of options for supporting appropriate interventions to strengthen the economic functioning of particular households, and PCI would benefit from access to technical support from an organization or an individual with expertise in a variety of approaches to economic strengthening. One option that deserves serious consideration is building circles of families, the approach used by Lupwa Lwabumi Trust, an Africa KidSAFE member.

Africa KidSAFE's Core Principles of Family Reunification

Best Interest of the Child:

The best interest of the child guides all family reintegration decisions. Best interest considerations include taking into account the child's gender and age, the continuity of familial relationships, and the child's emotional well-being and physical safety.

Families First:

Long-term institutional placement should be considered only when family and substitute family placement options are either not feasible or are not in the best interest of the child.

Families and communities play a lead role in ensuring the well-being of reintegrated children, and they should be supported, not replaced, by outside service providers.

Child Participation:

Children have the right to be informed, to be consulted, and when appropriate, to participate in decisions related to family reintegration. No child should ever be forced to be reintegrated with his or her family.

Respect for Children's Dignity:

Children are entitled to fair and humane treatment at all stages of the reintegration process.

Nondiscrimination:

The Africa KidSAFE Network is committed to helping all children currently or formerly on the street, regardless of their age, length of stay on the street, or other circumstances; its assistance is not conditional on a child's decision to leave the streets.

Do No Harm:

Africa KidSAFE members recognize that material and financial assistance can create jealousy within a family and social resentment among neighbors. Such jealousy undermines the network's primary purpose to reintegrate children physically, emotionally, and socially back into their family and community. The negative consequences of aid can be minimized by ensuring that assistance falls within median community standards and targets the family as a whole.

Accountability:

Africa KidSAFE partners are committed to working in a collaborative spirit to ensure maximization of resources and to facilitate responsible reintegration of all children assisted by the network.

From: *Family Reintegration Guidelines for Children Living on the Street*, pp. 5 & 6.

Prevention

Throughout KidSAFE I, PCI and Africa KidSAFE members have implemented various economic-strengthening measures to help prevent the poverty-induced movement of children onto the street. The Mothers' Program was initially PCI envisioned as a more standard approach, but the partners involved are using their respective methods.

As indicated, PCI has initiated an arrangement with the microfinance institution CETZAM to provide loan guarantees that will protect it from potential losses when providing loans to higher-risk clients. Five African KidSAFE members had loan groups initiated by CETZAM by the end

of KidSAFE I. By that point, including CETZAM and other economic-strengthening initiatives, there were 1,146 participants in the Mothers' Program—an increase of 212 over the baseline figure of 934.

PCI recognizes that it needs additional technical support to improve the effectiveness of the economic-strengthening activities it will support through Africa KidSAFE II. Appendix F presents a document by the Consultative Group to Assist the Poor (CGAP), which illustrates how depending on how depending on the level of poverty, different economic-strengthening measures may be appropriate for different households. Africa KidSAFE members are addressing varying levels of poverty and vulnerability, as well as a range of urban and rural contexts in which a variety of economic-strengthening measures may or may not make sense. CETZAM microfinance services may be appropriate for poor households engaged in ongoing income-generating activities, but they are not likely to be a good fit for households experiencing extreme poverty. PCI would benefit from periodic consulting support regarding economic strengthening or from hiring a staff member with relevant expertise. The challenge in either case will be finding someone who has sufficient working knowledge of the economic-strengthening that are measures relevant to the range of urban and rural contexts in which Africa KidSAFE II is working toward prevention and reintegration.

Another dimension of PCI prevention efforts has been to identify the geographic places of origin of a random sample of 268 children documented by the outreach workers and Africa KidSAFE members. Appendix G consists of a map generated with data from that analysis, which shows the areas within Lusaka from which the largest numbers of street children have come. This kind of analysis can enable PCI, Africa KidSAFE, members, and GRS partners to target community sensitization efforts and programming, such as economic strengthening. Sensitizing leaders and community groups to the fact that children are leaving their area to live on the street may encourage community-based efforts to identify and provide support to children and households at risk. Although such results would certainly be valuable, the statistical odds of a given impoverished child leaving for the street are quite low. Even so, such efforts are worthwhile because they can help identify especially vulnerable children in need of assistance, whether or not they are likely to turn to the street as a coping mechanism.

PCI's analytical efforts, prevention work, and increased support for family strengthening and for reintegration will bring Africa KidSAFE into the same geographic and programmatic areas of work (in Lusaka and other parts of the country as well) as other organizations addressing needs among orphans and vulnerable children. It will be important for PCI and Africa KidSAFE members to explore opportunities for collaboration and referral with these other programs. Analyses done by PCI and network members could help other organizations to target their efforts more effectively. Also, PCI and Africa KidSAFE members should avoid, in the name of prevention, initiating new programming that duplicates services that other organizations are able to provide.

The DCOF report titled, *Building Bridges to Mainstream Opportunities: Displaced Children and Orphans Fund Guidance on Funding Priorities and Parameters for Street Children Programming* (see http://pdf.usaid.gov/pdf_docs/PNADK188.pdf) provides relevant guidance on the issue of prevention. It describes the analysis and refocusing of prevention efforts by the

JUCONI (*Junto Con las Niñas y los Niños* [Along with the Children]) project in Puebla, Mexico, which found—after ten years of work—that the families it was reaching were not the ones from which children were most likely to move onto the street. JUCONI refocused its efforts on siblings of children who were already on the street.⁷

In the last quarter of KidSAFE I, Children’s Transformational Trust piloted activities intended to prevent children from drifting onto the street. Meetings and trainings were held at eight schools in Lusaka in areas identified through an analysis of places of origin of children in the KidSAFE database. In those areas, street drift prevention training was done for ward councilors and development committee members, leaders of faith communities, and other community leaders. Community meetings were also organized to discuss with parents the factors that lead to children moving onto the street. Visits were made to some households identified as having children at risk of moving onto the street. Those activities reflect the shifting perception of “street children” in Zambia as a vaguely defined national problem to a concrete community issue. The shift represents a new level of prevention work by PCI and Africa KidSAFE.

