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*Final Program Performance Report*

**Africa KidSAFE Alliance  
for Street Children in Zambia – Phase II**

30 December 2007 – 30 September 2010

*Project Concern International*

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## Acronyms

AATAZ	Anti-AIDS Teachers' Association of Zambia
ACTY	Anti-AIDS Teachers' Association of Zambia Catch Them Young
ADF	Africa Dance Factory
AKS	Africa KidSAFE
BCWP	Barefeet Centre Workshop Program
CBO	Community-Based Organization
CETZAM	Christian Enterprise Trust of Zambia Financial Services Limited
CLA	Cluster Level Association
CPU	Child Protection Unit
CRS	Catholic Relief Services
CSO	Civil Society Organization
CTT	Children's Transformation Trust
DCOF	Displaced Children and Orphans Fund
DEC	Drug Enforcement Commission
DSCC	District Street Children's Committee
DSW	Department of Social Welfare
DSWO	District Social Welfare Office
FSC	Friends of Street Children
GROW	Grass Roots building Our Wealth
GRS	Grassroot Soccer
I-STAR	Integrated System for Transformation, Assessment and Results
JCI	Jesus Cares International
KCTT	Kara Counseling and Training Trust
LLP	Lubuto Library Project
LLT	Lupwa LwaBumi Trust
MAPODE	Movement for community Action for the Prevention and protection of young people against poverty, destitution, Disease and Exploitation
MCDSS	Ministry of Community Development and Social Services
MoU	Memorandum of Understanding
MSYCD	Ministry of Sport, Youth and Child Development
PSS	Psychosocial Support
RAPIDS	Reaching HIV/AIDS Affected People with Integrated Development and Support
REPSSI	Regional Psychosocial Support Initiative
RFA	Request for Application
SAFE	Shelter, Advocacy, Food and Education
SG	Solidarity Group
SHARPZ	Serenity Harm Reduction Program in Zambia
SoCLI	Support of Community-Led Initiatives
STI	Sexually Transmitted Infection
TB	Trust Bank
TFCBT	Trauma-Focused Cognitive Behavioral Therapy
VCT	Voluntary Counseling and Testing
VSU	Victim Support Unit
YoFoSO	Youth for Sports, Rehabilitation and Restoration
YWCA	Young Women's Christian Association
ZNS	Zambia National Service
ZOCS	Zambia Community Schools Secretariat



## Executive Summary

In December 2004, Project Concern International, through the Displaced Children and Orphans' Fund (DCOF) and the President's Emergency Plan for AIDS Relief (PEPFAR), was awarded a cooperative agreement to provide a comprehensive response involving children, organizations and communities to the unique and often misunderstood challenges that threaten children who spend all or part of their time on the street as well as those at risk of doing so. This program became known as the Africa KidSAFE (Shelter, Advocacy, Food and Education) Alliance for Street Children in Zambia.

This program was extended through modification #2 dated 27 September 2007 from 30 December 2007 through 30 September 2010. This document is a final report for that period of Africa KidSAFE program activity.

### Goal, Objectives and Strategies

The goal of the Africa KidSAFE project was to ***“to consolidate and expand a safety net of non-governmental organizations (NGOs) and community-based organizations (CBOs) that can effectively meet the immediate and long-term needs of street and at-risk children in Zambia.”*** Five complementary objectives contributed to reaching this goal:

1. Reduce the number of at-risk children moving from their families and communities to the street;
2. Increase the number of children moving from the streets back to communities through family and community reintegration;
3. Increase the number of children benefiting from high quality street and facility-based services;
4. Increase public awareness and participation in protecting and promoting the rights of children on the streets; and
5. Increase the capacity of the Government of Zambia, local implementing partners, civil society organizations, and the private sector to effectively implement interventions that will benefit street children and those at risk of ending up on the street.

The Africa KidSAFE project reached 10,694 orphans and vulnerable children with one or more services delivered through the following strategies which were used to achieve these objectives:

- Economic empowerment of households and mobilization of communities to support orphans and vulnerable children in their midst;
- Reintegration of children from the streets into family and community care;
- Delivery of essential services to children on the street and in facilities;
- Advocacy for protection of OVC on the street or at-risk; and
- Capacity building of government line ministries and Africa KidSAFE Network members and affiliates.

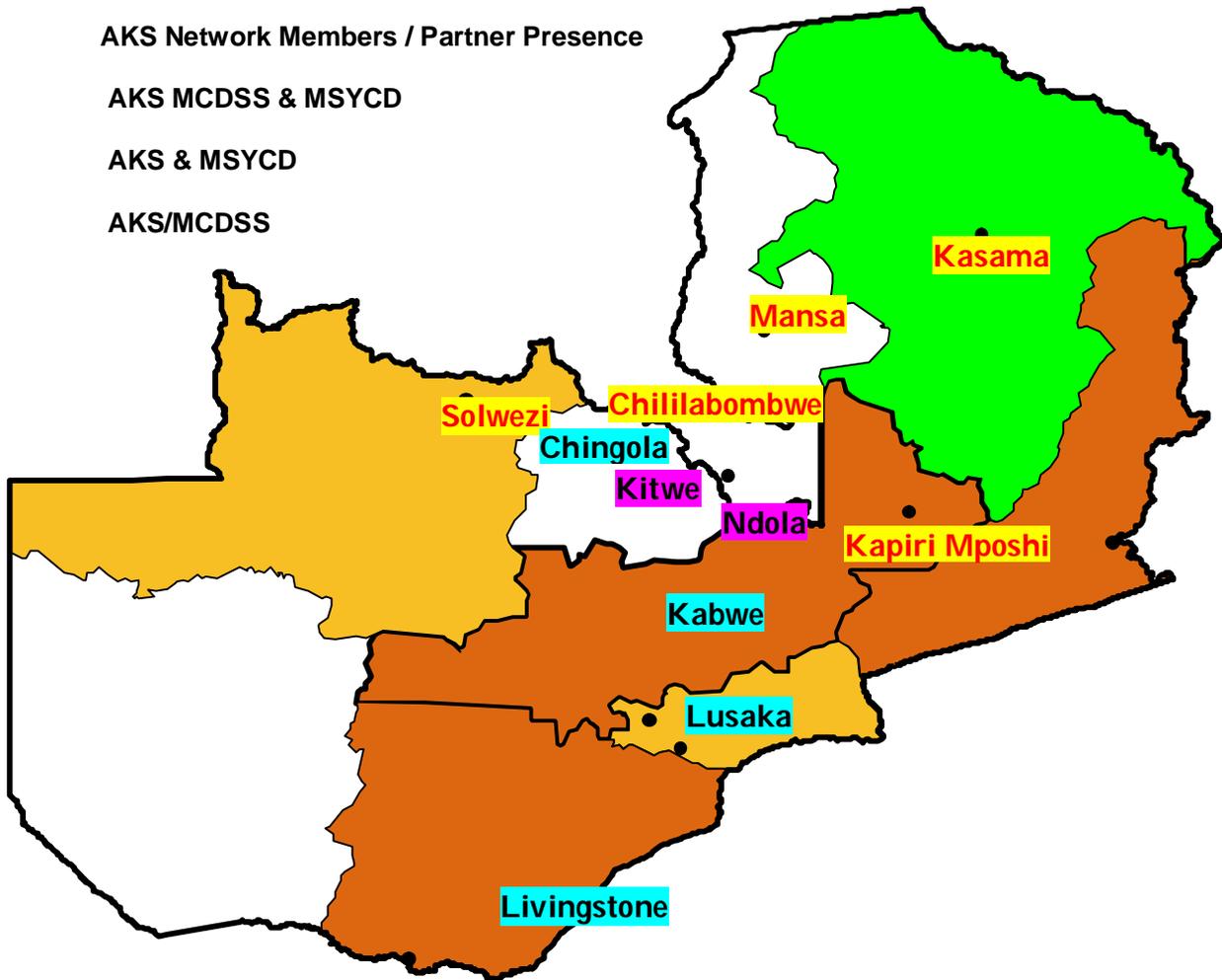
Project Concern International (PCI) coordinated the efforts of 17 Africa KidSAFE Network members and affiliates (Appendix 4) operating in 20 communities in Kabwe, Kitwe, Livingstone, Lusaka and Ndola districts, working closely with the Ministry of Community Development and Social Services (MCDSS) and the Ministry of Youth, Sports and Child Development (MYSCD).

**AKS Network Members / Partner Presence**

**AKS MCDSS & MSYCD**

**AKS & MSYCD**

**AKS/MCDSS**



The sub-granting process of the Africa KidSAFE project was managed by the Social Community-Led Initiative (SoCLI), an umbrella organization, which managed all but two of the economic empowerment and community prevention sub grants from August 2008 through February 2010. The economic empowerment sub grant to Christian Enterprise Trust of Zambia (CETZAM) Financial Services Limited, an affiliate of Opportunity International, and the mobile health service sub grants to New Horizon Ministries and Jesus Cares International were directly managed by PCI, as were all of the other subgrants after February 2010.

## Life of Project Review by Objective

### **Objective 1: Reduce the number of at-risk children moving from their families and communities to the street**

The first strategy under objective one focused on building the safety nets of the households through two economic empowerment approaches:

- The first approach was through micro finance activities implemented by the Christian Enterprise Trust of Zambia (CETZAM) Financial Services Limited, an affiliate of Opportunity International, and Lupwa Lwabumi Trust (LLT). The CETZAM and LLT approach provided modest loans to OVC caregivers to start businesses that would increase their capacity to care for the children.
- The second economic empowerment approach was the savings-led model GROW (Grass Roots building Our Wealth) which focused on building capacity of poor women to save and manage their own loan programs to build businesses.

The second strategy under objective one mobilized local, religious leaders and children to take action against problems surrounding street life. Different activities ranging from theatre and sports for development to motivational story reading were used to reduce drifting to streets of OVC in the 20 targeted communities.

### **Objective 2: Increase the number of children moving from the streets back to communities through family and community reintegration.**

Activities supporting the second objective focused on ensuring that all the children, who were removed from the streets and placed in temporary shelter, received psychological counseling and those who had had traumatic experiences were referred for trauma-focused cognitive behavioral therapy. While the child was undergoing counseling, the project's reintegration officer and gazetted reintegration officers in the Ministry of Community Development and Social Services conducted family tracing and home assessments to ensure that the home environment was suitable for the child to return.

### **Objective 3: Increase the number of children benefiting from high quality street and facility-based services.**

Activities supporting the third objective focused on building relationships with children on the streets by youths who once lived on the street. This approach aimed at helping children on the street become resilient and able to make positive choices. The outreach workers gave out information to children on where they could access services such as meals, bathing and primary health care facilities.

### **Objective 4: Increase public awareness and participation in protecting and promoting the rights of children on the streets**

Activities supporting the fourth objective focused on public awareness, promoting and protecting the rights of the children on the street. The project increased community-based information dissemination and involvement on behalf of children on the street.

### **Objective 5: Increase the capacity of the government of Zambia, local implementing partners, civil society organizations and the private sector to effectively implement interventions that will benefit street children and those at risk of ending up on the streets.**

Activities supporting the fifth objective contributed to capacity building of partner organizations and government departments that strengthened financial and programmatic systems of implementing organizations.

This report will present the activities under each objective, noting challenges as well as achievements and lessons learned.

## Objective 1: Reduce the number of at-risk children moving from their families and communities to the street

In 2006, UNICEF, PCI and World Vision Zambia's RAPIDS project conducted a *Rapid Situation Analysis* whose results showed that inadequate funds to support basic needs were the main reasons families were not able to care for children. As a result, children from increasingly vulnerable households drifted onto the street looking for work and other means to earn money. A mapping exercise conducted by PCI in 2008 identified particularly vulnerable communities from where the greatest numbers of children on the street originate as well as the reasons children have for leaving homes. The majority of children on the streets originate from communities and districts illustrated in Table 1.

Table 1: Communities with the highest number of children on the street

<b>Lusaka District</b>	<b>Kanyama Area</b>
<b>Kamwala Area</b>	11. Kanyama / Soweto Market
1. Chibolya	<b>Chelstone Area</b>
2. John Laing	12. Chainda / Kamanga
3. Misisi	13. Ngo'mbe/ Kaunda Square
<b>Garden Area</b>	<b>Kabwe District</b>
4. Garden / Chaisa	14. Makululu / Katondo
5. Mandevu / Matero	15. Mushanga / Chawama
6. Chipata	<b>Ndola District</b>
<b>Kabulonga Area</b>	16. Chipulukuso
7. Mtendere / Kalikiliki	17. Synia / Nkwazi
8. Kalingalinga	<b>Livingstone District</b>
<b>Chawama Area</b>	18. Zambezi Sawmills / Ngwenya / Maloni
9. Chawama / John Howard	<b>Kitwe District</b>
10. Jack	19. Ipusukilo
	20. Mulenga

A total of 17 organizations implemented programs in the above 20 target communities within five districts.

### Economic Empowerment

To curb street drift, Africa KidSAFE project implemented three models of economic empowerment by signing 13 sub-agreements.

#### 1. Grant Financing Model by Lupwa LwaBumi Trust (LLT)

Lupwa Lwabumi Trust entered into an agreement with Africa KidSAFE project from December 2008 to December 2009 to reduce street-drift of at-risk children through the *Family Circle* program in Matero, Marapodi, Chaisa, Chipata, Garden, and Mandevu communities of Lusaka. LLT earmarked 150 caregivers drawn from 32 family circles to receive grants of ZMK 200,000 each after training them in basic business and marketing skills. Members of the family circles identified the most vulnerable members who would benefit from any form of livelihood security. This selection criterion was used to give members of family circles a sense of ownership and empowerment which promotes the spirit of Ubuntu and being "a brother's keeper". The intervention received overwhelming response and 165 caregivers were identified, trained and given grants. An additional 15 members were supported using a grant from Firelight Foundation. Grant recipients were required to prepare basic business plans before being issued with a grant. Funded business plans included: hawking of vegetables, food, clothes, pieces of cloth (chitenge), metal fabrication, and selling charcoal. A group of five vulnerable women put their resources together to start a restaurant business.

