

Final Project Review Report SCOPE OVC

Final Report Prepared by:
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Acronyms

ACD	Assistant Country Director
ARI	Acute Respiratory Illness
ARV	Anti Retro-virals
CBO	Community Based Organization
CBOH	Central Board of Health
CHIN	Children in Need Network
CMO	Community Mobilization Officer
COVCC	Community Orphan and Vulnerable Children's Committee
CRC	Convention on the Rights of the Child
CWAC	Community Welfare Assistance Committees
DA	District Administrator
DATF	District AIDS Task Force
DDCC	District Development Coordinating Committee
DOVCC	District Orphan and Vulnerable Children's Committee
FBO	Faith Based Organization
FHI	Family Health International
GMC	Grants Management Committee
HES	Household Economic Security
IGA	Income Generating Activity
MCDSS	Ministry of Community Development and Social Services
MYSCD	Ministry of Youth, Sport and Child Development
NGO	Non Governmental Organization
OD	Organizational Development
OVC	Orphan and Vulnerable Children
PCI	Project Concern International
PLA	Participatory Learning and Action
PMT	Project Management Team
PSS	Psycho-social Support
SCOPE OVC	Strengthening Community Partnerships for the Empowerment of OVC
SEAD	Small Economic Activity Development
SRO	Sub-grant Recipient Organization
SRP	Social Recovery Project
TOT	Training of Trainers
USAID	United States Agency for International Development
ZAMSIF	Zambia Social Investment Fund

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Gideon Bulwani and Sharon Mulenga, consultants, developed the review tools and facilitated the review teams in the field. The task was not an easy undertaking and they managed with commitment and energy.

Karen Doll Manda, Country Director FHI/Zambia, and Batuke Walusiku, consultant, undertook the task to finalize the report.

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It is hoped that this final review report will be able to provide a platform for future OVC programming in Zambia and that households with children will benefit from the lessons learned during the SCOPE OVC project.

1 Executive Summary

1.1 Background Information

Zambia, with a population of about ten million, has been struggling to reverse nearly three decades of economic decline. Once a middle-income country powered by the copper mining industry, Zambia, despite an on-going extensive economic liberalization program, has experienced decades of declining living standards.

Zambia's most challenging development problem is HIV/AIDS. Estimates of 16%¹ of those who are infected are over 15 years of age, with higher infection among high-risk groups. Undoubtedly, children bear an unfair impact of the HIV epidemic. Very young children carry the burden of the disease directly, passed on from their parent or through the loss of their parent or caregiver. According to *Children on the Brink 2002*, more than 12% of children less than 15 years, of age are maternal or double orphans. Seventy-six percent of these orphans are a result of AIDS. Even if the prediction that HIV levels are beginning to plateau in Zambia, the impact of the epidemic on children, in terms of parental death, will continue to drop for at least the next 20-30 years.

Currently, Zambia has nearly 1.2 million orphan² children³. Increasingly, families are being stretched to the point of buckling with the absorption of additional children into their households. Children's guardians are unable to meet the costs of school fees, both government and private, hence their children follow the informal community school structure, instead of the formal school system. A harsh reality of poverty in Zambia, means that fewer children access appropriate health center treatment for common illnesses, such as malaria, diarrhea and acute respiratory illness (ARI). In the light of the large percentage of orphans being looked after by grandparents, a real concern also arises over what may transpire of these children as the grand-parents age. The increasing numbers of street children seen in urban centers may be providing an early warning that Zambian households and the Zambian extended family system have almost been pushed to the brink of collapsing

The SCOPE Project

From the onset of SCOPE-OVC, there were some underlying philosophies related to the project. As important as it is to ensure that households have access to food, clothing, shelter, health and education, the project did not set out to be for direct service provision. Given the magnitude of the OVC situation in Zambia, as well as the current level of high HIV infection rates and the increasing death rate, the philosophy behind SCOPE was to unite various OVC players at district and community levels and to build their capacity to respond to the emerging OVC crisis in their communities.

¹ Zambia Demographic Health Survey 2000-1

² According to *Children on the Brink*, orphan is defined as a child under age 15 who has lost one or both parents.

³ *Children on the Brink 2002*

To this end, SCOPE's philosophy was to create linkages and partnerships to assist government, faith-based organizations and civil society to unite together.

The SCOPE OVC project strives to mitigate the impact of HIV/AIDS on children through mobilizing, scaling up and strengthening community-based and community-led responses to the needs of OVC. The SCOPE strategy has been initiated at several levels to enhance the ability of households, communities and district level institutions to respond to the needs of OVC, especially those affected by HIV/AIDS. Interventions are described below.

Multi-sectoral District Initiatives: SCOPE works with multi-sectoral District OVC Committees (DOVCCs) to build their capacity to assess and respond to the situation of orphans and vulnerable children in their districts. SCOPE provides various types of training to the district committees to enable them to fulfill their function. Furthermore, SCOPE works to unite multi-sectoral OVC stakeholders and encourages them to share their workload, strategies, and lessons learned in order to enable the committee to begin developing an integrated and holistic approach to address the needs of OVC and their caregivers in the district. In this manner, SCOPE attempts to catalyze a synergistic response by uniting multiple organizations to join forces that may be sustainable beyond the project time frame.

Community Committees: SCOPE builds the capacity of community committees (Community OVC Committees, COVCC) by engaging them in participatory assessment activities. In this way, community committees can prioritize the needs of the community and begin to identify the solutions. Extensively, SCOPE provides organizational training, financial management and other related training to community committees to enable them to function independently. SCOPE facilitates communities to develop transparent and accountable committees so that each community feels that their committee acts in the best interest of the community.

Mobilization: SCOPE strengthens the capacity of the DOVCC and COVCC in mobilization. This enables them to assist with prioritizing community needs and to begin to recognize local resources to meet the identified needs. Participatory Learning and Action (PLA) methodology was used for this process. The needs assessment conducted during the initial PLA process assisted the partners in developing action plans to respond to the unique needs of the communities and households.

Capacity Building: Capacity building has been an important on-going process of the SCOPE OVC project. Capacity building has taken on many different aspects from financial management and transparency organizational skills, fund raising, proposal writing and various OVC technical interventions, such as psychosocial support skills building. Capacity building through resource mobilization was facilitated through training in areas that included basic organizational management, creating saving groups and managing revolving loans. The SCOPE project has attempted to develop its capacity building as a direct result of the needs of districts and communities.

Grants Mechanism: Grants are used to Support Household Responses. SCOPE had \$1 million set aside to provide grants as close to OVC as possible. SCOPE disburses

grants to Community Based Organizations (CBOs) Faith Based Organizations (FBOs) and Non-Governmental Organizations (NGOs) to engage in OVC activities and interventions. Grants fund household economic activities, community-based revolving loan schemes, community schools, child protection advocacy efforts, psychosocial interventions for OVC and their caregivers, and HIV/AIDS awareness and prevention activities.

The relationship between and among these interventions is simple and yet complimentary.

- Household Economic Security provides enough food and other resources enabling children to attend school
- Psychosocial Support creates awareness in communities and households on the importance of providing for both psychological and social needs of children, equipping both the adults and the children with coping and negotiating skills
- Education provides an environment to allow children attend both conventional and community school has been created to open opportunities for children to move on to secondary and higher education.

Districts of SCOPE operation have included: Chipata, Kabwe, Kalomo, Kitwe, Livingstone, Lundazi, Lusaka, Masaiti, Mongu, Monze, Ndola and Serenje.

1.2 SCOPE Final Review Process and Methodology

USAID Zambia requested FHI to carry out and manage a final participatory review of the SCOPE OVC project. Review team participants from government, NGOs and donors were identified. Two lead consultants were hired to coordinate the process.

Prior to the fieldwork, the consultant team carried out a two-day workshop with SCOPE Lusaka and field-based staff as an internal assessment of the project. The outcomes were used to enhance the understanding of project management issues. Focus Group Discussions were used extensively by the review team in a more tentative manner. The team member tasks and responsibilities were spelt out to ensure that accurate informative submissions were collected.

Together with SCOPE, FHI USAID and the consultant team chose project sites for the evaluation, based on the following criteria:

- Period of inclusion in the project
- Have a good mix of interventions and activities
- Balance of urban and rural sites
- Selected one where the CMO has changed since inception of the project.

The review team traveled to Chipata, Kalomo, Kabwe, Kitwe and Masaiti. The review team carried out focus group discussions and one-to-one interviews with DOVCC and COVCC members, community members, guardians and children.

Significant data analysis was done in the field by the review team members. Nightly discussions were held to summarize the daily experiences and compare them to the

previous days. This discussion resulted in identifying key issues, lessons, conclusions, which formed the recommendations. Considering other factors outside the project process that could have contributed to achieving the outputs and impacts on the lives of target groups, the means-end analysis was used in the field, and during preliminary analysis to identify the relationships between inputs and outputs.

1.3 Key Findings

Overarching findings

The review team found the SCOPE approach to be an appropriate method to support community level structures, community owned activities and how it can achieve long-term interventions at a large scale in Zambia.

The approach can achieve the following:

Reinforcement of traditional family values – In the olden days, there were no ‘orphans.’ Even with the existence of vulnerable households and children whose parents had died, communities acted together in times of difficulties. Orphans were treated as a family or community responsibility. While households need assistance as the number of children to look after becomes ever greater, it is the view of the review team that by providing charity from organizations outside the community without the community’s involvement and ownership of the interventions, traditional family structures are undermined.

Localize responses – Most interventions in the area of OVC are associated with NGOs, FBOs and CBOs, with communities closely relating to these organizations. This eliminates the projects and initiatives being labeled according to the perceived and visualized initiator of that particular intervention, e.g. CARE, FHI, PCI, SCOPE, etc. The SCOPE approach was initially designed to reinforce local ownership. Pressure from funders often resulted in the increased visibility of the project and logos of supporting institutions, thereby undermining the important local ownership of response.

An approach, like SCOPE, can allow for the local institutions to be in the lead and more importantly, makes them visible to the target beneficiaries. The SCOPE approach attempted to place the DOVCC and COVCC at the centre of implementing multi-sectoral responses to OVC. Future OVC programming should be allowed to develop structures and approaches that do not compromise the levels of community ownership of initiatives.

Targeting - The approach focuses on households care for OVC, as opposed to targeting support directly to individual OVC. The support of households is addressing the holistic needs of a child, whereas providing particular inputs to particular children causes stigma as well as undermining household ability to provide holistic support. It has been learnt that the needs for the most destitute or extremely poor cannot be targeted with the same strategies as for those households that are able to take action, but require support.

The approach has shown that rural and urban target groups can benefit from the same interventions with different strategies. For example, to improve comes to household economic security, group IGAs in rural areas are not as successful as in peri-urban or urban areas agricultural support given to local groups and individual households in rural areas has produced exceptional results compared to urban areas. Community schools in urban areas can address the lack of support for school requirements, such as uniforms and parent teacher board levies for children. In the urban areas, children do not have to walk long distances to attend school therefore; the attendance rate is much higher in urban schools than in rural schools. In the rural areas, the schools are unable to provide the appropriate standards and support as the urban schools do, because they do not have access to as many resources as the urban community schools.

Feedback into policy and programming at national and district levels: The Household- COVCC- DOVCC chain is an appropriate means of providing feedback into policy and OVC programming. The major challenges in this case are the indirect representation of DOVCC in a formal government structures, both at district and national level. Some members of the DOVCC are members of various government structures, in different capacities, which could allow for linkages and exchange of information between those structures and the DOVCC. Although the membership of government ministries in DOVCC provides some link to provincial and national bodies, as the ministries formulate and implement policies and programs targeting OVC, the direct consultation process is weak.

Choice of strategies and interventions: The key strategies of the approach are mobilization, capacity building and sub granting, providing a well blended approach to OVC issues. The household economic security, psychosocial support and access to education are most suited for addressing the highest priority needs of OVC. The combination of the strategies and interventions promises great impact on household as well as sustainability of results achieved- households mobilized and formed their structures, they were shown how to achieve enhanced organizational capacity – provided resources to make improvements in key areas of concern are available.

Impact on the intended beneficiaries: Channeling support through established community structures, such as COVCC, has enabled the resources to reach intended beneficiaries in a very direct manner. This review has established that as a result of agro inputs, households have enough to eat, children attend school when they have food and school requisites. Psychosocial support has the potential to improve communication and relationships in households.

Inclusiveness of children: The psycho-social support strategy has the potential to impact more positively on children as they reported positive outcomes from participating in PSS activities. Children report that they can better understand how they feel and how their guardians act. Of the direct relationship between the receiving of agro-inputs and access to social services, children see the results and have bought into the overall SCOPE OVC approach.

There is an important need for approaches like SCOPE to have sufficient time to develop into functioning interventions. At times, the project was rushed by a perceived urgent need of the donor to move activities along at a faster pace. The

review team found that this pressure undermined community level activities and capacity building.

District Orphan and Vulnerable Children's Committees (DOVCC)

The project has established District Orphans and Vulnerable Children's Committees (DOVCC) in all districts. The multi-sectoral committees are comprised of district government, NGO, FBO and CBO representation, whose function is to coordinate district OVC activities. They are to conduct inventories of potential multi-sectoral partners in the district; design, implement, monitor and evaluate a district action plan; organize multi-sectoral partnership meetings and to administer and monitor sub-grants.

The project provided various capacity building efforts to strengthen the ability of DOVCCs to carry out their functions effectively. These included, but were not limited to, organizational development issues and OVC programming interventions.

The review has found that the development of the multi-sectoral committees can be an arduous, time consuming process, with results and benefits taking years to fully develop. As they developed, districts varied in their position and the DOVCCs were active and effective and others less active and effective.

Although part of the project strategy, DOVCCs are not linked to either the District Development Coordinating Committee (DDCC) or the District AIDS Task Forces. A number of reasons include outside influence of the project, account for this inadequacy. In some cases, the lack of commitment and leadership amongst these district committees prevented the DOVCC from having a meaningful linkage. Sometimes limited vision within the project itself prevented a linkage from forming. Regardless of the cause, long term sustainability issues require a formal linkage with a district based permanent structure to help ensure that OVC issues are fed into district level planning with central support.

Despite the challenges, there were apparent benefits from the DOVCCs. The formation and capacity building of the DOVCCs enabled district stakeholders to elevate OVC issues to an important status in the district—at least amongst the DOVCC members. Additionally, the committees assisted the members to plan better and coordinate efforts thereby reducing duplication of efforts and resources in the same catchment areas.

As a result of the SCOPE OVC project interventions at district level of the assessment, the review team found evidence of the following specific achievements:

- SCOPE OVC merely coming to the district and asking whether people were interested in discussing and taking action on issues related to OVC, was enough to have multi-sectoral partners focus on OVC. This first contact was key to the success of the initiative.
- All DOVCC have compiled a list of multi-sectoral partners working on OVC issues in the district and efforts are made at meeting with them on a regular basis.

- DOVCCs have provided an opportunity to share problems, issues and ideas with other organizations with similar objectives and to some extent, influencing the design of the interventions. For example, in some districts, the Victim Support Unit (VSU) has used information from DOVCC to modify their approach to OVC.
- DOVCCs provide stakeholders with information about what other organizations are doing and are able to refer children who they identify to relevant organizations to be provided with the appropriate support through their work at community level.
- In addition to the referral system, DOVCC help organizations deal with children's problems through the increased awareness and linkage of multiple stakeholders.
- The DOVCCs have quarterly meetings for stakeholders. While the DOVCC, members are made up of partners working directly with OVC, quarterly stakeholders meetings offer an opportunity to share information, reduce duplication of activities, enhance referrals and better use of available resources, and provide comprehensive holistic interventions to benefit households and OVC.
- DOVCCs are facilitating linkages of COVCCs to some potential funding sources.

The members of the DOVCCs said that the three main drawbacks in carrying the OVC agenda forward are:

- There is a lack of the committee's recognition in a formal permanent district structure, such as the District Development Coordinating Committee or District AIDS Task Force.
- The funding provided by SCOPE for the running costs of the DOVCC is inadequate to carry out the planned activities under the DOVCC action plan.
- Time constraints and multiple responsibilities are additional barriers in carrying out the agreed roles as the coordinating body of the OVC initiatives in the districts. While DOVCC members have shown commitment to the OVC agenda, they face time constraints as most of them are in full time employment and DOVCC work is considered to be voluntary and outside of their employment. The review team saw that DOVCC members do not perceive working with the DOVCC as an integral part their OVC work in the district, but a separate activity from the work being carried out on a day to day basis is a major constraint in carrying out the OVC agenda.

Community Orphan and Vulnerable Children's Committees (COVCC)

The project established community Orphan and Vulnerable Children's Committees (COVCC) in the district where it operates from. SCOPE spent significant resources and time in capacity building efforts of COVCCs. These efforts included

organizational development, financial management, issues of transparency and technical interventions.

The COVCC is an important structure of the SCOPE OVC approach in that it serves as the vehicle for reaching targeted households with vulnerable children. It is through the COVCC that a sense of community responsibility and ownership towards orphans and other vulnerable children is to be realized. Organized and effective COVCCs are seen as best placed to spearhead the response to the OVC challenge, providing a community based structure for a sustainable response. SCOPE OVC was expected to build the capacity of these committees and share knowledge, facilitate skills development for responding to the needs of OVC within the communities and at household level.

It is critical to point out the role of the community and district mobilization process, because it provided a critical foundation for activities, particularly those related to improve the situation of households. In the case of household economic security, the mobilization process assisted communities to work together to identify interventions. The mobilization process also assisted COVCCs to extend their services beyond the needs of OVC and include other community members. The manner in which the mobilization occurred seemed to have enabled people to see a larger picture of how they, as individuals and as a community, benefit from and impact on the wider picture.

COVCCs have been formed at different times and are at different stages of development. Community committees, which were established earlier in the project, are at a much more developed stage of evolution than those that were formed later in the project. There seems to be an indication that the formation and evolution of such community committees takes place along a continuing development process.

In some districts, as the project was scheduled to conclude in September 2002, the formation of community committees was hurried in respond to the pressure to get resources to the communities and households. Where the formation process was hurried, it was evident that the COVCCs did not have the strong base compared to those communities where the mobilization process took a longer and more systematic approach that enabled the community to rise to the challenge of the OVC situation.

In many cases, as experienced by the review team, there was a fundamental difficulty of formatting the community mobilization process, the committee formation occurred almost simultaneously as implementation of interventions. The problem seemed to be that these particular committees did not have a solid base of operation. The result was a situation where their capacity to respond to interventions was not yet stabilized.

During the assessment, the following constraints to the development of the COVCC have been identified:

- Many of the communities where SCOPE works do not have the experience of working together. It takes time for communities to rally around issues and to take action. This time consuming process competes with the funder's demand for results.

- While communities utilize their best ability, the resources from the project became clear to the review team. Capacity building and linkages to resources needs to be on-going and not a “one-off” activity.
- There are larger needs of communities beyond the scope of a project, such as access to improved infrastructure.

Despite the challenges, there are important achievements including:

- There are 125 COVCCs formed in the 12 districts formed in SCOPE supported districts.
- The COVCCs have received capacity building on institutional development, including skills in the development of action plans and project proposals.
- COVCCs have prioritized and worked as committees on OVC issues at community and household level.
- Communities have a good understanding of the OVC situation and what needs to be done.
- COVCCs have mobilized their members and assisted them to recognize the importance of teamwork.
- Where COVCCs accessed grants, they were able to use the skills gained in the capacity building sessions to accomplish what they had agreed to undertake. While some projects were not completely successful, committees generally did the best they could within their understanding of the implementation process.
- The members of the COVCCs show a commitment to the OVC agenda and are willing to take action to improve the lives of children in their communities.
- The composition of COVCC membership is its major strength. As members bring their experiences to the table, they are able to link support to the problems presented.

Impact on Households

A priority focus of the SCOPE OVC approach has been the strengthening of the household to be able to meet the needs of the orphans and vulnerable children. Since the inception, SCOPE has reached close to 400,000 children.

The major technical interventions to target households with OVC were decided after carrying out PLA activities in communities and districts. Many priority areas were identified by the communities. SCOPE tried to examine what other interventions were implemented by other organizations, the comparative advantage of SCOPE and its missing gaps. As a result of this exercise, SCOPE decided to give priority attention to Household Economic Security, Psychosocial Support and education through support to community schools. These priority interventions, along with other technical areas, were to be implemented through the disbursement of grants. These funds were used to build capacity building through workshop and training in various technical areas to eligible entities at community and household level.

The result of the community and district mobilization process, as well as, as the grant system, were to improve the well being of households and their ability to provide care for OVC. The impact on households should be viewed as a derivative of that process and the entire SCOPE approach to OVC programming.

Household Economic Security

It is difficult to summarize the impact of the household economic security interventions. Interventions took a dual form. In some situations, assistance for agricultural assistance was provided. In other cases, SCOPE provided access to micro-credit.

Both initiatives met with both successes and limitations. It is clear that when the interventions succeed, they have a definite meaningful impact on the lives of households and children.

In addition to increasing food security, the agriculture input scheme seems to have had a significant impact on household economic security. When asked about what has changed in the household after having access to agricultural inputs, children reported sufficient food quantities at home and most importantly, they did not need to work to get food. When the review team visited households that received HES initiatives, children did not worry about whether they would eat that day or not. This worry has a significant emotional impact on children. Orphans and other vulnerable children in the households improved their wardrobe, school attendance, had money for transport, medicine for ill family members, and a bicycle to go to a far away school. This has given children and adults a peace of mind.

Children reported that their households were better organized and focused on growing maize. The children were willing to work together as a family as they felt that their participation would assist the parents and guardians to meet their multiple needs. It was reported that when the seed is not sufficient, or the fertilizer is not available the children were less willing to assist in cultivation. As a result, it did not make much difference in the availability of food for the household.

The visited households used maize as money to barter for various services such as paying hospital and school fees, and improving nutritional status of the family to trade for other types of food. Meeting food security has additional benefits. Households have more time to focus on other needs, which were previously unmet. This may include emotional support, assisting with schoolwork, improving shelter and many others.

When asked how people can best support OVC, children prioritized this type of agricultural assistance. Children were able to easily link this assistance to tangible benefits – provision of agro-inputs – to improve quality of life. The children furthermore astutely observed that they could assist the family to ensure that the inputs are used properly and that they actually benefit the children in the household. They seemed to indicate that parents/guardians might waste other assistance that would not benefit the children.

Impact of Access to Micro-Credit Interventions

In a community where the COVCC runs an established tuck shop as an IGA, the profits were used to give household blankets for the OVC. These children reported that this is the first time each one of them has had a blanket of their own. In the cold

season, they share the blankets by putting several blankets together, so that they keep warm.

In communities where households participated in either community managed revolving loans or increased access to micro-credit through micro-finance institutions, the recipients with appropriate business experience and acumen, have been able to change the lives of the orphans and vulnerable children in their household.

Over the project life span, it has shown in the project that the best way to support loan initiatives is through linkages to institutions that specialize in the savings and loans with vulnerable groups. Micro finance institutions that are not tied to the project life are better able to train community groups and offer credit, as micro finance service provision within the institutional structures. This strategy makes it possible for households to continue to access credit after the project has closed.

Orphans and children from vulnerable households in urban and peri-urban households reported that they used to spend time in the street doing small jobs, known as piecework, to earn enough money to purchase food for the day. Their piece work could range from washing cars, touting 25 to 50 kilogram bags of sugar or mealie meal⁴, watching cars to keep them secure, digging coal from the copper mine dumps searching for waste metal for sale to scrap dealers. When their households have been included in Household Economic Security initiatives, such as access to micro-finance or community based revolving loan schemes supported through SCOPE, these children have been reported to concentrate on school.

Limitation of HES Initiative

It appears that a major consideration in selecting of households for HES interventions were those expected to be successful in carrying out the task agreed. There was fear that if the project proposed was not successful, the group or community would not be included in further interventions with not only by SCOPE, but other projects. Micro-finance is not for the most vulnerable and the communities following their training.

In spite of the successes of the HES initiatives, there were situations that were not at all successful, because they had difficult economic situations, which were not being met in households. Community members told stories of where mothers washed the chemicals off certified seed in order to cook it, as there was no food at the home. In another community, a woman sold some of her maize seed and all the fertilizer for a surgical procedure that she needed to undergo.

In some situations, sustainability for interventions, particularly household economic security through loans to households, are threatened by unwillingness of households to pay back. For example, the review team found that in one COVCC, only 80 out of 200 had paid back their loans and were eligible for further loans. The low repayment rates can be mainly due to the unfavorable business environment, or low savings by the borrowers hence, it is the view of the review team that some of the beneficiaries, especially the most vulnerable, are the ones who diverted their agro-inputs to pressing needs.