Attention to Girls

Most children living on the street are boys, but the girls on the street are particularly vulnerable to sexual abuse and exploitation and to other forms of physical abuse. During 2007, KidSAFE I increased its attention to girls. Dr. Sue Gibbons, a psychologist, carried out an initiative for a group of street children that included training in sexual and reproductive health, as well as life skills.⁸ It revealed a frightening lack of knowledge that girls on the street had about sexual and reproductive health issues and the particular risks that they face, and it showed how the girls’ needs could be addressed through a focused program. The report made a number of recommendations that deserve serious attention from PCI. Dr. Gibbons also prepared a report that took a broad look at the particular needs of girls on the street, as well as possible programmatic responses.⁹

In addition, a drop-in center for girls was opened in Garden Compound with support from MCDSS, and Hope Foundation opened a center for hard-to-serve girls. PCI secured funding from UNICEF to increase three aspects of its work with girls by providing assistance through the Mobile Health Service and by providing counseling and other support to girls engaged in transactional sex.

It will be important for PCI and Africa KidSAFE to give serious ongoing attention to the particular risks faced by girls on the street.

Ways to Sensitize the Public

Street children have generally been seen in a negative light in Zambia. To help counter the stigma that these children face, PCI has developed a partnership with Barefeet, an arts and performance organization in Lusaka. Barefeet coordinates theater for development activities for the Africa KidSAFE network. Children develop and perform dramas and skits that draw attention to issues faced by children on the street, and performances are followed by dialogue with the

audience. In November 2007, Barefeet organized a festival, and to the beat of drums, 1,300 children joined in a carnival procession through the city. The minister of Community Development and Social Services, Catherine Namugala, took part in the opening ceremony.

Zambia Association of Child Care Workers

At the time of the DCOF visit in November 2005, the Zambia Association of Child Care Workers (ZACCW) had been recently formed, with significant support through KidSAFE I. A curriculum was developed for a Basic Qualification in Child Care (BQCC), which required passing an exam after four days of training. During the 2008 visit, Chief of Party Luckas Moens, from the KidSAFE projects, and the author talked with a group of trainees who brought the total who trained to 900. Of those, 142 have been personnel of Africa KidSAFE members.

The current curriculum was developed and was based on that of the South African Association of Child Care Workers, which also certifies those who pass the training. A new, uniquely Zambian, curriculum has been developed, along with a two-year diploma program. The graduates will be certified by the Technical Education, Vocational, and Entrepreneurship Training Authority of the GRS. The development of ZACCW and the training that it provides are significant accomplishments of KidSAFE. Through KIDSAFE's ongoing work, the quality of care and protection of children is being improved throughout the country, among NGO and GRS personnel.

Access to Education and Training

Many aspects of the KidSAFE projects stress helping (a) children get into school and (b) older adolescents obtain skills training. Outreach workers discuss these primary issues with children on the street, some of whom are able to start an education program while still on the street. The promise of an education or skills training attracts some children to move to a center or to return to a family.

For children who express interest in reintegration, ensuring their access to school is a key issue. The prevention program is also a key element; mothers who are able to earn an income are likely to spend a significant portion of it on educational expenses. Of the 20 subgrants that PCI made during KidSAFE I, eight were to support the provision of education services by members, and two others were to support skills training. PCI did not record the cumulative total of children who were assisted to enroll in government or community schools, but the total enrolled in the third year of the project was 2,247. During the three years of KidSAFE I, 615 adolescents were assisted as they enrolled in skills training programs.

Zambian National Service Camps

In 2005, the GRS revived its program of national service. MYSCD is responsible for the Zambia National Service (ZNS) camps. PCI was asked by MYSCD to help develop an effective program for training street children in technical skills through these camps. The initial response toward reviving the ZNS camps was very negative; international donors concerned with children in

Zambia perceived the camps as an effort to militarize children. PCI was able to help MYSCD to arrange a visit of donors to one of the camps, which resulted in a much improved understanding of the program that was being developed.

Problems remain, however. During the DCOF visit in February 2008, the team talked with a small group of youth who had recently completed the ZNS training. Although they found the training to be a positive experience, they had received neither the expected tools nor assistance in finding jobs. Thus, they were back on the street. One improvement, though, was that the youth did not appear to be using the inhalant, bostick.¹⁰ It will be important for PCI to continue its relationship with MYSCD concerning the ZNS camps and to help with strengthening the counseling, planning, and follow-up support to enhance the trainees' chances of actually securing jobs.

Mobile Health Services

The Africa KidSAFE Mobile Health Service began operating in 2005, primarily on the street, with a focus on diagnosis and treatment. During 2007, there were almost 1,300 child patient visits. During the 2008 DCOF visit, operation had been suspended to review the approaches being used, but the service was due to begin operating again soon.