Tuso women's group is operating a restaurant at Matero Community Hall selling nshima (Zambia's staple food) served with a variety of protein-giving foods such as beef, beef liver, fresh chicken, fish (dried and fresh) beans, and vegetables to hundreds of clients in Matero community. One member of the Tuso Women's Group noted, "*The Africa KidSAFE project's economic empowerment program has improved our household incomes and helped reduce the number of children leaving their communities for the street because we have managed to put them in school.*"



*Miriam Chenga a member of Tuso Women's Group inspecting food before serving it to her client.*

## **2. Micro Financing Model by Christian Enterprise Trust of Zambia (CETZAM)**

An agreement between the Africa KidSAFE project and CETZAM was signed allowing the later to provide micro loans and entrepreneurship training to caregivers of vulnerable children in the target communities. The groups were a mixture of male and female caregivers. The Africa KidSAFE network members mobilized women in their catchments area who were already selling either in market places or hawking by the road side. Recruitment of members followed the standard CETZAM recruitment criteria where members self select themselves. The loans given to the caregivers also followed the standard loan requirements of CETZAM where a fixed interest rate of 5% and a .5% compulsory insurance known as credit life insurance is charged to each loan taken out. The credit life insurance serves two purposes: (a) if a client dies, the insurance pays the outstanding loan balance and (b) if a client falls sick and submits within 14 working days a note from a medical doctor certifying that indeed s/he is sick, the insurance will pay up to three loan installments. Under the Ntula insurance policy, the client nominates him/herself and four other immediate family members as beneficiaries. If any of the five nominated people die during the course of the loan, benefits are paid out to the client to cover funeral costs. The cost of this insurance is ZMK 1,125 (about \$.25) paid on a weekly basis throughout the life of the loan. Both the credit life insurance and Ntula insurance policies are compulsory.

In addition to the above, all clients are required to leave a 10% and 20% deposit when in a Trust bank and any other group respectively on all the loans they take out. The deposit is subtracted from the amount of loan proceeds while clients pay interest on the full requested amount. The purpose of this deposit is to provide additional security on the loans the organization gives out.

### **Trust Banks (TB)**

Forty groups of caregivers consisting of 15 to 25 members living in the same catchments area were enrolled to access loans ranging from ZMK 50,000 to ZMK 1,000,000 (approximately \$10-\$200). The caregivers underwent the standard five-week training provided by CETZAM before accessing the loans. The training covered the following topics: history of CETZAM, business management, generating business ideas, bookkeeping and savings. Thirty-nine TBs received loans in the first loan cycle which were supposed to be paid back over a four month period with weekly installments. Two TBs had their loans written off while eight disbanded after successfully paying off their loan. Another two Trust Banks had delinquent loans because their loan repayment was more than 276 days overdue.

The second loan cycle was given to 27 Trust Banks that had successfully paid off their loans in the first cycle. The 27 Trust Banks applied for larger amounts of money in that cycle than previously and this resulted in nine TBs with delinquent loans overdue by 200 days while four had their loans written off leaving 14 groups proceeding to the third loan cycle.

In the third loan cycle all 14 TBs received loans from CETZAM. One TB had its loan written off while four were delinquent because they were more than 100 days overdue. Two TBs disbanded after paying off the loan while only seven TBs graduated to the Solidarity Group level where members could access larger loans.

### **Solidarity Group (SG)**

Solidarity groups are for groups that have either graduated from the Trust Bank after three loan cycles or those with sizeable businesses who need larger loans. The SGs consist of five to seven people and loans range from ZMK 1,000,000 to ZMK 2,500,000 (about \$200-\$500). SG loans are not only guaranteed by group members but the clients need to give collateral. The interest rate is similar to that of a Trust Bank. Loan repayment is up to ten months with bi-weekly repayments. Of the seven solidarity groups established, only one had a delinquent loan.

### **Individual Loan**

Two caregivers, Felistus Miti and Joyce Zulu, graduated to individual loans where clients access still larger loans than those offered under SG. Felistus Miti and Joyce Zulu each got a loan of ZMK 5,000,000 (\$1,000) and ZMK 3,000,000 (\$600) respectively to expand their businesses. The individual loans range from ZMK 2,000,000 to ZMK 50,000,000 (\$400-\$10,000) with a repayment period of three to 18 months. Loans were used to start businesses as market traders. All loans were paid off.

## **3. Grass Roots building Our Wealth (GROW) Model**

The Grass Roots building Our Wealth (GROW) self help group (SHG) strategy adopted by the Africa KidSAFE project does not provide any seed money. The GROW model aims at organizing vulnerable caregivers into groups of 15 to 20 members from the same locality and help them realize and explore their assets through continued technical support. GROW SHG members are taught how to regularly save and pool their income. Once their savings reach a critical amount, the group issues loans to individual members with interest rates, repayment monitoring, and collection systems all developed and implemented by the group. 306 GROW self help groups were formed with an average membership of 15 women. Members of the GROW self help groups were required to make two types of contributions: mandatory and voluntary. The mandatory savings depended on what the group agreed upon while voluntary savings was at the discretion of each member. The average mandatory saving was ZMK 1,000 (\$.23) per week. After some months of savings, the groups started lending out money to its members with an interest rate of 10%. The women were trained in entrepreneurship skills to help them develop basic marketing and business skills. One member from Sangalala self help group mobilized by Children's Transformation Trust in Kanyama noted *"Previously we were under so much pressure. We had no income and as a result we were very poor until we were connected to the Africa KidSAFE self help group where we were not given the fish but were taught how to catch the fish."*

The women in the GROW self help groups operated income generating activities which included small businesses such as crocheting plastic bags, sewing woolen doormats selling charcoal, and growing fruit and vegetables. Caregivers needed the money to provide food, uniforms, school fees and other essentials for the OVC in their households.

*Avalesi Ngoma explained "After saving for four weeks, I received the first loan of ZMK 60,000 from Twalumba self help group which I used to buy 25 kilograms of fresh groundnuts which I cooked and sold at the Mandevu bus station. Within two days, I sold all my stock and I had to buy more fresh groundnuts. This helped me to clear my loan within two weeks and I was able to secure a market stand from the Lusaka City Council at Mandevu Market which I rent for ZMK 5,000 per week. I took out another loan for ZMK 80,000 to buy a box of apples and bananas for my stand. Within five months my orders have increased from one box of bananas and one for apples to four boxes of each including oranges and cucumbers. I am able to send all my five children to school without borrowing from my neighbors."*



In addition to allowing members the freedom to establish their own group norms such as setting their own levels of saving, loan amounts, meeting times and interest rate levels, members were accorded an environment in which social issues they and their communities face can be discussed. The GROW self help groups were involved in various activities including creating awareness around issues affecting children on the street, children's rights, and HIV prevention under the umbrella of the Africa KidSAFE project.

To strengthen caregivers' ability to better manage their lives, businesses and the children who were in their charge, 24 group facilitators were trained who then worked with the 306 GROW groups in the following four areas:

### **1. Savings Documents Training**

As part of the plan to enhance sustainability of the economic empowerment strategy, GROW self help group members were trained in the management of savings documents. The training focused on the following topics which are key to managing group savings and loans:

- Attendance and payment register - used to track which members is present at the meeting and who has saved.
- Savings passbook – used to track each member's savings.
- Loan passbook – used to track members' loans disbursement and repayment, kept by individual members.
- Loan journal – used to track loan disbursement and repayment, record kept by the group.
- Cashbook – for recording all the money coming in and out of the group bank.
- Financial statement – tracking all the money going in the bank and shows where the money came from and where it goes.
- Personal collateral – shows what a member has to give to the group in case she fails to pay back the loan. The item has to cost more than the loan amount.
- Debtor's agreement – a signed agreement between a member and the group, acknowledging receipt of money.

This training has enabled the group members to manage their individual as well as group funds in a more systematic and sustainable way.

### **2. Psychosocial Training**

Psychosocial wellbeing is linked to children's access to education, health, family care, nutrition, play and social participation. Aware that psychosocial wellbeing should not be a stand alone intervention, the Africa KidSAFE project equipped 24 group facilitators with knowledge and skills on how to handle children at risk. The group facilitators who in turn trained women in the GROW self help groups were trained using the *Journey of Life* training manual developed by the Regional Psychosocial Support Initiative (REPSSI). One caregiver had this to say: *"The Africa KidSAFE project taught us to put together and not to divide children; all children in our care are at the same level, we buy clothes and other basic essentials for all of them. We no longer regard orphans as an additional burden to us."* Caregivers reported an improvement in relationships between parents / caregivers and vulnerable children following training in parenting skills for children aged 8 to 18 years of age. The training was broken into the following four modules that were rolled out to the GROW SHGs over a period of eight weeks by the group facilitators:

- a. *Tree of Life* is based on narrative practices which use different parts of a tree as symbols to represent different aspects of human lives. The use of symbols and carefully formulated questions encourages children and other psychologically affected individuals to tell stories about their lives in ways that make them stronger and more hopeful about the future. The *Tree of Life* allows children severely affected by HIV and AIDS, poverty and other forms of conflict to tell, hear and explore stories of loss as well as hope and opens up space and opportunities to share values and connection to those around them.

- b. *Community parenting* helps communities discuss how to parent children in difficult situations. It encourages discussions about how parents can build strong relationships with their children and how the community can provide support to families where a parent or guardian is ill or when children have lost their family through death. This approach helps to identify a child that is having problems and helps a child build his or her self-esteem.
- c. *Helping Children Understand Death* deals with the traumatic effects of losing a loved person and how a caregiver can help children cope with the event and its effects. Key elements of this module aim to create an environment conducive to open discussion about feelings, fears and anxieties that children experience. Caregivers are also encouraged to reflect on their own way of dealing with death and how it may impede their ability to recognize and address the problems their children experience.
- d. *Teaching Life Skills to Our Children* is a comprehensive behavior change approach that focuses on communication, decision-making, thinking, managing emotions, assertiveness, self-esteem, resisting peer pressure, and relationship building.

### 3. Cluster Level Association Formation Training

The self help approach that underlines the GROW group model promotes social, economic and political development. The GROW Cluster Level Associations (CLAs) are formed by six to ten GROW groups located in the same geographical area under one group facilitator. Each GROW self-help group selects three members to represent them at the CLA for a period of one year. The main role of a CLA is to establish linkages with service providers in order to mobilize resources.

### 4. Entrepreneurship Training

The Africa KidSAFE project in conjunction with the Ministry of Community Development and Social Services' (MCDSS) Department of Community Development trained group facilitators in basic entrepreneurship skills. The purpose of the training was to help the GROW members consolidate and diversify their businesses. Following this training five GROW self-help groups went ahead to register their groups with the Registrar of Societies so that they could access bigger loans from micro finance institutions.

#### Exchange Visits

- The Africa KidSAFE project facilitated an exchange visit between the 14 Lusaka-based GROW self help group facilitators and two Chongwe-based GROW SHGs. The purpose of the exchange visit was to show the Lusaka-based group facilitators how the GROW SHGs in Chongwe overcame challenges associated with implementing income generating activities in communities with limited access to markets. The GROW SHG group facilitators visited a SHG named Tigwilizane, which is composed of older women who are caring for OVC. Tigwilizane GROW group started in 2007 with an individual weekly saving of ZMK 500 (\$.10), which has now increased to ZMK 2,000 (\$.43). To date, Tigwilizane has a total group saving of ZMK 6,780,500 (about \$1,440). The group is involved in making bed covers, curtains, pillow cases and bed-sheets, which are sold in the surrounding communities. The second group visited was Kulyakwauma which began in 2006. Kulyakwauma GROW SHG has a total saving of ZMK 8,079,000 (about \$1,720) and all the members run their own businesses.
- As part of the program closeout activities, the cluster leaders from the Lusaka GROW SHGs were taken to Chongwe to visit several GROW SHGs that have done very well long after PCI ended its support. The GROW groups in Chongwe were formed in 2006, and have continued to thrive and replicate themselves without the support of PCI facilitators. The goal of the visit was to show the women how their peers have continued their savings efforts and to share promising practices and lessons learned to help increase savings.

Forty seven women visited three different GROW SHGs and had the opportunity to observe their meetings, ask questions, visit businesses, and discuss ideas on how to keep their groups cohesive and thriving. Most of the visiting women were surprised that the rural-based

GROW SHGs were performing better than their groups in the urban communities and mentioned that ***their commitment to saving and shared vision was the key to their success***. They also observed that the women had steadily increased the threshold of their mandatory savings as their situations improved and thus were able to rapidly build their collective group businesses and investments in addition to their individual enterprises.

## Street Life Skills

During *Data Quality Verification* the Africa KidSAFE project determined that thousands of children have indirectly benefited from the economic empowerment program. These beneficiaries include those known to be at high risk of spending time on the street given the vulnerability of the households they come from. The *Street Life Skills Guide*, accompanied by a video, *Sufi and Site: A story of the Streets*, which tells the story of a group of children living on the streets, was effectively used to address the needs of these children. This program focuses on the issues and challenges of street life, children’s rights, coping with unwanted sexual advances, assertiveness, feeling good about oneself, friendship, understanding choice, HIV and AIDS and thinking about the future. It is targeted at children on the street, children formerly on the street and those at risk of ending up on the street. Although the recommended age for participants is 12 to 18 years old, the 799 children reached with *Street Life* fell within the ages of 10 and 17. *Street Life* was implemented by Jesus Cares International (JCI) and Children’s Transformation Trust (CTT) in the communities noted in Table 2, below.

**Table 2: Communities where JCI and CTT implemented *Street Life Skills***

<b>Lusaka District</b>	
	<b>Kabulonga Area</b>
<b>Kamwala Area</b>	7. Mtendere/Kalikiliki
1. Chibolya	8. Kalingalinga
2. Misisi	<b>Chawama Area</b>
3. John Laing	9. Chawama/John Howard
<b>Garden Area</b>	10. Jack
4. Garden/Chaisa	<b>Kanyama Area</b>
5. Mandevu/Matero	11. Kanyama/Soweto Market
6. Chipata	<b>Livingstone District</b>
	12. Linda Farm for the Blind community/Mwandi

## Community Prevention Sub-grants

Another strategy used to reduce the number of at risk children from moving from the families and communities to the street was the support through sub grants to organizations working in the most at risk communities. A request for applications was issued to partners within the African KidSAFE network in 2008. The response from the Africa KidSAFE network members was overwhelming; SoCLI sub-granted to 11 organizations to implement prevention interventions as discussed below.