⁴ Corn meal – used to make nshima a hard porridge the staple food in much of Zambia

In general, the review team was surprised that the loan repayment rate was higher than generally understood in Zambia. The review team feels that SCOPE should be given credit for successfully achieving community mobilization and capacity building.

Psycho-social Support

To meet the needs of orphans, vulnerable children, parents, and guardians, the project has employed a number of interventions in psychosocial support. Capacity building and training has been conducted with household members, community members, home based care providers and traditional leaders on issues related to the special needs of orphans and other vulnerable children. Children have participated in psychosocial issues, such as issues related to attending funerals, grief and the ability to keep memories of their departed loved ones.

The review team found that a particularly effective intervention has been the children's camps. These camps, supported through sub-grants to organizations in nine districts, namely Kabwe, Masaiti, Mongu, Lusaka, Livingstone, Kitwe, Kalomo, Monze and Chipata, covered life skills issues, HIV/AIDS and dealt with issues related to the psychosocial well being of OVC. Recreation is woven throughout the camp, a safe environment where the children do not have to worry about when they were going to get their next meal, and are surrounded by adults who care about them and make them feel secure. Children stated that they benefited from discussing with other children and adults about issues that worry them. They realized that they were not alone and that others felt the same.

The design of having a training program on psychosocial issues of OVC planned for different partners including the children, heads of households, leaders, and community members. Under the project, this represents a full complement for districts, communities and households including orphans and vulnerable children.

Children were very excited about the psycho-social camps and what they learnt during their time at the camps. This training has helped to develop skills among attendees. Children were able to relate the information obtained from workshops to their own situations – how to interact with other children, and learned strategies to help others.

After the training and the camps, children are able to relate learning to their own situations and make decisions on how they choose to relate to their parents / guardians and peers. Children have initiated clubs and groups to build relationships amongst each and encouraging each other as – “losing parents is not the end of life’ but these need support. It was reported that parents and children who attended camps and training, were able to talk to each other and live in harmony and reinforce the view that where children are included in family activities, they become more responsible.

Parents and guardians who were interviewed during the review seemed supportive of the psycho-social interventions geared at children. The adults seem to recognize that participation in the children's camps helped the children behave better at home and with friends.

The psycho-social interventions have been accepted and supported by parents and guardians. The program has enabled communities to appreciate children having rights, which should be respected, and that they need care and nurturing. Adults have also learned the normal emotional stages of children when they are grieved or traumatized. It has also helped guardians realize that behavior exhibited by some orphans in particular, which is often interpreted as disobedience and being difficult, is actually a result of grief, loss and insecurity therefore, they have respond accordingly. After being exposed to the training, guardians reported being better able to cope with the children they take in.

Limitations of Psychosocial Strategy

Although the benefits of the PSS interventions are clear, there was a major flaw. The psycho-social intervention was not implemented in a comprehensive manner. Children's camps were ruled out quite rapidly by the adults in the community before the training of PSS. Therefore, the children would have returned from the camps with no adults to provide the support needed to continue sorting through their emotions.

The project also did not provide information handouts to participants. While the participants took notes, it is better to have a uniform guide to ensure that the messages do not 'migrate', but remain constant in all districts. Additionally, some concepts in the training are difficult to comprehend. Training in local languages may be more appropriate, which may make the issue of handouts obsolete. Additionally, as of yet, it does not seem that follow up training has been planned, which is a serious gap in the intervention.

The psychosocial strategy could benefit from appropriate thresholds regarding age and emotional examinations. For example, a 10 year old may benefit from participating in a children's camp, but he is probably too young to be trained as a peer counselor.

Education

As a priority intervention, some communities in the SCOPE districts focused their efforts on access to community school education. COVCCs reported several reasons for implementing educational interventions. These included the inability to afford the school requisites for local government school, distance between homes and nearest school, and schools next higher grade near home. SCOPE interventions to improve access to education were training of teachers, provision of teaching materials, pencils and exercise books, and desks to community school. The sub-granting mechanism excludes the construction of new structures, but allows for minor rehabilitation. In some cases, it was necessary and possible to repair the existing structures. It should be noted that USAID funding does not provide for bursaries to government or private schools and does not include provision for teacher's salaries.

Communities have shown their commitment to improving access to education through setting up community schools in their respective locations. The contribution of the community members, parents and guardians has been the construction or rehabilitation of structures to house educational activities. In the rural areas the buildings are generally made from sun dried mud bricks with grass thatch. In urban

areas, they are constructed from cement blocks molded by volunteers and covered with asbestos roofing sheets.

Community schools, which received desks and exercise books from SCOPE OVC through the sub-grant mechanism, were reported to have increased enrolment and retention. It appeared that when the SCOPE grants for education were in the same geographic location as to household economic security interventions, it was confirmed by the parents and children that access to education is indeed a right. Since the SCOPE project has worked in their community, teachers reported that children are brighter, concentrate better, attend school regularly and seem to not be ill as often. Children are allowed to go to school because their labor is not as critical to their family survival as it was in the past.

The review team found that children stopped attending school when exercise books run out. However, children from economic security targeted households are able to continue as parents/ guardians afforded school requisites. Provision of exercise books may not be a permanent solution, but an initial motivator to both parents and children.

With regard to quality of education, some of the districts visited have improved in quality as reflected in the pass rate of Grade 7, and preference by some parents to send their children to community school.

It is the strong opinion of the review team, the provision of school requisites alone, is not sufficient. Parents and teachers linked school performance and school attendance to food. When children are able to eat, they can effectively learn at school. When households face a modest and steady income, children can attend school rather than assist the household to meet basic needs. Furthermore, OVC programming should make more attempts to interface community household economic interventions with other interventions to improve the well being of children.

Sub-Grant Mechanism

The sub-grant process is one of the trials and tribulations as well as success and limitations. Disbursing grants in a geographic wide coverage area and to small organizations is challenging. The primary limitation is inadequate capacity at varying levels. Applicants struggle to conceptualize sound strategic interventions and therefore, struggle to write an understandable proposal. Those carrying out appraisals often lack capacity and experience to make appropriate recommendations for funding or to the strategy itself. There is no clear or quick solution to the issue of low capacity.

SCOPE revised its grants process in a manner which better utilized the DOVCC. However, at the time of the review, this process had not been widely implemented in a manner which enabled the review team to draw conclusive evidence on its effectiveness.

SCOPE attempted to disburse small sub-grants directly to community groups and also through larger national NGOs with a presence and capacity in SCOPE districts. The review team noted that sub-grants disbursed to larger NGOs were not always as effective as those disbursed directly to the community. It seemed that the vital

community level presence at the center of the SCOPE project was sometimes limited, thereby making it difficult for the grants to achieve full potential. Also, of equal importance, the DOVCC was not as informed about the activities of the grant which had an impact on long term benefit of the activities. It also seemed that in some cases the NGOs underestimated the requirements to fulfill the grant activities and were spread thin.

It is clear that mobilization and capacity building of districts and communities is limited if there are few opportunities for communities and districts to carry out tangible activities. Hence, the importance of the sub-grant line item in this and future OVC projects.

1.4 Recommendations

The recommendations are derived from the findings of the review of the SCOPE OVC project and a series of meetings held with orphan and vulnerable children stakeholders. They identify the environment for the scale up and replication of the SCOPE approach in all districts of Zambia. These include recommendations for implementation of interventions at district, community and household levels, and proposals for enhanced project management. There are also overarching recommendations that are presented to ensure an enabling environment for the program.

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The following recommendations are made to provide for the development and strengthening of an OVC structure at district, community and household levels.

Overall Recommendation

- The SCOPE approach combining mobilization, capacity building and grant making is a good approach for Zambia and should be continued.
- Scaling up the approach is recommended, but the mechanisms may need to be refined.

General Recommendations

- OVC programming should continue to decrease the stigma around HIV and the stigma around OVC.

- Most OVC problems are linked to HIV/AIDS and poverty. Therefore, programs to support OVC should consider activities to address immediate material needs that may be related to hunger, followed by longer term economic needs of households to ensure adequate nutritional intake, access to education and health care and other issues.
- OVC programming should continue to address both material and psycho-social needs simultaneously, because both are inter-related and impact each other.
- Pressure from cooperating partners to focus *solely* on numbers of children reached as a primary measurement of impact, can result in overlooking critical issues and achievements of the SCOPE approach. The process to achieve long term impact is equally critical to this project and should not be overlooked.
- Project design should incorporate strategies to ensure that activities are community and district driven as opposed to project driven, to assure long term sustainability of the negative activities. This underlying critical assumption will have impact on project approach, philosophy and staffing levels. This also means that donors must be willing to wait for results, as opposed to pushing for immediate results.
- Community development should be undertaken with a minimum of five to seven year time frame to allow communities to evolve and develop the minimum institutional structures and response.
- Addressing the needs of the household unit rather than focusing on individual children will result in a broader and more holistic impact on the children.

District Partners

- The DOVCC needs to be placed within an already existing district institutional structure so that it can draw and implement a district OVC action plan. That is an integral part of the district plan administered by a District Development Coordinating Committee. The DOVCC is best placed in the DDCC as a sub committee of the District Aids Task Force, to endorse planning, reporting and enhancing accountability. This implies that the DOVCC would be linked to the National AIDS Council through its membership on the DATF.
- The DOVCC membership should be open and inclusive of all stakeholders working on OVC issues. Members could include individuals working in the health, education, agriculture, NGOs, FBOs, CBOs and the private sector.
- The role of the DOVCC should continue to facilitate coordination of OVC activities in the district, and should monitor community and household responses without implementing interventions. The interventions should continue to be implemented by NGOs, CBOs and SROs. Therefore, the DOVCC should not become a registered NGO.

- The DOVCC should play a lead and key role in the entire sub-grant process from identifying of recipients, disburse and monitor information.
- Projects must cover administrative and essential functions of the DOVCC in order for the committees to be effective.
- Capacity building and training, specifically targeted to prepare members of DOVCCs in skills on how to coordinate and collaborate, will identify and harness the essential local opportunities.
- Mentoring and facilitation should be directed at assisting partners to better articulate the link between capacity building activities and how they translate into direct implementation of activities, to better support the households and the children.

Community Partners

- The relationship between DOVCC and COVCC should be strengthened in order for the partners to better dialog and interact to address local development issues in general, and OVC in particular.
- Entering communities through existing channels, such as church groups, is effective. Project strategies should take more care of organizations that do not feel a need to change their names.
- Provision self-analysis skills and methods to implement their selected strategies at COVCC level, would be useful.
- Community organizations should continue to assist and work with household members to participate in strategies to improve household economic security.

Household and OVC Interventions

- The Household Economic Strengthening component should be strengthened and enhanced to include strategies for the poorest, including those who are slightly better off.
- Projects to improve agriculture should be encouraged to embark on a diversity of agricultural projects, and should be developed to meet overall household needs beyond immediate food security.
- Psychosocial interventions should be scaled up, providing appropriate activities that engage traditional / community leaders, parents, guardians and children at community level, to provide a common understanding of the importance of psychosocial issues.
- Advocacy efforts should reinforce issues around normal child development, nurturing, issues related to HIV/AIDS infection and affection, so that advocacy initiatives are robust to allow all stakeholders, understand OVC

better, so that they are able to address their needs more and allowing them to make informed decisions on OVC programming.

2 INTRODUCTION

2.1 Background Information

The National Context

Zambia, with a population of about ten million, has been struggling to reverse nearly three decades of economic decline. Once a middle-income country powered by the copper mining industry, Zambia, despite an on-going extensive economic liberalization program, has experienced decades of declining living standards.

Currently, an overwhelming 78% of Zambians live below the poverty line, manifested by chronic malnutrition and insufficient access to basic social services such as education and health. Furthermore, the formal employment sector offers limited opportunities, while low-skill or informal labor provides the most opportunities for employment in Zambia. As unemployment remains high in Zambia, the continuous devaluation of the Kwacha, increasing prices and stagnant wages and the impact of HIV/AIDS on the labor force and economy, indicate that poverty will continue to rise.

Zambia seems to be experiencing a population decline. Between 1990 and 2000, the population grew at a rate of 2.0 percent a year, compared with a growth rate of 3.1 percent in the previous decade.⁵ HIV/AIDS is a major contributing factor to this slowed population growth.

Overview of HIV/AIDS in Zambia

Zambia's most challenging development problem is HIV/AIDS. Sixteen person of people over 15 years of age⁶ are infected with HIV with higher infection rates among high-risk groups. The Central Board of Health (CBoH) estimates that there are currently 842,000 adults and between 70,000-80,000 children infected with HIV. It has been estimated that up to three hundred people may be infected daily. Women are more likely to be infected than men (18 percent versus 13 percent). Furthermore, infections in men peak at 35 to 39 years and in women at 30 to 34,⁷ representing the height of the parenting years for many men and women. Residence is also closely associated with HIV infection, with a prevalence of twice as high in the urban areas (23 percent) than in the rural areas (11 percent).

With the epidemic contributing to the reversal of social and economic development achievements of the post-independence era, the burden of disease is quite high. After decades of steady improvement, infant and child mortality rates are rising. Tuberculosis rates have escalated. Health facilities are stretched beyond their capacity to cope and provide care for patients. The cost of health care for persons infected with HIV are burgeoning and stretching the families' resources.

⁵ Central statistics office, 2002

⁶ Zambia Demographic Health Survey 2000-1

⁷ Zambia Demographic Health Survey 2000-1

All sectors of society have been impacted. One of the most affected sectors has been education, in which the mortality amongst teachers is higher than that which the training colleges can turn out. The employment sectors have been hit hard with absenteeism, loss of productive workers and astronomical costs for health care and funerals. The agricultural sector has experienced a loss of skilled workers and a reduction of land utilization and output. Despite indications that the HIV prevalence may be decreasing among the youth, Zambia will continue to experience a high disease burden.

While recent data and population-based surveys show encouraging signs of decreasing prevalence, overall infection rates are not anticipated to decrease significantly for many years, unless there is widespread provision of anti retroviral (ARVs) drugs, the death rate, will not decline, even if new HIV infections decrease substantially. Current estimates indicate that Zambia buries over 250 persons daily, of which are primarily AIDS-related illness. It is estimated that by 2015, 1.5 million Zambians will have died as a result of HIV/AIDS.

Situation of Orphans and Vulnerable Children (OVC) in Zambia

Undoubtedly, children bear an unfair impact of the HIV epidemic. Very young children carry the burden of the disease directly, passed on from their parent or through the loss of their parent or caregiver. Many other children are from HIV impacted households. These households' coping strategies and safety nets are being severely tested by the cumulative effects of poverty, disease and an increasing dependency burden. According to *Children on the Brink 2002*, more than 12% of children less than 15 years of age are maternal or double orphans. Of these orphans 76% are a result of AIDS. Even if the prediction that HIV levels are beginning to plateau in Zambia, the impact of the epidemic on children, in terms of parental death, will continue for at least the next 20-30 years.

Currently, Zambia has nearly 1.2 million orphan⁸ children⁹. Increasingly, families are being stretched to the point of buckling with the absorption of additional children into their households. Children's guardians are unable to meet the costs of school fees, both government and private, hence their children follow the informal community school structure, instead of the formal school system. Household coping mechanisms have resulted in families eating one meal a day or less. In light of the large percentage of orphans being looked after by grandparents, a real concern also arises over what may transpire of these children as the grandparents age.

Zambia has a large number of children living in poor households, which have taken in orphaned children. These households are already stretching limited resources even further in attempts to provide for an increase in household dependents. The increasing numbers of street children seen in urban centers may be providing an early warning that Zambian households and the Zambian extended family system have almost been pushed to the brink of collapsing. Qualitative and quantitative data

⁸ According to *Children on the Brink*, orphan is defined as a child under age 15 who has lost one or both parents.

⁹ *Children on the Brink 2002*

gathered by various OVC projects in Zambia indicate that most households struggle to meet acceptable daily food intake. Coping mechanisms include withdrawing children from school and eating fewer meals per day or even per week. Less than half of primary-school aged children continue to be enrolled in primary school. A harsh reality of poverty in Zambia, means that fewer children access appropriate health center treatment for common illnesses, such as malaria, diarrhea and acute respiratory illness (ARI).

Currently one in six Zambian children die before their fifth birthday, with slightly more than half of these deaths occurring during the first year of their life.¹⁰ Survival of children is strongly associated with proper immunization and treatment of childhood illnesses. Regional data is beginning to show evidence that orphaned children are immunized at a lesser rate than non-orphaned children¹¹.

National Policy Framework on OVC

Zambia signed the Convention on the Rights of a Child in September 1990, and ratified it in December 1991. Since then, some of the national laws and policies have been brought into line with the principles of the Convention. In addition to constitutional and legislative protection, there are national policies aimed at improving the welfare and quality of life of children in Zambia. The National Child Policy, National Youth policy and National Program of Action, form the core guidelines for implementing CRC initiatives. The overall aim of the National Child Policy is to improve the general standard of living in and the quality of life for the Zambian child. Five key sectors are addressed in the Policy - Maternal and Child Health, Basic Education, Food and Nutrition, Water and Sanitation and Family Welfare. In 2002, through the Department of Child Development, the Ministry of Sport, Youth and Child Development embarked on the process of reviewing the National Child policy in order to take on board new emerging issues, such as street children, HIV/AIDS, orphans, child abuse and child headed households.

Government and civil society have recognized OVC as an emergency issue and have made a commitment to assist children in need. The National HIV/AIDS Policy is being reviewed and has provisions for the care and support of OVC. In addition to the existence of national overarching policies, individual government ministries have formulated sector policies that have child welfare implications.

The government considers the protection of children to be a cross cutting issue and various sector ministries have specific mandates to protect the children.

Mechanisms at national, provincial and local levels, for coordinating policies relating to children and for monitoring the implementation of the convention, have been established. These include CHIN, National OVC Steering Committee and CRC/NPA District Committees.

¹⁰ Zambia Demographic Health Survey 2000-1

¹¹ Immunization coverage among children born to HIV-infected women in Rakai District, Uganda

USAID Response to Orphans and Vulnerable Children (OVC)

USAID began supporting orphan and vulnerable children (OVC) interventions in the late 1990's. Funding to Project Concern International (PCI) laid the framework and foundation for future OVC interventions supported by USAID. In 1998, through support provided by USAID, PCI worked through the Department of Social Welfare in Kitwe and Livingstone to form district committees to act on orphan and vulnerable children issues.

In 1999, USAID in collaboration with UNICEF and the Social Recovery Project (SRP), funded a situational analysis on OVC in Zambia. This landmark undertaking was one of the first comprehensive OVC situational analyses in the region and helped to pave the way forward for government, donor, faith based and civil society response to OVC programming in Zambia. It also culminated in the first National OVC workshop, for which USAID was one of the financial supporters.

USAID has also continued to support other OVC programming in addition to the SCOPE OVC project. The USAID supported projects have worked with street children as well as children living with HIV.

In September 1999, USAID Zambia asked Family Health International (FHI) to lead a competitive bid process to award a two year and nine month \$2.6 million contract for OVC programming in Zambia. FHI, through its sub-agreement with the implementing partner, would provide technical support and project monitoring to the project. The bid process resulted in the Strengthening Community Partnerships for the Empowerment of OVC (SCOPE-OVC) project implemented by CARE Zambia.

2.2 SCOPE-OVC Contractual Framework

In January 2000, the sub-agreement for the SCOPE-OVC project became effective. SCOPE OVC is a CARE International Zambia Project supported by Family Health International (FHI) with funding from USAID. Initially, the project was designed as a two year project with a funding level of \$2.6 million. The project was to run from January 2000 to September 2002.

In March 2002, at the request of USAID Zambia, FHI amended the sub-agreement by an additional \$400,000 bringing the total funding to \$3 million. The additional funding was to expand the project into four additional districts. The funding time frame was not altered.

In September 2002, a third amendment became effective increasing the project funding level to \$3.8 million and increasing the life of project an additional year to September 2003.

In September 2003, the fourth and final amendment to the SCOPE project became effective. This amendment increased funding levels to \$4.6 million and increased the life of project to September 2004.

Each amendment outlined changes in implementation as the project learned lessons related to the original conceptual framework.

2.3 Contextual Rationale for SCOPE OVC Project

In Zambia, there have been multiple efforts made by households, communities and at district level, to meet the diverse needs of orphans and other vulnerable children within their communities. However, due to the increasing numbers of OVC and the difficult economic situation, most affected households are not able to meet the needs of these children.

From the onset of SCOPE-OVC, there were some underlying philosophies related to the project. As important as it is to ensure that households have access to food, clothing, shelter, health and education, the project did not set out to be a direct service provision project. Given the magnitude of the OVC situation in Zambia as well as the current level of high HIV infection rates and the increasing death rate, it was necessary to create a response greater than any one organization could generate alone. To this end, the philosophy behind SCOPE was to unite various OVC players at district and community levels and to build their capacity to respond to the emerging OVC crisis in their communities.

It is often stated that in order for the world to combat the HIV epidemic, governments, and civil society will need to unite at a level never before witnessed. To this end, SCOPE's philosophy was to create linkages and partnerships to assist government, faith-based organizations and civil society to unite together.

2.4 SCOPE Project Overview

The SCOPE OVC project strives to mitigate the impact of HIV/AIDS on children in Zambia through mobilizing, scaling up and strengthening community-based and community-led responses to the needs of OVC. The SCOPE strategy has been initiated at several levels to enhance the ability of households, communities and district level institutions to respond to the needs of OVC, especially those affected by HIV/AIDS. Interventions are described below.

Multi-sectoral District Initiatives: SCOPE works with multi-sectoral District OVC Committees (DOVCCs) to build their capacity to assess and respond to the situation of orphans and vulnerable children in their districts. SCOPE provides various types of training to the district committees to enable them to fulfill their function. Furthermore, SCOPE works to unite multi-sectoral OVC stakeholders and encourages them to share their workload, strategies, and lessons learned in order to enable the committee to begin developing an integrated and holistic approach to address the needs of OVC and their caregivers in the district. In this manner, SCOPE attempts to catalyze a synergistic response by uniting multiple organizations to join forces that may be sustainable beyond the project time frame.

Community Committees: SCOPE builds the capacity of community committees (Community OVC Committees, COVCC) by engaging them in participatory

assessment activities. In this way, community committees can prioritize the needs of the community and begin to identify the solutions. Extensively, SCOPE provides organizational training, financial management and other related training to community committees to enable them to function independently. SCOPE facilitates communities to develop transparent and accountable committees so that each community feels that their committee acts in the best interest of the community.

Mobilization: SCOPE strengthens the capacity of the DOVCC and COVCC in mobilization. This enables them to assist with prioritizing community needs and to begin to recognize local resources to meet the identified needs. Participatory Learning and Action (PLA) methodology was used for this process. The needs assessment conducted during the initial PLA process assisted the partners in developing action plans to respond to the unique needs of the communities and households.

Ongoing work by SCOPE with the DOVCCs supports the DOVCC to mobilize and build the capacity of communities, organizing and identifying multi-sectoral partners to carry out PLA. Participatory appraisals are seen to be more suited for voluntary and faith based sectors and not for profit based sectors. The initial appraisals then lead to appropriate capacity building.

Capacity Building: Capacity building has been an important on-going process of the SCOPE OVC project. Capacity building has taken on many different aspects from financial management and transparency, organizational skills, fund raising, proposal writing and various OVC technical interventions, such as psychosocial support skills building. The SCOPE project has attempted to develop its capacity building as a direct result of the needs of districts and communities.

Grants Mechanism: Grants are used to support household responses. SCOPE had \$1 million set aside to provide grants as close to OVC as possible. SCOPE disburses grants ranging from \$500-20,000 to Community Based Organizations (CBOs) Faith Based Organizations (FBOs) and Non-Governmental Organizations (NGOs) to engage in OVC activities and interventions. Grants fund household economic activities, community-based revolving loan schemes, community schools, child protection advocacy efforts, psychosocial interventions for OVC and their caregivers, and HIV/AIDS awareness and prevention activities.

Geographic Project Coverage

The project began in eight districts and later expanded to four additional districts bringing the total to twelve districts. Districts were chosen during a meeting with representation from CARE, FHI, USAID, Ministry of Education, Ministry of Sport Youth and Child Development and Ministry of Community Development and Social Services. The district selection was based on incidence of orphan hood, HIV prevalence and poverty rates. The selected districts include both rural and urban, as the project made efforts to get off the line of rail in Zambia from the traditional donor-NGO activities, into more distant rural areas. The project expansion has been done in adjacent districts to allow the synergetic activities to occur and to rationalize resources. The project agreement was amended to accommodate this change in coverage.

Districts of SCOPE operation have included: Chipata, Kabwe, Kalomo, Kitwe, Livingstone, Lundazi, Lusaka, Masaiti, Mongu, Monze, Ndola and Serenje. SCOPE implemented the expansion into districts in three phases.