The Mobile Health Team supported by KidSAFE I had focused primarily on curative services. On the basis of the review, however, health services within the Africa KidSAFE network are to be integrated, with activities taking place at three levels: on the street, at Africa KidSAFE centers, and within communities. The Mobile Health Team on the street will focus on harm reduction, prevention, and referral to more extensive treatment. The work on the street will be closely coordinated with the outreach workers, who, along with staff members, will also be given first aid training. Outreach workers and center personnel will also be trained regarding reproductive health, tuberculosis, malaria, and sexually transmitted infections, including HIV/AIDS.

Centers run by Africa KidSAFE members will focus on health-related behavior change, particularly as it concerns drug abuse and sexual and reproductive health. Children entering centers will consistently undergo medical screening. Referral links to the District Health Management Team will be strengthened. Health-related programming will also be part of the prevention efforts done in communities, including helping to link at-risk children to health services.

KidSAFE Soccer League

The KidSAFE Soccer League is in its second season. In 2007, more than 550 children participated in the league, which currently includes twenty-eight teams of about fifteen children each. There are two divisions: one for players under fourteen years of age and one for fourteen- to sixteen-year-olds. Twenty-two teams are based at Africa KidSAFE partner centers, three are community based, and three were formed by groups of children still living on the street. There

are three girls' teams, which compete against the boys' teams. Matches are held on a special pitch designed for five players per side. The league operates for six months each year.

The KidSAFE Soccer League is a collaborative effort. Breakthrough Sports handles the logistics. Grassroot Soccer educates players about HIV/AIDS after each match. The KidSAFE project brought the partners together and plays the role of coordinator. The uniforms and equipment have been donated.

The league has played a role in helping at least one group of forty-five street children move off the street. A group of children who had been living at the intersection closest to the Manda Hill shops formed a team and participated in the league. They lost their early matches by a wide margin and began to see that their use of bostick undermined their performance. As they began to train three times a week in addition to playing in matches, their use of the inhalant was reduced and their performance in matches improved. This group of children eventually left the street. Their participation in the KidSAFE Soccer League was a contributing factor.

Minimum Standards of Care

Through a joint initiative involving GRS and civil society, minimum standards of care for child care facilities have been established. PCI was involved in drafting the standards during KidSAFE I. They have been approved by MCDSS and MSYCD, and approval by Parliament is anticipated in early 2008. A strategy for training and implementation is being developed that will be led by UNICEF and the two ministries. This arrangement has generated some anxiety among organizations whose programs and facilities will have to comply with the new standards; however, most of the Africa KidSAFE members acknowledge the importance of the minimum standards of care and are preparing to comply with them.

Capacity Building

Capacity building of members has been a major emphasis of KidSAFE I and will continue with KidSAFE II. The BQCC training by ZACCW has been an important aspect of building the capacities of Africa KidSAFE members. In addition, members have participated in training in the following areas, primarily through the support of PCI and KidSAFE I:

- Children's participation
- Psychosocial support
- Substance abuse
- Reproductive health
- Community sensitization
- Microfinance
- NGO management
- Social entrepreneurship
- Behavioral cognitive model for trauma-focused therapy
- Theater for development
- Monitoring and evaluation

- Children's rights

Moreover, a total of 6,481 treated bed nets were distributed to Africa KidSAFE partners for use in centers and by families. In addition, a referral guide on services for children on the street, with profiles of all Africa KidSAFE members, was developed to facilitate collaboration.

Most of the KidSAFE I subgrants mentioned earlier were for training related to help program activities. In the current fiscal year, through KidSAFE II, PCI plans to build the capacity of seventeen Africa KidSAFE partners in areas of organizational development, including financial management, and technical programs. All future subgrants will be tied to a capacity-building strategy. The planning document for KidSAFE II indicates that

PCI will only sub-grant funds to those organizations meeting eligibility criteria. For organizations that do not meet eligibility criteria, mini-grants will be offered to qualifying organizations to help prepare them to manage sub-grants effectively. Further, as part of the capacity building component of this project, PCI will strengthen the organizational management capacity of implementing partners. This includes strengthening their financial, program and administrative management skills, as well as their capacity to cultivate donors and generate additional sources of revenue to fund program activities.¹¹

OBSERVATIONS

I am extremely encouraged by the outstanding progress in Zambia in addressing the needs of street children. That progress has been achieved through active collaboration among PCI, the Africa KidSAFE members and partners, the Department of Social Welfare, and other government of Zambia entities. PCI and Africa KidSAFE members have developed and implemented approaches and methods that are enabling children living on the street to move into care situations, to leave behind the damaging use of inhalants, to gain access to education and training, and to reintegrate into families and communities. To have provided these opportunities for a few children would have been worthwhile, but PCI and Africa KidSAFE members have demonstrated that their approaches and methods can address the scale of the issue of street children in Zambia.

Effective Development of Systems

Many challenges remain. There are issues to be addressed concerning the most effective ways to develop community and agency systems that can intervene to prevent poverty and abuse from pushing children out of households and onto the street. There are no easy answers to the damaging effects of inhalants, HIV, and other threats that children face on the street, and these realities require even more innovative work. Reintegration involves more than simply enabling children to return home; the fundamental factors that pushed a child to the street in the first place must be addressed. While we acknowledge these difficult challenges, we applaud the progress that has been made. It deserves international attention because other countries can learn from what is being accomplished in Zambia.

The intentional and self-reflective approach of PCI with the KidSAFE project has been excellent. PCI plans together with Africa KidSAFE members and partners and with GRS agencies. It sets numerical targets and measures results. It has been pragmatic and results oriented. The approach has meant leading by example while involving the DSW and other government partners. That approach has resulted in significant changes since my previous visit in 2005 in terms of GRS operational and financial commitment. PCI has reflected on the various initiatives that have been made and has adjusted future plans on the basis of what has worked and what has not. KidSAFE's methods and approaches continually evolve according to experience in dealing with many difficult issues. The results so far include many lessons learned that should be shared internationally with organizations concerned with street children.