### • Family Circles of Care

Lupwa LwaBumi Trust (LLT) used *Family Circles of Care*, a model that strengthens community strategies to enable families to respond to the issues affecting them, including providing psychosocial support to their family members. Families are part of two-level circles: The first circle has five families, which provide day-to-day support to each other. The second larger circle has ten families which provide secondary support services and a forum to identify and address root causes of family and community problems. Family circles facilitate opportunities for vulnerable families to connect with other families and address family problems. Thirty circles of ten families each were established. Working through family circles helped the team to understand key issues threatening family cohesion and also identified ten child-headed households in the catchment’s areas.

## • Family Conferencing

Lupwa LwaBumi Trust also used *family conferencing* to assist and empower individual children and families with problem solving skills. The objectives of the conferences are to help families identify coping mechanisms and resources available within their communities that help them stay together and meet basic needs including food, clothing and shelter. With family conferencing children and families close to the affected family come to mediate disputes and family conflicts to avoid the disintegration of the family due to conflicts. LLT reached 344 families, surpassing its target of 324 families.

*Lesson Learned:* A key learning from this activity was that defining what “family” means is an important step in helping guardians and caregivers re-assess their attitudes towards the children in their care, whether those children are biological offspring, extended relations, or adopted.

## • Counseling Services

To provide quality counseling services to greater numbers of people and to avoid counselor burn out, LLT trained 20 Community Facilitators in basic counseling skills. A total of 220 individuals from 50 families were counseled by the Community Facilitators on issues ranging from alcohol and drug abuse to child abuse. The issues encountered most frequently were (1) the increased use of illicit drugs and (2) stress experienced by parents. LLT involved the Drug Enforcement Commission (DEC) through the National Educational Campaign, an organization with a number of qualified counselors, to work with youth on drug abuse. 117 children / youth (88 males and 29 females) were referred to these counselors.

Kara Counseling and Training Trust (KCTT)’s Sables Drop-in-Centre organized meetings where OVC guardians could meet and receive information and skills to help them better understand and deal with the issues affecting their children.

Jesus Cares International (JCI) oriented 54 OVC caregivers in basic psychosocial counseling so that they are able to handle the psychosocial impacts of the illness and/or death of either the parents or the primary caregivers. The caregivers were drawn from Linda/Maloni, Zambezi Saw Mills and Ngwenya communities in Livingstone.

## • Capacity Strengthening

In partnership with Children’s Transformation Trust (CTT)’s prevention initiatives, the Africa KidSAFE project worked to strengthen capacities of social and civil organizations in the development of child-friendly programs at a community level. Activities implemented included:

### i. Early Warning System

The goal of this program was to lay the foundation for a community-based early warning system that would identify and develop responses to intervene when the capacities of households caring for OVC weakens. The system started with the creation of vulnerability assessment criteria and tools targeting children at risk. CTT then employed and trained 20 Community Mobilization Officers. These officers conducted the vulnerability assessments and served as the case managers for each of the children enrolled. To coordinate and implement the system at the community level, CTT facilitated meetings to strengthen the referral system between the Department of Community Development of the Lusaka City Council, the Department of Community Development of Chawama, the Ministry of Community Development and Social Services (MCDSS) and ward, zonal and religious leaders. Through such networks, the CTT was able to secure grade 8 scholarships from the Public Welfare Assistance Scheme under the MCDSS for 10 children. Another 24 children who were loitering at a neighborhood filling station and at Embassy Supermarket were removed and placed in schools following a meeting with the proprietor, CTT, community and religious leaders. All 24 children were provided with educational support by the proprietor of Embassy Supermarket.

## ii. Child Rights Training

CTT, AATAZ and JCI all had programs to teach children about their right using the principles of the United Nations Convention of the Rights of the Child. In addition to training children, AATAZ and JCI trained caregivers in child rights and the responsibilities of parents, the code of conduct of a caregiver and conflict resolution.

CTT, Anti-AIDS Teachers' Association of Zambia (AATAZ) and JCI observed that there has been a drastic reduction in the incidences of children loitering at Embassy Supermarket, Crossroads Mall and Kabulonga shopping complex. They have also observed that the number of children collecting food from the garbage bins has also reduced significantly. One of the beneficiaries of the child rights training and participant of the vulnerability assessment noted: *"Unlike other organizations in my community, CTT viewed me as a child at risk of drifting to the street, as an active member of the community rather than just a victim. This gave my life a purpose and dignity. I am glad CTT viewed me as a very important part of the solution and supported me in planning and carrying out efforts to reduce the number of children drifting to the streets."*

## iii. Youth Centre

KCTT's Sables Drop-in-Centre opened a youth corner at the drop-in-centre where children congregate and have access to various recreational activities. Africa KidSAFE project facilitated the purchase of two pool tables and one table tennis table.

CTT started a youth centre in Misisi compound where children and young people congregate and have access to recreational activities, life skills training, and educational services. After the lease in Misisi expired, CTT negotiated with the Chawama Ward Development Committee to host the youth club at no cost. Unfortunately, during the cholera outbreak of 2010, this center was closed down to become a cholera ward.

### • Life Skills Training

The Anti AIDS Teachers' Association of Zambia Catch Them Young (ACTY) center was supported by the Africa KidSAFE project, Lafarge Cement, Gazelle and Plascon paints and well wishers from Holland. The centre provides skills training in herbal gardening and Information Technology (IT) training (computer package). The centre also operates a home- work session to vulnerable children. Further, ACTY centre runs sports and theatre for development activities.

### • Information Technology (IT)

AATAZ has been promoting computer literacy, especially for out-of-school children through the use of 13 computers. The IT trainings are open to both in and out - of school youth with training on how to use Microsoft Word, Excel, PowerPoint and the internet. Three sessions are conducted in the afternoon, targeting the in-school children, while the morning sessions were dedicated to the out-of-school children. Girls who were victims of early marriages and teen pregnancies benefited from the Aunt Stella Kit. The Aunt Stella Kit covered topics like condom use, peer pressure to have sex, sexual behavioral change and goal setting for the future. 122 youth benefited from these trainings- 50 males and 72 females.

### • Herbal and Vegetable Garden

AATAZ has a herbal and vegetable garden which operates as an income generating activity through sale of plant seedlings and herbs. The garden is used as a demonstration site during trainings. With a grant from the Africa KidSAFE project, AATAZ trained children between the age of 8 and 17 years of age as well as youths from its catchments areas in herbal and vegetable gardening. The training involved planting and maintenance of the herbal garden, drying, processing and packaging herbs and spices. Cuttings and seedlings from these herbs have been distributed to the following schools and centers as

income generating projects: Makwenda Home-Based Care Centre, Tigwilizane Home Centre, Kalikiliki and Kalingalinga community schools.

A student at the centre noted, "The project is assisting girls; we are now able to operate computers and some of our friends have been employed by companies operating internet cafes in our communities."

### • Sports for Development

*Sports for Development*, a vehicle to disseminate HIV awareness and prevention messages among children of school going age was implemented by AATAZ, Grassroot Soccer (GRS) and Barefeet Theatre Group (Barefeet). AATAZ formed two soccer, netball and basketball teams, targeting children under the age of 12 years old, and another for children between 12 and 17 years old. It was observed that there has been a reduction in the number of children from Kabulonga and Chibelo Basic schools loitering on the streets and at Crossroads shopping mall since the program began. A total of 25 friendly matches and four tournaments have been played.

Grassroot Soccer (GRS), in partnership with Barefeet Theatre Group (Barefeet), implemented the Bwacha Twangale project which served to educate children by utilizing community-based HIV and AIDS and life skills educational programs. The Bwacha Twangale project offered a chance for children to explore and participate in new games, theatre and other engaging recreational activities, with the overall goal of preventing them from drifting to the streets. The project was implemented in Kamwala South, Northmead, Kamwala, Kanyama and Mtendere communities in Lusaka. Participants were recruited using the recruitment tool which is in form of a questionnaire that identifies the presence of the following six factors that describe a child as high risk, allowing coaches to quickly assess vulnerability:

- A child's sibling(s) is (are) already on the street
- A child has previously been reintegrated from the streets
- A recent death of a parent or guardian has occurred
- Child is not attending school
- Child has experienced emotional, physical and/or sexual abuse
- Household socio-economic difficulties

Barefeet coaches helped participants internalize and personalize key messages by engaging them in drama. *The Story of Uncle John* was an ongoing drama acted out by Barefeet Coaches at the beginning of each session. Each week, Uncle John encountered situations and made choices, which were discussed by participants through questions interspersed throughout the sketch. Participants were engaged in coming up with conclusions as to how they could change their future through the choices they made. The effectiveness of this activity lay in part in the training Barefeet coaches have in psychosocial counseling, as well as their own experiences as street children.

A football tournament promoting counseling and testing at Kalingalinga Sports Field was organized by Grassroot Soccer. This tournament successfully links prevention, care and treatment by bringing youth together through soccer to increase awareness about HIV testing and treatment services and empowering youth to know their status by promoting positive peer pressure. Barefeet performed at the event that attracted 2,000 people and helped to encourage all participants over the age of 16 to go for HIV testing. Of the 2,000 people who attended the tournament, more than 530 people got tested.

### • Theatre for Development

Another vehicle for HIV prevention and child rights dissemination among youths, school going children and the wider community has been theatre for development. AATAZ and Barefeet Theatre Group used theatre to raise awareness on HIV, child rights and the dangers of street life. In the early months of the partnership, AATAZ used a community drama group called Nomakanjani Arts where some of its cast members are from the local soap known as "*Banja*" (clan).

Working in collaboration with the Nomakanjani Arts, a total of 117 ACTY children against a set target of 80 were trained and are actively involved in theatre for development. The children have conducted

awareness rising through drama on the dangers of street life, drug and alcohol abuse, children's rights and responsibilities, rights of children living with HIV and AIDS and the effects of stigma and discrimination for children living with HIV and AIDS.

### • Barefeet Theatre

Through Barefeet Theatre group, Africa KidSAFE implemented the "Barefeet Centre Workshop Program" (BCWP), a community prevention program which was facilitated in 27 care facilities and community schools. The BCWP is facilitated by trained workshop facilitators using the Barefeet covering the following topics:

- Introduction to children's rights
- Preventing violation of children's rights
- Children as good citizens and agents of social change
- Preventing pollution of our environment
- HIV/AIDS prevention and treatment
- Hygiene and preventable diseases
- Drug abuse
- Cultural arts



The year long module closed with a festival and step-outs where children presented their work in their communities of origin for all the groups.

Through Barefeet Theatre, Africa KidSAFE facilitated the Animafwafwa Art, a sculpture making training at the Arts Academy in Lusaka for 25 children from Fountain of Hope. Through guidance from professional painters and sculptors, the children created six animal sculptures that were exhibited in Lusaka during the Barefeet festival. The Animafwafwa is a story of imaginary creatures that would invade the earth if children did not take care of their environment which was developed by Barefeet as part of the health and environment module. A fashion show, in which children identified factors contributing to environmental degradation in their communities and later sensitized the communities on various ways of conserving their environment, was also staged as part of the health and environment module. The BCWP participants held six meetings with Creative Kids International where they taught their peers how to make costumes out of recycled material that was discarded.



Children in the BCWP shared their ideas on the use of recycled material with 200 participants at the Zambia Children's Climate Change conference organized by UNICEF at the Mulungushi International Conference Centre where children from 71 schools in Zambia converged. The BWCP was represented by children from four centers and one community school, all from Lusaka.

### • Motivational and Mentoring Sessions

Motivational and mentoring sessions are meetings where children come and a mentor reads out a book about a particular topic. After a mentor has read the book, children either act out or share their experiences related to what has been read in the book. Motivational mentoring promotes the development of self esteem and confidence in making positive choices. The Africa KidSAFE project implemented the motivational and mentoring intervention through Lubuto Library Project (LLP) in conjunction with Youth for Sport, Rehabilitation and Restoration (YoFoSo). LLP and YoFoSo worked in 12 target communities and one community school, identified by the Zambia Open Community Schools (ZOCS). ZOCS is an NGO registered to provide free quality basic education to OVC and children with

special needs aged 9 to 18 years and 6 to 8 years of age respectively. 831 children benefitted from motivational and mentoring sessions. Of these, 439 were boys and 392 girls.

LLP and YoFoSo trained outreach officers and teachers as mentors and peer leaders in motivational and mentoring skills for children and adolescents using stories of positive examples. Caregivers and parents were also trained as mentors to reinforce the development of confidence in making positive life choice. Subsequent feedback from parents showed they both understood and appreciated the goal of the program; their support contributed to more regular attendance by the children.

Fourteen boys who lived on the streets of Lusaka's Town Centre and participated in the sessions noted "the sessions helped us make a decision to be reintegrated back in our families because the sessions we attended really spoke about our situation on the street." During mentoring sessions, some children felt empowered to request information on the use of condoms and discuss issues including sexual abuse, an indication of success in both creating a safe environment in which to discuss sensitive topics as well as the development of confidence and self esteem in the children to be able to bring up these subjects. strong indication that the children feel more confident that they are in a safe environment where their opinions and concerns are taken seriously and seriously and they can access information that helps them make better decisions and understand the options open to them.

### • Access to Quality Education

Programs enabling access to quality education were implemented by AATAZ, Rainbow Project in Ndola, Kara Counseling and Training Trust (KCTT)'s Sables' Drop-in Centre in Kabwe and Jesus Cares International Lusaka and Livingstone. The specific areas in which access to quality education has been improved include:

#### Child Sponsorship

Rainbow Project in Ndola, KCTT in Kabwe, AATAZ in Lusaka and JCI Livingstone and Lusaka paid school fees for pupils at risk of drifting to street life as part of its prevention agenda. Angela and Ruth, grade 3 pupils from Kalingalinga Basic School in Lusaka, noted: *"We value education and sponsorship because education cannot be taken away from us."* The two girls met at the University of Zambia Great East Road Campus garbage site where they used to pick food. They also used to work as casual labourers crushing stones from morning till evening for ZMK 3, 000. Angela and Ruth were identified by the JCI street outreach workers who screened and counseled them. After intensive counseling, the two girls were placed in school at Kalingalinga Basic School in Lusaka.