Phase	Date of Implementation	Districts
Phase I	April 2000	Kitwe Lusaka Mongu Livingstone
Phase II	January-July 2001	Chipata Kalomo Masaiti Serenje
Phase III	January 2002	Kabwe Lundazi Monze Ndola

Project Goals and Outputs

The overall project goal is to mitigate the impact of HIV/AIDS on children and households.

Outputs have included:

1. Multi-sectoral district OVC communities (affiliated with District Development Communities) mobilizing and coordinate appropriate, sustainable and effective action by multi-sectoral partners to improve the safety and well being of orphans and other vulnerable children (OVC), especially those from HIV/AIDS affected households.
2. Multi-sectoral district partners mobilize and build the capacity of communities to enable them to identify problems related to the care and support of orphans and other vulnerable children. They also identify and implement sustainable interventions to improve the well being of orphans and other vulnerable children especially those from HIV/AIDS affected households.
3. Households take positive action to improve the well being of orphans and other vulnerable children (OVC), especially those from HIV/AIDS affected households.
4. Multi-sectoral district partners, CBOs, communities and households effectively access internal and external support to improve the well being of orphans and other vulnerable children, especially those from HIV/AIDS affected households.

5. Active and effective community and multi-sectoral district partners advocate for the protection and well being of OVC.
6. Lessons about developing and scaling up interventions to improve the well being of OVC are learned, documented and disseminated through operations research.

Project Management

The project organization and management is designed to ensure that different stakeholders play their respective roles in the overall project development and management. The key players are all stakeholders and partners related to OVC and have played in either an extensive or a limited role in the project.

The SCOPE OVC project management structure was designed with a Project Management Team (PMT) comprised of four staff members – Project Manager, Assistant Project Manager, Organizational Development Officer and Grants Manager. As the project expanded, the PMT increased to ten persons. The Lusaka-based staff also increased when expertise in certain technical areas were required as the project expanded in scope and activity.

In each district, SCOPE placed a Community Mobilization Officer (CMO), whose primary responsibilities were to facilitate activities in the district. The CMO, working with the PMT, assisted to carry out PLA activities with communities and districts. This person also served as a liaison between various district partners, including the Lusaka office.

CARE International Zambia is the implementing partner of the project. Its responsibilities include overall management and implementation of the project, hiring of staff members, procurement of equipment and other issues related to effective implementation of the project.

Family Health International (FHI), through the IMPACT cooperative agreement with USAID, received financial support to enter into a sub-agreement with CARE for the SCOPE project. FHI has provided technical assistance and overall project monitoring and evaluation. Additionally, FHI has provided the technical lead to carry out key pieces of research in the project related to socio-economic data of families and qualitative and quantitative research on psychosocial issues facing children and guardians.

USAID Zambia provides the funding for the project, as well as overall direction to FHI desired project accomplishments. USAID also communicates issues related to the US government and USAID policy that impacts the project.

The Ministry of Sport, Youth and Child Development is responsible for policy development on policies related to children while other ministries implement the policy. Lead ministries responsible for the implementations of the child policy are the Ministry of Community Development and Social Services, the Ministry of Health and the Ministry of Education.

SCOPE Accomplishments to Date

Community and District mobilization: An inventory of existing stakeholders, services and beneficiaries at district and community level was carried out. Through facilitation of stakeholders' meetings, 12 district and 125 community OVC committees have been formed. These committees have been strengthened and are now able to assess needs, develop action plans, mobilize resources, coordinate implementation and monitor the progress of planned activities to improve care for OVC. The type of interventions initiated by the community, OVC committees include supporting OVC to access education, psychosocial support and strengthening households economically to meet the needs of OVC.

The formation and strengthening of DOVCCs and COVCCs has attempted to reduce the overlap in OVC service provision in SCOPE communities. Organizations operating in similar catchment's areas now share information on OVC programming. Partners, such as Development Aid from People to People (DAPP) have adopted the approach of COVCC formation.

In communities where SCOPE is working, the community members are beginning to view the programs in the context of development for the community and not just individual gain. They also recognized the benefit of joint community effort to achieve a common goal than if they were to operate solely as individuals. This has led to a reduction in interpersonal conflicts among community members and organizations.

Capacity Building: The capacity building strategy goal was to build capacities of stakeholders to care, protect and support OVC. This was done through facilitating self-assessments and capacity building activities. The self-assessment process assisted individual organizations and the newly formed OVC stakeholders to identify individual and collective strengths and weaknesses as well as to identify common overall strengths and gaps. Three hundred and seventy-nine stakeholders were identified and out of these 25% of stakeholders have done a self-assessment, while 75% have benefited from capacity building activities. These include training in defining their roles and responsibilities, community and resource mobilization, action planning, children's rights, advocacy, proposal writing, basic business management, psychosocial support, record keeping, report writing, leadership skills and HIV/AIDS prevention. Additionally, SCOPE has trained district partners trained in proposal writing, project administration and financial management.

Grants: With the assistance of a consultant, SCOPE developed a grants management manual. The manual has assisted to streamline and improve the grants disbursement system. SCOPE has a grants management committee in place, which meets as needed to approve grants. SCOPE has disbursed 113 grants worth US \$773. Five hundred and nine grants have been given to CBOs, FBOs, NGOs and COVCCs to benefit 67,916 OVC and 4,336 households. Grants have been used to support activities in agriculture, HIV/AIDS awareness, household economic empowerment, education, advocacy for children's rights and PSS.

Household Economic Security: The project facilitated training in business management skills and management of revolving loan funds and facilitated linkages to micro-credit. As a result, many households are able to access credit, manage

businesses, and provide for the needs of the OVC in their household. Their attempts to address food security through agricultural inputs, has improved the lives of the targets. Households have been trained and supported in the use of appropriate technologies and improved farming methods.

Psychosocial Support: The area of psycho-social support has been a key undertaking and achievement of the project. Qualitative and quantitative research carried out by FHI formed the underpinning foundation for the development of the strategy. Psycho-social experts developed training materials for community members and also developed 14 key messages outlying social practices which should either be enforced or altered to best meet the emotional needs of children.

Capacity building activities included training 148 psycho-social trainers, who in turn have trained 736 community caregivers. The project has supported children's camps, establishment or strengthening of children's corners, crisis centers and support groups targeting OVC, youth and adult care-givers or home based care providers. These activities were aimed at building on coping mechanisms of communities to be able to deal with issues of loss and grief.

Eighty-three traditional leaders from five districts – Kalomo, Monze, Mongu, Chipata and Lundazi received training in psychosocial support and have developed action plans to address psycho-social issues of families and children in the villages.

Education: The project gave grants to 42 community schools/groups to benefit OVC. Support went towards the purchase of teaching and learning materials, sports equipment, training of community school teachers and peer educators, income generating activities, formation of HOPE clubs¹² and minor renovations of buildings.

Monitoring and Evaluation: With the assistance of FHI, SCOPE developed an M&E Framework for the project. FHI and SCOPE carried out a baseline survey in four districts, which provided socio-economic demographics, as well as information on access to services. Internal and external mid-term reviews were also carried out. FHI and SCOPE carried out quantitative and qualitative psycho-social surveys in four districts. The information collected was instrumental to develop the psycho-social strategy for the project. Some partners have been trained in M&E record keeping.

Information Dissemination: Sharing of information has also been a cornerstone of SCOPE activities. The following are achievements of the project:

- 12, 000 copies of the SCOPE-OVC Project Quarterly newsletter produced and distributed
- Production and distribution of community newsletters initiated in four districts
- Production and distribution of district directories of organizations offering services to OVC in the 12 districts
- Other materials produced include 7,000 SCOPE-OVC Project brochures, 500 flyers, 10,000 OVC notes
- Distributed 8,000 posters on HIV/AIDS and 5,000 HIV/AIDS booklets
- Facilitated the formation of an OVC media network comprised of members from electronic and print media who are involved in writing stories and

¹² HOPE clubs are for school children and promote HIV prevention and care education amongst youth.

organizing monthly discussions on issues affecting children. The project works with the media network as advocates in bringing issues of children top on the agenda

- Facilitated discussions on national and community local radio stations on OVC issues
- Establishment / strengthening of district resource centers where information on OVC and HIV/AIDS is disseminated
- In partnership with FHI, OVC dissemination forums held bi-monthly to address the needs of OVC covering household economic security, education, health, child protection and interventions to protect children and child sexual abuse. The forum participation is open to all OVC stakeholders and has been attended regularly by approximately 250 persons. The OVC Notes is published after each forum and is distributed to 3,000 individuals.

3 SCOPE OVC Project Final Review

3.1 Background

USAID Zambia requested FHI to carry out and manage a final participatory review of the SCOPE OVC project. USAID has defined participatory evaluation as follows:

Participatory evaluation provides for active involvement in the evaluation process of those with a stake in the program: providers, partners, customers (beneficiaries), and any other interested parties. Participation typically takes place throughout all phases of the evaluation: planning and design, gathering and analyzing the data; identifying the evaluation findings, conclusions, and recommendations; disseminating results; and preparing an action plan to improve program performance.

The participatory evaluation process also allows changes to be made to the project according to the different roles partners play in the project implementation. For example, the direct involvement of SCOPE, the job title CMO has been changed to District Facilitator to reflect the original intention as presented in the sub agreement.

Although a participatory review may seem more appropriate at a mid-term review stage than a final evaluation, there were additional desires to achieve through a participatory evaluation. Primarily, Zambia is experiencing an increase in funding through multi and bi-lateral agencies, as well as the Global Fund. A number of OVC implementers have experienced various aspects of OVC programming over the past few years. Additionally, the government has been developing its response to Zambia's OVC situation. The participatory review was seen as a method to bring together various OVC experiences and to help shape the future of OVC programming in Zambia, given that there is both an increase in the number of implementing partners as well as funding sources.

FHI hired two lead consultants, Gideon Bulwani and Sharon Mulenga, to lead the review process. FHI, CARE, SCOPE and USAID/Washington and Zambia missions participated in a number of planning meetings to develop the participatory review process. This group identified organizations and individuals to participate on both the review team and the reference team. Annex 1 contains the list of reference and review team members. The review team was comprised of senior staff members from organizations and government ministries who provide OVC services. The team participated in the planning process, designing of data collection tool and the actual data collection in the field. The reference team, comprised of donors, NGOs and senior government officials, provided input into the review design as well as the final report.

3.2 Focus of the Project Review

The review focused on:

- how activities implemented by SCOPE have impacted on the organizations at district and community level and how, in turn, the interventions have impacted on households and children

The areas defined in the SCOPE OVC documents are summarized below:

DOVCC and COVCC

- SCOPE's impact on mobilization of capacity building of District OVC Committees to address the OVC situation better.
- Consideration of the continuum of capacity building (i.e. some districts have had previous history of similar capacity building either through PCI or CINDI) and compare districts with previous exposure and more recent exposure
- The comparison of the continuum should try to assess the difference in the impact of SCOPE (if any) in its efforts to further the capacity of pre-existing foundations, and compare the work in the districts where SCOPE started almost from scratch.
- Issues related to scaling up (i.e. how much has SCOPE's capacity building efforts increased the ability of organizations to expand their activities and increase the number of OVC reached.) at the district level

Grant Mechanism

- Effectiveness of the grant mechanism in reaching OVC, scaling up activities and capacity building of organizations
- Impact of the grant mechanism on communities and districts
- Impact of grants on households and children
- Analysis of the grant mechanism process from the development of the proposals, review and approval, disbursement of the funding and monitoring and evaluation of the grant process

Household Economic Security Strategy

- Review of the household economic security strategies No. 1 and No. 2
- Implementation of the strategy
- Review of the strategies adopted by DOVCCs and their implementation
- Review of the strategies adopted by COVCCs and their implementation

Psycho-Social Support(PSS) Strategy

- Review of the psycho-social support (PSS) strategy
- Implementation of the strategy
- Review of the training of trainers (TOT) in PSS and its impact on communities
- Training with traditional leaders in selected districts where PSS was held

Education Strategy

- How effective has SCOPE's sub-grant line item applied to community schools been in assisting households, and children accessing primary education through a verification of the recent education intervention evaluation

Organizational Issues

- Assessment of the quality of project linkages between FHI and SCOPE as well as USAID and other key partners such as the MCDSS, MYSCD and district government offices and NGOs.
- Existing capacity (i.e. supervision, documentation, project implementation approaches, support systems) of the implementing agency to carry out the project
- Issues related to administrative systems such as finance and procurement, which support the project and can have prohibiting impact on project delivery
- Issues related to administrative systems, such as finance and procurement, which support the project in the presence of a consortium of project implementers
- Adequacy of supporting mechanisms of co-operating (donor) partners (USAID and FHI)

3.3 Final Project Review Process

Earlier in 2003, FHI commissioned two independent assessments on the education component and the grants management process. The project review did not attempt to re-invent these two assessments, but rather to build on them and to verify the findings.

Following the terms of reference and using a directed approach, the consultants reviewed the selected documents and set out a work plan to accomplish the tasks. They developed draft assessment tools that were further developed during a two-day workshop with the review team. The assessment tools were presented to FHI and USAID for approval.

3.4 District Selection

Together with SCOPE, FHI and USAID, the consultant team chose project sites for evaluation based on the following criteria:

- Period of inclusion in the project
- Have a good mix of interventions and activities
- Balance of urban and rural sites
- Selected one where the CMO has changed since inception of the project.

As part of the project review, the districts visited Chipata, Kabwe, Kalomo, Kitwe and Masaiti.

One review team briefly visited Luanshya district to get a better understanding of a district with no SCOPE intervention. Although specific reference and comparison to Luanshya will not be made in this report, the ability to conceptualize and contrast the

SCOPE intervention to a non-intervention district assisted the review team to better establish the strengths and weaknesses of the SCOPE approach.

Additionally, the lead consultants traveled to Livingstone without the review team members to review the findings. The Livingstone observations have influenced the findings, but have not factored strongly into the writing of the report.

3.5 Data Collection Methods

Prior to the fieldwork, the consultant team carried out a two-day workshop with SCOPE Lusaka and field-based staff as an internal assessment of the project. The outcomes of this meeting were used to enhance understanding of project management issues which have been incorporated in this evaluation.

Focus Group Discussions were used extensively by the review team in a more focused fashion. The team member tasks and responsibilities were clearly spelt out to ensure that accurate informative submissions were collected.

Story telling was used, especially among children, to allow them relate to real life changing events that have shaped their lives and express their views emotionally.

Interviews were held at FHI, CARE Zambia, USAID, SCOPE OVC and in communities. A document review of project documents, administrative files, reports and policy documents was undertaken.

Field visits were done during a two-week period in September. One team traveled to the Copperbelt region to Kabwe, Kitwe and Masaiti. The other team traveled south to Kalomo and then on to eastern province to Chipata. Field visits included the following:

- Interviews with District Administrator and Mayors
- Assessment of DOVCC using the developed tools
- Assessment of selected COVCC using the developed tools
- Focus Group discussions with households including children
- Interviews with traditional leaders
- Physical visitations for the review team to have first hand experience of interventions at ground level.

Table of participants in Focus Group Discussions/ Interviews

DISTRICT	NUMBER OF PARTICIPANTS				
	NGO/CBO (SRO)	DOVCC Number of members	COVCC Number of committees	HOUSEHOLDS Members /representatives	CHILDREN
Chipata	2	14	7	47	142
Kabwe	4	7	4	42	38
Kalomo	2	27	9	53	110
Kitwe	3	8	5	37	66
Masaiti	2	7	5	105	108
TOTAL	11	63	30	284	464

3.6 Data Analysis

Significant data analysis was done in the field by the review team members. Nightly discussions were held to summarize the daily experiences and compare them to the previous days. This discussion resulted in identifying key issues, lessons, conclusions, which formed the recommendations. Considering other factors outside the project process that could have contributed to achievement of outputs and impacted on the lives of target groups, the means-end analysis was used in the field, and during preliminary analysis to identify the relationships between inputs and outputs.

4 Presentation and Discussion of Review Findings

This section presents relative findings during the review process and provides a discussion for the observations made by the review team.

The analysis has taken into consideration the evolutionally nature of the implementation process where:

- different players engaged at different stages of the project
- staff and beneficiaries interpreted the interventions in different ways
- according to their understanding, they take into account the needs of the target beneficiaries and implemented strategies to suit the unique conditions of OVC needs at household level.

4.1 District Orphans and Vulnerable Children Committees

According to the sub-agreement, this objective is defined as:

Multi sector district OVC committees mobilize_and coordinate appropriate, sustainable and effective action by multi-sectoral district partners to improve the safety and well being of orphans and other vulnerable children (OVC,) especially those from HIV/AIDS affected households.

To this particular output, the project approach was to focus on interventions that would prepare communities and households to take action to improve the lives of orphans and vulnerable children.

The entry point for this initiative was designated as the district. The project engaged a mobilization methodology to invite district stakeholders to form committees that were called the District Orphan and Vulnerable Children Committee (DOVCC). The SCOPE project was required to work with Kitwe and Livingstone districts, which were started by PCI.

Formation and membership of DOVCC

In all of the five districts visited, there was an active DOVCC in place. According to the project documentations, there are twelve (12) active DOVCC - one in each of all the project districts. The main function of the DOVCC is to plan and coordinate multi-sectoral activities, advocate for OVC at district level and provide capacity building to COVCC and other CBOs and FBOs working with vulnerable children at community level.

In discussion with DOVCC members, it was confirmed that the formation of the committees was through a focused mobilization process facilitated by the Community Mobilization Officer (CMO).

When entering a district, the project started the mobilization process by confirming the OVC situation in targeted areas at district level, working with DOVCC or similar structure where they existed, MCDSS -Department of Social Welfare, Ministry of

Education, MSYCD and other stakeholders to do inventory on-going interventions and organizations working with OVC. The CMO first met with the district officials, NGO and CBO representatives to determine the OVC stakeholders in the district. A series of stakeholder meetings were held to establish the DOVCC. This process assisted district partners to develop a more comprehensive picture of the OVC situation in districts through an examination of the roles of the DOVCC, appreciation of the OVC situation in their respective areas and focus their attention to support different organizations' responses to the OVC.

A meeting was called where the participants engaged in dialog on if and how the district would establish a DOVCC. In all districts where it was decided to form a DOVCC: members and the executive were elected and the secretariat was designated. For administrative convenience, the secretariat was generally placed within a district government office, an NGO or as in some cases, the CMO's office.

Membership in the DOVCC ranged from eight to sixteen members who were drawn from government district offices, NGO, CBOs and FBOs. These members were chosen from a broader range of OVC stakeholders. Generally, the members are limited to bodies and organizations working directly with OVC. The review team found that there was no private sector representation on any of the district OVC committees, while multi-sectoral membership was limited to specific interests or tasks. However, there has been private sector participation in the implementation of interventions targeting OVC in the communities.

The review team observed that although the design is inclusive of multi-sectoral partners such as education and agriculture. The DOVCC and some of the representatives of these partners, interpret their involvement specific to their professional specialty.

Although the review team found the DOVCC concept to be beneficial and advantageous to OVC, it would take time before district multi-sectoral initiatives designed to benefit families and children, reach full potential. Creation of vision is to the advantage of district multi-sectoral activities and ability to buy-in to that vision amongst diverse stakeholders will take some more time.

Affiliation of DOVCC to permanent government structures

The project document intimates a vision where the DOVCC has direct representation within the district structure, namely the District Development Coordinating Committee (DDCC). The efforts of DOVCC are not currently feeding into a bigger district development-planning framework. The linkages of the DOVCCs in the district structures are not uniform and are often limited to the secretariat being within one of the district offices, such as the social welfare district office or the district education office. There is little evidence of official representation of the DOVCC within the district structure and not at DDCC level, because the DOVCCs are not yet linked to a government structure and quite often, some members question the legitimacy and authority of this structure. Although it can be argued that some of the members of DOVCC are members of the DDCC, this representation is not institutionalized. It was found that in one district the committee is a sub committee of the District AIDS Task Force (DATF).

It should be noted that district structures, such as the DDCC and DATF, were operating at different levels of capacity. This has made it very difficult for SCOPE to hold to this original design process and produce expected results impacting families. However, the review team feels strongly that such linkages need to be made. There is a need to advocate and interact with both NAC and the Ministry of Local Government that house the DDCC.

The lack of positioning the DOVCC in the district institutional structure threatens the sustainability of the efforts of the DOVCC. For example, action planning for DOVCC normally did not integrate activities of other district players. In one district, the plan was not visible, because it was implemented without an institutional commitment to the DOVCC. There appears to be little effort at government level to recognize the need to institutionalize the DOVCC. The review team believes that the placement of DOVCC in district institutional structures will enhance the functioning of DOVCC and support scaling-up efforts.

In spite of the lack of official representation within the prescribed structures, where the District Administrator (DA) and Mayor were accessible to the review team, the officials demonstrated knowledge of and support to the SCOPE OVC project and OVC issues. When the review team was able to meet with the district officials, the representatives spoke of officiating OVC events at district and community level and to visit several of the projects. The review team found that the more contacts that the DOVCC, SCOPE PMT and CMO had with district officials, the better versed the officials were of the OVC situation in the district and the interventions taking place. The review team felt that the weak link between the DDCC and DOVCC was mainly because the DOVCC is perceived more as a project and not as a community or district initiative.

The relevant government agencies, such as the department of social welfare, education and health, government officials are represented in the DOVCC. For example, members of staff of the district social welfare office are executive members on some of the committees. In Kabwe, the individual from the social welfare is the secretary of the DOVCC. However, due to inadequate resources, government contributions to the operations of the DOVCC are limited.

The review team found that, for the most part, the DOVCC philosophy has been misunderstood. The formation processes, membership criteria, differ between the committee and the larger stakeholders, because they have not been well interpreted. Some DOVCCs envision the DOVCC as a district NGO. They do not see themselves as having the main role of facilitating among OVC stakeholders and build capacity of COVCC to respond to OVC needs in a holistic manner, nor do they fully embrace the benefits of a district-level coordinating structure. There seemed to be more concern for what an individual organization can benefit from it rather than focusing on a larger picture.

Capacity building and training for DOVCC

The DOVCCs need to increase the coordinating, mobilization, advocacy and monitoring roles so that they could lead the district OVC.

Phase 1: SCOPE provided the committees a complement of capacity building in three phases. The first phase focused on mobilization of communities around OVC issues, institutional development (action plan development, implementation and monitoring), and strategies to improve household coping skills in Household Economic Security, Psychosocial Support, and Education. Additional information was provided on advocacy on issues related to children. In order for the communities to respond to the needs of OVC, DOVCC members were trained in how to access support for interventions from sources beyond SCOPE.

Phase 2: In mobilization methodology, SCOPE OVC trained DOVCCs and local leaders in community mapping in areas where multi-sectoral organizations did not exist. This training enabled the DOVCCs and the COVCCs to inventory services and potential partners in OVC work at district and community level.

Phase 3: How to effectively engage partners to address OVC work at different levels.

It is expected that capacity building efforts for the DOVCC be reflected in the implementation of their roles and functions.

Roles and functions of DOVCC

Although some challenges were faced, the review team found that the DOVCC was well organized and had conducted their business according to the agenda.

The DOVCCs have monthly meetings documented by minutes. When there is a priority activity to be implemented, meetings take place on a weekly basis.

DOVCC Implementation Plans

The DOVCCs visited had implementation action plans, budgets, monthly meetings and records of activities related to the action plan. All the twelve (12) are functioning relatively well. Records are presented in different formats from one district to another. They vary from very brief notes to complete documentations of all activities. These action plans and budgets were primarily based on the proposed activities that supported the institutional development of the DOVCC.

In one district, the DOVCC had developed a district wide OVC action plan, which included the designation of the priorities for action, the district stakeholders to lead the different actions, a full list of the district stakeholders and the details of the planned activities for the year. The review team was given the impression that in this particular district, the resources for the implementation process were budgeted from the stakeholders' individual budgets.

In another district, a DOVCC had embarked on a resource mobilization campaign to source the funds to implement the activities in the implementation plan.

Coordination of District Activities

The DOVCC members coordinate activities and project interventions among themselves through regular reports, meetings and occasional field visits. They are well apprised of the strengths of the stakeholders in the district networking and referrals to assist the OVC and to enhance the OVC response in the district. One area that has been addressed in all the visited districts is the concerted efforts to be aware of the activities of the OVC players. Their target groups and interventions. This is a way to avoid duplication of interventions and be able to reach the beneficiaries with available resources.

In Masaiti, the DOVCC was formed and members began exchanging information. It was learned that a handful of NGOs were not only carrying out identical activities in the same community, but that the same households were benefiting from education bursaries and food distribution. Through the DOVCC meetings, the NGOs were able to agree on catchment areas ensuring that more households benefited from their services.