PCI's efforts to strengthen the capacities of the Department of Social Welfare, other government of Zambia bodies, and Africa KidSAFE partners have been important and effective. Clearly, this process must be ongoing—and the ultimate goal is to make the role of PCI unnecessary. PCI's efforts to develop effective approaches and build to sustainable, collaborative systems appear to have been in keeping with advice given by Kennedy Musonda, USAID's former cognizant technical officer (CTO) of KidSAFE I, when he encouraged PCI to "lead from behind."

An operational concern highlighted by PCI during the visit was whether the new funding from PEPFAR would bring new reporting requirements, in addition to the extensive set of indicators against which PCI has been reported. It was not possible during the visit to address PCI's

concern about future reporting requirements, but subsequent information suggests that dual reporting may be required.

The presence of children living on the street is a very tangible indicator of shortcomings in Zambia's development. Street children are the tip of the iceberg of orphans and vulnerable children in the country; as such, they represent how much needs to be done for children throughout the country. PCI's analysis of the places of origin of street children should be helpful in identifying areas where prevention and development efforts need to be targeted.

Pervasive Use of Inhalants

The report on the 2005 visit by DCOF to observe KidSAFE I emphasized the importance of addressing the pervasive and dangerous use of an inhalant by street children. This type of substance abuse continues to be widespread among children living on the street, and there are suggestions that it is an emerging problem in the community and schools. Responding to discussions during the previous DCOF visit and recommendations in the report, PCI collected samples of the liquid that street children were inhaling in five different locations in Lusaka. It arranged for the Ministry of Health's Food and Drugs Control Laboratory to analyze the samples. The results indicated that the contents from five different locations were all the same: diesel fuel and dissolved polystyrene foam. The results further suggest that there is a central operation preparing and selling this mixture to children on the street.

On the street, this liquid is called "sticka" or "bostick." Although bostick is sometimes poured on rags or on the child's clothing and then inhaled, it is more commonly inhaled (or "huffed") from a plastic water bottle. Children whom I talked with on the street said that a capful sells for 500 Kwacha (about US\$.13). They also said that they might use two or three full caps per day, making bostick more affordable than alcohol or other substances.

Bostick is an integral part of the coping system of children on the street in Zambia. It eases the discomfort of hunger and cold. When they are "high," children are not concerned with the comments of passersby, and they are willing to do things that they might otherwise be reluctant to do, like begging or stealing. There is also an element of group solidarity. Children may gain acceptance and feel part of the group when everyone is using the same substance. It also helps them deal with the emotional pain related to experiences that initially pushed them out of a household and onto the street.

It appears that not much is known about the specific effects of huffing over time. Some of the outreach workers who were themselves on the street as children used inhalants extensively with no apparent long-term impairment, but they are also able to identify long-term users whose mental functioning appears to have been permanently impaired.

Obviously, diesel fuel is not classified as an illegal substance in Zambia, so several of the people with whom I talked assumed that nothing could be done in terms of using the law to suppress the use of bostick among children on the street. In one case, a man selling bostick had been arrested, but he was released because the substance was not classified as an illegal drug. It seems likely, however, that there are Zambian laws against endangering or harming children; those laws might

open possibilities for legal action against adults involved in selling bostick or other volatile solvents to children.

Legal suppression might not be a productive strategy, however. On the one hand, making bostick less readily available or more expensive might help induce some children to be more receptive to getting off the street, provided such opportunities are readily available. On the other hand, suppression of bostick might encourage the use of other inhalants such as petrol (gasoline) or “jenkem.” Jenkem is fermented sewage that is sometimes inhaled by street children in Zambia; it is reported to be particularly powerful and dangerous.

Another approach would be to support a broad or a targeted information campaign on the dangers of inhalants. Whether such a campaign would be cost-effective should be considered on the basis of experience in other countries. While in Zambia, I heard from an organization that arranged for a representative of the Drug Enforcement Commission to make a presentation to a group of street children. The talk described a variety of illegal drugs that the children were unaware of, and it appeared to spark their interest in those substances. Such an approach, at least by itself, would not seem to be a productive one.

The current approach emphasized by PCI, Africa KidSAFE partners, and DSW provides street children with better options (care off the street, education, skills training, and reintegration). That approach has been effective in getting children to give up the use of bostick. Legal suppression of its sale may also be appropriate, along with an information campaign. There are risks, though, in terms of resources being used ineffectively or in terms of inadvertently making things worse if children shifted to an even more dangerous substance. It is important to use deliberative, informed consideration of all options.

RECOMMENDATIONS

The recommendations in *Africa KidSAFE: A Midterm Assessment of Phase I and Planning Document for Phase II* are appropriate and sound, and there is no need to repeat them here. Following are additional suggestions:

1. An overarching goal of KidSAFE II should be the continued development and strengthening of a Zambian national system of protection and care for vulnerable children, including, but not limited to, street children. This effort requires a strong emphasis on building the capacity of GRS structures, Africa KidSAFE members and partners (ZACCW, in particular), and Africa KidSAFE as a network.
2. It appears that the Ministry of Community Development and Social Welfare will soon issue identity documents for outreach workers. If necessary, PCI and USAID should follow up to ensure that these documents are provided expeditiously.
3. PCI should give additional attention to promising approaches for strengthening the households into which street children are being reintegrated. Such efforts include, but are not limited to, economic strengthening. In target areas, community capacities also need to be strengthened to help prevent unnecessary family separation, to identify child neglect and abuse, and to monitor and support reintegration. In particular,
 - a. PCI could benefit from having either a staff member or periodic consulting support with a broad range of economic strengthening expertise relevant to households that are deep in poverty.
 - b. In target communities, PCI, Africa KidSAFE, DSW, and other GRS bodies should explore possibilities for coordination, collaboration, and referral links existing with programs that are focused on orphans and vulnerable children.
 - c. The family circle approach being used by Lupwa Lwabumi Trust seems to be promising as a way not only to strengthen individual households accepting the return of children from the street, but also to mobilize community support for them. PCI should consider supporting and evaluating this approach as part of the reintegration of children, for cases where it seems appropriate.
4. PCI should continue its engagement with MYSCD concerning the ZNS camps and help strengthening the counseling, planning, and follow-up support that will enhance the trainees' chances of actually securing jobs.
5. PCI and Africa KidSAFE members should explore—through USAID Zambia's Orphans and Vulnerable Children Forum—the possibility that they can help other organizations target their interventions to the most vulnerable communities and households.
6. KidSAFE II should pay greater attention to the needs of girls on the street. PCI and the Africa KidSAFE members should review the recommendations in Sue Gibbons's report, *Girls at Risk on the Street*, particularly those suggestions concerning the need for a night shelter for girls, a day program, and sexual and reproductive health education.

7. As far as possible, PCI should break down the statistics it reports for KidSAFE II in terms of boys and girls.
8. With Africa KidSAFE members, DSW, other relevant GRS bodies, and local experts, PCI should explore whether it would be useful to organize a workshop or working group to explore possible action to reduce the use of bostick and other inhalants by children. The spread of the use into communities and schools is a worrisome new trend. Before such a workshop, someone should research whether applicable Zambian laws are causing harm to children. Research should also be done beforehand on lessons learned in other countries about what has worked and what hasn't worked. Current action to help children leave the street, go to school, and reintegrate has helped many children give up the use of inhalants. The cost and likelihood of any new initiatives yielding results should be carefully weighed against the use of resources for current interventions.
9. PCI should make greater efforts to disseminate information internationally concerning the approaches, methods, and results of KidSAFE I and II.
 - a. PCI should develop and periodically update an overview of KidSAFE, its accomplishments, and lessons learned and should post this information on its website.
 - b. Through the Africa KidSAFE website, PCI should make available documents of potential interest to practitioners in other countries and should send the documents, as appropriate, to the Better Care Network.
10. USAID Zambia should work with PCI, DCOF, and the PEPFAR office in Zambia to harmonize reporting requirements for KidSAFE II.
11. DCOF should facilitate exchanges of information and experience regarding support for family and community reintegration between PCI/Africa KidSAFE and organizations in other countries that address similar issues.
12. DCOF would be grateful for any comments that PCI and Africa KidSAFE partners may have on the guidance provided in *Building Bridges to Mainstream Opportunities*.
13. PCI and Africa KidSAFE members should review the following recommendations from the 2005 DCOF report (numbering reflects that in the earlier report):
 - a. PCI should take the lead in ensuring that Africa KidSAFE partners develop and agree upon procedures for reporting serious protection concerns to relevant government authorities in a way that does not put the children concerned at risk and that results in appropriate investigation and follow-up.
 - b. Africa KidSAFE partners should obtain information on the ways in which police officers in Ethiopia and South Africa are trained to deal with children and should explore potential applications in Zambia.

- c. PCI, in consultation with Africa KidSAFE partners, should measure changes in the programs of member organizations since the beginning of the project, using such indicators as the number of children currently served (by types of assistance), the total program budget (excluding funding from PCI/Africa KidSAFE), as well as other indicators of change in capacity that it may be able to identify.¹²

APPENDIX A: SCOPE OF WORK

According to the clearance cable from USAID/Zambia that authorized the DCOF visit to Zambia, the purpose of the visit was, “to conduct a site visit to Zambia’s PCI KidSAFE Program.” It identified Chibwe Lwamba, SO9 deputy team leader, as USAID/Zambia’s control officer for the visit.

APPENDIX B: KEY RESOURCE DOCUMENTS

Mundt, Christine and Kelly Skrable. *Africa KidSAFE: A Midterm Assessment of Phase I and Planning Document for Phase II*, January 2008.

“PCI Africa KidSAFE: Annual Program Review, October 2006 to September 2007” [PowerPoint document].

Project Concern International. “Quarterly Program Performance Report, Cooperative Agreement No. 690-A-04-00343-00, The Africa KidSAFE Alliance for Street Children in Zambia, October-December 2007.”

“Facts and Figures, Night Head Count” [undated].

“Manda Hill/Fountain of Hope” [report on group that left the street together in June 2007]

“Camp at Serenity House: October 26th – December 5th, 2007” [report on second group program for children who left the street together].

“Health Services for Children in the Africa KidSAFE Network” [undated].

“Capacity Building of the Districts: Strategy and Action Plan” [undated].

“Inhalant Abuse” [undated].

Meadows, Renee and Abraham Verghese. “Medical Complications of Glue Sniffing,” *Southern Medical Journal* 89, no. 5 (May 1996).

“Mobile Health Medical Report, June 2007.”

Family Reintegration Guidelines for Children Living on the Street: Legal Requirements, AKS-Endorsed Procedures & Good Practices, Project Concern International and Ministry of Community Development and Social Services, Department of Social Welfare [undated draft].