#### Provision of School Material

The project also provided scholastic and other learning material such as school uniforms and bags, desks and other materials both directly and through its partners. This has enabled more OVC to enroll in school and has greatly increased the retention, completion and performance of the at risk children. Ms. Sheila Lubinda, a teacher at the community school, noted *"Before Africa KidSAFE bought desks for the school, the retention rate was very low. On average the school used to refer less than 50 pupils to surrounding schools offering grades 3 and above. From the time the desks were donated to the school, we have been able to retain and refer all the 80 pupils to surrounding schools."*



## Bridging Class

In addition to sponsorship and school placement of OVC, the Africa KidSAFE project supported a bridging class at KCTT's Sables Drop-in-Centre for children who have not been accepted into grade one due to limited school places and are at risk of drifting to the streets if left out of the school system. The bridging class uses the approved Ministry of Education school curriculum which makes it easy for children to fit into the mainstream educational system once a place is found. The project also supported numeracy and literacy classes at Rainbow Project's Luigi Drop-in-Centre. While KCTT's Sables Drop-in-Centre targets children at risk of drifting into the streets, Rainbow Project works with children on the street who have been identified and referred to the Luigi Drop-in-Centre. Once the children have been reintegrated into their families, Rainbow Project places the children into government and community schools.



Children in a bridging class at Sables Drop-in-Centre.

## Street Corner Education

Africa KidSAFE project facilitated the provision of daytime *Street Corner Education* to children on the street in Kitwe through Friends of the Street Children. The sessions are conducted three times a week in four zones most frequented by small gangs of children and are used to generate interest in education as well as a tool to identify children who are ready to return home or go to a residential facility. The average attendance per session has been 15 children, including children of the blind. The *Street Corner Education* program has been a successful tool for removing children off the street to the facility and later placing them into government and community schools. 76 children benefitted from *Street Corner Education*.

## School Feeding Program

School feeding together with psychosocial support played an important role in the enrolment, retention and completion rate of children at KCTT's Sables Drop-in-Centre. There is great motivation (and less absenteeism) amongst the children in the schools where there is provision for a hot lunch. Children who are all at risk of drifting to the street appreciated the school feeding program who they noted that *"At home, we do not take breakfast and when times are hard we only take dinner because of lack of food."* For most children, their only balanced meal was the one received at KCTT's Sables Drop-in-Centre. 52 children benefitted from daily hot lunches.



Pupils at KCTT's Sables Drop-in-Centre having lunch.

To promote sustainability for its partners, the Africa KidSAFE project supported KCTT's Sables Drop-in-Centre with inputs for its vegetable garden and maize field. Both projects were aimed at increasing food security for the children in the bridging class and those at the emergency facility. Africa KidSAFE also purchased a hammer mill to allow Sables Drop-in-Centre to mill its own maize as well as generating income for the centre through milling mealie meal for the surrounding community members at a cost. The maize bran is used to feed the pigs which the centre rears as part of its income generating activities.



## Challenges

- i. Group leaders (CETZAM) found it difficult to follow up on defaulters as they felt they should be conducting their own business.
- ii. Businesses for most members were not performing well due to the economic meltdown. Most of the group members avoided paying the loans by relocating to communities where they would not be found by members of their groups.
- iii. Lusaka experienced significant floods during the height of the rainy season. As a result GROW SHGs in Misisi community under CTT and Fountain of Hope were among the families that the Government of the Republic of Zambia relocated to the Independence Stadium where they were sheltered. The floods also contributed to the disbanding of most of the groups in Misisi because families opted to move to higher grounds that were not prone to floods. However, savings from GROW SHG proved highly effective in strengthening the ability of the household to insure them against further shock.

## Lessons Learned

- The GROW self help model has promoted the application of collective learning and responsibility among members. Group members have learned from each other's successes. For instance, one group facilitator noted that "If one group member takes a loan of ZMK 200,000 and defaults and another person succeeds in using the loan well and eventually repaying it, other members learn from this success." Within the savings and credit groups, members know each other quite well and use social capital to assist those in difficult times, for example, one member of Tithandizane 1 whose household belongings burnt down after her house caught fire due to an electrical fault was assisted with clothing for her and the children by the GROW group members.
- When women identify a felt need, they own the process and are empowered by it. Two groups in Chisomo's Chaisa community sourced books from the local school to use in their literacy class, contributing to their running their businesses with greater success.

## **Objective 2: Increase the number of children moving from the streets back to communities through family and community reintegration**

The Africa KidSAFE project worked to offer every child a chance to enjoy family life through its reintegration program. Successful reintegration involves identifying root causes of the separation of the child from the family and working with both the child and the family to reconcile those root causes. The Africa KidSAFE project supported interrelated and interdependent efforts with the child, family, and community to ensure a child's smooth transition to a home environment. Over the course of the project 508 OVC were reintegrated; 62% remained in their homes for at least six months after reunification.

The Africa KidSAFE project continued working with the Africa KidSAFE Network members and partners to ensure successful reintegration by involving government agencies such as the Ministry of Community Development and Social Service staff, the Zambia Police Service's Child Protection Unit (CPU) and Victim Support Unit (VSU), and civil society organizations in the Africa KidSAFE network. Reintegration also involved ensuring that the family is given the necessary support to fully assume its responsibilities for a child that has been away and be able to access services available within the community. When children are separated from their families and are on the street for a long period of time, both the child and the family change bringing even greater challenges to the task of reintegration.

During the six years of the Africa KidSAFE project, it has become very clear that children who are directly reintegrated from the street to their family experience more difficulties in adjusting and are more likely to return to the street. For this reason, children who have been on the street longer than six months are typically placed in a transition facility where there are trained caregivers who help them come to terms with their lives on the street, their emotional insecurities, address their poor health, and deal with substance abuse. Only after this process has been completed will the reintegration team start to trace and assess the family situation for reintegration of the child.

The Africa KidSAFE project either reintegrated children directly through its Reintegration Officer or worked with partners such as JCI, Rainbow Project, Friends of the Street Children and KCTT's Sables Drop-in-Centre. Reintegration includes the following steps:

### **Tracing and Reintegration**

Once a child on the street or in a transitional care facility expressed a desire to return home, a reintegration officer from the Africa KidSAFE project or Department of Social Welfare will initiate a search for the family; this process is referred to as family tracing. Once contact is established, the reintegration officer would make every effort to reunite a child with his/her biological parents. When parents are deceased, unable, or unwilling to care for the child or the home environment was not safe for the child to be reunified with a biological parent, reintegration officers would attempt to identify other appropriate family members willing to care for the child. Family tracing was particularly challenging as most of the children could not provide sufficient information about the location and last residential address of their parents and guardians. Attempts to locate guardians through public records also failed, so a physical search had to be undertaken by a team comprised of the Africa KidSAFE project Reintegration Officer, the outreach officers from partner organizations, officers from Child Protection Unit and Social Welfare office, who had to travel with the children to the last location the children recalled in an effort to locate the child's extended family.

The key consideration during the tracing process had been to explore the family members' perceptions on the underlying conflict and determine if a resolution was possible and placement in the best interest of the child.



Stigma proved to be a threat to successful placement of children with their families, especially in the face of economic hardship. Children who have lived on the street are frequently accused of being thieves, satanists and pariahs, and for this reason follow-up visits are crucial in the first few weeks after reintegration to ensure that the children adjust well.

The Africa KidSAFE project coordinated its reintegration activities with the Department of Social Welfare Officers in the districts where children had been reintegrated for easy follow-up by the department. To strengthen coordination and follow-up visits, the Africa KidSAFE project with funding from USAID purchased and distributed ten motorcycles to District Social Welfare Offices where children are most frequently reintegrated: Kabwe, Kapiri Mposhi, Kitwe, Ndola, Chililabombwe, Solwezi, Kasama, Mansa and Lusaka. Africa KidSAFE project drafted a MoU with the MCDSS where the former took the responsibility for purchase and delivery of the motorcycles while the latter would assume responsibility for registration, insurance and maintenance.

## Follow up Visits

After a child leaves the transitional care facility or street and returns home, follow-up support is crucial because families and children remain vulnerable in the early months of adjustment and require ongoing support, encouragement and assurance that others still care for them. The Africa KidSAFE project reintegration officer visited seven districts to orient district staff and KidSAFE network members on how to use the *Child and Guardian Follow up Tool* to track children more systematically. The roll out of the tool has helped to verify figures of the numbers of children still at home six months after reintegration. This effort revealed that 62% of the children surveyed were still at home. The change in this statistic is also due to more accurate information from distant districts such as Kasama, Mansa and Solwezi that had previously not shared the data with the project. Efforts to improve data filing at district level have also resulted in more accurate and efficient data flow.

Despite the logistical challenges, some districts did make an effort to reintegrate or follow up children. Two case studies are featured below:

**Kasama District** is located in Northern Province and is more than 800 kilometers away from the capital city. Children found on the streets of Lusaka, Kitwe and Livingstone have been reintegrated back to this province, where there are only two residential and one drop in centre for vulnerable children at risk all run by faith-based organizations. The Department of Social Welfare worked closely with the Young Women's Christian Association (YWCA) and JCI who were all trained by the Africa KidSAFE project in FY08 in the reintegration protocol.

Previous head counts revealed a great number of children on the street in Kasama, who would spend their days on the street selling goods to raise money and then return home in the evenings. For that reason, JCI has been implementing a child labor program with support from ILO and previously also from the US Department of Labor to provide suitable interventions. More than 50% of the children YWCA worked with were defilement cases, which is a reason why children were leaving their homes for the streets. For all the defilement cases, the children were not returned to the households of their defilers but placed with alternative family members after assessment. The District Street Children's Committee has thus recently discussed changing its title and role to address broader child protection issues while it continues to offer coordinated services for children on the street in Kasama along with its partners.

**Kapiri Mposhi District** is located in Central Province and has been a magnet for displaced children because it is a trading hub. The line of rail passes through this district which serves as a transit and connection point for travelers from different parts of the country. There is however no transitional residential facilities or outreach services beyond those offered by the Child Protection Unit of the police with occasional support from the outreach team from Kabwe which is about an hour's drive away. There are no members of the Africa KidSAFE network in Kapiri Mposhi. Therefore reintegration is conducted solely by the Department of Social Welfare (DSW) together with the Department of Community Development. Over the last 2 years, DSW have removed 115 children from the street and directly reunited them with their families. Where the family of the child could not be traced the district made referrals to institutions in Kabwe or Kitwe, including to the Africa KidSAFE partners (Friends of the Street Children, Rainbow Project, Cicetekelo Youth Project and KCTT's Sables Drop-in-Centre). For those

reintegrated in and near Kapiri Mposhi town, the Department of Social Welfare referred families of the children to the Department of Community Development who assessed their economic status and in many cases issued small grants through a cash transfer system so they could start an income generating activity. To date all families of the reintegrated children are followed up by the Area Community Committees.

## **Educational Support**

Through continued interaction with children on the street, the Africa KidSAFE project learnt that most children run away to the streets to earn money for educational support. In response, the project put aside a small scholarship fund for children who expressed a desire to go back to school after reintegration. A total of 35 children accessed this fund. One such beneficiary of the educational support is Francis Chileshe, a boy who was reintegrated in 2008 and is going into grade 11 in Nakonde. The Department of Social Welfare took over the responsibility of educating Francis following the end of the project.

## **Trauma-Focused Cognitive Behavioral Therapy**

The Africa KidSAFE project and Catholic Relief Services (CRS) SUCCESS partnered on the Trauma-Focused Cognitive Behavioral Therapy (TFCBT) intervention to address needs of children at Flame, JCI and Fountain of Hope drop in centers. The Africa KidSAFE Reintegration Officer who was trained as an Assessor in TFCBT assessed 11 children and referred four for therapy. Most of the children assessed were sexually and physically abused and one was involved in Satanism. Efforts were made to ensure that the children were placed in safer places. One example is a 15 year old girl who was defiled by her grandfather and got pregnant. The girl was removed from the home where the incident occurred and placed in a child care facility for pregnant and young mothers where she received this support. The girl had her baby and, after completing her treatment, was placed in a boarding school.

## **Government Involvement**

*Reintegration Guidelines:* The Africa KidSAFE project in conjunction with members of the Africa KidSAFE network developed the reintegration guidelines in an effort to standardize the reintegration process. Given the responsibility of the government for reintegrating children in difficult situations, the Africa KidSAFE project trained over 50 staff from the Department of Social Welfare (DSW), Child Protection Unit (CPU), Community Development and the Africa KidSAFE network in the reintegration protocol. Prior to the training, reintegration was a fragmented process with duplication of efforts in many cases.

*District Reintegration Planning:* To continue to engage Department of Social Welfare and Community Development officers, the Child Protection and Victim Support units of the Police, Drug Enforcement Commission (DEC) and Africa KidSAFE partners in the reintegration process, the project facilitated a three-day meeting where joint District Reintegration Plans for 2010 were developed. The first part of the workshop focused on a review of what was working well in the reintegration process and what needed to be strengthened. Participants also shared information related to services they were able to consistently offer to children and what commitments they could make for the coming year in order to improve coordination in reintegration. One of the outputs of the workshop was a forecast of how many children would need to be reintegrated based on the number of children on the street and in the centers in each target district. This meeting was attended by 30 people from the DSW, CPU, VSU, DEC, Community Development and Africa KidSAFE project partners.

The roles and responsibilities for implementing the work plan were also discussed along with a budget required. The Department of Social Welfare was identified as the coordinating body for the effort while the Africa KidSAFE project was to finance the budgets. However, due to a reduction in project funding, the anticipated support to the district social welfare offices was not possible and the plan was not able to be implemented.