“As Victim Support Unit, we have benefited greatly from being a member of DOVCC. We now know which institutions at district level are working with children and are able to refer children to the right organizations for help. In addition, we have learnt that children, especially orphans and abused children should be treated as individuals who have their rights. Through information sharing, we are better equipped with knowledge and skills to attend to orphans and other vulnerable children. We now know who is doing what activities and we can better refer people to appropriate services...we also do not feel hopeless and frustrated.”

The roles of the committee, such as community mobilization, resource mobilization, collaboration and coordination, are not consistently interpreted by all DOVCCs. At district level, the role to coordinate the OVC agenda has proved difficult as partners and stakeholders face time constraints, lack of resources and geographic distances. At the same time, the role of the DOVCC facilitating the coordination of activities at district level has not been adequately understood.

Despite limitations, when DOVCC members were asked about the benefit of participating in this approach and whether the approach of the DOVCC should continue, all members agreed that the approach is beneficial to them as individuals and as a group. They feel that collectively, they are uniting to improve the situation of OVC.

“Yes, the DOVCC approach is working. We are speaking from experience as community members. We cannot hesitate to encourage other districts to adopt the DOVCC model. We hear Luanshya is about to start its own DOVCC. We can help.”

Interaction between COVCC and DOVCC

In the project design, it was anticipated that after the formation and training of the DOVCC in mobilization skills, the DOVCC institutional members would take on the role of identifying potential communities and groups that would be targeted for project interventions. While due to time and resource restraints, the DOVCCs did identify the communities and groups to partner with, the DOVCCs were unable to do the actual community mobilization. According to the DOVCC members, their time is at a premium. They either are in full time employment or are volunteers who are self employed.

However, the review team believed that the reason for their lack of meaningful involvement goes beyond time constraints. It is the ability to fully embrace the concept of a DOVCC and the ultimate objectives of uniting together to create a response greater than one organization. In terms of resource limitations, some DOVCCs who seemed to have embraced the philosophy of the committee more fully, are creatively finding resources amongst each other to carry out duties. An example would be that one NGO agrees on having a vehicle for a day in order for the DOVCC to carry out monitoring.

The design of the project anticipated that the DOVCC would act as trainers of the COVCC. In the field it was found that, the DOVCC individual members did not conduct capacity building sessions with the COVCCs. Prohibiting factors preventing DOVCC members from participating in the capacity building included the employee performance responsibilities of mother organization, lack of transport to readily move around the district, the volunteer nature of the DOVCC membership as well as limited technical capacity in some areas. The review team also inferred from DOVCC member responses that another prohibiting factor is that frequently DOVCC members need to spend their time on economically productive activities. In Zambia, the cost of annual school requisites for one child is equal to two months' salary of a middle level civil servant. When placing responsibilities on district structures, such as the DOVCC, some of the realities of the members also need to be taken into account.

Despite the limitations hindering interactions between DOVCC and COVCC, individual institutional members of the DOVCC have targeted COVCCs and community groups in their planned activities. The Ministry of Education includes COVCC members and community partners in in-service training related to community schools. The Zambia Police include COVCCs in training on issues related to child abuse and later organize community dissemination activities. NGOs, such as HODI, include COVCCs in their project area in agricultural field days. In Kabwe, the DOVCC has worked with institutional partners to identify elements of their action plans that offer opportunities to include COVCC.

Administration and monitoring of sub grants

Regarding the role of DOVCC in the sub granting process, the review team found that DOVCC have been involved in assessing project proposals from COVCC and recommending them to SCOPE for funding. There is no evidence linking DOVCC to Sub Grant Recipient Organizations (SRO) in the sub granting process. Some of the DOVCCs were not aware of resources received by SRO, who were not part of the

DOVCC for OVC activities in their districts. It was reported and confirmed that not all DOVCCs have been involved in the actual disbursement process, i.e. handling checks for either COVCC or SRO as all approved projects received the cheques directly from the CMO and SRO management respectively. DOVCC are informed of the project application approval by the CMO reports or by the recipients themselves.

Some DOVCC members expressed direct frustration stating, ‘‘how can we possibly monitor sub-grants and impact when we do not even know what has been given out to organizations?’’

SCOPE had made commitments to revise the sub-grant process after the grants process evaluation from early 2003. In the revised implementation process, the role of the DOVCC was more clearly spelled out with the committee reviewing applications at community level and making recommendations on their enhancement or rejection. It was envisaged that only the most appropriate applications would make their way to the grants management committee (GMC). The role of the GMC would now be more of a confirmation of the DOVCC recommendation, than a new and independent appraisal process.

In the few situations, where the appraisal and recommendation of sub-grant projects was done at district level, the DOVCC was empowered to monitor the projects later.

In the original sub-granting process, the Grants Management Committee (GMC) and the Grants Manager made decisions on recipient selection, disbursed funds and monitored projects from Lusaka. This system completely disenfranchised the DOVCC from the sub-granting process and an opportunity for DOVCCs to track OVC activities at district level had been lost. The review team found little to no concrete evidence that the revised sub-grant process is currently using in a uniform systematic manner across the various districts visited during the review.

Resource Mobilization

The DOVCC have been able to mobilize the proposals for the project to support the OVC initiatives within the districts. The information on the access to resources outside of the district, beyond appraisal for proposals to SCOPE, has been limited. There is evidence of private sector being involved in several districts in OVC initiatives. In the districts where private sector participation was evident, their involvement could be attributed to the level of advocacy achieved in that district. For example, in one district, the support for the construction of a community school was secured. In another district radio airtime has been provided to present OVC issues.

In considering the role of the DOVCC in the mobilization of resources, they have been able to link COVCCs and individual households to various sources of support within the district where opportunities arise. This has generally been done through referrals among the DOVCC members. The involvement of the members in the DOVCC and the networking has resulted in resources having been spread wider within the district.

New Partners Established and Supported

The review team found that new partnerships were formed in the districts amongst the OVC stakeholders. While there are expressed limitations of the DOVCC concept, there are also benefits of partnerships that have resulted in improved targeting and reduction in duplication of efforts. There is promise of organizations partnering together in what seems to be a viable manner after the close of the project.

DOVCC and Monitoring Issues

The monitoring role of DOVCC is discussed at two levels in this report. At the first level, they monitor the DOVCC, and at the second level, the DOVCC monitors OVC activities at community level.

DOVCC monitored

In considering the monitoring of the DOVCC, it should be noted that the review team did not find an elaborate formal framework for monitoring the DOVCC. However, it was not clear to the review team of who would monitor the DOVCC, in what capacity and what indicators would be the basis of the evaluation. There is no institution mandated to design and implement a monitoring framework of the DOVCC activities. This absence is linked to the absence of linking the DOVCC with a formal institution, such as the DDCC.

In spite of the absence of the elaborated formal framework for monitoring, SCOPE OVC has monitored the performance of DOVCC through field visits and reports. The project has been able to respond to the needs of the DOVCC through these field visits and reports. The visits are carried out by the CMO and the PMT.

The monitoring of DOVCC is important, because it measures the progress, adjusts the programming according to the lessons learned and is used as a basis for future planning.

COVCC monitored by DOVCC

In the project design, it was anticipated that the DOVCC would have the lead role in monitoring the COVCCs. All visited DOVCCs have carried out limited monitoring of COVCC activities, as well as grants under the SCOPE OVC in different forms. These forms included informal visits by committee members as they carry out their duties related to their regular employment, visiting an area for other business, and formal monitoring visits. Informal visits are most common. There were some written reports, but the visits to communities are reported verbally during the monthly DOVCC meetings. It was pointed out that transport availability and costs make community monitoring on regular basis extremely difficult. The CMO generally reports to the DOVCC meetings on the activities of COVCCs.

Constraints to Effective Functioning of DOVCC

After creating the DOVCC, the project document outlines the roles of the committee. They are to conduct inventories of potential multi-sectoral partners in the district; design, implement, monitor and evaluate a district action plan; organize multi-sectoral partnership meetings and to administer and monitor sub-grants. In the districts visited, the respective DOVCCs have not been able to fulfill all the aspects of its proposed roles:

The members of the DOVCCs said that the three main drawbacks in carrying the OVC agenda forward are:

- There is a lack of the committee's recognition in a formal permanent district structure, such as the DDCC or DATF.
- The funding provided by SCOPE for the running costs of the DOVCC is inadequate to carry out the planned activities under the DOVCC action plan.
- Time constraints and multiple responsibilities are additional barriers in carrying out the agreed roles as the coordinating body of the OVC initiatives in the districts. While DOVCC members have shown commitment to the OVC agenda, they face time constraints as most of them are in full time employment and DOVCC work is considered to be voluntary and outside of their employment. The review team saw that DOVCC members do not perceive working with the DOVCC as an integral part their OVC work in the district, but a separate activity from the work being carried out on a day to day basis is a major constraint in carrying out the OVC agenda.

Important Achievements

As a result of the SCOPE OVC project interventions at district level of the assessment, the review team found evidence of the following specific achievements:

- SCOPE OVC merely coming to the district and asking whether people were interested in discussing and taking action on issues related to OVC, was enough to have multi-sectoral partners focus on OVC. This first contact was key to the success of the initiative.
- All DOVCC have compiled a list of multi-sectoral partners working on OVC issues in the district, and efforts are made at meeting with them on a regular basis.
- DOVCCs have provided an opportunity to share problems, issues and ideas with other organizations with similar objectives, and to some extent, influencing the design of the interventions. For example, in some districts, the Victim Support Unit (VSU) has used information from DOVCC to modify their approach to OVC.
- DOVCCs provide stakeholders with information about what other organizations are doing and are able to refer children who they identify to

relevant organizations to be provided with the appropriate support through their work at community level.

- In addition to the referral system, DOVCC help organizations deal with children's problems through the increased awareness and linkage of multiple stakeholders.
- The DOVCCs have quarterly meetings for stakeholders. While the DOVCC, members are made up of partners working directly with OVC, quarterly stakeholders meetings offer an opportunity to share information, reduce duplication of activities, enhance referrals and better use of available resources, and provide comprehensive holistic interventions to benefit households and OVC.
- DOVCCs are facilitating linkages of COVCCs to some potential funding sources.

4.2 Community Orphans and Vulnerable Children Committees

According to the sub-agreement, this objective is defined as:

Multi sector district partners mobilize and build the capacity of communities to enable them to identify problems related to care and support of OVC, and identify and implement sustainable interventions to improve the well being of OVC, especially those from HIV/AIDS affected households.

The COVCC is an important structure of the SCOPE OVC approach in that it serves as the vehicle for reaching targeted households with vulnerable children. According to the design, “COVCC are envisioned to be groups of families and households that are fostering children and /or have large burden of care, in particular families affected by HIV/AIDS.”¹³ It is through the COVCC that a sense of community responsibility and ownership towards orphans and other vulnerable children is to be realized. Organized and effective COVCCs are seen as best placed to spearhead the response to the OVC challenge, providing a community based structure for a sustainable response. SCOPE OVC was expected to build the capacity of these committees and share knowledge, facilitate skills development for responding to the needs of OVC within the communities and at household level.

At this point, it is critical to point out the role of the community and district mobilization process. The process provided a critical foundation for activities, particularly those related to improve the situation of households. In the case of household economic security, the mobilization process assisted communities to work together to identify interventions. The mobilization process also assisted COVCCs to extend their services beyond the needs of OVC, and include other community members. The manner in which the mobilization occurred seemed to have enabled people to see a larger picture of how they, as individuals and as a community, benefit from and impact on the wider picture.

Formation and Membership of the COVCC

The Community Mobilization Officer who is equipped with skills in Participatory Learning and Action (PLA) community mobilization methodology, worked with groups and communities identified by the DOVCC. Various PLA techniques were used to help a community better define the situation of orphans and other vulnerable children, and to plan an appropriate strategy to address the situation.

COVCCs have been formed at different times and are at different stages of development. Community committees which were established earlier in the project are at a much more developed stage of evolution than those that were formed later in the project. There seems to be an indication that the formation and evolution of such community committees takes place along a continuing development process.

¹³ Sub agreement, page 18.

In districts where Project Concern International (PCI), with USAID funding, worked with communities on OVC issues in 1998, there were pre-existing COVCCs, which SCOPE continued working with in this project. It was found that the formation processes of COVCC are similar to PCI and SCOPE.

Through the reflection of tried and tested community mobilization processes during the life of the project, SCOPE has been able to apply lessons from the community mobilization process as they expanded into additional districts and communities. As a result of this application of lessons, the mobilization of COVCCs in 2002 appears to have been more efficient. The review team visited phase III district and found that this particular district and its communities have benefited from the sharing of experiences in community mobilization.

The review team found that in some phase II and III districts, the formation of COVCCs was accelerated in response to pressure to get resources to the communities and households as the project was scheduled to conclude in September 2002. Where the formation process was hurried, it was evident that the COVCCs did not have the strong base compared to those communities where the mobilization process took a longer and more systematic approach that enabled the community to rise to the challenge of the OVC situation.

As experienced by the review team, a fundamental difficulty of the community mobilization process was that in many cases, the committee formation occurred almost simultaneously as implementation of interventions. The problem seemed to be that these particular committees did not have a solid base of operation. The result was a situation where their capacity to respond to interventions was not yet stabilized.

It is the opinion of the review team that communities need time to organize before embarking on major activities that require multiple skills so that each step of development can take place in an incremental manner. If this process is rushed, it is to the long-term detriment of sustainable development.

An external influence to the SCOPE approach has been the community's previous experience with other NGOs. In some cases, NGOs made promises that never materialize. SCOPE demonstrated its commitment when communities approached SCOPE with skepticism, only overcome with time.

SCOPE did not introduce new COVCCs, because it was designed with a deliberate attempt to build on and utilize existing structures. It was envisioned that local pre-existing community committees would retain their original identity and name. However, the review team found that this was not the reality.

The review team found cases where pre-existing groups changed their name to COVCC based on a perception that in order to fully benefit from the interventions promoted by SCOPE, it was necessary for groups to have orphans and vulnerable children as part of the name of the groups.

This perception seems to be rooted in the process of forming COVCC messages were either directly or indirectly conveyed to communities. In order to access resources,

OVC should be included in the name. Initially, it seemed that the CMOs conveyed a message to communities, which brought confusion over the issue. An internal review by project staff, corrected this perception. However, in some communities, the original perception that a name change is required has never changed. The review team found evidence of limited community committees calling themselves different names to get different funding from different sources.

This has a potential of having a negative impact on long-term sustainability and ownership issues at community level. This also points to larger issues that need addressing. Philosophies around community ownership would never encourage a name change. It is critical that projects spend some time setting the foundations and frameworks to design the appropriate strategies before jumping into the implementation. This process needs to be supported by donors.

In the case of the Race Course¹⁴, Kitwe, Copperbelt Province, the team found that the OVC program has expanded to widows and the COVCC is now Racecourse Orphans and Vulnerable Children and Widows Committee. In this situation, it is clear that the community committee is expanding to the current needs of the community and that SCOPE is supportive of that responsiveness.

The project found that women often affiliated with a church group easily became active members of the COVCC model.

In the case of pre-existing groups, the membership of the COVCC is generally the same as the original group. The membership of these groups may be from a FBO, a CBO, widows or farming households. In some cases, the COVCC may be direct representatives of families and households. When considering the community representation of the COVCC, it was found that there was no uniform method of deciding membership, nor could the COVCCs be said to be truly a representative of a particular geographic area. At the same time, the committees could be seen as a representative of the groups that they represent, had open membership and appeared to act for their constituents.

Although at times, there are some important socio-economic considerations to keep in mind the review team questioned whether the representation of the committee members was representational of the communities.

Often enough, impoverished areas have the ability to volunteer services on a community committee means that the household must have enough labor and resources to be able to meet its basic needs without the assistance of the volunteer. Economic reality can have a limit on the representational membership of a community committee.

It is important to point out the spiritual and emotional benefit to committee members. Membership in church and service groups can offer a sense of hope, belonging, inclusiveness and camaraderie. Generally, faith based and service community groups are inclusive and offer membership to any one who wants to participate. Although

¹⁴ Originally formed in 1998 by PCI

faith-based membership may be from the same group of believers, the church may serve the activities of the entire catchment area target group. Since participation in community committees may be limited by economic realities, it is essential for the committee to ensure that it understands the needs and situations of non-committee community members. SCOPE attempted through various PLA exercises to help ensure that committee members are well versed in the needs of a broader community. It is not clear to the review team of how successful SCOPE may have or may not have been in this area.

The review team visited over 20 COVCCs. Most COVCCs visited during the review seemed to attempt to work in an open and transparent manner for the benefit of the children in their communities. Only one COVCC had a closed membership and when the review team enquired from the public, it was not known in the wider community in was not transparent. Despite that this may well be an isolated incident; it appeared that the unfortunate result of this closed community committee is that the community doubts the value of the project. It is easy for outside judges of the project to transform this into the lack of community commitment and interest in children.

Capacity Building and Training for COVCC

SCOPE provides organizational, financial management and other related training and capacity building to community committees to enable them to function independently. SCOPE also works with the community to develop transparent and accountable committees so that the community feels that the committees act in its best interest.

In response to the identified capacity building needs of the COVCC, the review team found that SCOPE has provided sessions on array subjects for COVCCs. The sessions were conducted by the CMO, SCOPE Project Management Team members and consultants, who were both from the community and outside the community. Organizational skills capacity building involved setting up a committee, necessary record keeping documents and methods, and planning. Project development and implementation skills included proposal writing, record keeping, and project management. The review team found evidence amongst community members that they possessed some of these skills. Communities did mention difficulties in writing project proposals.

Separate sessions were held on the three technical interventions promoted within the SCOPE approach – household economic security, psychosocial support and education. The household economic security component covered a number of areas as this component is multifaceted and requires several areas to be addressed to the multifaceted household needs. In some cases, COVCCs have been linked to other resources.

The Role of the COVCC

The role of COVCC is primarily to implement and coordinate the activities of the members within its constituency, provide support to each other and facilitate community capacity enhancement to deal with the problems of OVC. Some COVCCs demonstrated a good understanding of the SCOPE OVC approach with their operations guided by action plans and budgets. They hold monthly meetings and keep

records of their activities. They monitor activities of members and provide advice and support to intervene when there are problems.

Working with traditional leaders, the committees take the lead in identifying vulnerable households. This has been accomplished through community mobilization skills gained in capacity building by SCOPE. With support from CMO, The COVCC have been able to identify the most vulnerable households using criteria such as single/double orphans, as well as, the family's inability to meet the needs of all OVC.

SCOPE was not designed to create formal structured collaboration and coordination amongst COVCCs. However, some communities have taken the initiative to work together through mechanisms, such as sharing of information, through intra-community stakeholders meetings and consultation with each other. In some situations, SCOPE established COVCC members to assist other community members to organize similar committees. Sometimes this interaction has occurred without the knowledge of the SCOPE project.

The review team feels that this type of interaction and coordination amongst COVCCs should be spontaneous and should result from perceived needs of communities. It is the foundation for sustainable interaction beyond the project life span.

Additionally, in some districts, COVCCs have become part of informal networks and are making referrals to specialized institutions, such as the Victim Support Unit, orphanages, community schools, and the Department of Social Welfare.

Through the SCOPE approach, communities have enlisted the support of local government for assistance with challenges. This collaboration was facilitated through the project. It is questionable whether this linkage and collaboration between district partners and the community is strong enough to continue after the project finishes.

It is the opinion of the review team that communities should be provided with information on how to identify and secure local resources to address the needs and enable them to make a clear distinction of what resources need to be accessed. Furthermore, the review team identified that sensitization about interaction with community amongst local government and district expertise must be further enhanced in order to foster interaction between these groups. In this way, the community feels empowered to reach out.

Linkages with Broader Development Initiatives

In most communities visited during the review process, whether government, NGO or donor led, there are a number of external SCOPE development initiatives,. An example would be the government sponsored Small Holder Enterprise and Marketing Promotion (SHEMP), which promotes agricultural marketing and infrastructure to promote agricultural development. Program Against Malnutrition (PAM) also promotes a variety of activities at community level.

A troubling observation of the review team is that community members hardly mentioned the external development initiatives. There are a number of potential reasons that were not clear to the review team. This may or may not be an oversight

and missed opportunity amongst project staff. What is important is that it points to a larger issue of making meaningful linkages to assist communities to develop. To realize this step, it is also critical for projects to address the issues of ownership and loyalty amongst themselves, but also externally amongst beneficiaries. The review team felt that at times communities were reticent more out of a sense of loyalty to the SCOPE project and that the lack of mention of other projects does not mean that no activities were occurring in the community.

Monitoring of COVCC

In the project plan, it was anticipated that the DOVCC would monitor the community committees' functions and activities. Formal monitoring by the DOVCC has not been possible, as the institutional structures and resources are not available. In spite of this, individual members have observed the process and activities of the COVCC in the course of their employment or other work. Observations are generally reported in the DOVCC meetings and included in the minutes. In order to address the inability of the DOVCC to regularly monitor the COVCC, the CMO visit the COVCCs and observe their progress, report to the DOVCC and subsequently report to the SCOPE PMT. The review team feels that while the project did implement a stop gap measure, it is not sustainable after the project closes. An effective strategy to have local monitoring of COVCC activities needs to be developed and implemented.

The COVCC primarily carry out informal monitoring of implemented interventions in education, psychosocial support and household activities, especially those involved in agricultural activities. Examples show that committee action plans and reports demonstrate that visits had been made during land preparation, planting, weeding and harvesting periods in specific agricultural projects at household level.

Formal monitoring of the impact of interventions at household level, especially on children, is not present at community level. Committee members explicitly and frequently stated that they perceive this monitoring of the impact as interference at household level. In addition, some households are understandably unwilling to reveal the details of their inner household realities for many reasons. It is acceptable for a committee to monitor at the input level, but it becomes quite difficult to monitor impact. The perception conveyed to the review team is that community members will reveal impact, both positive and negative, to an outsider, but not to one of their own. It is important to note that the community members, parents, guardians, and children, all narrated the changes in their lives because of this project.

Despite the limitation, it is necessary to convey that the interviewed community members were all able to narrate the general impact of the interventions. Even though they may be unwilling to enter an individual's home, they know which families have adequate food intake, is one example. The community's ability to monitor the general impact should not be negated or diminished.

SCOPE has a tool for the enumeration to the beneficiaries under the project that is completed by the CMO, providing an accurate count of the households and OVC that have benefited from the project. This information is included in the district monthly reports, which are shared with the DOVCC before sent to the SCOPE office in Lusaka.

Constraints to effective functioning of COVCC

During the assessment, the following constraints to the development of the COVCC have been identified:

- Many of the communities where SCOPE works do not have the experience of working together. It takes time for communities to rally around issues and to take action. This time consuming process competes with the funder's demand for results.
- While communities utilize their best ability, the resources from the project became clear to the review team. Capacity building and linkages to resources needs to be on-going and not a "one-off" activity.
- There are larger needs of communities beyond the scope of a project, such as access to improved infrastructure.

Important Achievements

- There are 125 COVCCs formed in the 12 districts formed in SCOPE supported districts.
- The COVCCs have received capacity building on institutional development, including skills in the development of action plans and project proposals.
- COVCCs have prioritized and worked as committees on OVC issues at community and household level.
- Communities have a good understanding of the OVC situation and what needs to be done.
- COVCCs have mobilized their members and assisted them to recognize the importance of teamwork.
- Where COVCCs accessed grants, they were able to use the skills gained in the capacity building sessions to accomplish what they had agreed to undertake. While some projects were not completely successful, committees generally did the best they could within their understanding of the implementation process.
- The members of the COVCCs show a commitment to the OVC agenda and are willing to take action to improve the lives of children in their communities.
- The composition of COVCC membership is its major strength. As members bring their experiences to the table, they are able to link support to problems presented.

4.3 Households Take Positive Action to Improve the Well Being of Orphans and Vulnerable Children

According to the sub-agreement, this objective is defined as:

Households that take positive action to improve the well being of orphans and other vulnerable children (OVC) especially those from HIV/AIDS affected households

A priority focus of the SCOPE OVC approach has been the strengthening of the household to be able to meet the needs of the orphans and vulnerable children. Since inception, SCOPE has reached close to 400,000 children.

The major technical interventions to target households with OVC were decided after carrying out PLA activities in communities and districts. Many priority areas were identified by the communities. SCOPE tried to examine what other interventions were implemented by other organizations, the comparative advantage of SCOPE and its missing gaps. As a result of this exercise, SCOPE decided to give priority attention to Household Economic Security, Psychosocial Support and education through support to community schools. These priority interventions, along with other technical areas, were to be implemented through the disbursement of grants. These funds were used to build capacity building through workshop and training in various technical areas to eligible entities at community and household level.