Gibbons, Sue. *A Report on Bakashana Twampane Girls Group on Sexual and Reproductive Health*. Africa KidSAFE, Project Concern International, Zambia, June 2007.

———. *Girls at Risk on the Streets*, Project Concern International, May 2007.

APPENDIX C: ITINERARY

ACTIVITY	LOCATION	PARTICIPANTS
<i>Saturday, February 9, 2008</i>		
John Williamson's arrival	Lusaka Airport	Luckas Moens (LM)
Initial discussion regarding Africa KidSAFE	Manda Hill shopping center	LM
<i>Sunday, February 10</i>		
Site visits to Lupwa Lwabumi Trust	Ngombe Compound and Mandevu Compound	LM
<i>Monday, February 11</i>		
Initial meeting regarding this visit	Project Concern International (PCI) office	Kurt Henne (KH), Rajesh Singh (RS), LM
Meeting with KidSAFE team	PCI office	Judith Mwape (JM), Phaniel Mweene (PM), LM,
Street visits	Central bus terminal, parking lot	Keena Lunda, KH, LM, PM
Lunch with outreach workers		Keena Lunda, KH, LM, PM
Visit to Youth for Sport Rehabilitation, and Restoration (YOFOSO)	Garden Compound	Leonard (youth worker)
<i>Tuesday, February 12</i>		
Travel to Kabwe and discussion regarding Africa KidSAFE	en route to Kabwe	LW
Visit to Sables Drop-in center	Kabwe	Sidney Mushanga (SMu), Yves Moens, LM
Shitima School	Kabwe	Fabian Banda, SMu, LM
Visit with households in Makululu Compound	Kabwe	LM, SMu
Discussion regarding Zambia Association of Child Case Workers	Ndola	Felix Mwale, LM
Discussion regarding Africa KidSAFE	En route to Lusaka	LM
<i>Wednesday, February 13</i>		
Visit to Rainbow Project's center for street children	Ndola	Sauro Monnecchi (SMo), Gennaro Luca Spadaro (GLS), LM
Visit to Cicitekelo School and training center	Ndola	Emanuel Kukuka, GLS, LM, SMO
Travel back to Lusaka		LW
<i>Thursday, February 14</i>		
Meetings with UNICEF personnel	UNICEF office, Lusaka	Gabriel Fernandez, Charlotte Harland
Discussion regarding outreach and	Black Knight Restaurant	PM, Nikeli Ndjouv, LM

reintegration		
Discussion regarding Africa KidSAFE and PCI	USAID mission	Chibwe Lwamba
Meeting with Department of Social Welfare personnel	PCI office	Henry E. Njovu, Charity Mutende, JM, LM, PM
Meeting with agencies engaged in programming for orphans and vulnerable children	PCI office	18 personnel from nongovernmental organizations
Discussion concerning Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS)	Pamodzi Hotel	
Friday, February 15		
Discussion with members of three loan groups from the Christian Enterprise Trust of Zambia	Fountain of Hope	Jane Chungu, Kembo Ng'ona, PM
Lunch discussion regarding street girls	Black Knight Restaurant	Sue Gibbons
Visit to Africa KidSAFE Soccer League		LM
Debriefing	PCI office	CH, LM,
Saturday, February 16		
Discussion regarding substance abuse and the group program at Serenity House	Pamodzi Hotel	Philip Baxter
John Williamson's departure	Lusaka airport	LM

APPENDIX D: LIST OF KEY CONTACTS

USAID/Zambia

Chibwe Lwamba, SO9 Deputy Team Leader (Acting Team Leader)

Ministry of Community Development and Social Services, Department of Social Welfare

Henry E. Njovu, Lusaka District Social Welfare Officer

Charity Mutende, Lusaka District Social Welfare Officer

Project Concern International

Kurt Henne, Regional Coordinator and Country Director

Rajesh Singh, Deputy Country Director

Luckas Moens, Chief of Party, Africa KidSAFE

Judith Mwape, Reintegration Coordinator

Phaniel Mweene, Outreach Coordinator

Keena Lunda, Outreach Worker

Nikeli Ndjouv, Deputy Chief of Party, KidSAFE

Lupwa Lwabumi Trust

Louis Mwewa, Director

Martin Masiliso, Staff Member

Goodson Mwaba Matende, Staff Member

Zambia Association of Child Care Workers

Felix Mwale, Executive Director

Christian Enterprise Trust of Zambia (CETZAM)

Jane Chungu, Loans Officer

Kembo Ng'ona, HIV/AIDS Coordinator

Sables Drop-In Center

Sidney Mushanga, Project Coordinator

Yves Moens, Volunteer

Rainbow Project of Pope John XXIII

Sauro Monnecchi, Coordinator of Street Children Services

Cicitekelo Youth Project

Gennaro Luca Spadaro, Cicitekelo Project Officer

Emanuel Kukuka, Phase I Education Supervisor

UNICEF

Gabriel Fernandez, Section Head, Child Protection

Charlotte Harland, Social Protection Specialist

World Vision/ Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS)

Bruce Wilkinson, Chief of Party

Serenity Camp of the Catholic Diocese

Philip Baxter, Director

Independent Consultant

Sue Gibbons

APPENDIX E: KEY FINDINGS OF THE 2006 STUDY OF STREET CHILDREN IN ZAMBIA

The following are representative of the key findings in 2006:

- The age and gender profiles confirm findings of previous studies.
- Approximately 25 percent of children seen on the street during the day sleep on the streets at night.
- Very few street children are of foreign nationality.
- The most significant drivers of the street child population appear to be a complex of poverty, parental mortality (especially the father), lack of access to education, and limited alternatives.
- Children who do not sleep on the streets have been on the streets for less than 2 years on average, but children sleeping on the streets have been on the streets for between 3 and 10 years.
- Children spend most of their time working, begging, or both. There are some minor differences in this regard between street sleepers and non-street sleepers, as well as between males and females.
- The majority of children earn less than 10, 000 Kwacha per day and use most of this money to buy food and clothes.
- Children on the streets are exposed to a wide range of risks; the majority have been victims of crime or they have been forced to commit acts against their will.
- Of the sample children, 23 percent had been arrested by the police, and most claimed that the police had verbally and physically assaulted them.
- A relatively small proportion of the sample reported substance abuse, but substance use is significantly higher among street sleepers than among non-street sleepers.
- On average, less than half of the children knew of resources that were available to street children.
- The use of resources was intermittent, and roughly a quarter stated that they never used the resources, with approximately 40 percent stating that they used some of the resources daily.
- Of the sample, 47 percent stated that they had nowhere to go in case they needed help with a problem.
- Just more than 50 percent of the sample stated that they didn't know what HIV and AIDS are, and 38 percent did not know how to protect themselves against HIV and AIDS.
- Of the sample, 70 percent did not attend school, and 67 percent described themselves as not being able to read a newspaper.
- There are significant differences between children who sleep on the street and those who do not, with the former being more marginalized, exposing themselves to more risks, and engaging in more behavior that puts them at risk.
- The profiles of males and females are very similar, but with significant differences:
 - Of the sample, only 15 percent are female; a proportionally lower percentage of females sleep on the streets when compared to males.
 - Females spend less of their money on drugs and alcohol and, generally handle their money more wisely.
 - Females experience significantly higher levels of sexual harassment.
 - Females showed significantly lower levels of school enrollment.

- If one uses a careful analysis of the data and relies on other sources of data, the street child population is estimated to be 13,200. It should be emphasized that there is a much larger population of children who are extremely vulnerable and who may end up on the streets.

APPENDIX F: THE CGAP GRADUATION MODEL

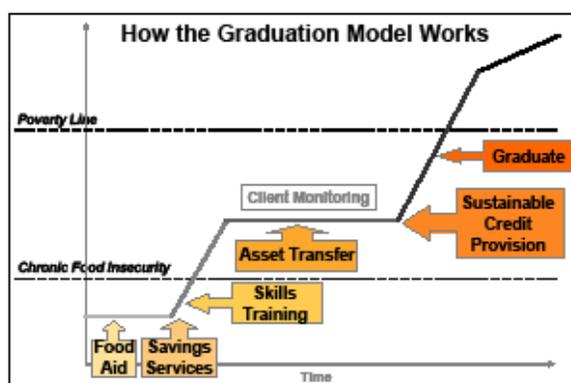
CGAP and The Ford Foundation

Linking Safety Nets with Microfinance

Conventional microcredit is not always appropriate for people at the bottom of the economic ladder. In fact, for food-insecure people or people without sustainable livelihoods credit can lead to indebtedness and actually increase their vulnerability. But this does not mean that microfinance has no effective role in working with the poorest.

After studying various institutional experiences, CGAP has found that using financial services to build on safety net programs can provide an important pathway for the poorest to “graduate” out of chronic food insecurity. As clients meet their consumption needs through a safety net program, accumulate savings, learn simple business skills, and develop financial discipline, they can use credit and other financial services to better manage their lives and pursue independent economic activities.

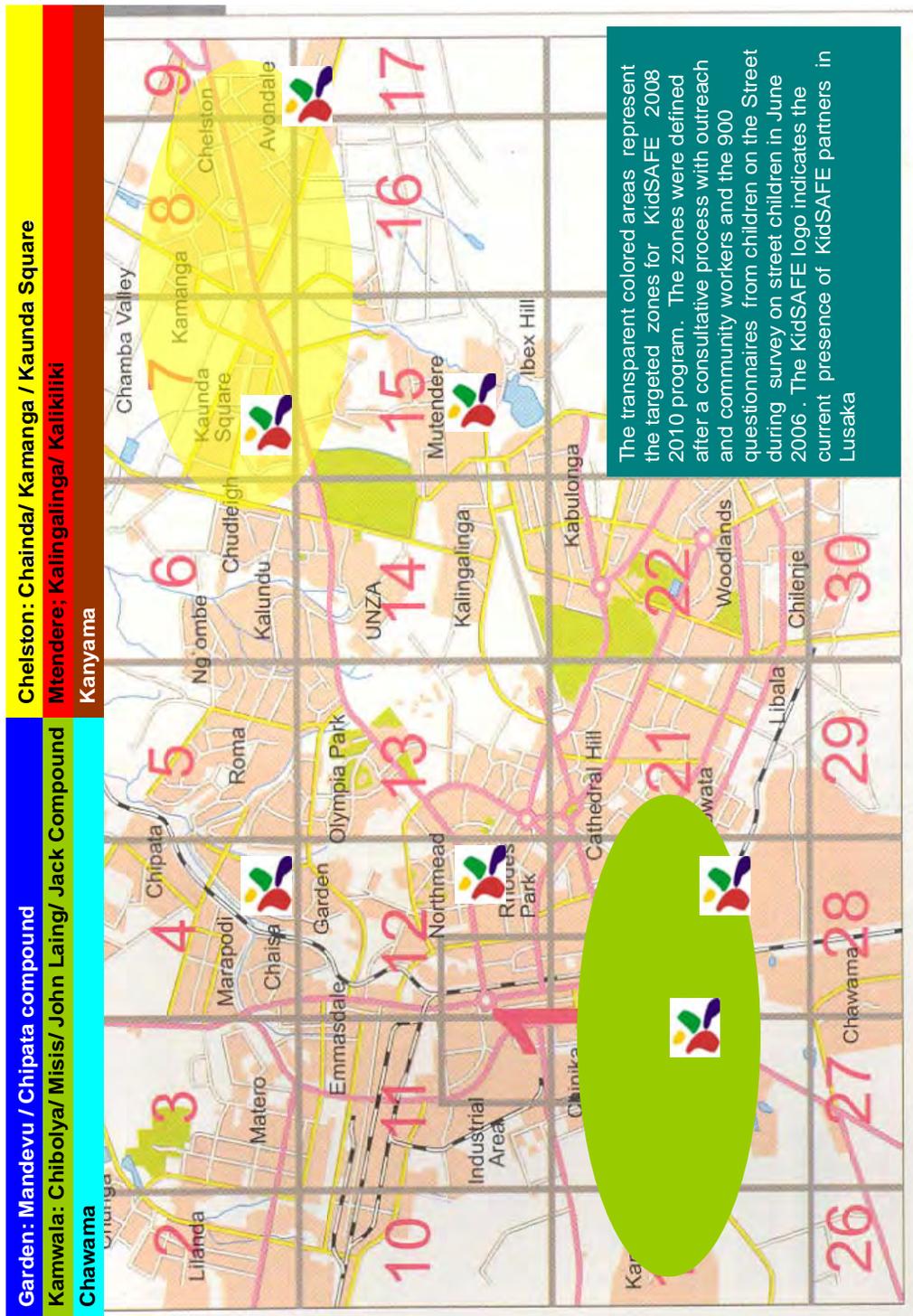
This “graduation” model assumes that the poorest need grants, food aid, or subsidized employment to provide for basic survival needs. Once these needs are met, livelihood training and carefully sequenced financial services (starting with savings and later credit) can help clients graduate from dependence on safety net programs and become full-fledged microfinance clients.