As part of the program close out process, a workshop for trained reintegration and outreach officers was held in Kabwe from June 28 to July 1, 2010. The training, for 36 participants, focused on equipping the

officers with knowledge around child rights, child rights programming, and documenting most significant change stories. During part of the training, the officers made presentations on most significant changes, promising practices, challenges, and success stories. Reintegration officers came from eight District Social Welfare Offices, while outreach officers represented nine districts that PCI has worked with in the past three years. Some of the outcomes of the workshop are reflected below:

## Most Significant Changes

- The districts observed that in the last two years, the rate at which children pass through the facilities has increased because of more consistent reintegration efforts. This has resulted in more placements and freed up space in the facilities for children removed from the streets.
- There has been a discernable decrease in the number of children who need to be reintegrated who are living in institutions compared to two years ago when the backlog was overwhelming.
- Family mediation and preparation guidelines in the reintegration manual for officers increased the success of children staying at home after reintegration because children and family are counseled before reunification.
- There has been a marked improvement in the collaboration between partners and government agencies in reintegrating children.
- On one hand government officers are more proactive in reintegrating and following up with children; however, there has been decreasing funding for MCDSS over the last three years and this severely restricts the activities and effectiveness of the Department of Social Welfare.

## Challenges

The following are some of the challenges faced during the three year implementation of the Africa KidSAFE project:

- Inadequate funding to implement street children activities by many district social welfare offices.
- Poor record keeping by the District Social Welfare office remained a great challenge. Lack of computers has contributed to poor record keeping in all district offices as they have to enter the data manually and hard copies are not backed-up by soft copies. (At the end of the project PCI donated (using private funds) laptops to each of the District Welfare Offices.)
- Drug and alcohol use by children on the street remains the greatest obstacle to reunification.
- Poor economic conditions have remained a great challenge for most households.
- Stigma continues to hamper the community support available to children who have been reintegrated.
- Despite advances made in coordination of reintegration activities, stronger efforts need to be made to enhance the systems for more efficient referrals and placement of children.

## Successes

- A reintegration checklist was developed. The checklist is a tool that summarizes the steps that one needs to follow when conducting reintegration.
- The home assessment tool was developed. The tool collects vital information on the child, the family and the home environment.
- The reintegration protocol was developed. The guidelines/protocol serve to outline core working principles, clarify legal obligations and network.
- *Child and Guardian Follow up Tools* were developed. These tools help track children more systematically and also work as a guide for the staff involved in the post reunification visits.
- There is greater involvement of government and the Africa KidSAFE network members.

## Lessons Learned

- During the three years of the Africa KidSAFE project it has become very clear that children who are directly reintegrated from the street to their family experience more difficulties in adjusting and are more likely to return to the street.

- The pre-reunification stage of the reintegration process with intensive counseling or advanced therapy is key in ensuring that children are prepared physically, emotionally and psychologically for their return home.
- Children who stay for long periods in a child care institution have greater difficulties in fitting back in their families.
- The Africa KidSAFE project was overly ambitious in thinking about its ability to respond to this objective. Certainly the targets were unrealistic. The very complex social, physiological, and psychological issues involved in why children leave homes, their lives on the street and why families don't want them back combined with the lack of success reintegrating children, lead us to suggest that those resources might have been better used on activities with proven positive results providing direct support to children living on the street and to communities where children are at risk of drifting to the street.

### **Objective 3: Increase the number of children benefiting from high quality street and facility-based services**

Daily outreach on the street is a fundamental tool for assessing the well being of children on the street and to ensure their access to essential services. The sites where the most children are found are: City Market, Soweto, Kamwala Bridge, Downtown Shopping Mall, Embassy Supermarket, Manda Hill, and Northmead (Lusaka), Broadway, Kanseshi, Shoprite, and Masala Market (Ndola), and Pie City, Shoprite, After Ten, and Chisokone Market (Kitwe). These sites are characterized by restaurants where children can easily access leftover food or traffic lights where children beg for money from motorists. Children also engage in other survival strategies such as carrying merchandize for marketers or exchanging sex for money.

The KidSAFE outreach team targeted these locations and developed personal relationships with the children to ensure their rights were protected as much as possible while they are on the streets and in transitional facilities. In Lusaka, outreach workers also took children who were sick, pregnant or incapacitated to the mobile health unit, whilst Friends of the Street Children (FSC) and Rainbow Project took such children to health facilities where they have established a good working relationship. Each individual outreach worker was expected minimally to work with two children in two hours per visited site. However, outreach workers usually had sufficient time to attend to needs of other children as well. A total of 2,473 OVC were served with street and facility-based services which included mobile health, psychosocial counseling, food and hygiene services from drop-in centers.

#### **Trainings**

After the 2008 UNICEF-sponsored headcount of children on the streets, the Africa KidSAFE project embarked on offering outreach trainings to child care workers in ten target districts to help them effectively address the needs of these children. Outreach workers from the Africa KidSAFE network members and staff from the District Social Welfare Offices (DSWO) in Livingstone, Kasama, Solwezi, Kitwe, Kapiri Mposhi, and Ndola were trained in systematic street outreach. Kasama remains a district of concern with the highest number of children leaving home for the streets. However, field sessions conducted during the training, revealed that the majority of children on the streets of Kasama do not sleep on the street but spend considerably longer hours on the street at night than in other cities. These children come from seven vulnerable communities: Chisanga, Chiba, Chambeshi Township, Luwaluyo, Mutale, Chishikula, and Musenga. Participants of the training interacted with children on the street and discovered that their main sources of income came from selling vegetables and empty bottles, washing cars, carrying luggage, and transactional sex. Their recreation consisted of solvent abuse, alcohol, and playing pool in bars. When questioned about why they are on the street, many children alluded to lack of educational support and lack of basic needs at home as the primary reasons. Lack of access to more positive forms of recreation such as sports or youth-friendly clubs was also mentioned as a reason for going to bars where they could watch television or play pool. The Africa KidSAFE project trained a total of 75 people in street outreach work from these targeted ten districts. However, at the close of the project, only 27 outreach workers: 13 in Lusaka, two in Ndola and 11 in Kitwe and one in Livingstone were operational due to financial constraints of their organizations.

#### **Substance Abuse Training**

In order to address the persistent problem of solvent and alcohol abuse by children on the street and in the community, Africa KidSAFE project supported the training of 19 street outreach workers in intervention approaches for addicted children in October 2009. The training was based on the curriculum developed by Serenity Harm Reduction Program in Zambia (SHARPZ). The training taught participants about the interconnected risks associated with substance abuse, how to recognize addiction, and the tools that can be used to plan for interventions for individual children. Three outreach workers in Lusaka embarked on identifying sites where children buy



alcohol, bostic/sticka and dagga. City Market, Soweto Market and Mr. Cool were identified as sites where children access alcohol, sticka and dagga the most. The outreach workers disseminated information on the dangers of substance abuse through group discussions with the children on the streets.

### **Street Life Training**

Africa KidSAFE project hired a clinical psychologist to train 22 caregivers from 11 centres in Lusaka, Kitwe, Kabwe and Ndola on how to facilitate *Street Life*. *Street Life* is a 12 session life skills programme for children living on the streets and those who have lived on the streets. The aim of the programme is to help the children or young people to make informed decisions about leaving the street, and to learn life skills which will enable them to lead better and safer lives whilst on the streets. Also in attendance were some students from the University of Zambia who were pursuing Masters Degrees in Child Psychology and who had agreed to volunteer their services in the facilities run by the Africa KidSAFE network.

### **Child Rights Training**

A four day child protection workshop was held for 36 outreach and reintegration officers from the Child Protection and Victim Support Units, Department of Social Welfare in the ten target districts and Africa KidSAFE network. The training focused on equipping the officers with knowledge around child rights, child rights programming, and documenting most significant change stories. All the participants are frontline staff members who are in contact with children on the street or in difficult situations.

### **Camps**

The camp is designed to run for 4 weeks in order to facilitate the process of family tracing and home assessments. The camp provided a temporary refuge from the dangers on the street. Children had access to counseling 24 hours per day. Activities in the camp included recreation, psychosocial counseling, substance and drug counseling, medical screening and reproductive health services.

A camp for girls from the street was held in June 2008 at Serenity House by the Lusaka District Street Children's Committee. The camp initially targeted 29 girls, but this number reduced to 23 after six ran back to the street. Daily individual and group counseling was held touching topics of substance abuse, sexual abuse, pregnancy and STIs, depression, loss and coping strategies for life on the street. At the end of the four week period, there were suggestions that the camp be extended because the family tracing process for most of the girls had not been completed. However, the Department of Social Welfare decided to take the girls to Hope Foundation where another twelve girls ran back to the streets. The staff for this camp included outreach workers, Barefeet staff, staff from the DSWO and staff members from SHARPZ.

Through a grant from UNICEF and with the approval of the Department of Social Welfare, the Ecumenical Development Foundation in Kanakantapa was approached and found amenable to providing vocational training to the girls through a seven week program. The centre was one of the few well-equipped facilities willing to accept children from the street and is ideally situated because children can not easily run away. The August 2008 training program for 12 girls aged 14 - 19 focused on agriculture, animal rearing (chickens and pigs), food processing and tailoring. Intensive group and individual therapy, provided by a team of five professionals, continued for the girls. Four outreach and one social worker lived in residence with the girls, in addition to all the female staff at the training facility. All the 12 girls successfully graduated from the camp. Ten girls were reunited with their families by the Africa KidSAFE project reintegration officer while two were placed in permanent care facilities where they were provided with educational support.

FSC hosted a camp for girls aimed at keeping them away from the routine of street life including petty crimes, sexual exploitation, and substance abuse. The FSC girls' camp:

- a) Disseminated information on the dangers of substance abuse and multiple concurrent sexual partners;
- b) Promoted good hygienic practices;

- c) Provided the girls space for self reflection to aid them in making informed decisions regarding their future;
- d) Trained the girls in life skills promoting the development of confidence and self-esteem; and
- e) Facilitated behavior change through positive peer pressure.

Children leave their homes for many complex reasons and it is recognized that the situation which caused the child to leave in the first place may not have altered significantly. Children are only reintegrated after a careful assessment assuring that previous negative factors in the home are no longer an issue.

During street outreach trainings in Livingstone and Solwezi, a need for a psychosocial counseling camp in each district was identified. The challenge was that there is no drop-in or long term care facilities available for children to be placed once they are removed from the street. Experience from other districts has been that it is very difficult to reintegrate children directly from the street without the buffer of a psychosocial counseling camp. In order to address this problem, the DSWO and Africa KidSAFE project ensured that family tracing and home assessments were all completed during the 30-day camp. All the children were successfully reintegrated and placed in school. Another camp for 15 boys was held in Livingstone. Eleven were successfully reintegrated with their families while four were placed in facilities in Livingstone awaiting reintegration. All the 33 boys were placed in schools and supported by the Africa KidSAFE project through its bursary fund for reintegrated children.

## **Mobile Health**

Jesus Cares International (JCI) took over the implementation of the mobile health services from New Horizon Ministries in 2009, an organization that pioneered the street-based health service. JCI was selected after a competitive process based on its well-established programs for the provision of palliative care for chronically ill patients due to AIDS and/or tuberculosis, VCT services, and registration with Churches Health Association of Zambia and the District Health Management Team which has provided drug kits to the organization for the mobile health service. JCI also has a transition care centre where children from the street undergoing treatment were sheltered until they recovered and alternate accommodation could be found.

During the implementation phase STIs, especially syphilis, continued to be one of the biggest health challenges affecting children on the street. Transactional sex is one of the survival strategies for children on the street, especially for girls. The mobile health clinic handled 109 cases of STIs and 47 children were found to be HIV+. Of the 47, 20 were referred for CD4 counts and later commenced anti-retroviral therapy. Eighteen children were reintegrated in their families while two girls were placed at the Salvation Army Home in Makeni for purposes of care and support and to promote adherence to the treatment.

HIV prevention talks covering topics such as HIV transmission, assessing one's vulnerability to HIV and the importance of knowing one's status has been an ongoing activity for the mobile health team. Through such awareness raising, children have been encouraged to access CT services and practice safer sex. Related to HIV prevention talks, were talks on reproductive health and life skills. Following sessions on reproductive health, the mobile health team reported a reduction in cases of pregnancy and abortion among girls on the streets.

## **Most Significant Changes**

- In the districts where rehabilitation camps have been conducted, there has been a perceived reduction in the numbers of children on the street.
- Coordinated withdrawal of children from the street for interventions such as the Zambia National Service Camps has improved and become more systematic and structured with the MSYCD linking graduates from the camps to private institutions such as Lumwana Mining Company Limited in Solwezi and Anhui Foreign Economic Construction Company, which is constructing an ultra modern stadium in Ndola.

- The outreach team has served as an effective bridge between government institutions offering interventions and the children who need to access them.
- There has been stronger coordination in outreach activities across districts, which has led to easier referrals between Africa KidSAFE Network members, the Department of Social Welfare, CPUs and VSUs.

## Challenges

- Outreach workers still have not been issued identification cards by the Street Children's Committees that indicate their function on the street; this has caused problems for the teams who are occasionally harassed by the police when there are no CPU officers present.
- Reduction in overall funding to MCDSS has negatively impacted the ability of the District Street Children's Committees to implement their activities and support for outreach services including short term transition camps.
- High mobility of children on the streets disrupts the rapport that the outreach workers create with them.
- Young men on the street continue to harass both younger children and female outreach workers making it difficult to provide the necessary interventions and an unsafe environment for female team members to be in at night.
- Inadequate reproductive health services for sexually active children on the street.
- Substance abuse continues to be a major challenge.
- Girls on the street continue to be more vulnerable to sexual abuse than boys because of the monetary security they obtain from their abusers.
- Limitations in the numbers of places of safety for children to be placed in once removed from the street continue to be challenge.
- Navigating the legal system for children who have been abused is lengthy and difficult and often results in cases being dropped.