The result of the community and district mobilization process, as well as, as the grant system, were to improve the well being of households and their ability to provide care for OVC. The impact on households should be viewed as a derivative of that process and the entire SCOPE approach to OVC programming.

Household Economic Security

From the beginning of the project, communities mentioned household economics as a barrier to effectively looking after OVC. Guardians and parents repeatedly listed priority areas for children as education, food, clothing and healthcare. Although handouts have their place, adults frequently stated that they would like the ability to provide for their families and requested assistance, to improve their economic security.

As a result, SCOPE prioritized household economic security as one of the primary interventions to be delivered. The 1999, OVC Situational Analysis repeatedly pointed to failed group IGA activities. As a result, SCOPE began experimenting with interventions that targeted the individual household rather than a group.

There were two thrusts to the interventions: access to micro-credit and provision of agricultural inputs—mainly for maize production, but also included some vegetable production and animal rearing. The SCOPE project trained communities and NGOs in the management of revolving loan funds so that a grant could be given to the

community to undertake this initiative. In some cases, grants have been given to existing micro-finance institutions to carry out loan disbursement in a particular catchment area. In another HES activity, community members have been trained in savings and lending strategies, enabling communities to mobilize their own savings for onward lending to their peers. Training in business management has been a critical component of this technical intervention.

There is evidence on the ground to show that HES, through training and agricultural inputs, has been successful for that particular season where the inputs were increased. With families were able to improve their situation.

This approach has shown that communities did not adequately plan. More technical assistance with a long-term view would have assisted to make this a more meaningful intervention. The project accessed the technical assistance of the district agricultural officer, but it seems that this individual was often more focused on the household consumption needs for that year, rather than looking at the overall household needs, which would include assuring next year's harvest.

In the case of access to micro-finance and the establishment of revolving loan funds, there has been success that is more limited. When the initiative has worked and the loan recipient has improved his/her financial income, there is clear benefit to the household. However, when having access to credit fails, it often fails completely and there is little to no benefit to households. As long as the intervention follows the best established micro credit practice, the factor to success seems to hinge more on the individual and his/her previous experience with running a business and the individual's sense of business acumen.

Impact of Agricultural Inputs on Households

Throughout the project review, the review team was presented with highly successful stories on how provision of fertilizer, seed and other agricultural commodities have enhanced food security, and provided some resources to purchase other services and goods, usually through a barter system.

The review team observed that there were enough food (maize) stocks in targeted households and COVCCs to last until the next planting season. The orphans and vulnerable children residing in the targeted households said that, "Last year the food was finished by now we are eating."¹⁵

A sub-grant that was provided to a community in one of the SCOPE districts, had assisted households with vegetable production and treadle pumps. The sub grant totaled US\$6,909.64 targeting 20 vulnerable households with 160 OCV, which comes to a cost of \$50 per child ratio.

A youth living with his uncle, who received a treadle pump for watering the garden, was asked what has improved for him since they received the pump. He could narrate several changes. First, he only had to spend a little over an hour watering the garden with his uncle. When they finished, he was able to bath with

¹⁵ The review took place in September, two months before planting season.

soap and get into clean clothes to go to school. Due to limited financial constraints in meeting the school financial requirements, he had been absent from school. As a result, of the increased income from the sale of vegetables, he has returned to school. The vegetable sales have resulted in each person in the household acquiring a second set of clothes. As a result of the child's interest in gardening, his uncle has given him a portion of the garden to manage for himself and raise money he requires to buy a pair of shoes this year.

It was difficult to itemize the impact of the agricultural sub grant to a particular household that had over 20 relatives - five adults who are either young adults or widowed and the remaining household members being fifteen children.

This household benefited from a treadle pump that is shared by a number of households. The children have developed skills on vegetable growing skills as well as entrepreneurship skills. By having access to water, family members are able to look after their personal hygiene. Children have returned to school and a youth reported being able to make decisions about what his own life and be able to socialize more comfortably, because he has a second set of clean clothes to wear when he leaves the house. The review members who interviewed him felt a sense of emotional security and pride as he spoke about the ability to have good hygiene. The issues related to hygiene seemed to have an impact on his emotional health.

Another older grandmother who was looking after five children related the following story:

“My daughter died two years ago. I had difficulties looking after them since I am old with no alternative source of income apart from agriculture. The past years were rough as I could only manage to harvest one bag of maize. Last year I got inputs from SCOPE on credit and my harvest improved from one bag to five. This is enough for consumption. Since my two grand children were sleeping on the floor, I decided to sell some maize to buy a bed at K20, 000¹⁶. I am happy because this is the life their parents gave them. Thank you to SCOPE”.

In addition to increasing food security, the agriculture input scheme seems to have had a significant impact on household economic security. When asked about what has changed in the household after having access to agricultural inputs, children reported sufficient food quantities at home, and most importantly, they did not need to work to get food. When the review team visited households that received HES initiatives, children did not worry about whether they would eat that day or not. This worry has a significant emotional impact on children. Orphans and other vulnerable children in the households improved their wardrobe, school attendance, had money for transport, medicine for ill family members, and a bicycle to go to a far away school. This has given children and adults a peace of mind.

Children reported that their households were better organized and focused on growing maize. The children were willing to work together as a family as they felt that their participation would assist the parents and guardians to meet their multiple needs. It

¹⁶ Just under \$4.50

was reported that when the seed is not sufficient, or the fertilizer is not available the children were less willing to assist in cultivation. As a result, it did not make much difference in the availability of food for the household.

The visited households used maize as money to barter for various services such as paying hospital and school fees, and improving nutritional status of the family to trade for other types of food. Meeting food security has additional benefits. Households have more time to focus on other needs, which were previously unmet. This may include emotional support, assisting with schoolwork, improving shelter and many others.

When asked how people can best support OVC, children prioritized this type of agricultural assistance. Children were able to easily link this assistance to tangible benefits – provision of agro-inputs – to improve quality of life. The children furthermore astutely observed that they could assist the family to ensure that the inputs are used properly and that they actually benefit the children in the household. They seemed to indicate that parents/guardians might waste other assistance that would not benefit the children.

Impact of Other HES Interventions

In a community where the COVCC runs an established tuck shop as an IGA, the profits were used to give household blankets for the OVC. These children reported that this is the first time each one of them has had a blanket of their own. In the cold season, they share the blankets by putting several blankets together, so that they keep warm.

In communities where households participated in either community managed revolving loans or increased access to micro-credit through micro-finance institutions, the recipients with appropriate business experience and acumen, have been able to change the lives of the orphans and vulnerable children in their household.

Tenna Kamwela¹⁷, a widow, of peri-urban Waya, Kabwe, told the review team of how her initial K20, 000¹⁸ loan, increased her sales and profits to a monthly income of K200, 000¹⁹, which represents a significant increase in a small but modest income. She reports that she can send her children to school and is able to provide for their very basic needs. She has also shared this experience with the women's community club, which she contributes K10, 000²⁰.

Stories like this were told to review team members in all the districts where the household, have had access to small amounts of start up funds to carry out a small business or trading, when the recipient has appropriate business experience and acumen.

¹⁷ All names have been changed to protect the identity of the review participants.

¹⁸ Less than \$4.00

¹⁹ Just under \$45

²⁰ Approximately \$2.25

Over the project life span it has shown in the project that the best way to support loan initiatives is through linkages to institutions that specialize in the savings and loans with vulnerable groups. Micro finance institutions that are not tied to the project life are better able to train community groups and offer credit, as micro finance service provision within the institutional structures. This strategy makes it possible for households to continue to access credit after the project has closed.

Orphans and children from vulnerable households in urban and peri-urban households reported that they used to spend time in the street doing small jobs known as piecework to earn enough money to purchase food for the day. Their piece work could range from washing cars, touting 25 to 50 kilogram bags of sugar or mealie meal²¹, watching cars to keep them secure, washing cars, digging coal from the copper mine dumps, searching for waste metal for sale to scrap dealers. When their households have been included in Household Economic Security initiatives, such as access to micro-finance or community based revolving loan schemes supported through SCOPE, these children have been reported to concentrate on school.

The review team met with a number of children who had been out of school since the death of their parents. The children expressed genuine joy about being back in school and seemed fairly content.

“Last year, I was walking to school. I used to start from home at 5 am in order to be at school by 7 am. Because of the distance, I used to miss school. Last year my mother got fertilizer and seed from SCOPE. We harvested 43 bags, which was an increase from five bags in the previous years. She exchanged 12 bags for a bicycle, which I now use to go to school. I start from home at 6 am and reach school by 7 am. I do not miss school any more. We also have enough maize to eat this year’

Limitation of HES Initiative

It appears that a major consideration in selecting of households for HES interventions were those expected to be successful in carrying out the task agreed. There was fear that if the project proposed was not successful, the group or community would not be included in further interventions not only by SCOPE but other projects. Micro-finance is not for the most vulnerable and the communities following their training.

During the initial phase of this intervention, it appears that SCOPE demonstrated a limitation in terms of technical understanding of issues around strengthening household economic security. FHI’s efforts to access appropriate regional technical assistance, was declined. The overall intervention struggled considerably. Eventually, CARE employed a SEAD coordinator, to whom the CARE ACD responsible for. SCOPE prioritized the development of this intervention. She was able to further develop the HES intervention based on global best practices and collective knowledge related to interventions to strengthen household economic security. This enabled the strategy to begin to flourish and for the overall strategy to stop languishing.

²¹ Corn meal – used to make nshima a hard porridge the staple food in much of Zambia

The hesitation to access appropriate technical assistance serves as a reminder for project staff to seek outside assistance through the lens of improving services. Technical assistance should not be viewed as a reflection of limitation, but rather as wisdom and commitment to implement quality interventions.

In spite of the successes of the HES initiatives, there were situations, which were not at all successful, because they had difficult economic situations, which were not being met in households. Community members told stories of where mothers washed the chemicals off certified seed in order to cook it, as there was no food at the home. In another community, a woman sold some of her maize seed and all the fertilizer for a surgical procedure that she needed to undergo.

In some situations, sustainability for interventions particularly household economic security through loans to households, are threatened by unwillingness of households to pay back,. For example, the review team found that in one COVCC, only 80 out of 200 had paid back their loans and were legible for further loans. The low repayment rates can be mainly due to the unfavorable business environment, or low savings by the borrowers hence, it is the view of the review team that some of the beneficiaries, especially the most vulnerable, are the one who diverted their agro-inputs to pressing needs.

In general, the review team was surprised that the loan repayment rate was higher than generally understood in Zambia. The review team feels that SCOPE should be given credit for successfully achieving community mobilization and capacity building.

Psychosocial Support

To meet the needs of orphans, vulnerable children, parents, and guardians, the project has employed a number of interventions in psychosocial support. Capacity building and training has been conducted with household members, community members, home based care providers and traditional leaders on issues related to the special needs of orphans and other vulnerable children. Children have participated in psychosocial issues such as issues, related to attending funerals, grief and the ability to keep memories of their departed loved ones.

The review team found that a particularly effective intervention has been the children's camps. These camps, supported through sub-grants to organizations in nine districts namely Kabwe, Masaiti, Mongu, Lusaka, Livingstone, Kitwe, Kalomo, Monze and Chipata, covered life skills issues, HIV/AIDS and dealt with issues related to the psychosocial well being of OVC. Recreation is woven throughout the camp, a safe environment where the children do not have to worry about when they were going to get their next meal, and are surrounded by adults who care about them and make them feel secure. Children stated that they benefited from discussing with other children and adults about issues that worry them. They realized that they were not alone and that others felt the same.

The design of having a training program on psychosocial issues of OVC planned for different partners including the children, heads of households, leaders, and

community members. Under the project, this represents a full complement for districts, communities and households including orphans and vulnerable children.

Children were very excited about the PSS and what they learnt during their time at the camps. This training has helped to develop skills among attendees. Children were able to relate the information obtained from workshops to their own situations – how to interact with other children, strategies to help others.

After the training and the camps, children are able to relate learning to their own situations and make decisions on how they choose to relate to their parents / guardians and peers. Children have initiated clubs and groups to build relationships amongst each and encouraging each other as – “loosing parents is not the end of life’ but these need support. It was reported that parents and children who attended camps and training, were able to talk to each other and live in harmony and reinforce the view that where children are included in family activities become more responsible.

It has been acknowledged that camps are able to reinforce what parents teach children as good behavior – several children were reported to have changed their behavior after the camp *“from being promiscuous to decency, from being dirty to being clean, rude to polite.”*

“I have used my knowledge from PSS Camp to help my friend start respecting parents. When I came back from the camp, I decided to ask my friend why he was always fighting with his parents. I told him that I did not have parents myself, but being looked after by church people, I never have such problems. Why was he fighting parents? After the camp, I told him that I have learnt that respecting parents means listening to them, helping with domestic chores, etc. After two weeks, he came to thank me for having talked to him because the situation in the house had changed. His parents have started buying him books for school and have continued with school. So PSS camp is useful to help us understand how to avoid problems and also know your rights.”

“Since attending PSS camp, I have discouraged my elder sister from mistreating my young sister and she has responded very well. She has stopped sending my young sister to do hard jobs.”

Parents and guardians who were interviewed during the review seemed supportive of the PSS interventions geared at children. The adults seem to recognize that participation in the children’s camps helped the children behave better at home and with friends. They are more cooperative at home and handle differences within the house and amongst friends more appropriately.

“After attending the camp, Jolene²² has changed from a prostitute to a decent girl. We are now using her as a role model in the community. She was hot, untouchable but she has changed for the better.”

The PSS has been accepted and supported by parents and guardians. The program has enabled communities to appreciate that children have rights, which should be

²² Name has been changed to provide protection.

respected, and that they need care and nurturing. Adults have also learned the normal emotional stages of children when they are grieved or traumatized. It has also helped guardians realize that behavior exhibited by some orphans in particular, which is often interpreted as disobedience and being difficult, is actually a result of grief, loss and insecurity therefore, they have respond accordingly. After being exposed to the PSS training, guardians are able to cope better with the children they take in.

With the new information and insight, parents and guardians see changes in their homes when they applied the lesson learned at the workshop. A good example is reported by Mrs. Tembo²³,

“I live with Mabvuto, my late sister’s son, who is about 11 years old. He was a troublesome boy. I always had reports from other children and some parents of children he fought with. I used to be very upset and many times shouted at him trying to control him. I was so worried that I may end up fighting with other parents because some of them used to be angry with me as a’ parent to troublemaker Mabvuto’”.

When I participated in the PSS training for parents, we learnt a lot, including how to deal with difficult children.

When I came back, I shared what I learnt with my family. As usual, there were reports about Mabvuto’s fights. Applying what I learnt, I now stopped shouting at him and simply waited to talk to him nicely at an appropriate time when he was cooled down after the fight. I realized with this approach, we are able to discuss issues and advise him on how to keep out of fights. Due to this dialogue, he is now well-controlled and a good boy. The training helped me out of my frustrations.”

The PSS training also included information on the impact of all forms of abuse on children. This information enabled participants to gain a heightened awareness of the damage of child abuse. For some, this information provided empowerment to take action and intervene on behalf of the children. Traditionally, issues around sexual and physical child abuse are regarded as ‘personal to the family’ therefore, the abuse carries on with the unspoken and unrecognized knowledge of community members.

Nelly Ngoma²⁴ attended PSS training. Afterwards she shared with the community the information she learned during the training. After the meeting, another community member told her about a 29-year-old man who was sexually abusing an 8-year-old child. After enlisting the counseling techniques, she learned in the training session, she talked to the child who eventually confirmed that the man was sexually abusing her. She took the child to the clinic and a medical exam confirmed that the child had an STI. Furthermore, her vagina was completely damaged. This case was reported to the police and the man was arrested and charged with a prison sentence. He also had TB and received treatment in prison.

²³ The names used in the text have been changed.

²⁴ The name has been changed to protect her and any children’s identity

She related other examples of assisting children who were sexually abused, which resulted in their transfer to a safe environment.

Nelly applied the information to her own family. Her son used to engage in harmful street activities. Using her skills and knowledge, she has helped him stop his activity, which would damage his future.

Now the community calls upon Nelly to lead the discussions about STI and HIV during initiation and marriage ceremonies. She is now a renowned HIV/AIDS educator in the community. The youth even invite her to discuss issues about HIV with them and seek her advice on many subjects related to HIV transmission and infection.

Although Nelly is a rare example of energy and dedication, other parents also reported that they have learned useful and applicable skills. Adults stated that they are able to cope better with issues of parental death. The people interviewed related funeral practices that used to focus on the comfort to the surviving widow have been extended to children. Some have also learned how to discuss the issue of death with their children instead of just telling them, “your parents have gone away and will come back another day.” Guardians said that they understand the grief process in children and are able to cope with children’s grief better. Some adults who were interviewed said “when there is a funeral, we divide ourselves so that some people take care of the children’s emotional needs during and after the death of their parents. As we have seen, it lessens the emotional problems of children.”

The review team found that as the project evolved, traditional leaders were important in the sensitization of communities about OVC issues. SCOPE facilitated information sessions for traditional leaders on children’s rights, child abuse and the special psychosocial need of orphans and vulnerable children. The traditional leaders who had participated in the sessions valued the information. In one community, the headman had gathered the people to explain to them what was presented at the workshop. In another community, the headman and a community member trained in PSS were working together to implement an action plan to address children’s rights and child abuse in their community. At the time of the review, the community had a public session on being conscience of the weight of loads that children are required to carry. Since the sensitization, younger children were carrying no more than ten liters of water than the required 50 and 90 kilograms bags. Parents and guardians have also encouraged the use of a bicycle, sledge or oxcart for heavier loads.

Because of the PSS capacity building, communities have recognized the role that recreational activities play in a child’s development. As a result, some communities have attempted to find means with limited resources to provide recreation facilities and opportunities for children. Some community schools have added formal recreational schedules to their programs, and have received funding for the creation of facilities.

Limitations of Psychosocial Strategy

Although the benefits of the PSS interventions are clear, there was a major flaw. The PSS intervention was not implemented in a comprehensive manner. Children's camps were ruled out quite rapidly by the adults in the community before the training of PSS. Therefore, the children would have returned from the camps with no adults to provide the support needed to continue sorting through their emotions.

The project also did not provide information handouts to participants. While the participants took notes, it is better to have a uniform guide to ensure that the messages do not 'migrate', but remain constant in all districts. Additionally, some concepts in the training are difficult to comprehend. Training in local languages may be more appropriate, which may make the issue of handouts obsolete. Additionally, as of yet, it does not seem that follow up training has been planned, which is a serious gap in the intervention.

The psychosocial strategy could benefit from appropriate thresholds regarding age and emotional examinations. For example, a 10 year old may benefit from participating in a children's camp, but he is probably too young to be trained as a peer counselor.

Access to Education

As a priority intervention, some communities in the SCOPE districts focused their efforts on access to community school education. COVCCs reported several reasons for implementing educational interventions. These included the inability to afford the school requisites for local government school, distance between homes and nearest school, and schools next higher grade near home. SCOPE interventions to improve access to education were training of teachers, provision of teaching materials, pencils and exercise books, and desks to community school. The sub-granting mechanism excludes the construction of new structures, but allows for minor rehabilitation. In some cases it was necessary and possible to repair the existing structures. It should be noted that USAID funding does not provide for bursaries to government or private schools and does not include provision for teacher's salaries.

Communities have shown their commitment to improving access to education through setting up community schools in their respective locations. The contribution of the community members, parents and guardians has been the construction or rehabilitation of structures to house educational activities. In the rural areas the buildings are generally made from sun dried mud bricks with grass thatch. In urban areas, they are constructed from cement blocks molded by volunteers and covered with asbestos roofing sheets.

When parents/guardians are able to provide the teachers' allowance, it is a sign of their commitment to the school. If the school is able to collect enough cash, allowances may be in cash. Often times, salaries can include charcoal, water storage containers, mealie meal or other food. In communities where the household from which there are a large number of orphans and vulnerable children come often do not

have enough food for the household, so they are unable to contribute to the teachers up keep.

The teachers at community schools are generally community volunteers. They have often completed grade 12, but sometimes only grade 9. Many teach for one year before moving on to a more lucrative employment option.

For community schools that are registered with the Zambia Community Schools Secretariat, they are sometimes able to have one government qualified teacher paid by the government, and some limited funds which can be applied to educational materials or light repairs of the school.

Community schools, which received desks and exercise books from SCOPE OVC through COVCC and SRO, were reported to have increased enrolment and retention. It appeared that when the SCOPE grants for education were in the same geographic location as to household economic security interventions, it was confirmed by the parents and children that access to education is indeed a right. Since the SCOPE project has worked in their community, teachers reported that children are brighter, concentrate better, attend school regularly and seem to not be ill as often. Children are allowed to go to school because their labor is not as critical to their family survival as it was in the past.

The review team found that children stopped attending school when exercise books run out. However, children from economic security targeted households are able to continue as parents/ guardians afforded school requisites. Provision of exercise books may not be a permanent solution, but an initial motivator to both parents and children.

With regard to quality of education, some of the districts visited have improved in quality as reflected in pass rate of Grade 7 and preference by some parents to send their children to community school.

It was noted that some of the community schools visited did not have adequate toilets. One of the basic requirements of setting up a community school is the availability of adequate toilets for both boys and girls, and water for hygiene and consumption. In a peri-urban community, the review team was informed that local community had authorized the use of surrounding toilets to school children, but upon further enquiry local communities denied children the use of toilets, because a large number of children. While there were suitable toilets for both the children and teachers are a requirement, they are only available in name only. It was found that a number of barriers exist to the provision of adequate toilet facilities: the high numbers of children requires many toilets and the available land is either limited or rented out. Teachers reported the lack of appropriate accessible toilets as a barrier to the attendance by the girl child.

It is the strong opinion of the review team that the provision of school requisites alone is not sufficient. Parents and teachers linked school performance and school attendance to food. When children are able to eat, they can effectively learn at school. When households face a modest and steady income, children can attend school rather than assist the household to meet basic needs. Furthermore, OVC programming

should make more attempts to interface community household economic interventions with other interventions to improve the well being of children.

The ensuing discussion is outside the control of the SCOPE project, but the review team feels that the issue is important and merits mentioning in this report. In some cases, the support to community schools resulted in dramatic increases in enrollment and parents withdrawing their children from government schools with a poorer infrastructure and teachers going on strike. The issue of quality surrounding community schools in Zambia continues. A repeated question is, how large is too large and when does size seriously jeopardize quality of education?

4.4 Community partners access resources

According to the sub-agreement, this objective is defined as:

Multi sector district partners, CBOs, communities and households effectively access internal and external support to improve the well being of OVC, especially those from HIV/AIDS affected households.

In the SCOPE OVC sub-agreement, US\$1 million was set aside to provide sub grants support interventions as close to OVC as possible. SCOPE disbursed grants ranging from \$500-20,000 to local non-profit making CBOs and NGOs, preferably linked to the DOVCC or any district body mandated to facilitate OVC work and is engaged in OVC activities.

According to the grants manual, the following activities could be considered for funding:

- The protection of economic security, food, water and shelter of households and communities caring for vulnerable children
- Training that increase economic and social self-reliance, such as life skills and vocational training OVC and their families/care givers own
- Increase access to on going education and health care
- Linkage of HIV/AIDS prevention, care and support for OVC and their households
- Increased information availability for OVC and their families/care givers to enhance access to protection by appropriate legal and institution support systems
- Support for activities that focus on OVC and their families through community mechanisms as re-integrating OVC and street children back into the community and psychosocial support

Community partners, consisting of community based organizations, submitted project proposals in line with the objectives of the sub-grants component of the SCOPE project. Some of these organizations were able to access sub-grants when their proposals and organizational structure were assessed to be viable enough for them to manage a project that would benefit households with OVC.

The inclusion of the sub-grant mechanism in the SCOPE approach allowed the project to link the mobilization and capacity building efforts to tangible activities for stakeholders to apply their new or improved skills. Although disbursement of sub-grants has not been an easy process for the project, it is a critical step to empower communities, districts and stakeholders.

According to records at SCOPE, 113 proposals were approved and funded from project inception in January 2000 to 30th August 2003. The project has disbursed USD 796,563.00 for 112 major activities.

SCOPE OVC sub grant activities

Grants are discussed in various thematic sections. It should be noted that grants did not always take place in isolation of each other or in isolation of other capacity building activities. In the following section, grants are discussed thematically. Interventions were combined so that the capacity of the implementers was built to enable them to manage the grants effectively. An example would be to have activities that would strengthen economic security supported by interventions to strengthen the ability of guardians to cope better emotionally, through psycho-social training.