To demonstrate how the graduation model works, CGAP, in partnership with the Ford Foundation, has launched a new initiative to pilot the model in different countries. Four such pilots have already begun – two in India, Haiti and Pakistan. In India and in Haiti, microfinance institutions (SKS, Bandhan and Fonkoze) have been the lead partners, working with others to provide grants, training and health care services. In Pakistan, the pilot is jointly managed by a large government poverty alleviation program (PPAF) and the World Bank. Discussions are ongoing to develop pilots in a few other countries (possibly two of Zambia, Mozambique, Kenya, Ghana). Rigorous impact assessments are being conducted for all pilots to determine causality between program participation and changes in the economic and social conditions of clients. Experts from MIT, Yale and NYU have teamed up to create the design and conduct the assessment.

For further information, please contact: Syed Hashemi at shashemi@worldbank.org or Frank DeGiovanni at F.DeGiovanni@fordfound.org.

APPENDIX G: PRIORITY AREAS FOR PREVENTION WORK



NOTES

¹. Christine Mundt and Kelly Skrable, *Africa KidSAFE: A Midterm Assessment of Phase I and Planning Document for Phase II* (January 2008).

². Ministry of Community Development and Social Services and Ministry of Sport, Youth and Child Development, Report on Survey and Analysis of the Situation of Street Children in Zambia: Profile of Street Children in Zambia (2006), 5.

³. *Family Reintegration Guidelines for Children Living on the Street: Legal Requirements, Africa KidSAFE-Endorsed Procedures & Good Practices* (PCI and MCDSS, DSW), 9.

⁴. *Family Reintegration Guidelines*, 7.

⁵. “Stop Child Abuse” [Brochure] (Victim Support Unit)

Child abuse includes physical abuse (beating, whipping, pushing, shaking, pinching, and otherwise harming the child); sexual abuse (sexual touching, intercourse, incest, exposing a child to adult sexuality); emotional abuse (harassment of a child through criticism, threats and ridicule, including belittling, shaming, rejection, and extreme forms of punishment); neglect (failure of a parent to provide for the child’s basic needs, child abandonment, expulsion from the home or inadequate supervision). (Source Victim Support Unit, *Stop Child Abuse Brochure*

⁶. *Family Reintegration Guidelines*, 18–19.

⁷. David James Wilson, *Building Bridges to Mainstream Opportunities: Displaced Children and Orphans Fund Guidance on Funding Priorities and Parameters for Street Children Programming* (Washington: U.S. Agency for International Development and SPANS Technical Support Contract, August 2007), 13-15.

⁸. Sue Gibbons, *A Report on Bakashana Twampane Girls Group on Sexual and Reproductive Health* (Africa KidSAFE and Project Concern International, Zambia, June 2007).

⁹. Sue Gibbons, *Girls at Risk on the Streets* (Project Concern International, May 2007).

¹⁰. “Bostick” refers to the benzene-based inhalant that is widely used by children on the street in Zambia. It is a volatile solvent that, with protracted use, damages the brain.

¹¹. Mundt and Skrable, *Africa KidSAFE*, 72.

¹². John Williamson, *A Brief Review of the Africa KidSAFE Alliance & An Exchange on Programming for Orphans & Vulnerable Children in Zambia* (Washington: U.S. Agency for International Development and SPANS Technical Support Contract, 2005).

**U.S. Agency for International Development
Displaced Children and Orphans Fund**

1300 Pennsylvania Avenue, NW, Suite 700

Washington, DC 20523

Tel: (202) 789-1500

Fax: (202) 789-1601

www.usaid.gov