## Promising Practices

- The provision of opportunities for positive recreation for children at existing drop in shelters and youth houses play a key role in keeping children from returning to the streets.
- Short term camps have been a very effective way to remove groups of children from the street, help them to access health care, psychosocial counseling, and help in tracing their families for reintegration;
- Street corner education where outreach workers teach children who would like to receive a elementary school education and refer children to schools who are ready to join the mainstream education system has proven a very effective way to enable children to continue their education.
- Training outreach workers in first aid support along with caregivers in the center has led to more effective management of simple ailments
- Weekly or bi-weekly case review meetings between outreach, District Street Children's Committees (DSCC) members, Social Welfare Officers and CPUs have been helpful in establishing plans for individual care for children on the street and for follow up support.
- Child conferencing where the parents/guardians and the child are brought together to meet each other prior to reintegration has been important because it helps to settle disputes or other problems that occurred before the child left their home for the street.
- Linking families to CBOs that offer skills development and other economic empowerment support helps the children establish themselves in their communities and have something to do if they are not in school.
- The camps offer an opportunity for more intensive and personalized counseling for the children, which they otherwise might not receive in a transitional care facility.

## **Objective 4: Increased public awareness and participation in protecting and promoting the rights of children on the streets.**

In 2009 the Africa KidSAFE project was elected Chair of a preparatory committee looking at the recruitment, training, and placement of youth in the Zambia National Service (ZNS) program. The committee was hosted by the Ministry of Sport Youth and Child Development (MSYCD) and included various national partners working with children on the street. Of primary concern to the committee was creating a sustainable exit strategy for graduating youth from the ZNS. One of the main criticisms of MSYCD has been that while they have been successful in imparting vocational skills for youth, they have neglected the realities youth face once they leave the camps. Although the youth were given tools to apply their trades once they graduate, their basic needs such as shelter, clothing and food were not secure and many of the graduates were forced to sell their implements in order to survive.

The major challenge faced by youth who have participated in the government's 18-month skills training program in the ZNS camps is finding an industry where they can utilize the skills they acquired. If they cannot find employment, youth end up back on the street.

The Africa KidSAFE project attended a high-level stakeholders meeting in 2009 hosted by the MSYCD that aimed to foster a closer working relationship in support of programs for youth. Directly resulting from this event was a follow up meeting with the MSYCD Director of Child Protection discussing the need for an exit strategy for ZNS graduates.

Under the leadership of CTT, in 2009 the project facilitated two major awareness raising activities at community level on the rights of children on the streets. Working with community and religious leaders, they removed 24 children who were loitering and begging at the Embassy Supermarket along Kafue Road and placed them in school. The leaders approached the owner of the supermarket who provided the educational requirements for the 24 children.

Through the BCWP, positive social groups of young people have been formed. These groups are using the skills and information acquired from the BCWP in their communities in their own free time. Examples of such groups include Yofoso, Mapode Boys and Africa Dance Factory (ADF) acrobatic groups. The ADF has become a viable dance troupe and peer educators. ADF were invited to perform on the Zambia National Broadcasting Corporation Television 2 where they taught other young people how to dance. They were also invited to appear on MUVI TV. These groups contribute to a change of attitude towards children on the street and those at risk of drifting to the street.

AATAZ was faced with a major challenge in terms of recreational and office space for its youth and program staff. Right next to the AATAZ offices was a dilapidated building that needed to be renovated. However, AATAZ did not have funds to meet the cost of renovations. Through advocacy, AATAZ received 250 bags of cement from Lafarge Company which was used to renovate and enlarge the ACTY centre. An organization in the Netherlands gave AATAZ ZMK 7,000,000 for the purchase of roofing sheets while Gazelle and Plascon paints donated tins of paint and electrical fittings for the same ACTY centre.

### **Achievements**

- The project managed to mobilize support from private companies. A good example is the resource mobilization strategy implemented by AATAZ.
- Through community and religious leaders trained by CTT, private companies showed interest in sponsoring the education of children.
- The appearance of the ADF, a partner of the Barefeet Theatre Group, on ZNBC 2 and MUVI TV promoted change in people's attitudes and mindsets towards children on the street.

### **Challenges**

- Resource limitations to implement public awareness activities have been a major challenge.
- A constant change of senior ministry (minister and permanent secretary) personnel made government advocacy work very challenging in addition to the issues of street children being a lower priority for the government.

**Objective 5: Increased capacity of the Government of Zambia, local implementing partners, civil society organizations, and the private sector to effectively implement interventions that will benefit street children and those at risk of ending up on the street.**

**District assessments**

From the situation analysis that was conducted in 2006, it was recommended that a situation analysis of children living on the street be carried out in 13 districts: Ndola, Mansa, Solwezi, Livingstone, Chipata, Mufulira, Lusaka, Chililabombwe, Kasama, Kitwe, Mongu, Kabwe and Kapiri Mposhi.

In 2007, the MCDSS, UNICEF and staff from the Africa KidSAFE project traveled to the 13 districts and conducted a situation analysis of children living on the street. The Africa KidSAFE project utilized the opportunity and conducted capacity assessments in its ten target districts of Mansa, Ndola, Kitwe, Chililabombwe, Kabwe, Livingstone, Solwezi, Kapiri Mposhi and Kasama. Elements of the assessment looked at organizational systems, planning, budgeting, human and financial resources available and the ratios of populations served. It was established that all districts had limited human and financial resources. The biggest asset that all the districts had was the commitment of the staff and the investment in specialized training whenever possible. A draft training plan was created based on the outcome of the assessment. District work plans were also developed based on the needs of the various districts.

**Partner Capacity Assessments and the Sub-granting Process**

In an effort to build the capacity of various organizations, the Africa KidSAFE project realized it was prudent to conduct capacity assessments that would provide information on the specific needs of its partner organizations.

The Africa KidSAFE project conducted financial assessments using the financial health check tool, one of the PCI's sub award tools which assesses the risks associated with funding an organization and identifies needs for capacity building. Though some of the organizations didn't have bank accounts, they were funded due to their expertise and willingness to reach out to street children through their programs. The Support for Community Lead Initiatives (SoCLI), a local organization, was chosen to administer funds on behalf of the Africa KidSAFE project so that it could also be the paying agent for organizations whose financial systems were too weak to handle donor funding.

**Table 3: Funded Partners**

<b>Name of Organization</b>	<b>Type of Grant</b>
Anti-AIDS Teachers' Association of Zambia	Prevention
Barefeet Theatre	Prevention
Children's Transformation Trust	Prevention & Economic Empowerment
Chisomo Drop-in Centre	Economic Empowerment
Cicetekelo Youth Project	Economic Empowerment
Flame Transit Home	Economic Empowerment
Fountain of Hope	Economic Empowerment
Friends of the Street Children	Prevention & Economic Empowerment
Grassroot Soccer	Prevention
Jesus Cares International	Prevention, Mobile Health & Economic Empowerment
Lubuto Library Project	Prevention
Lupwa LwaBumi Trust	Prevention
New Horizon Ministries	Prevention, Economic Empowerment & Mobile Health
Rainbow Project	Prevention
Kara Counseling and Training Trust - Sables Drop-in Centre	Prevention & Economic Empowerment
Lazarus Project	Economic empowerment

SoCLI successfully issued and managed sub-grants for prevention activities and economic empowerment activities. However this partnership was concluded in February 2010 as part of the restructuring of PCI's management of the Africa KidSAFE project. Tripartite agreements transferring SoCLI's responsibilities to the Africa KidSAFE project were done at that time.

## Trainings

- **Request for Applications / Proposal writing**

In March, 2008, the Africa KidSAFE project sent out a request for proposals to the Africa KidSAFE network members to implement prevention, recreation, and post care for children. To increase partners' understanding of the guidelines of the RFA, the Africa KidSAFE project conducted a five day orientation workshop. Forty people attended the training which included topics in proposal writing, monitoring and evaluation and an introduction to the Africa KidSAFE project.

- **Financial Management Training**

Based on the findings from the capacity assessment conducted by the Africa KidSAFE project, financial management training was an urgent priority.

A four day workshop for all the Africa KidSAFE partners was conducted in November, 2008; this training was tailored to address key capacities to build or strengthen which are essential for any organization administering USAID funds. A total of 29 people representing 19 organizations attended the workshop.

Topics covered in this training included:

- Introduction to Accounting
- Supporting documents
- Filing
- Procurement
- Property inventory
- Budgets
- Petty cash
- Match
- Chart of Accounts
- Cash Book
- Bank reconciliations
- Financial Reporting
- Payroll
- USAID Rules and Regulations



*Participants during the Financial Management training.*

The financial training was conducted by PCI's finance team to help the partners improve their financial accountability by giving them the tools and skills required to improve the management of their funds. In addition to the necessary supporting documents needed to request and retire money adequately, the training also encompassed procurement, allowable expenditures with USAID funding, the importance of match documentation and record keeping.

- **Report Writing Training**

In an effort to improve the reporting skills of the AKS partners, the project team through the M and E unit conducted a two day workshop on report writing. Topics covered in this orientation included: data capturing, data quality, control and interpretation as well as report preparation and submission. The orientation was attended by eight implementing partners. Participants were asked to bring information required for their particular quarter's reports and were provided with hands on technical support to complete the quarter's reports for their respective organizations.

- **Monitoring and Evaluation Training**

In June, 2009, the project offered training to the Africa KidSAFE project partners on how to strengthen their programming through improved data collection and analysis. In addition to reviewing the preparation of logical frameworks, partners gained practical experience on how to interpret what their statistics mean in order to use them for better decision making. The training covered five days and was well received; however from the group work it became clear that ongoing coaching would be necessary. The training was attended by 27 people who represented 18 partner organizations.

- **PEPFAR Data Quality Control and Management Orientation**

As a follow up to the training noted above, a one-day mini training on PEPFAR Data Quality Control and Management was conducted. The goal of the training was to assist the Africa KidSAFE project partners to improve the quality and completeness of data and reports submitted to Africa KidSAFE, and ensure that the reporting standards were in compliance with PEPFAR requirements. The specific objectives of the training were:

1. To assist Africa KidSAFE partners to understand PEPFAR definitions, indicators, operational definitions and reporting requirements;
2. To assist Africa KidSAFE partners to strengthen their skills to accurately count beneficiaries and avoid double counting according to PEPFAR guidelines;
3. To strengthen Africa KidSAFE partners' understanding of USAID/PEPFAR and DCOF reporting systems, including ZPRS;
4. To strengthen participants' skills to conduct routine data quality checks during data collection and on data captured; and
5. To assist participants to acquire skills for documenting the type of services provided to OVC and persons trained using standardized Africa KidSAFE tools that meet PEPFAR reporting guidelines.

The methodology for the training consisted of both lectures to introduce each topic and group exercises to reinforce key concepts, provide the opportunity to practice skills, and respond to questions and concerns. All partners received hard copies of Africa KidSAFE Performance Monitoring and Evaluation Plan which includes several standardized tools, as well as the PEPFAR OVC indicators' operational definitions.

- **I-STAR Training**

Two separate I-STAR (Integrated System for Transformation, Assessment & Results) workshops were held for Lazarus Project and JCI to identify areas of priority needs and opportunities for improvements. The cornerstone of I-STAR is capacity self-assessment, which serves as a springboard to change by helping an organization recognize patterns that hinder or enhance its performance. This method of capacity assessment promotes strategic decision-making about where to invest scarce time and resources for capacity-building initiatives. This exercise was attended by eight members of staff from both Lazarus Project and JCI. The I-STAR workshop was conducted over a period of two days, and included three main activities:

- **Assessment** of the capacity of the organization in the following areas: program design, partnering, advocacy and external relations, financial management, human resources management, governance and strategic direction-setting, staff empowerment and participation, resource mobilization, and organizational learning;
- **Analysis** of the assessment results to gain insights using a round table discussion; translating these insights into performance strengthening actions; and
- **Action planning** based on the assessment and analysis and assigned priorities for capacity building interventions.

Based on a detailed analysis of the results of both the roundtable discussion report and the performance standard scoring charts, the participants created action plans for improving the operations of Lazarus Project and JCI.

- **Partner Mentoring and Monitoring**

In a continuous effort to improve the capacity of partner organizations to provide quality services and have organizational systems in place that will enable them to function effectively, Africa KidSAFE project provided coaching and technical support to partners that received sub-grants. Follow-up assessments of its capacity building activities were conducted to determine to what degree the trainings helped partners to effectively carry out their work and improve service delivery to the street children, their communities and those at risk of going in the streets.

- **Assessment Design and Methodology**

The project administered the *Partner Capacity Building Follow-Up Assessment Tool* (Appendix 9). The tool, developed by PCI and the Africa KidSAFE project staff, is divided by the specific areas in which capacity building activities were conducted and outlines key expected results and outcomes in each area. A total of 14 organizations were assessed.

## **Closeout**

PCI distributed closeout material to all the partners in April 2010 which included:

- Initial Notification to Sub-recipient
- Final Programmatic Report
- Final Financial Report
- Inventory, Allowable Uses and Disposition of Equipment and Residual Supplies
- Audit Compliance Requirement
- Certification of Indirect Cost Rate
- Sub-recipient Work Completed Certification
- De-obligations and Final Modifications
- Closeout Completion and Notification
- Addressing Non-Compliance

The close out process was completed for all organizations by the end of the award.

## **Challenges**

- From the assessment results trainings were planned for monitoring and evaluation systems and data collection and storage. These were not done due to budget limitations.
- Activities for advocacy for national level funding and to promote stronger government ownership of the programs supporting children on the street were planned but not realized due to the ever changing leadership at the ministry including the Minister, Permanent Secretary and Director.

## **Conclusion**

Although the achievements during this program were significant, there is an ever present need to continue to support the Government of Zambia and the Africa KidSAFE Network in efforts which build on the foundation of activities laid to provide direct support to children living on the street and to communities where children are at risk of drifting to the street.