SCOPE attempted to disburse small sub-grants directly to community groups and also through larger national NGOs with a presence and capacity in SCOPE districts. The review team noted that sub-grants disbursed to larger NGOs were not always as effective as those disbursed directly to the community. It seemed that the vital community level presence at the center of the SCOPE project was sometimes limited, thereby making it difficult for the grants to achieve full potential. Also, of equal importance, the DOVCC was not as informed about the activities of the grant which had an impact on long term benefit of the activities. It also seemed that in some cases the NGOs underestimated the requirements to fulfill the grant activities and were spread thin.

Education

A total amount of USD156, 244.75 was disbursed to forty-one (41) community schools for interventions to provide or improve the quality of education delivered to OVC. Funding was used for desks, books, learning materials, chalkboards and other teaching items. In some situations, the grants supported Income Generating Activities for the schools. This was used to assist with developing some financial independence and moving them towards more financial sustainability.

At the beginning of 2003, FHI carried out an independent review of the education initiative to improve and tailored the education initiative of the project. That review identified a number of issues, which the project attempted to incorporate. This reflects a critical ability of the project to reflect and adjust to evolving situations and needs.

An important issue identified during the independent review was further identified during this review process. Community schools are at different levels of development. It is important that projects understand basic levels of expected standards and are able to assist schools to meet those standards.

With the realization of the importance of teacher training in relation to the improved quality of education delivered, the sub grant was extended to teacher training. Another component that seems to enhance pupils' attendance and community participation is that of improved infrastructure. It is for this reason that a sub-grant was appropriated for the rehabilitation of a community school.

Household economic security

From the beginning of the project, communities mentioned household economics as a barrier to effectively looking after OVC. As a result, SCOPE prioritized household economic security as one of the primary interventions to be delivered. The 1999 OVC Situational Analysis repeatedly pointed to failed group IGA activities. As a result, SCOPE began experimenting with interventions that targeted individual household than a group.

A total of USD228, 433.42 was disbursed to implement twenty-three (23) activities in household economic security. There were two thrusts to the interventions: access to micro-credit and provision of agricultural inputs. SCOPE project trained communities and NGOs in the management of revolving loan funds so that a grant could be given to the community to undertake this initiative. In some cases, grants have been given to existing micro-finance institutions to carry out loan disbursement in a particular catchment area. A critical component of the project was, training in business management.

As one of the answers for the Zambian ailing economy, agriculture has been recognized by government and other development partners and donors. Small-scale farming is encouraged by the micro economic policies of the country. Therefore, SCOPE supported the provision of inputs such as fertilizers, seed and treadle pumps for irrigation of vegetable gardens. Twenty-six (26) partners received USD230, 362.63 to implement food security interventions, focusing mainly on provision of inputs for maize and vegetable growing. This intervention provided nourishment for the family as well as the realization of small income through the sale of the products. This enabled some households to meet other needs like clothing, blankets, beds, and school fees, depending on the priorities of households.

Advocacy

Advocacy is critical in furthering national agendas and reaching out to district and community leaders to create changes in social norms. At the onset of the SCOPE project, it had been hoped that they would have played a large role in advocacy. Sub-grants were one mechanism to carry forward this agenda.

Five (5) proposals were approved and implemented by three (3) partner organizations for advocacy activities. One partner, a reputable organization in advocacy received one of the sub grants for three of the five advocacy activities issues of awareness for the empowerment of disadvantaged children. All the activities focused on sensitization on child abuse and training stakeholders in children's rights, and HIV/AIDS awareness. The total amount disbursed was USD 50,661.34.

Psychosocial Support

Fourteen (14) partners received USD130, 860.97 to implement psychosocial services with a particular focus on training of caregivers, community leaders in PSS and

running Children's camps. Other activities included sensitization of community partners (DOVCC, COVCC, CBO and FBO representatives) and dissemination of psychosocial messages to improve the lives of children. This was conducted through workshops, seminars and radio programs. The activities did not only focus on providing skills for the caregivers of children but the children themselves through the children's camps. Peer mentoring activities were also implemented at the children's camps to encourage them to share their experiences and strengthen each other as a way of coping with their situations.

It has been noted that demand for services / support is high from SROs that are interacting with OVC on a daily basis. Education and food security support were directed through relevant organizations who are directly involved in running community schools and providing care for the OVC (beneficiary groupings such as COVCC) respectively. In these two categories, the project has utilized more partners to reach target groups.

Capacity building in Resource Mobilization, Utilization and Management

The project has facilitated training in various areas, including basic organizational management, formation of saving groups and management of revolving loans. Specific partners, such as those running schools, received training in community school management while teachers received training in basic teaching skills. The new partners in the selected districts were trained in how to use the Participatory Learning Assessment tools. The review team also found evidence of training in proposal writing, record keeping and how to manage finances. It was also found that training in strategic management was provided to six organizations in Lusaka to assist these organizations to develop their organizational vision, mission, goals, objectives, implementation plans and resource mobilization skills. However, the review team did not find specific tools that have been developed for reference by other community organizations and group to show them how to develop vision and review activities and step-by-step guidelines on resource mobilization processes.

The review team observed that, despite the training carried out by SCOPE, there was a low capacity at COVCC level, to utilize the acquired training to improve management activities, was a major challenge. This could have probably been due to language barriers during the training sessions and education levels that made it difficult to implement the skills that have been delivered to them. Training sessions are generally held in English, because that is the language that training materials are in. There is always an effort by facilitators and trainers to utilize as much of the local language as possible during the sessions to increase levels of understanding. The concept of relating training to activity planning and actual implementing among partners is not well understood. For example, majority of the COVCC visited, did not relate training in record keeping as an essential part of enhancing their capacity for improved management. The communities perceived the training as an end in itself.

Linking stakeholders to resources /service providers

The project has facilitated development of strengthened linkages with various organizations involved in providing support for OVC in all the 12 districts. These are linkages supported in house hold and school feeding programs, micro finance

services, farming inputs and community school support with various organizations. These linkages are not limited to organizations that are already supporting OVC but include the private sector. For example, in one district, a private firm is supporting the rehabilitation of a community school; while a church based television station is supporting advocacy activity for OVC in another district. In one of the most recent additional districts, communities have been linked to a micro finance institution from which they have been able to access resources for the on-going income generating activities. Some of the linked organizations include Oxfam, World Vision, and ZAMSIF.

Linkages with churches, the Victim Support Unit and the YWCA have been developed. In one district, a COVCC has developed a relationship with a church, which is now providing educational support to vulnerable children attending upper basic and high school. This support is in the form of educational materials such as books, pens and other requisites like uniforms and school fees. The review team also found that in some places where COVCC constituted households, there were no organizations to collaborate within the community.

However, the review team also found that despite these linkages, COVCC formed by households is less likely to be able to utilize the linkages for their benefits due to the belief that this would be tantamount to betrayal of the linkage that has been formed between the COVCC and SCOPE. There is a general limitation for COVCC to seek resources beyond what has been provided by SCOPE. Additionally, it seemed that sometimes communities are unable to visualize possibilities beyond their current situation and sometimes are unaware of additional options.

4.5 Communities Advocate for OVC

According to the sub-agreement, this objective is defined as:

Active and effective community and multi-sectoral district partners advocate for the protection and well-being of OVC

The review team has attempted to make some observations regarding advocacy. It was clear from the fieldwork that advocacy has played a critical and central role throughout the SCOPE project. The impact of advocacy efforts is often difficult to measure in the immediate sense, and the true results can take years to materialize. The review team members saw some immediate efforts related to advocacy on the ground; particularly those related to psychosocial issues facing children. When asked to make before and after comparisons, children stated a variety of what may seem as minor changes in their lives, but were actually large differences. Some include being given appropriate physical tasks for their age and abilities, less verbal abuse and many other issues.

Since obvious and immediate evidence is difficult, the results of advocacy can take years to materialize, the review team took many community members comments and narratives at face value. Communities' members relayed stories of their activities and the review team took the narratives at face value.

Stakeholders trained in advocacy

In terms of training, SCOPE designed and implemented an Advocacy Skills Training of Trainers in 2002, with the view to develop local capacity to train others in advocacy. Following this training, some of the trainees returned to their areas and organized community meetings where issues of advocacy were discussed. The review team found that some, though, have not yet embarked on formal capacity building on advocacy skills training with the COVCC and households.

DOVCCs visited have implemented some advocacy initiatives. The efforts frequently concentrated on issues of child protection relating to children's rights and child abuse. Initiatives and activities included awareness walks, children's parties where companies and individuals contributed financial support towards the activities. At least two districts have put up billboards and are working with local radio stations and translating messages for the protection of children into local languages.

In collaboration with UNICEF, the project facilitated the formation of OVC media networks comprised of members from electronic and print media, who are involved in writing stories and organizing monthly discussions on issues affecting children, especially vulnerable children. The last meeting was held in September 2003, but prior to that, SCOPE conducted a competition on articles covering OVC issues in 2002. This resulted in an increase in the number of articles and radio discussions produced.

Appropriate advocacy materials collected, distributed and disseminated

The project distributed, developed and adapted various relevant materials on the plight of OVC. These include SCOPE OVC Project's quarterly newsletter, Community newsletters, brochures, flyers, posters, booklets on HIV/AIDS and psychosocial messages for the support of OVC. Other methods of dissemination include drama group performances and local meetings. The review team was informed that the COVCC disseminate HIV/AIDS awareness messages through local meetings.

4.6 Project Documentation and Dissemination

According to the sub-agreement, this objective is defined as:

Lessons about developing and scaling up interventions to improve the well being of OVC are learned, documented and disseminated through operations research.

Information sharing facilitated

The project has facilitated information sharing among partners. In two of the districts visited, the review team learned that cross visits on institutional development and project implementation were implemented. SCOPE collaborated with the Congress League of United States of America (CLUSA) and shared information on market strategies in rural areas.

Resource centers, with information on HIV/AIDS and OVC issues, have been established and have strengthened the districts. In general, the SCOPE approach assisted to provide materials to existing resource centers rather than to create new structures. The review team observed in one district this information was displayed in both pictorial and descriptive forms making it easy for target groups to follow.

Stakeholders' meetings are held quarterly at district level. These provide an opportunity for information sharing about activities with partners and available resources. At community level, the CMO collects information from COVCCs and gives them feedback on project status. As a result of this exchange of information, a referral system was developed to cover different levels of project implementation.

The decision to choose districts near each other has paid dividends. Information sharing has been made with ease and has the potential to influence each other and achieve synergetic impact. Replication of successes from one district to another is also attained.

The 12 DOVCC and the COVCC in the district have regular meetings where information is shared. The COVCC are mainly represented in the DOVCC. This improves the flow of information from the district to the community and vice versa. Other forums are utilized for the purpose of disseminating information quarterly to stakeholders. These meetings are an opportunity for the community stakeholders to share information, and when possible, they build the capacities of the members.

Exchange visits have been seen as very useful activities for the sharing of experiences, lessons, challenges and achievements of the DOVCC, COVCC and other stakeholders. They meet for the replication of successes, learning of lessons that other districts have experienced. In this way, they avoid them as they plan activities and interventions for their programming.

All districts have had the opportunity to visit each other's district. Because the intervention has been successful it would also benefit other districts to do the same.

These visits assist the DOVCC in the planning of interventions to reach the children better.

Due to the magnitude of the project, it has been noted that adequate documentations and dissemination of lessons learned is vital. For purposes of replication, toolkits have been developed providing guidelines for the different interventions that SCOPE has implemented. Since then, the project has embarked on an exercise to document activities and processes in the form of toolkits for all components of the project. The toolkits are tailored for each component of the SCOPE project, highlighting achievements and providing guidelines for replication of activities and interventions.

5 Project monitoring

The overall goal of the SCOPE OVC Monitoring and Evaluation (M & E) plan, was to assess the effectiveness of the SCOPE OVC at different levels and measure the impact at household level. The M & E processes provide a sound basis for project documentation and adjustments at all levels of project implementation.

During the initial phase of the project, much dialogue took place among implementing partners to decide on an appropriate M & E plan that would collect appropriate information about this unique project.

A formal M & E plan was drafted in 2000. In implementing this M & E plan FHI conducted a baseline survey in February 2001, in four districts of the first phase of the project. In March 2001, Care's M & E Unit facilitated a process to develop outputs. In November 2001, FHI provided technical assistance on the development of Process Monitoring Tools. This plan was reviewed in 2002, taking into account new lessons and knowledge acquired during the past two to three years of project implementation.

The project is monitored mainly through field visits, mid term reviews, periodic evaluations, direct supervision, surveys and quarterly reports from CMOs and SROs implementing activities.

While indicators form the basis for measurement of the project impact, it is noted that the current M&E plan focuses on capturing outputs for SCOPE OVC and its coverage in terms of households and OVC reached.

The sub-agreement and the revised M&E plan do not state the management performance indicators and systems for measuring the effectiveness of project management. In October 2001, CARE, FHI, USAID and SCOPE OVC attempted to tackle this issue at a joint strategic planning meeting. Projects require efficient structures for optimal functioning and need to undergo regular reviews of management and organizational functioning. Problems often arise and result in poor efficiency and barriers to achieving the objectives. Some of these barriers can be easily addressed and some are more difficult to institute. The absence of management objectives and indicators for performance makes the evaluation of the management process of the project difficult to obtain.

There is evidence to show that SCOPE OVC has been using the M& E plan to make adjustment to the project. One notable observation is that quarterly and annual reports are based on the M& E plan. Since the project inception, several changes to program design, interventions and strategies, have been made to respond to the different needs of the project at all levels. For example, SCOPE has made changes to the organizational structure through the introduction of Regional Supervisors; the micro financing process, the granting process and interventions taking into account lessons learned. On this basis, one can conclude that SCOPE has shown strong commitment to performance monitoring, quality of interventions and making an impact on ultimate beneficiaries.

Although the current reporting formats make provisions to report on program changes, unplanned activities, outcomes at community and households level, these are not comprehensively reflected in the reports. It has been noted that reporting has remained focused on the numbers. Having said this, the review team found that there is wealth of impact data at district, community and household levels. Many success stories are available on the ground, which have not been captured by quarterly and annual reports. This data has been collected using both formal and informal methodology by the CMO. The review team has overtly collected some of this data reports from children that confirm the impact reported at household level.

While there is evidence of the collection of qualitative data, primarily testimonials, this is not adequately reflected in the reports. It seems difficult for the project staff to decipher what kind of information would be a priority to show as an impact of the project interventions on the households and the lives of the children. Therefore, the holistic picture of the project interventions in the district is not adequately documented.

In spite of the time and effort by SCOPE, CARE and FHI, there is still some confusion at all levels in the interpretation of the use of planning the terminologies, such as objective vs. output and outcomes. Although this may seem a minor issue, it can actually erode at the foundation of a project. At this late stage of the project, the continuing confusion of the implementing points is at a critical stage of the project for all partners to reach a common definition and terminology. It reiterates the need for an early project framework setting and continued dialogue throughout the project.

6 Project Organization and Management

This section focuses on how key project organization and how management issues have impact on the project implementation.

Keys issues considered in the project organization and management section are:

- Roles, responsibilities and interpretation of project
- Communication Channels
- Policies and procedures in project implementation.

6.1 Primary Stakeholder: Government, USAID, FHI, CARE

Roles, Responsibilities and Interpretation of the Project

SCOPE OVC's primary stakeholders are government, USAID, FHI and CARE International. The Key project implementation roles and responsibilities have been shared among the primary stakeholders according to their mandates, experience in undertaking similar projects, overall technical, and management capacity. The government has provided a general direction through various pieces of policy frameworks. USAID has provided technical, financial support, guidance and advisory services through FHI/IMPACT to the project in accordance with the sub agreement. CARE International is responsible for the administrative and procurement support and services. CARE also has performed in accordance with its perceived mandate.

The demands for implementing, such a complex project, are high and as such concerted efforts by all stakeholders are required. This entails developing a common understanding of project goals, approach and clarifying roles and responsibilities, improving coordination and collaboration. It might be argued that these are clearly defined, but the review team found that these have not been clarified and their meaning has not been agreed upon, especially this project in particular. In regards to coordination, even though room of improvement is needed, it is stronger at district level, but could be strengthened at national level with government and cooperating partners.

The review team found that Government, USAID, FHI, CARE and local NGOs, have played a variety of roles in the project implementation. The following section discusses some of the findings related to these institutions.

Government

The role of the government is to provide the overall policies to guide the interventions to address issues related to children. At national level, government has provided general guidance to the project through the MSYCD and MCDSS. Although dialogue between government and national OVC partners could benefit from efforts to increase communication channels the government has been available for consultation. It was also confirmed by MCDSS that coordination and collaboration between MCDSS and USAID Zambia mission, is weak and needs to be strengthened from both sides.

SCOPE has attempted to base its interventions on its understanding on government priorities related to OVC. One critical gap found during the review was the lack of direct reference to existing government policies at all levels of the project. It is the view of the review team that the one of the strategies necessary for communities to be truly empowered to make decisions based on the given information is that DOVCCs and COVCCs have access to appropriate government policies. Creating opportunities for communities and districts to examine the issues presented in the policies, would allow community and household members to decide how these policies can strengthen their response to OVC. This could be an effective basis for district OVC strategic planning, as the review team established. The coordination and collaboration between government and the project was more apparent and strong, especially among partners at district level.

USAID

USAID has provided the funding for the project through the use of the field support mechanism and the central cooperative agreement with FHI, there have been no delays in cash flow to the project.

USAID has provided technical guidance to the project through FHI. It has provided overall guidance to FHI in managing the Sub Agreement, policy issues and other donor effort that may impact on FHI and SCOPE OVC's ability to implement the program. Working with the FHI Country Director, the Mission influenced the design of the project to ensure that it remains focused on OVC. The review team found that USAID has been concerned with the results on the ground. For example, a number of children being reached are a primary indicator of the success of the project.

The review team found that the focus on a number of children reached sometimes compromised the development of quality interventions that could have had a meaningful impact on the lives of families. A particular example of this issue is the grants management process. From USAID's perspective, it felt a strong and urgent need for SCOPE to begin disbursing the grants. The review team found evidence in the field that sometimes funds were disbursed before the community had fully absorbed capacity building efforts. As a result, the grants funds had an impact on SCOPE's original intent to build appropriate capacity. This indicates to the need for dialogue between donors and cooperating partners to listen to each other's needs and make a way forward for both parties' desires are achieved.

FHI

FHI /IMPACT has been responsible for SCOPE OVC's financial and technical integrity of the project. IMPACT, as a centrally funded USAID project, provides technical assistance and capacity building to its sub-agreement partner recipients. To this effect, FHI has the mandate to provide technical and financial guidance to SCOPE OVC.

FHI tends to develop its sub-agreement in a manner which provides a foundation to begin implementing the project, but that also allows for growth and re-structuring the design and project based on learning.

The review team found this design to have both strengths and weaknesses. The “looser” sub-agreement is a strength in that it enables the project to be responsive, grow and develop. The review team found this to be a definite strong aspect of FHI’s sub-agreement process. On the other hand, it is a weakness because it leaves too much room for interpretation and it can result in different staff members implementing different angles of a project. This weakness can be overcome with constant dialogue and joint vision development. The review team found that during various time frames of the project, dialogue appeared to be necessary.

The review team found that FHI has given financial and technical support to SCOPE OVC. It has nurtured the project development by giving advice on strengths and weaknesses of the project implementation. FHI was instrumental in the shaping up of psychosocial strategies and supporting other studies and consultancies. As confirmed by the Project Manager, FHI has brought to the project international / regional perspectives that have enhanced the project reshaping process. In addition to USAID Zambia Mission effort on policy issues and donor effort that may impact SCOPE OVC, FHI engaged government, cooperating partners and other organization to keep the project in line with acceptable international practices. As part of the technical assistance to the project, FHI has facilitated the development of the Monitoring and Evaluation Plan.

As part of its financial monitoring mandate, FHI has ensured that project spending is within approved limits through reviews of monthly financial reports and facilitated accelerated accessing of resources.

The review team also found that during the transition from the out-going Assistant Country Director of CARE, the Project Manager has consulted with FHI on management issues to ensure continuity of project implementation during this transition period. It was important for FHI to assume this role on temporary basis in order to ensure a smooth transition. This arrangement has worked well as a stopgap measure, but now that the ACD at CARE is in place, one would expect the roles to remain as defined in the Sub Agreement.

Since the SCOPE approach is a multi-sectoral project with several different facets and interventions, it was observed that there is a need for a wide range of expertise and technical support to support the project implementation. While FHI has the Technical Officer –to support the project, FHI has recruited consultants specialized to meet specific needs outside of CARE.

CARE International

CARE international is the Implementing Agency and as a prime contractor, it has a primary responsibility for project implementation and is accountable to FHI for producing and disseminating results. CARE is also responsible for disbursement and accounting for project funds. The SCOPE OVC project is directly under the supervision of Assistant Country Director (ACD) who provides management guidance, leadership and administrative support to the project.

While compliance to contractual agreements and ensuring financial integrity of projects is critical, there are additional responsibilities for a large organization that bears the implementing responsibility of a project, such as SCOPE. During meetings with CARE's senior management, the review team found indications that the project could have benefited from an increased technical and programmatic nurturing from CARE management.

Critical Role of Leadership

Leadership skills provided by partner agencies are cardinal to effective project implementation. Leadership entails visioning and providing guidance to project staff that moves beyond technical and programmatic areas. It provides encouragement to project staff and enables them to broaden their vision and believe in their own abilities. Leadership occurs at many different levels and is not only limited to management, but management plays a critical leadership role. Leadership roles and responsibilities benefit from frequent reviews and feedback.

The review team found that both FHI and CARE are strong in their areas of responsibility to the project. For example, FHI was instrumental in the shaping up of psychosocial strategies while CARE facilitated staff recruitment and material procurement for the project. However, CARE may need to look into the financial disbursement to the project, because they may need to strengthen their relationship with FHI for the good of the project.

SCOPE OVC Project Implementation Structures

The SCOPE OVC project is a project under CARE Zambia. The structures formed to oversee the project are:

- The Project Management Team
- The SCOPE OVC Advisory Committee
- Grants Management Committee

The review mission established that The **Project Management Team (PMT)** has changed from what is in the Sub Agreement. The composition of this committee has evolved based on its reviews of continued learning and emerging needs from communities. The senior staff of the PMT is made of the Project Manager, two Assistant Project Managers, Grants Manager, two Regional Supervisors, the Education Coordinator, Household Economic Security Coordinator, Information Officer, and Monitoring and Evaluation Coordinator. The expansion of the team was necessary to fully address the multi-sectoral responses that have emerged in the review of the project.

The **SCOPE OVC Advisory Committee** was set up to provide broad guidelines and broad recommendations on project direction. The committee was comprised of relevant and key stakeholders, including government ministries. The committee last met in 2001.

It was anticipated that PMT would share information about the SCOPE OVC project implementation in order to share lessons and receive advice. The committee would also have provided the channel for discussion on policies affecting OVC and strengthening of OVC programming in the country. Through this discussion process it was anticipated that the information shared would impact on the other programs and have a rippling effect up to government bodies, cooperating partners and national level organizations, and down to communities and households.

This important structure through which collaboration among different key stakeholders could have been achieved, stakeholders have agreed on a starting point for strengthening OVC programming and initiating scaling -up activities.

The **Grants Management Committee** is responsible for development of grant award criteria, grant monitoring, assessing proposals and approve awards was formed and is functioning. The review mission found that this Committee meets on quarterly basis, more often than necessary, to assess and approve proposals. The Committee approved 113 proposals using criteria provided in the Grants Manual. The GMC is composed of representatives of USAID, FHI, CARE, CHAZ, ZIHP, Project Manager, Assistant Project Manager (OD), and Household Economic Security Coordinator.

The SCOPE OVC project implementation structures include SCOPE OVC Advisory Committee, PMT and GMC. They were created to facilitate policy formulation and engage other players in OVC and on ground implementation respectively. The SCOPE Advisory Committee is not functioning by their terms of reference, while the PMT and GMC, who are the implementers and technical supporters of the project, are working well.

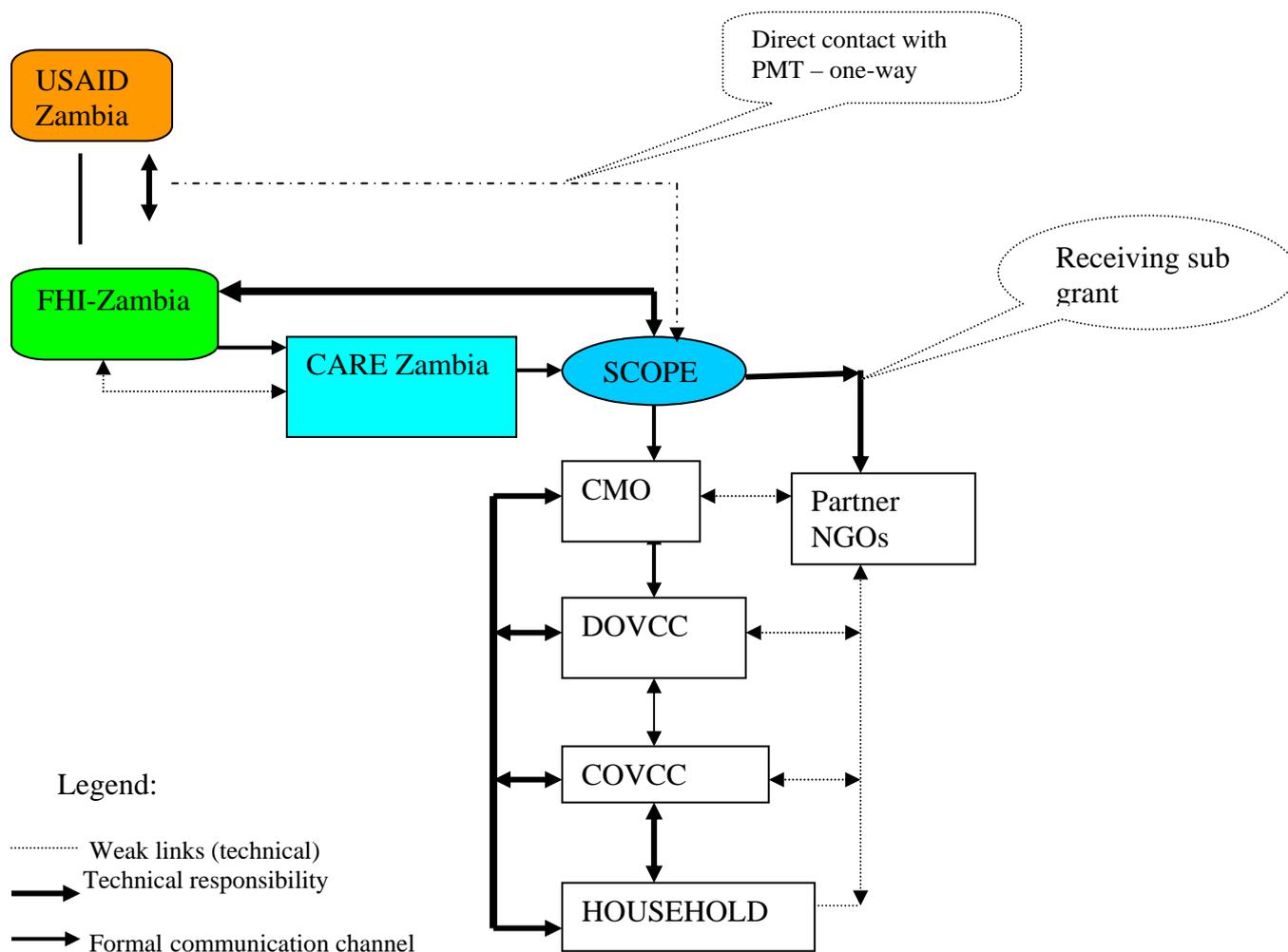
Review Findings Related to Project Communication and Structures

Communication Channels

The review team found that partners have utilized the existing formal and informal channels to the advantage of the project.

At the time of the project design, collective knowledge related to OVC programming was still rather nascent. As a result, it is understandable that the different partners, USAID, FHI and the SCOPE Project staff, wanted to acquire as much information and knowledge as possible at every stage of the project development. At all levels, the discussion on the opportunities to adjust the project to respond to the situation on the ground, to improve the implementation process and refine the SCOPE OVC approach. The formal and informal communication channels observed by the review team are presented graphically to demonstrate their complexity.

Project Communication Channels



The review team discovered that as a result of this direct interaction, evolving dialogue changes to the program have been made. Some of the major changes have been the expansion of the Project Management Team, the review of the sub-granting mechanism, the multiple interventions to address household economic security, the expansion of the response to community schools and the enhanced interventions under psychosocial support discussed in the findings on interventions.

Another good example of this is the enhancement of the psychosocial intervention. In regards to the district and community partners, it was found that traditional leaders have an important role to play in the community perceptions of psychosocial care of OVC. To address this need, CARE contracted consultants to develop an appropriate course for traditional leaders on psychosocial issues. Along side this intervention, community members have been provided with exposure to psychosocial issues and have been trained on how to disseminate this information to the community. To directly meet the needs of the OVC in understanding their emotional responses to grieve, bereavement and displacement, psychosocial recreation camps have been organized. The review team observed that this multilevel response resulted from the

dialog among partners, who have provided an innovation at community level that directly affects households and children.

This kind of communication in a complex project such as SCOPE is critical and necessary. It allowed the project to grow and to be responsive to various stakeholders' needs, as well as the needs of districts and communities. However, the project could have benefited from participating in more management and planning retreats amongst USAID, FHI, CARE and SCOPE project management, where roles and responsibilities, joint vision setting and discussion of other broader management issues were clearly agreed upon. Taking the partnership to a higher level of development would have been to the advantage of the project.

FHI has effectively utilized its channels to deal with technical project issues directly with SCOPE. Communication between FHI and CARE needs to be strengthened and there is a need for the clarification of their roles and expectations. The internal SCOPE communication is adequate while the communication channels between it and district structures may require reinforcement.

Internal policies, procedures and systems

In partnerships, internal policies and procedures affect activity implementation. It has been found by the review team that these policies and procedures have impacted the project implementation, especially regarding timely implementation of activities. Cooperating partners have organizational objectives that need to be met and achieved while the project has to work with communities responding to their needs for the empowerment of OVC. OVC needs include rules and regulations that may exist pertaining to the use of funds provided by the partners. However, while rigid policies and procedures can impact negatively on the project, the focus of this project on producing results has provided an opportunity to be creative in finding new and effective ways of achieving both the objectives of the cooperating partners, and the project objectives.

In the case of CARE, the review team heard how CARE's internal financial arrangements designed to assure accountability, had a negative affect on the availability of funds to the project, including delays in disbursement of funds to recipient organizations. Concerns were expressed at district and community level about the delays of the disbursement process of the sub grant the timely distribution of project funds for activities. CARE management is aware of that the accounting and financial procedures are time consuming. The reasons given were the following:

- disbursement procedures need to be followed,
- contact to recipients too difficult,
- exacerbated by lack of communication such as telephone and long distances to recipients
- and signatures from community partners are necessary to process payments.

Recently, CARE has reviewed its disbursement policies to see if disbursements time can be reduced.

CARE has vast experience in project implementation with systems and procedures designed to ensure accountability of resources at every stage of project

implementation. The review team heard how CARE's internal financial procedures affected the release and delays in disbursement of funds to recipient organizations. This is a demonstration of CARE's commitment to legal aspects of the projects implementation and compliance to the sub-agreement.

SCOPE was designed to be a quasi-stand alone project and intentionally placed outside the CARE offices. CARE systems and structures were supposed to support the project. It is a difficult task to separate a project from its mother organization, and the policies and systems of the host organization will continue to have an effect on the projects. In this respect, it is necessary to revisit the benefits and disadvantages of separating a project from the lead organization, and to examine whether such projects should come with their own systems.

The New Deal Government policies on agriculture and education have provided an environment for reducing the incidence of poverty and improve the well being of the Zambian people. In agriculture, the government has introduced several programs aimed at improving food security at household level, with intervention much like those promoted by SCOPE. With regard to education, primary education is now free and the government expects enrolment of school going children to increase. However, the government does not seem to have adequate resources to support access to free education. The SCOPE OVC project has responded favorably to agriculture and education policies through its household economic security and education interventions.

Naturally, USAID has rules and regulations regarding the use of its funds. The review team found that use of USAID resources; they cannot be used on chemicals, including fertilizer, without prior permission. The review team found that the first concern of households is economic security, and first in line of basic needs is food security, then money to pay for education and access to health services. The population that SCOPE is targeting, rural and peri-urban, a large portion of resources come from agriculture. Within these limitations, it becomes difficult to address the issue of household food and economic security in a meaningful manner.

Donors will always have limitations on funding. The review team feels that strategic partnerships amongst donors to complement strengths and weaknesses of donor funding, would benefit projects such as SCOPE.

While these examples demonstrate the limitations and rigid policy procedures can have on a project. The focus of this project on producing results has provided opportunities. The demand for results has provided an environment for interventions to be evaluated, revised and implemented in a new and expanded form. However, the positive nature of the results orientation should not underscore the fact that there can be a negative impact. It is critical for there to be recognition of both positive and negative aspects to be weighed and counter balanced with each other.

FHI has been able to respond to the evolutionally nature of the project by working with the USAID mission and CARE to implement within the project agreement. Through the discussions and dialog surrounding the project, FHI was instrumental in working closely with CARE to request for appropriate amendments to enhance

project management and implementation in response to the changing needs at project and community levels.

Staff Issues

The project has experienced a significant turnover in staff, both at project management and district level. The SCOPE OVC project has changed Project Managers three times, including the incumbent, since its inception four years ago additionally, there has been high turn over of CMOs in many of the districts. In both cases, previous Project Managers left the project for jobs with more responsibility and increased pay. During the review, SCOPE OVC lost another senior manager to an international NGO reportedly due to a poor remuneration policy. The project also lost one of its regional supervisors.

For a project that is time bound, the frequent staff turnover at management level is quite high. The turn over of Lusaka and field staff also appears quite frequent for a well financed and high profile project such as SCOPE.

In addition to the project staff turnover, CARE has had four different Assistant Country Directors (ACD) holding managerial oversight and responsibility for the project over the life span of the project. The review team found evidence that this lack of managerial consistency had an impact on the staff and the project.

Due to inadequate project staff at national and district levels, the review team found evidence that some activities were delayed. It was conveyed to the review team that CARE's recruitment process seems to be unnecessarily time-consuming.

The staff changes have impacted greatly on the overall implementation process. There is need to employ skilled staff and remunerate them adequately to so that they can concentrate on their work and remain committed to the project through out its life span.

While the review team found the job description for the CMO in the Sub Agreement is adequate, they found that during the implementation, the CMO performed their duties more of as implementers than facilitators.

According to CMOs, this was due to the need to form COVCC and implement interventions within the project phase. It also piggy backs on the *Volunteer Nature of the DOVCC Structure* and the need for the SCOPE project to produce results.

In regards to administrative issues, the team found that the CMO had not been provided with enough support to effectively execute their functions. For example, all CMOs complained about the means of transport availed to them to cover district activities, including technical support to NGOs and CBOs working in the area. CMOs did not find it appropriate for motivating to undertake these responsibilities on a motorcycle. They felt it reduced their status and undermined their authority.

The CMO is the only SCOPE staff who incurs difficulties when that person is out of the office for prolonged periods. The solution may or may not be increased staff at district levels, but the critical debate centers around issues of creating dependence

amongst those that the project seeks to mobilize. The key is to keep activities district and community driven as opposed to project driven.

In terms of qualifications of staff, it has been noted that the existing staff have the minimum qualifications and competency required for the job.

However, the review team noted that some CMOs lack interpretive skills to allow them to provide a more holistic support to COVCC, FBO and CBO in design and implementation of interventions. The demands on the CMO themselves, were extremely high. The holistic approach to OVC programming requires field staff that can process information quickly in a variety of technical fields and apply it to the situation at hand. It also requires a staff member who is able to identify appropriate outside assistance and seek guidance from others with more knowledge in the area. The review team found evidence that the CMOs were capable of the response laid out. In other cases, the capacity of the CMO to process information and respond in a holistic manner was challenged.

Regional supervisors within the PMT, as well as other members of the PMT, have provided significant management and technical support to the CMOs. The input from central level was significant and time intensive. The critical issue to debate is whether it is possible to employ district level staff at a more senior level with varied and more extensive experience and whether such a person would be able to move the agenda of the SCOPE approach forward more effectively.

7 Recommendations

The recommendations are derived from the findings of the review of the SCOPE OVC project and a series of meetings held with orphan and vulnerable children stakeholders. They identify the environment for the scale up and replication of the SCOPE approach in all districts of Zambia. These include recommendations for implementation of interventions at district, community and household levels, and proposals for enhanced project management. There are also overarching recommendations that are presented to ensure an enabling environment for the program.

The following recommendations are made to provide for the development and strengthening of an OVC structure at district, community and household levels.

7.1 Overall Recommendation

- The SCOPE approach combining mobilization, capacity building and grant making is a good approach for Zambia and should be continued.
- Scaling up the approach is recommended, but the mechanisms may need to be refined.

The recommendations which follow should be viewed as those to strengthen the SCOPE approach to OVC programming.

7.2 General Recommendations

- OVC programming should continue to decrease the stigma around HIV and the stigma around OVC.
- Documentation of lessons and identification of successful strategies is essential in order to inform stakeholders on how best to proceed with sustainable interventions for OVC. To make this possible, a formal methodology for information collection, analysis and a dissemination plan be developed and implemented at all levels.
- Most OVC problems are linked to HIV/AIDS and poverty. Therefore, programs to support OVC should consider activities to address immediate material needs that may be related to hunger, followed by longer term economic needs of households to ensure adequate nutritional intake, access to education and health care and other issues.
- OVC programming should continue to address both material and psycho-social needs simultaneously, because both are inter-related and impact each other.

- Pressure from cooperating partners to focus *solely* on numbers of children reached as a primary measurement of impact, can result in overlooking critical issues and achievements of the SCOPE approach. The process to achieve long term impact is equally critical to this project and should not be overlooked.
- Project design should incorporate strategies to ensure that activities are community and district driven as opposed to project driven, to assure long term sustainability of the negative activities. This underlying critical assumption will have impact on project approach, philosophy and staffing levels. This also means that donors must be willing to wait for results, as opposed to pushing for immediate results.
- Projects such as SCOPE should develop documentation of processes for mobilization and capacity building, including workshop manuals.
- Community development should be undertaken with a minimum of five to seven year time frame to allow communities to evolve and develop the minimum institutional structures and response.
- Adequate and sufficient time should be spent on community mobilization before implementing grants in order to allow the community mobilization process to have adequate impact.
- Addressing the needs of the household unit rather than focusing on individual children will result in a broader and more holistic impact on the children.
- The overall monitoring and evaluation plan must extend from the project to the local communities. In order to effectively engage the community in data collection, four steps are recommended –
 - assessment of literacy at community level
 - training in how to decide on what information is important
 - collection of baseline information and demonstration of how different levels
 - community, project, co-operating partners, and government can use the information to enhance OVC interventions at community and household level.

7.3 National Level Issues

- There is need to strengthen the coordination and collaboration at national level between government, donors and NOGs on OVC issues in order to facilitate development of policies and interventions based on understanding of national needs.
- Government policy to set the framework and foundation for OVC programming should be critically assessed for strengths and gaps to assist NGOs with a good platform for programming.

- The key agencies in OVC issues, NAC, MSYCD and the MCDSS, should come up with a formalized response and advocacy strategy for OVC. This would provide an agenda for all stakeholders and be an opportunity to recognize the importance of OVC issues at national level.
- There are two committees that are in existence at national level addressing OVC issues. The OVC National Steering Committee currently constituted of policy makers at national level, and the NAC OVC Technical group, a sub committee of the National Aids Council. These committees are to meet regularly. Representation from projects such as SCOPE OVC, should sit on both committees to contribute effectively to the national OVC agenda.

7.4 District Partners

- The philosophy behind the DOVCC could benefit from further defining. It is a concept where the members view *themselves* as central and critical to the DOVCC process and not the project NGO.
- Existing methodologies should be considered and recommended for districts to use in the mobilization process to improve inventory, information and resources already existing in the districts, communities and households to address the OVC agenda.
- The DOVCC needs to be placed within an already existing district institutional structure so that it can draw and implement a district OVC action plan. That is an integral part of the district plan administered by a District Development Coordinating Committee. The DOVCC is best placed in the DDCC as a sub committee of the District Aids Task Force, to endorse planning, reporting and enhancing accountability. This implies that the DOVCC would be linked to the National AIDS Council through its membership on the DATF.
- The current mobilization process of engaging the district OVC partners in the formation of the DOVCC should be encouraged.
- The DOVCC membership should be open and inclusive of all stakeholders working on OVC issues. Members could include individuals working in the health, education, agriculture, NGOs, FBOs, CBOs and the private sector.
- The role of the DOVCC should continue to facilitate coordination of OVC activities in the district, and should monitor community and household responses without implementing interventions. The interventions should continue to be implemented by NGOs, CBOs and SROs. Therefore, the DOVCC should not become a registered NGO.
- The DOVCC should play a lead and key role in the entire sub-grant process from identifying of recipients, disburse and monitor information.
- Projects must cover administrative and essential functions of the DOVCC in order for the committees to be effective.

- Strengthening the ability of DOVCC to identify and manage other sources of support beyond the project is also critical.
- Technical support should be provided to implement NGOs, CBOs and FBOs to assist them in establishing strategic partnerships with other agencies and organizations providing different forms of support beyond the limitations of the SCOPE project. This will facilitate a comprehensive response to the priority need of the community and support to OVC.
- Capacity building and training, specifically targeted to prepare members of DOVCCs in skills on how to coordinate and collaborate, will identify and harness the essential local opportunities.
- Mentoring and facilitation should be directed at assisting partners to better articulate the link between capacity building activities and how they translate into direct implementation of activities, to better support the households and the children.
- Building M&E capacity of DOVCCs is essential for long term programming.

7.5 Community Partners

- The relationship between DOVCC and COVCC should be strengthened in order for the partners to better dialog and interact to address local development issues in general, and OVC in particular.
- Entering communities through existing channels, such as church groups, is effective. Project strategies should take more care of organizations that do not feel a need to change their names.
- PLA should be considered as a first step of the project. Allowing enough time for the community to gather sufficient information to develop their strategies, is beneficial.
- Provision self-analysis skills and methods to implement their selected strategies at COVCC level, would be useful.
- The COVCC and community groups should identify residents who could be trained in skills necessary to effectively advocate for OVC. It is further recommended that this training should include leaders of different community-based structures such as Resident Development Committees and, Neighborhood Health Committees and traditional leaders.
- Community organizations should continue to assist and work with household members to participate in strategies to improve household economic security.

7.6 Household and OVC Interventions.

- The HES component should be strengthened and enhanced to include strategies for the poorest, including those who are slightly better off. As it was seen that greater HES, it resulted in availability of food, better health, access to health care, and access to education.
- Projects to improve agriculture should be encouraged to embark on a diversity of agricultural projects, and should be developed to meet overall household needs beyond immediate food security.
- Psychosocial interventions should be scaled up, providing appropriate activities that engage traditional / community leaders, parents, guardians and children at community level, to provide a common understanding of the importance of psychosocial issues.
- Advocacy efforts should reinforce issues around normal child development, nurturing, issues related to HIV/AIDS infection and affection, so that advocacy initiatives are robust to allow all stakeholders, understand OVC better, so that they are able to address their needs more and allowing them to make informed decisions on OVC programming.

7.7 Partnership and Project Management

- Partnerships reap benefits, but they take time and effort to define a common vision, roles and responsibilities of the necessary leadership from each partner.
- It is necessary to revisit the benefits and disadvantages of separating a project from the lead organization to examine whether such projects should come with their own systems. This is not a one-off process, but an on-going throughout the life span of a project.
- It is important that internal systems and structures of implementing partners contribute to the overall project goals.
- Hire and retention of employees with experience and qualifications, is essential.

Annex 1: Review and Reference Team Members

REVIEW TEAM

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Annex 2: SCOPE OVC Review Concept Paper

1 Final Evaluation of the SCOPE OVC Project

Background

SCOPE OVC was initially designed as a partnership between CARE International and Family Health Trust with a sub-agreement issued from Family Health International with original funding from the Displaced Orphans and Children's Fund (DCOF). Subsequent funding has been through USAID field support to FHI. The sub-agreement and primary implementing partner is CARE International. Family Health International provides overall technical and management oversight, technical assistance, as needed, and monitoring and evaluation.

SCOPE OVC builds the capacity of communities and NGOs to cope with the OVC crisis in Zambia. The needs of OVC and their caregivers are multi-faceted ranging from household economic security, access to affordable quality education, access to affordable quality healthcare, and psycho-social skills. Additionally OVC need access to behavior change interventions to prevent the spread of HIV amongst this vulnerable group of young persons. SCOPE has striven to develop a comprehensive response at the district and community levels to address the needs of households, children and caregivers, while continuing efforts to prevent the spread of HIV.

Time frame

The evaluation will begin in July 2003 with the consultants presenting a final report to FHI by the end of November. The calendar for the evaluation is:

July	Finalize TOR
August	Consultant team preparation and instrument development Lusaka based preparation meetings
September	Reference group meeting Field visits (one week each site maximum)
October	Complete field visits Write draft report
November	Review team consolidation meeting Comments from USAID, FHI, SCOPE Final report due from consultants

Framework

The overall objective of the SCOPE OVC project evaluation is to consider how implemented activities have impacted on the organizations at community level and how the interventions have impacted on households and children.

To build the capacity of communities and NGOs to support households with OVC, SCOPE's uses a multifaceted implementation strategy. The evaluation will focus on the interventions implemented within the SCOPE OVC project considering the components listed here.

Multisectoral District Initiatives: SCOPE works with multi-sectoral District OVC Committees (DOVCCS) to build their capacity to assess and respond to the orphan and vulnerable children situation in their districts. SCOPE provides various training to the district committees to enable them to fulfill their function. Furthermore, SCOPE works to unite multi-sectoral OVC stakeholders and encourages them to share their workload, strategies, lessons learned etc. in order to enable the committee to begin developing an integrated and holistic approach to address the needs of OVC and their caregivers in the district. In this manner, SCOPE attempts to catalyze a response greater than any one organization by uniting multiple organizations to join forces.

Community Committees: SCOPE builds the capacity of community committees by engaging them in participatory assessment activities to enable them to prioritize the needs of the community and begin to identify solutions. SCOPE provides organizational, financial management and other related training to community committees to enable them to function independently. SCOPE also works with the community to develop transparent and accountable committees so that the community feels the committees act in the best interest of the community.

Grants Mechanism: SCOPE has \$1 million set aside as a grants mechanism to get resources as close to the base of the OVC situation as possible. SCOPE disburses grants ranging from \$500-20,000 to CBOs and NGOs to engage in OVC activities. Grants fund household economic activities, community-based revolving loan schemes, community schools and bursaries for high school education of OVC, child protection advocacy efforts, psycho-social interventions for OVC and their care givers and HIV/AIDS prevention activities.

The evaluation will focus on:

Desired project goals as proposed in the sub-agreement between CARE and FHI and those identified and defined in various strategic plan exercises carried out during the life of project against results achieved to date, as well as missed and available opportunities. The areas defined in the SCOPE OVC documents are summarized here.

DOVCC

- SCOPE's impact on mobilization of and capacity building of District OVC Committees to better address the OVC situation
- Consideration of the continuum of capacity building (i.e. some districts have had previous history of similar capacity building either through PCI or CINDI) and a comparison of districts with previous exposure versus those with more recent exposure

- The comparison of the continuum should try to assess the difference in impact of SCOPE (if any) in its efforts to further the capacity of pre-existing foundations in comparison to working in districts where SCOPE started almost from scratch.
- Issues related to scale up (i.e. how much has SCOPE's capacity building efforts increased the ability of organizations to expand their activities and increase the number of OVC reached.) at the district level

COVCC

- SCOPE's impact on capacity building of Community OVC Committees to better address the OVC situation
- Consideration of the continuum of capacity building (i.e. some communities have had previous history of similar capacity building either through PCI or CINDI) and a comparison of communities with previous exposure versus those with more recent exposure
- The comparison of the continuum should try to assess the difference in impact of SCOPE (if any) in its efforts to further the capacity of pre-existing foundations in comparison to working in districts where SCOPE started almost from scratch.
- Issues related to scale up (i.e. how much has SCOPE's capacity building efforts increased the ability of organizations to expand their activities and increase the number of OVC reached.) at the district level

Grant Mechanism

- Effectiveness of the grant mechanism in reaching OVC, scaling up activities and capacity building of organizations
- Impact of the grant mechanism on communities and districts
- Impact of the grants on households and children
- Analysis of the grant mechanism process from development of the proposals, review and approval, disbursement of the funding and monitoring and evaluation of the grant process

Household Economic Security Strategy

- Review of the household economic security strategies No. 1 and No. 2
- Implementation of the strategy
- Review of the strategies adopted by DOVCCs and their implementation
- Review of the strategies adopted by COVCCs and their implementation

Psycho-Social Support Strategy

- Review of the PSS strategy
- Implementation of the strategy
- Review of the TOT in PSS and its impact on communities
- Training with traditional leaders in selected districts where PSS was held

Education Strategy

- How effective has SCOPE's sub-grant line item applied to community schools been in assisting households and children access primary education through verification of the recent education intervention evaluation

Organizational Issues

- Assessment of the quality of project linkages between FHI and SCOPE as well as USAID and other key partners such as the MCDDS, MYSCD and district government offices and NGOs.
- Existing capacity (i.e. supervision, documentation, project implementation approaches, support systems) of the implementing agency to carry out the project
- Issues related to administrative systems such as finance and procurement which support the project and can have prohibiting impact on project delivery
- Issues related to administrative systems such as finance and procurement which support the project in the presence of a consortium of project implementers
- Adequacy of supporting mechanisms of co-operating (donor) partners (USAID and FHI)

Methodology

The evaluation of the SCOPE OVC project will be undertaken using a participatory approach in consultation with SCOPE, FHI and USAID. The following are the steps, which will be used to develop and implement the participatory evaluation approach. The evaluation process should ensure that the evaluation uncovers issues related to effective program implementation and also the impact on beneficiaries. Participation will need to be wide including DOVCC, COVCC, community members, NGO representatives, SCOPE staff at both Lusaka and field levels and households and children.