## Appendix 1: Performance Indicators

Progress Towards Achieving Targets			
Indicator	Baseline from KidSAFE 1	Target for KidSAFE 2	Cumulative data 30 December 2007-30 September 2010
<b>Goal: To consolidate and expand a safety net of civil society organizations and government institutions that can effectively meet the immediate and long-term needs of the street and at-risk children in Zambia</b>			
Total number of orphans and vulnerable children receiving direct services by an OVC program	3,032	10,000	10,694
• Boys			5,738
• Girls			4,956
Number of providers/caretakers trained in caring for OVC	801	1,500	5,778 <sup>1</sup>
<b>Objective 1: Reduced number of at risk-children moving from their communities to the street</b>			
Number of children in targeted communities benefiting from primary prevention activities	0	7,000	8,010
Number of targeted households participating in primary prevention activities	0	3,000	7,389 <sup>23</sup>
<b>Result 1.1: Establishment of an early warning system at community level to identify families whose children are in danger of ending up on the street</b>			
Early warning system designed and implemented in target communities	0	1	1 <sup>4</sup>
<b>Result 1.2: Effective primary prevention activities implemented in communities identified as origins of street children</b>			
Number of community prevention plans implemented	0	20	20 <sup>5</sup>
Number of targeted compounds with youth clubs serving as focal points for recreation, education, and child-rights services	0	20	20
<b>Result 1.3: Strengthened inter-institutional coordination and referral systems between organizations providing services for children at risk of ending up on the street</b>			
Inter-institutional coordination and referral system (tools, procedures, guidelines) developed	0	System of coordination and referral	System <sup>6</sup> Developed

<sup>1</sup> The number of service providers went up because the project included the members of the GROW self help groups.

<sup>2</sup> In order to avoid double counting, the Africa KidSAFE project is only counting the households participating in the Economic Empowerment program and the family circles participating in the LLT program.

<sup>3</sup> The number of targeted households also includes the GROW self help group members.

<sup>4</sup> The system has been developed and piloted by CTF who implemented the system in 30% of the targeted communities; at the conclusion of the pilot the methodology was disseminated to the broader Africa KidSAFE network.

<sup>5</sup> The sub-grants issued by the Africa KidSAFE project to partners for both Community Prevention as well as Economic Empowerment represent the community prevention plans; at time of the data quality verification the Africa KidSAFE project was not satisfied that the available documentation provided adequate evidence of the implementation of the plans.

<sup>6</sup> This system exists at 3 levels: At a national level the coordination of services for children at risk is done by the Directorate of Social Welfare in MCDSS and the Directorate of Child Protection in MSYCD; At district level coordination is done through the District Social Welfare offices who are responsible for monitoring the efforts of civic partners and collaborating and channeling funds to the District Street Children Committees; Member of the Africa KidSAFE network work both at a district as well as community level to implement activities, coordinated by the Africa KidSAFE project through standardized tools such as monitoring visits and partner meetings; Africa KidSAFE project also works with MCDSS at all levels as well as MSYCD at a national level.

Progress Towards Achieving Targets			
Indicator	Baseline from KidSAFE 1	Target for KidSAFE 2	Cumulative data 30 December 2007-30 September 2010
		developed	
Percentage of targeted communities with multi-sector coordination for vulnerable households (minimum participation of government, faith-based organizations, CBOs & NGOs)	0	85%	68% <sup>7</sup>
<b>Objective 2: Increased number of children moving from the streets back to communities through family and community re-integration</b>			
Number of children reintegrated in families or communities (disaggregated by sex)	557	2,000	508 <sup>8</sup>
• Boys			400
• Girls			108
Percentage of reintegrated children that remain in their homes for at least six months	20%	60%	62% <sup>9</sup>
Number of children withdrawn from the streets		3,000	1,187 <sup>10</sup>
<b>Result 2.1: Coordinated family tracing and reintegration programs implemented in accordance with established protocols and best practice guidelines</b>			
Percentage of KidSAFE members involved with tracing or reintegration trained in new protocols and guidelines	0	100%	100% <sup>11</sup>
<b>Result 2.2: Strengthened referrals and linkages between outreach workers, drop-in and residential centers, OVC care and support programs, and government adoption/foster care programs</b>			
<b>Objective 3: Increased number of children benefiting from high quality street and facility based services</b>			
Number of children benefiting from street or facility-based services (disaggregated by service and sex)	3,420	7,375	2,734 <sup>12</sup>
• Boys			1,855
• Girls			879
<b>Result 3.1: Increased access by children to targeted street-based counseling, education, health-care and referral services</b>			
Number of children accessing street-based	1,045	2,500	1,613 <sup>13</sup>

<sup>7</sup> See Appendix 5: *Communities with multi-sector coordination for vulnerable households* which details the partner catchments where these committees exist; the target was not realized as we thought that we'd be able to establish a greater number of partnerships with the CPUs and DSW offices than we did. Contributing to not achieving this target were the personal commitment of the individuals involved as well as transfers of staff to other locations. See #5 above for explanation of system.

<sup>8</sup> As noted in the narrative, the very complex social, physiological, and psychological issues involved in why children leave homes, their lives on the street and why families don't want them back make us recognize that this target was unrealistically optimistic.

<sup>9</sup> FY10 survey data used as cumulative figure as the methodology employed (home visit) verifies this indicator for a set period of time (reintegrated in 2009) and not the entire period for the program.

<sup>10</sup> A combination of lack of bed space in facilities available together with the Child Protection Units directly reintegrating children with their families and not informing the KidSAFE staff. There was a lack of coordination between the CPUs and AKS. We recognize that we were unrealistically ambitious in establishing the target.

<sup>11</sup> See Appendix 6 – Africa KidSAFE Network members involved in family tracing and child reintegration

<sup>12</sup> This figure increased from what was reported in quarter 3 because Jesus Cares International reported June mobile health data in the last quarter. The target reflected a dramatic over estimate of the number of children on the street at this time.

<sup>13</sup> This target reflected an over-estimate of the number of children on the streets.

Progress Towards Achieving Targets			
Indicator	Baseline from KidSAFE 1	Target for KidSAFE 2	Cumulative data 30 December 2007-30 September 2010
services			
<b>Result 3.2: Increased number of children receiving services through transitional care centers</b>			
Number of children accessing facility-based services	2,375	4,875	1,713 <sup>14</sup>
<b>Objective 4: Increased public awareness and participation in protecting and promoting the rights of children on the street</b>			
Number of initiatives by private sector companies, faith-based organizations and general public, in favor of street children	2	10	30 <sup>15</sup>
<b>Result 4.1: Coordinated awareness-raising and advocacy strategies implemented to promote and protect children's rights</b>			
Number of awareness and/or advocacy activities conducted	201	480	93 <sup>16</sup>
<b>Objective 5: Increased capacity of the Government of Zambia, local implementing partners, civil society organizations and the private sector to effectively implement interventions that will benefit street children and those at risk of ending up on the streets</b>			
Number of cities in Zambia where street-children access KidSAFE services	4	10	9
<b>Result 5.1: Increased capacity of communities to participate actively in the identification of vulnerable children and contribute to prevention, support and follow-up of activities in support of the most at-risk households.</b>			
Number of target communities with a coordinating body identified and trained	0	20	13 <sup>17</sup>
<b>Result 5.2: Improved capacity of government institutions to effectively coordinate, monitor and support interventions for street and at-risk children, at a national level.</b>			
Number of functional district street children committees chaired by the District Social Welfare Office	1	10	7 <sup>18</sup>
Number of District Social Welfare Officers trained in child care/child laws/etc.	2	10	10
National Street Child Desk established at MCDSS (staffed, with a budget and an annual work plan)	N/A <sup>19</sup>		
Amount of funding sub-granted through	N/A <sup>20</sup>		

<sup>14</sup> This target was not met due to a lack of bed space available in facilities as well as over-estimating the number of children on the street.

<sup>15</sup> Lafarge cement donated 120 pockets and Plascon paint donated 80 litres of paint to complete the new *Catch Them Young* youth centre at AATAZ. Previous support has come from other large private sector companies for the soccer league, to enhance care of children in facilities, for recreation and for programs.

<sup>16</sup> PCI relied on partners to achieve results for this indicator. The target proved unrealistic due to competing priorities and insufficient resources. These were mainly activities at the community level or other large fora. Partners working towards this indicator were Barefeet Theatre, JCI and AATAZ..

<sup>17</sup> The number was determined by looking at the number of communities where there is a committee or other body responsible for coordinating and planning specific activities with the partner ; see appendix 2.

<sup>18</sup> Although all districts are mandated to have a Children's Street Children's committee, functional was taken to mean committees that have met and created work plans for their activities.

<sup>19</sup> This indicator is no longer under the auspices of Africa KidSAFE because the government has established a statutory body guiding policy related to providing services to children which has authority over entities such as a National Street Child Desk.

Progress Towards Achieving Targets			
Indicator	Baseline from KidSAFE 1	Target for KidSAFE 2	Cumulative data 30 December 2007-30 September 2010
MCDSS channel			
<b>Result 5.3:</b> <i>Improved program functioning / effectiveness by an expanded network of CSOs targeting street &amp; at-risk children</i>			
Percentage of KidSAFE implementing partners whose services receive a satisfactory evaluation in terms of quality compared to criteria agreed upon by KidSAFE and Ministry of Social Welfare	0	85%	86%
<b>Result 5.4:</b> <i>Improved utilization by Africa KidSAFE partners of relevant information on children for programmatic decisions</i>			
Percent of partners carrying out quality circles or other performance review to evaluate and improve their services on a quarterly or semi-annual basis.	0	100%	75% <sup>21</sup>

<sup>20</sup> The mechanism for channeling funds through MCDSS for street children programs in particular does not exist and PCI sub granted directly to partners; therefore, this indicator is no longer applicable.

<sup>21</sup> Of all the partners in the Africa KidSAFE network, 75% received grants as part of the sub agreement and were required to conduct reviews of their activities on a quarterly basis; this is a joint, structured process between PCI and Africa KidSAFE partners who review work plans, program reports and source documentation together to determine how the grant is performing and what improvements can be made. For the 25% of the partners who did not receive grants, periodic quality review is encouraged and support for doing so offered by PCI; the target was not reached due to PCI's lack of consistency in following through on these self evaluations.

## Appendix 2: Communities with Multi-Sector Coordination for Vulnerable Households

<b>Kamwala Area</b>	<b>Partner Supporting Committees</b>
<ol style="list-style-type: none"> <li>1. Chibolya</li> <li>2. Misisi Compound/ John Laing</li> <li>3. John Laing</li> <li>4. Chawama/John Howard</li> <li>5. Jack Compound</li> </ol>	CTT has established a coordinating committee that includes the area Member of Parliament, ward councilors, City Council, heads of schools and parents from these catchments as part of the pilot to establish an early warning system to identify children at risk and provide appropriate interventions.
<b>Garden Area</b>	
<ol style="list-style-type: none"> <li>6. Garden/ Chaisa</li> <li>7. Mandevu/ Matero/George</li> <li>8. Chipata Compound</li> </ol>	LLT established family circle structures that have involved clusters who work with Drug Enforcement Commission, local community schools and the police to provide services for youth and children at risk.
<b>Kabulonga area</b>	
<ol style="list-style-type: none"> <li>9. Mtendere/ Kalingalinga</li> <li>10. Kalikiliki/Valley View</li> </ol>	ATTAZ has been working with the Ministry of Education and five schools in the catchment areas along with parents/guardians to establish the referral system.
<b>Kitwe</b>	
<ol style="list-style-type: none"> <li>11. Mulenga, (Kitwe)</li> <li>12. PPAZ (Chililabombwe)</li> </ol>	Friends of Street Children have established a working committee comprising guardians, local schools, the police, local radio stations and the local clinics that provide services to the children as part of the prevention program.
<b>Livingstone</b>	
<ol style="list-style-type: none"> <li>13. Ngwenya/Zambezi</li> </ol>	Prior to establishing a community school, JCI held a consensus building workshop which culminated in the creation of a community working committee with representatives from the police, local schools, clinics, the area MP, local churches and parents. The committee is tasked with identifying very vulnerable households, assessing their needs and linking them with services available.

**Note:**

*The total number of communities targeted was 20 however the ones represented in the table had specific plans for mobilizing community support, systematic efforts to build capacity such as training and regular meetings with the committees.*

### Appendix 3: Africa KidSAFE Network Members Involved in Child Tracing and Reintegration

Province	District	Name of Partner	Family Tracing and Reintegration
Central	Kabwe	Sables	✓
Copperbelt	Kitwe	Friends of Street Children	✓
	Ndola	Rainbow	✓
		Cicetekelo Youth Project	✓
Southern	Livingstone	Jesus Cares International Livingstone	✓
Lusaka	Lusaka and Chongwe	Mapode	✓
		Jesus Cares International -Lusaka	✓
		YoFoSo	N/A
		Fountain of Hope	✓
		New Horizon Ministries	✓
		Lupwa Lwabumi Trust	✓
		Grassroot Soccer	N/A
		Barefeet Theatre	N/A
		Chisomo Drop In Centre	✓
		Lazarus Project	✓
		St. Lawrence Home of Hope	✓
		Mthunzi	✓
		Flame	✓
		Messiah Ministries Home	✓
		Children's Transformation Trust	N/A
Lusaka	Lusaka	Hope Foundation	Closed
		CETZAM	N/A
		AATAZ	N/A
		Lubuto Library Project	N/A

**Note:**

*Only partners who offer transitional services for children on the street and in residential care were trained in reintegration along with Social Welfare Offices from all ten districts, police officers from the Child Protection Unit and a few from the Department of Community Development. 100% of the partners whose work entails reintegration were trained and are now involved in reintegration with periodic reflection and follow up meetings with the PCI reintegration officer and the wider group. Therefore the denominator used for this indicator is not all partners in the network but rather the subset of partners who are involved in reintegration work which is 16. LLT was included even though they do not run a residential care centre, because they support and collaborate with several partners, including the DSW in home assessment and counseling of families prior to reintegration of a child.*

## Appendix 4: Africa KidSAFE Network and Partners

S/N	Province	District	Name of Network Member	Name of Partner
1	Central	Kabwe	Sables	
2	Copperbelt	Kitwe	Friends of Street Children	
3		Ndola	Rainbow	
4			Cicetekelo Youth Project	
5	Lusaka	Lusaka and Chongwe	Mapode	
6			Jesus Cares International	
7			YoFoSo	
8			Fountain of Hope	
9			New Horizon Ministries	
10			Lupwa Lwabumi Trust	
11			Grassroot Soccer	
12			Barefeet Theatre	
13			Chisomo Drop In Centre	
14			Lazarus Project	
15			St. Lawrence Home of Hope	
16			Mthunzi	
17			Flame	
18			Messiah Ministries Home	
19			Children's Transformation Trust	
20	Lusaka	Lusaka		Hope Foundation
21				CETZAM
22				AATAZ
23				Lubuto Library Project

## Appendix 5: Reintegration Checklist

This checklist is meant to be used as a guide by any staff who is involved in the reintegration process of a child.