Following the terms of reference, the consultants will, firstly, review selected documents, developed appropriate assessment and data collection tools, and set a work plan to accomplish the tasks. As the evaluation will consider the process as well as impacts, the following strategies are proposed for consideration:

- ***Focus Group Discussions*** give an opportunity to the team to develop issues in a more focused fashion. The team member tasks and responsibilities will be clearly spelt out to ensure that accurate, informative submissions are collected. The questions for this methodology will be developed to collect information that will be useful in the evaluation process.
- ***Process consultation*** will be used in order for the evaluation team to get a greater understanding of process events. This process will allow key stakeholders to investigate their organizational processes, learn about social processes and develop capacity to solve problems arising from these processes. This strategy will help to diagnose the relationships and how these have impacted on overall results / outcomes of interventions.
- ***Means-end analysis***: This technique is useful defining the relationship of inputs directly to output and ultimately impact. Here beneficiaries confirm whether the process / interventions have been responsible for any changes in their lives or the way of doing things.
- ***Story telling*** is a technique that allows parties to express their views with feelings. They relate to real life changing events that have shaped their lives.

- *Case studies* are used to provoke people level of analysis and relate events in a more critical manner. It should be possible to develop at least one case study from narrative reports as a way of checking the validity of those reports.
- *Questionnaires* may be used to collect factual information particularly to provide profiles of districts, partners, households and children.

Particular attention will be paid to the development of appropriate tools for use with households and children. The assessment and data collection tools and the work plan will be presented to FHI for approval.

Logistics

The evaluation will take place at the SCOPE OVC office in Lusaka and at selected project sites. Firstly, a review of project documents, administrative files, reports and policy documents will be undertaken in Lusaka. At district level the review will include collecting information on planning, implementation; financial disbursement; and monitoring and evaluation of community level interventions.

Field visits of selected; representative projects will carried out using the assessment tools as a guide for the collection of information. The consultants will lead review teams to the four to five districts. Site visits will include consultations with the district and community stakeholder that have partnered with SCOPE OVC and the district SCOPE staff. Documents at district level will be reflected upon to understand the planning, application, and implementation processes as well as the impact of the interventions on local partners and households and children.

The evaluation process should allow for the consultants, SCOPE FHI and USAID to listen and learn from program beneficiaries, field staff and other stakeholders who can well define why a project is or is not working well. Participatory evaluations empower the providers and beneficiaries to act on the knowledge gained.

To facilitate the evaluation:

- FHI will administer all arrangements with members of the evaluation team,
- The scheduling of meetings will be set by the consultants with the approval of FHI.
- The logistics of for meetings including the preparation of documents and confirmation of appointments will be lead by the consultants and supported by FHI
- The logistics for site visits will be lead by the consultants and supported by FHI.
- FHI will provide venues for the consultants and for consultative meeting of the review and reference teams to accomplish specific tasks related to the evaluation.

Responsibilities of the Consultants

- To review the Scope of Work and develop an implementation plan.
- To review relevant documents

- Conduct the team planning meeting to build consensus on the evaluation goals, scope of work, evaluation issues, clarify roles and responsibilities, review logistics, train evaluators in methodologies
- Conduct the evaluation
- Analyze the data and build consensus on the results through meeting with the review and reference teams
- Write the report and undergo review process and final acceptance of the report

District Selection

It is envisioned that four - five districts will be visited. The selection of districts will be stratified taking representative sites taking into consideration the following attributes.

- Period of inclusion in the project
- Have a good mix of interventions and activities
- Balance of urban and rural sites
- Selected one where the CMO has changed since inception of the project.

The suggested districts for inclusion are Kitwe, Masiti, Kabwe, Chipata, and Kalomo.

Review and Reference Teams

The review team invited to participate in the evaluation process offer their unique insights and experiences to the team. The cumulative skills of the selected team will bring a full complement of knowledge to the process. Particular attention has been paid to the inclusion of members with expertise in:

- Program and project management
- Work with children and in particular OVC
- Management systems – administrative and financial
- Psycho-social Support
- Household Economic Security
- Community Education Interventions
- Monitoring and Evaluation

Evaluation Documents

The following project documents are available for the consideration in the evaluation process.

- SCOPE OVC Technical Proposal
- SCOPE OVC Quarterly Reports
- SCOPE OVC Annual Reports
- SCOPE OVC Monthly Reports on selected districts
- Any other relevant documents required

Evaluation Target Groups

Key individuals and groups to be included in the evaluation:

- SCOPE OVC Staff in Lusaka and the selected districts
- CARE staff that are involved in the implementation of SCOPE OVC
- USAID
- FHI

- Ministry of Community Development and Social Service officials
- Ministry of Sport Youth and Child Development officials
- DOVCC members
- COVCC members
- Community Members
- NGO representatives
- Children

Evaluation Report

The evaluation report will include:

- Assessment of project achievements and failures both overall as well as those specific to the technical interventions
- Reasons for success and failure
- Lessons learned and implications for future activities
- Summary of achievements and missed opportunities
- Recommendations regarding the future direction of the project in terms of technical direction and organizational capacity to deliver the project.

The Report Outline

The suggested report outline is as follows:

- Executive Summary
- Introduction
- Background of OVC Situation in Zambia
- Background of SCOPE OVC
- Methodology for the Evaluation
- The Evaluation Results (by project objective)
- Recommendations
- Conclusion
- Appendices

Annex 3: Data Collection Tools

SCOPE OVC Evaluation – Data Collection Focus Interview Instruments

Instruments for Data Collection

DOVCC meeting
COVCC meeting
NGO meeting

Child Interview – Education
Parent/Guardian Interview – Education
Teacher Interview – Education

Household Members Interview – Household Economic Security
Child's Daily Events Guide – What to listen for!

Child Interview – PSS
Parent/ Guardian Interview – PSS
Community Member (trained) Interview – PSS
Traditional Leader – PSS

Means-Ends Outcomes Samples for Project Objectives

Note: these are the focused interview guides. Other techniques such as story telling and means ends analysis will also be used. Particular emphasis will be placed on how households have been able to improve their ability to care for children through the use of open ended data collection methodology.

Evaluation Process

LEVEL	ORGANISATION	PROCESSES
DISTRICT	DOVCC	<ol style="list-style-type: none"> 1. Visit to DA's office 2. District meeting 3. Focused discussion 4. Interviews with selected NGO
COMMUNITY	COVCC	<ol style="list-style-type: none"> 1. COVCC – Common session: Focused discussions 2. Selected CBO/FBO Interviews/discussions 3. Means end analysis
HOUSEHOLD	OVC	<ol style="list-style-type: none"> 1. Selected households meeting 2. Means-end analysis with household – OVC 3. Story telling – OVC from households

District Orphans and Vulnerable Children Committee Meeting

This questionnaire is designed to collect information on the SCOPE OVC interventions. The main objective of this work is to provide information on how the SCOPE OVC project was implemented, what was successful and recommendations for the future OVC activities in Zambia. The information will be used by the Government, International Cooperating Partners, NGOs, FBOs and CBOs to design and implement OVC programmes and projects.

This questionnaire is to be administered to the DOVCC. It can be done through an interview or a DOVCC representative can complete the form and subsequently confirm the answers with other members of the committee.

Date of interview:

Name of interviewer and designation:

1. DOVCC contact:

- Name of the District:
- Postal address:
- Physical address:
- Telephone contact:
- E-mail address:

Background Information

2. The District

Population

- What is the population of the district?
- Number of households
- Number of children
- Number of OVCs

Community Partners

- What are the names of the communities that are working with the DOVCC?
- Mark those that are SCOPE OVC partners.

District Economic Profile

- What are the main economic activities that people in the district do to support their families?
- What are the main economic activities of the people included in the OVC projects in this district?
- Are there special economic conditions that are important to know about the district?

3 The DOVCC

- When was the DOVCC formed in this district?

- Who were the initial members of the DOVCC?
What motivated you to join the DOVCC?
- What motivated you to join the DOVCC?
- Where is the secretariat or who is the convener of the DOVCC?
- How does this DOVCC function? Probe
 - a. Which government ministries and departments, NGOs, FBOs, CBOs, are members of the DOVCC? Please list.
 - b. How often do you hold meetings?
 - c. When was the last meeting?
 - d. When were the last three meetings?
 - e. How many members attended?

- How does the DOVCC co-ordinate district OVC programming? Probe
 - a. Does the DOVCC have an annual action plan?
Yes?
No?
 - b. Can a copy of the plan be provided?
Copy available?
Copy not available?
Not applicable?
 - c. According to the Action Plan what are the priorities?
 - 1.
 - 2.
 - 3.
 - d. Does the DOVCC have a budget?
Yes?
No?

 - e. Can a copy of the budget be provided?
Copy available?
Copy not available?
Not applicable?

 - f. Is there a quarterly/annual progress report?
Yes?
No?

 - g. Can a copy of report be provided?
Copy available?
Copy not available?
Not applicable?

- Do the reports reflect all OVC activities in the district? Give examples.

4. Development of the DOVCC

Capacity building

- How were the capacity building needs for the DOVCC identified?

- What capacity building activities have taken place in the district that targeted the DOVCC SCOPE OVC? Present a summary list.
- What capacity building activities have taken place in the district for the DOVCC by other partners? Present a summary list.

Granting mechanism

- What has been the role of DOVCC in the SCOPE OVC sub-granting mechanism? Probe
- What are your views about the current sub-granting mechanism?

DOVCCs and stakeholders

- What is the total number of COVCCs that are operational in the district?
- How many of COVCCs in the communities are SCOPE OVC partners?
- What is the relationship between the DOVCC and COVCC and other OVC stakeholders? Probe
- What networks have been established among the DOVCC members?
List
- What referrals have resulted among the members? List
- What networks have been established beyond the stakeholders? List

Members View on Project Implementation Strategies of OVC Interventions

- If you had to go through the process again (capacity building, training, grants, etc.) what would you do differently?
- What interventions and activities have taken place with households and children since the DOVCC started in the district?
- What changes have happened in the district because of the work of the DOVCC?
- How do you see changes taking place in the whole community as a result of the OVC initiatives?
- Was it a good decision to participate in the DOVCC?
- Would recommend the DOVCC strategy to other districts?

Community Orphans and Vulnerable Children Committee Meeting

This questionnaire is designed to collect information on the SCOPE OVC interventions. The main objective of this work is to provide information on how the SCOPE OVC project was implemented, what was successful and recommendations for the future OVC activities in Zambia. The information will be used by the Government, International Cooperating Partners, NGOs, FBOs and CBOs to design and implement OVC programmes and projects.

This questionnaire is to be administered to the COVCC. It can be done through an interview or a COVCC representative can complete the form and subsequently confirm the answers with other members of the committee.

Date of interview:

Name of interviewer and designation:

1. COVCC contact:

Name of the District:

Postal address:

Physical address:

Telephone contact:

E-mail address:

Background Information

2. The Community

Population

What is the population of the community?

Community Economic Activities

What are the main economic activities that people in the communities do to support their families?

What are the main economic activities of the people included in the OVC projects in this community?

Are there special economic or social conditions that are important to know about the community?

3. The COVCC

1. When was the COVCC formed in this community?
2. Who were the initial members of the COVCC?
3. What motivated you to join the COVCC?
4. Where is the secretariat or who is the convener of the COVCC?
5. How does the COVCC function? Probe
6. Which government ministries and departments, NGOs, FBOs, CBOs, are members of the COVCC? Please list. Include names and positions.
7. How often do you hold meetings?

8. When was the last meeting?
9. When were the last three meetings?
10. How many members attended?
11. How does the COVCC co-ordinate the community OVC activities? Probe
12. Does the COVCC have an annual action plan?
 - Yes?
 - No?
13. Can a copy be provided?
 - available?
 - not available?
 - Not application?
14. According to your Action Plan what are your priorities?
 - 1.
 - 2.
 - 3.
15. Does the COVCC have a budget?
 - Yes?
 - No?
16. Can a copy be provided?
 - available?
 - not available?
 - Not applicable?
17. Do you have a quarterly/annual progress report?
 - Yes?
 - No?
18. Can a copy be provided?
 - Copy available?
 - Copy not available?
 - Not application?
19. Does it reflect all COVCC members' activities? Give examples.

4. Development of the COVCC

Capacity Building

- What capacity building sessions have taken place in the district/community for the COVCC by SCOPE OVC? Present a summary list.
- How did your COVCC benefited from these activities

What are you views about the current sub-granting mechanism?

Granting mechanism

- What has been the role of the COVCC in the SCOPE-OVC sub-granting mechanism? Probe
- What are your views about the current sub-granting mechanism?

COVCCs and Stakeholders

- What networks have been established among the COVCC members? List
- What networks and referrals have resulted among the members? List
- What networks have been established beyond the COVCC members? List
- What networks and referrals have resulted among the members? List

Members View on Project Implementation Strategies of OVC Interventions

- If you had to go through the process again (capacity building, training, grants, etc.) what would you do differently?
- What interventions and activities have taken place with households and children since the COVCC started in this community?
- What changes have happened in the community because of the work of the COVCC?
- How do you see changes taking place in the whole community as a result of the OVC initiatives?
- Was it a good decision to participate in the COVCC?
- Would recommend the COVCC strategy to other districts?

Non-Governmental Organization Meeting

This questionnaire is designed to collect information on the SCOPE OVC interventions. The main objective of this work is to provide information on how the SCOPE OVC project was implemented, what was successful and recommendations for the future OVC activities in Zambia. The information will be used by the Government, International Cooperating Partners, NGOs, FBOs and CBOs to design and implement OVC programmes and projects.

This questionnaire is to be administered to the NGOs in the districts. It can be done through an interview or a NGO representative can complete the form and subsequently confirm the answers with other members of the committee.

Date of interview:

Name of interviewer and designation:

1. NGO Contact:

Name of the District:

Postal address:

Physical address:

Telephone contact:

E-mail address:

Background Information

2. The NGO in the community

1. What programmes does the NGO undertake?
2. Who are the target groups of your activities?
3. What are the main interventions that the organisation implements in the community?
4. Are there other special economic or social conditions that are important to know about the target group?

3. The NGO

1. How long has the NGO been working in the community?
2. How have you worked with the community? Probe
3. Do you hold meetings in the community? Probe
4. What is the purpose of the meetings?
5. How often do you hold meetings?
6. When was the last meeting?
7. How many people attended?
8. Have you worked with DOVCC or COVCC?
In what areas?
9. How does the NGO co-ordinate its activities? Probe
Does the organisation have an annual action plan?
Yes?
No?

Can we see a copy of the plan?

Copy available?

Copy not available?

Not applicable?

10. According to your Action Plan what are your priorities?

1.

2.

3.

11. Do you have a Quarterly/Annual Progress Report?

Yes?

No?

12. Can a copy of the report b provided?

Copy available?

Copy not available?

Not applicable?

4.0 Development of the NGO

Capacity building

1. Has the organisation held capacity building activities in the community?
2. What capacity building activities have taken place in the district/community for your organisation's target group? Present a summary list.
3. Has your organisation offered capacity building or other activities under SCOPE OVC? Present a summary list.
4. What networks and referrals have resulted among the organisations working with OVC in the district? List

Granting Mechanism

1. Has the NGO had any role in the SCOPE OVC sub-granting mechanism? Probe
2. What are you views about the current sub-granting mechanism?
3. Members View on Project Implementation Strategies of OVC

Interventions

1. If you had to go through the process again (capacity building, training, grants, etc.) what would you do differently?
2. What interventions and activities have taken place with households and children since the DOVCC started in the district?
3. What changes have happened in the district because of the work of the DOVCC?
4. How do you see changes taking place in the whole community as a result of the OVC initiatives?

5. Was it a good decision to participate in the OVC work in the community?
6. Would recommend the DOVCC strategy to other districts?

Community Trained Persons Questions – PSS

1. PSS Training

- a. How did you know about PSS training?
 - What was the purpose of the training?
 - What was the content of the training?
 - Did the content fit the purpose?
- b. What was the selection process for people to be trained?
- c. Who made the decision about who will be trained?
- d. Can you talk about what kinds of people were selected for training?
- e. Have you received any other kinds of psychosocial training? On what subject? Who provided the training?

2. Use of training

- a. After the training what have you done with what you learned?
- b. If you used your training did you do it alone?

3. The Children

- a. Have you used your new skills with children? (Let the participants talk and explain in their own way)
- b. What was the response from the children?

4. Service Provider Perceptions

- a. Was it a good decision to be involved in this work? What makes you say that? Give us an example?

Parent/Guardian Questions – Education

1. Household Background with the School

How long have you been associated with this school?

How did you know about the school?

Why do you come to this school and not another one? Probe

How many children are in the house where you stay?

Age

Sex

How many are able to go to school?

What schools do they go to?

Who makes the decisions on who goes to which school?

2. Learning Environment

Where do children sit in school?

Are there desks? Has there always been a desk?

How many children sit at each desk/place?

3. Materials

Does your child have an exercise book or learning materials?

Where did the child get the exercise book or learning materials?

4. Teacher

Does/ Do your child/children's class have a teacher?

What is her/his name?

Does she/he come everyday?

5. Participation in School Activities

What school activities are you involved in at the school? Probe

PTA?

Capacity building?

School gardening?

Do you attend school meetings?

6. Satisfaction of services offered to children at the school

What do you like about this school?

What do you not like about this school?

Was it a good decision to send your child to this school?

Teachers Questions – Education

1. The Teacher

How long have you been teaching at this school?

How did you know about this school?

Training

What training have you had to be a teacher?

Where did you receive your teacher training?

Did you receive any other kinds of training? Where?

2. Learning Environment

Seating for children

1. Where do the children sit in school?

2. Are there desks in the school?

3. Has there always been desks?

4. How many children sit at each desk?

Education materials

1. Do the children have an exercise book/ educational materials?

2. Where do they get the exercise books/educational materials?

3. Do you have teachers' reference books/ materials?

3.0 The children

Enrolment

1. How many children are in your class?

2. Has the number of pupils always been the same?

Child performance

1. How would you describe the performance of your pupils?

Have you noticed anything special about some of your pupils?

1. Attendance?

2. Food?

3. Illness?

4. HH background?

5. How are children impacted on at household level and at school by the environment in this community?

6. What changes have you seen in the children since you have been in this school?

4. Teacher's satisfaction

1. Do you manage to come to school everyday? If you miss school what might be a reason for you absence?

2. Do you do other things at school besides teach class?

3. Who makes the decisions on how the school run?
4. What do you like about this school?
5. What do you not like about this school?
6. Was it a good decision to work at this school?

5. Sanitation

1. Is there a toilet at the school?
2. Do you ever go there? If no, what do you do?

Child Questions - Education

1. The Child

1. How long have you been coming to this school?

2. The Children at Household Level

1. How were you brought to this school?
2. Why do you come to this school and not another one?
3. How many children are in the house where you stay?
4. How many manage to go to school?
5. What schools do they go to?
6. Who makes the decisions on who goes to which school?

3. Learning Environment

1. Where do you sit in school? Is there a desk? Has there always been a desk?
2. How many children sit at each desk/place?
3. Do you have an exercise book/learning materials?
4. Where did you get the book/learning materials?
5. Do you have a teacher in your class?
6. What is her/his name?
7. Does she/he come everyday?

4. Extra Curricular Activities and Perceptions

1. What additional activities do you do in addition to attending classes?
2. What do you like about this school?
3. What do you not like about this school?
4. Was it a good decision to send you to this school?

5. Sanitation

1. Is there a toilet at the school?
2. Do you ever go there? If no what do you do?

Household Economic Security Discussion

1. Household Members Perceptions

1. What do you understand by Household Economic Security?

2. Grants

1. What resources did you access?
 - a. In what form?
 - b. Where?
2. Did you face any problems in accessing resources?
3. What did you do with the resources?

3. Training

1. Did you receive any training? What training did you receive?
2. What was the purpose of the training?
3. What was the content?
4. Did the content fit the purpose?

4. The Household Coping Mechanisms

1. What kind of emergencies have you ever faced?
2. When you have an emergency what do you do?
3. Where do you get help?
4. What kind of help did you seek?
5. What kind of help did you receive?

5. Household Changes

1. The economic activities that you were involved in, how did they impact on your household? Probe
 1. Where do you get basic needs as salt and sugar?
2. What has changed in your household? Probe
 - a. Access to education
 - b. Changed health status
 - c. Access to health services
 - d. More and better food
 - e. Access to more or better land, cultivated more land

6. Community Involvement

1. Do you belong to any groups in the community or do you attend any meetings?
2. What activities is your group involved in?
3. What would you like to be done differently?

Child's Daily Events Guide = What to listen for!

(not an interview guide)

- Wake up
- Where slept
- Who slept with
- Blankets
- Bath - water -soap
- Chores
- Something to eat
- School
- Gardening
- Recreation
- Washing of clothes
- Access to clothes, bedding
- Relationships with neighbours, classmates, siblings, parents, teachers
- Food
- Who eats with
- Errands
- Interaction in the community – church, club attendance

Traditional Leaders Questions – PSS

1. The leader

- 1.1 How did you know about the workshop?
- 1.2 What was the selection process for attendance?

2. The Workshop

1. What have you done with the new information from the workshop?
2. Have there been changes here because of the workshop?
3. How do you see changes taking place in the whole community as a result of the new knowledge on PSS presented at the workshops and training?
 - a. Community trained projects
 - b. Guardian/parents trained
 - c. Children's activities and camps

3. Participant Satisfaction

1. Was it a good decision to participate in this workshop?
2. Would recommend this workshop to other leaders?

Child Participant Focus Group Discussion Questions – PSS

1. The Child

1. First I would like to confirm that each of you have participated in a PSS camp/activity.
2. How were you selected to join the camp/activity?
3. Why were you invited?
4. How many other children were also invited?

2. Plans for the Activity

1. Who made the arrangements for you to attend?
2. How long ago was the camp/activity?
3. Were you told about what the camp/activity would be about?
4. Who did you talk to?
5. What did they say?
6. Were you happy or reluctant to attend?

3. The Activity

1. What happened at the camp/activity?
2. What did you do there?

4. After the Activity

1. When you came back from the camp/activity did you talk to anyone about your experiences? What things did you talk about?
2. Do you feel or act any differently since you went to the camp/activity? Do you think that you have changed in any way since the camp/activity?
3. Were you invited for any meetings or appointments after the camp/activity?
4. Do you participate in any group or meetings after the camp?
5. If you were invited again is there anything that you want included or changed?

Parent/Guardian Focus Group Discussion Questions – PSS

1. The Parent

1. What do you know about psychological health of children? How have you acquired this understanding? Probe
2. If the information on PSS was gained through a training probe with following points:
3. What information was given by the presenter?
4. Did it help you to understand psychological health?
5. How have you used this information?
6. Have you participated in any group or meeting on PSS?

2. The Children

1. Have children participated in any group or meeting on PSS?
2. How?
3. Who?
4. When?
5. How were the children selected to join the camp/activity?
6. Who made the arrangements for the children to attend?
7. Did the children talk about the camp/activity before they went? What did they say? Were any of your children reluctant to attend?
8. When the children came back from the camp/activity did they talk about their experiences? What things did they specifically talk about?
9. How long ago was the camp/activity? Have you seen any changes in the children since they went to the camp/activity? How have the children at home changed because of these activities?

3. The Parent's Activities in relation to PSS

1. Were you invited for any meetings or appointments as part of the camp/activity?
2. Do you participate in any group or meetings that have to do with the psychological health of the children?