	Yes	No
<b>ADMISSION:</b> Has the child got the following documents?		
<i>Note: Any child who is admitted to the center for reintegration needs to have a letter of admission or a committal order in case a child is meant to stay longer. The letter of admission is drafted by the Department of Social Welfare and the committal order is obtained through the Department of Social Welfare.</i>		
Letter of admission		
Committal order		
<b>DOCUMENTATION: Has the child got the following information?</b>		
Child intake form ( <i>completely filled in</i> )		
<i>Note: Child intake forms are obtained from the KidSAFE secretariat</i>		
Medical records		
Education records		
A recent photo taken		
Child's file opened		
<b>A reintegration plan:</b>		
-Identify issues, challenges or problem		
-Evaluate or asses the challenge		
-Create a goal		
-Construct action steps ( <i>what?, by whom?, by when?</i> )		
<b>PRE REUNIFICATION STAGE</b>		
Have the child's needs been identified?		
Have these needs been addressed?		
Has treatment counseling been provided?		
Have medical check ups been done?		
Has the child been fully treated for any ailment?		
Is the reintegration plan in place?		
Is the child prepared to return home?		
Was reunification discussed with child?		
Is the child willing to go back to the family?		
<b>FAMILY TRACING</b>		
Has the child been interviewed?		
Has child provided complete information?		
Is the information sufficient for family tracing?		
-The name of the guardian/parents		
-Physical address		
How is the tracing going to be conducted:		
-through the Social Welfare office		
-Phone		
-Physically travelling with the child		
Has the family been located?		
Was the family talked to?		
<b>FAMILY ASSESSMENT</b>		
<i>Note: Home assessment tool attached as a guide</i>		
Has family been contacted?		
Is the family willing to receive the child?		
Is the family able to look after the child?		
Is the guardian or parent in gainful employment?		
Did the family show positive feelings towards the child?		
Are there problems in the family that might need addressing?		
Can these problems be solved?		

	Yes	No
Child's guardian's parenting skills?		
Is the home environment conducive for a child's up bringing?		
<b>FAMILY REUNIFICATION</b>		
<b>Note:</b> <i>Department of Social Welfare to conduct home assessments and report filed on child's file</i>		
Was a home visit conducted?		
Was the home assessment done?		
Is the reunification in the best interest of the child?		
<b>POST REUNIFICATION</b>		
Follow-ups done		

## Appendix 6: Home Assessment Tool

**Child's name:**

**Age:**

**Sex**

**Level of education**

**Institution:**

<b>Family Contact Information</b>	
Parents'/guardian's name	
Residential address	
Telephone number, etc.	
Village	
Chief	
District	

### Family Demographics

Names of household members	
Parents'/guardian's marital status	
Family's tribe	
Educational level of household	
Family's religion	
Parental status of child	a) Both parents alive b) Mother dead c) Father dead
Contact information for both parents or surviving parent	Name: Age: House #: Phone #: Relation:
Contact information for other relatives not living in the household	Name: Age: House #: Phone #: Relation:

Full names of household family members	Ages	Relationship between household members & child	School status	If not in school, give reasons why

<b>Basic Economic Information</b>	
Parents'/guardian's occupation	
Families' sources of income (including remittance)	
Average income per month	
Number of meals per day	
Whether the family owns or rents their home	
Physical conditions of the home	

<b>Basic Information on Home Environment</b>	
Number of family members living in the home,	
What basic home amenities does household have?	<ul style="list-style-type: none"> <li>a) <i>beddings/blankets</i></li> <li>b) <i>clothing</i></li> <li>c) <i>cleanliness of the home</i></li> <li>d) <i>utensils</i></li> <li>e) <i>furniture</i></li> </ul>
<b>Parents'/Guardian's Parenting Skills</b>	
How does a parent/guardian discipline a child?	<ul style="list-style-type: none"> <li><i>Spanking</i></li> <li><i>Shouting</i></li> <li><i>Screaming</i></li> </ul>
<ul style="list-style-type: none"> <li><i>provide emotional support</i></li> </ul>	
<ul style="list-style-type: none"> <li><i>supervise a child</i></li> </ul>	
<b>Parents'/Guardian's Willingness Assessment</b>	
<ul style="list-style-type: none"> <li>Parents'/Guardian's willingness to receive the child</li> <li>Guardian rejects reunification</li> </ul>	
<b>SUITABILITY</b>	
<ul style="list-style-type: none"> <li>Family shows physical instability</li> </ul>	
<ul style="list-style-type: none"> <li>Children of the family are at risk of abuse and neglect</li> </ul>	
<ul style="list-style-type: none"> <li>Children of family are at risk</li> </ul>	
<ul style="list-style-type: none"> <li>Signs of domestic violence</li> </ul>	
<ul style="list-style-type: none"> <li>Signs of family illness (including mental health problems)</li> </ul>	
<ul style="list-style-type: none"> <li>Signs of alcoholism</li> </ul>	
<b>Child's Reaction During Home Visits</b>	
<ul style="list-style-type: none"> <li>Child's behavior</li> </ul>	
<ul style="list-style-type: none"> <li>Expressed feelings about being home</li> </ul>	

## Appendix 7a: Follow-up Questionnaire for Guardian

### Instructions for filling out the tool

1. The guardian should be interviewed before the child.
2. Consent should be obtained from the guardian for interviewing both the guardian and the child.
3. The guardian should consent for the interview by signing on the space provided for consenting on the form.
4. Please ensure that all the necessary information is filled in correctly and completely.
5. Please explain to the guardian how the information collected will be used.
6. Indicate responses for every questions do not leave blank spaces.
7. Write clearly using a pen.
8. Record your general observations on the wellbeing of the household in the space provided at the end of the questionnaire.
9. **SKIP TO (or ⇨)** : Relates to the response and requires the interviewer to move to the provided question number. E.g ⇨27.

Guardian's signature consenting to interview: \_\_\_\_\_

Child's full names: _____
Date of birth (dd/mm/yyyy): ____/____/_____ <i>(Where guardian is not able to give date of birth indicate the child's age)</i>
SEX: Male [ <input type="checkbox"/> ] Female [ <input type="checkbox"/> ]
Residential address: _____ <i>(for rural areas indicate the village, chief and District and for urban indicate the house or plot number and the compound in which the child was reunified)</i>
Date of reunification (dd /mm/yyyy): ____/____/_____
Date of follow up (dd /mm/yyyy): ____/____/_____
Full names of Reintegration Officer (no initials): _____

#	QUESTION	SCORE/RESPONSE	SKIP TO:
	<b>FAMILY DEMOGRAPHICS</b>		
1	What is your full name (first and surname)?		
2	What is your National Registration Number?		
3	What is your marital status?	Never Married..... ...1 Married..... 2 Separated/Divorced..... ...3 Widowed..... 4 Cohabiting	

#	QUESTION	SCORE/RESPONSE	SKIP TO:
5	What is your family's tribe/language spoken?	Bembe Lozi Tonga Ngoni Kaonde Tumbuka Other Specify: _____	
6	What is your occupation?	Farming..... 1 Formal employment.....2 Business (type).....3 Marketeering..... ...4 Other (Specify)..... .....5	
7	Please name all of the sources of household income ( <i>select as many sources of income as applicable</i> )	Farming..... 1 Formal employment.....2 Business (type).....3 Marketeering..... ...4 Other (Specify)..... .....5	
8	What is the child's relationship to the guardian you?	Son..... 1 Daughter..... 2 Niece..... 3 Nephew..... 4 Grandchild..... 5 Great- grandchild.....6 Sibling..... .7 Community member.....8 Other .....9	
9	Orphan status of child	Both parents alive.....1 Mother dead.....2 Father dead.....3 Both parents dead.....4	

#	QUESTION	SCORE/RESPONSE	SKIP TO:
10	What is your average household income per month from all of your income sources ( <i>if more than one source is mentioned above, calculate the total income</i> )	<50,000..... 1 50,000..... 2 100,000..... 3 200,000..... 4 >200,000..... 5	
11	How many meals does your household normally eat per day?	One.....1 Two.....2 Three..... 4	
12	How many people live in this home?	Two.....1 Three..... 2 Four.....3 Five.....4 Six.....5 Seven or .more.....6	
13	How many household members are 17 years of age or younger?	None.....1 One.....2 Two..... 3 Three..... .4 Four.....5 Five.....6 Six..... 7 Seven or more.....8	
14	How many children are aged between 6 and 17 years?	None.....1 One.....2 Two..... 3 Three..... .4 Four.....5 Five.....6 Six.....7 Seven or more.....8	
15	How many children aged between 6 and 17 years attend school?	None.....1 One.....2 Two..... 3 Three..... .4 Four.....5 Five.....6 Six..... 7 Seven or	

#	QUESTION	SCORE/RESPONSE	SKIP TO:
		more.....8	
	<b>HOME ENVIROMENT</b>		
16	Type of materials used to build house (do not ask this question—simply record your observations)	Grass Thatched House .....1 Iron sheet roofed House.....2 Asbestos roofed House.....3 Plastics..... 4 Drum cutting .....5 Other (specify):.....6	
17	Number of rooms in the house (do not ask this question—simply record your observations)	One.....1 Two..... 2 Three..... .3 Four.....4 Five.....5 > Five.....6	
18	Basic home amenities (do not ask this question—simply record your observations)	Beddings/blankets..... .1 Clothing.....2 Cooking utensils.....3 Lounge chairs.....4 Dining Table and chairs .....5 Others (specify) .....6	
19	Do you own or rent your home?	Own.....1 Rent.....2 Other..... .....3	
	<b>REINTEGRATION</b>		
20	Where was the child before he/she was brought home?		
21	Is the child who was reintegrated still living at home?	Yes.....1 No.....2	⇒ 23
22	When did the child leave home?		
23	Why do you think the child leave home?		
24	Where is the child living now?		<b>SKIP TO END.</b>
25	Is the child enrolled in school?	Yes.....1 No.....2	⇒ 27.
26	Why is the child not in school?	Lack of school fees.....1	⇒ 29.

#	QUESTION	SCORE/RESPONSE	SKIP TO:
		No near by school.....2 No school place.....3 Child not interested in school.....4 Dropped out of school.....5	
27	What type of school does the child attend?	Government school.....1 Private school.....2 Community school.....3	
28	What grade is the child in?	Grade 1.....1 Grade 2.....2 Grade 3.....3 Grade 4.....4 Grade 5.....5 Grade 6.....6 Grade 7.....7 Secondary school.....8	
29	How far is the nearest school?	Less than 1 km.....1 Between 1-2 km.....2 Between 3-4 km.....3 More than 4 km.....4	
<b>HEALTH</b>			
30	What is the health status of the child?	Very good.....1 Good.....2 Fair.....3 Poor.....4	
31	Where do you take the child for health care?		
<b>BEHAVIOUR</b>			
33	Are you facing any challenges with the child?	Yes.....1 No.....2	⇒ 37.
34	What challenges are you facing with the child from the time of reintegration	Rebellious.....1 Stealing.....2 Stays out late.....3 Isolates him/her self from other	

#	QUESTION	SCORE/RESPONSE	SKIP TO:
		siblings.....4 Other (specify):.....5	
35	Who do you talk to when you are having problems with any of the children?		
36	How do you discipline the child?	Whipping..... 1 Shouting/Screaming..... ..2 Denying food.....3 Others (specify) .....4	
37	What are the positive responses from the child since time of reintegration?	Relates well with other siblings.....1 Participate in house chores.....2 Respectful..... 3 Other (specify)..... .....4	
38	What type of friends does the child associate with?		

<b>Date of next follow-up:</b> ___ / ___ / _____
<b>COMMENTS/OBSERVATIONS</b>

## Appendix 7b: Follow-up Questionnaire for Children

### Instructions for filling out the tool

1. Obtain permission from the guardian or parent before interviewing the child.
2. Introduce your self to the child.
3. Explain to the child the purpose of the interview.
4. Find out from the child whether it is OK to talk to them in the absence of the parent or guardian or whether they want an adult person to be present.
5. Inform the child that all the information given during the interview is confidential and that this means that nobody will be able to say afterwards that it is the child who said this.
6. Please ensure that all the necessary information is filled in correctly and completely.
7. The child should be interviewed by identified KidSAFE Reintegration staff or Social Welfare officers following up on the child.

Child's Full Names: _____	
Child's Date of Birth(dd/mm/yyyy): ____/____/_____ (Where guardian is not able to give date of birth, indicate the child's age.)	
SEX: Male [ <input type="checkbox"/> ] Female [ <input type="checkbox"/> ]	
Residential address: _____ (For rural areas indicate the village, chief and district and for urban areas, indicate the house or plot number and the compound in which the child was reunified)	
Date of reunification: (dd /mm / yyyy) ____/____/____	
Date of follow up: (dd /mm/yyyy) ____/____/____	
Full name of interviewer (no initials): _____	
Permission received from guardian	Yes:..... No:.....

#	Question	Code Response	Skip to:
1	What do you like about staying with your family?		
2	What has been hard about staying with your family?		
3	Have you ever thought of running away from home since your reintegration?	Yes.....1 No.....2	⇒ 5
4	Why did you try to run away from home?		
5	How do you relate with your family		

#	Question	Code Response	Skip to:
	members?		
6	What type of school do you attend?	Government school.....1 Private school.....2 Community school.....3 Dropped out of school.....4 Never been to school.....5	⇒ 7 ⇒ 8
6	What grade are you doing?	Grade 1.....1 Grade 2.....2 Grade 3.....3 Grade 4.....4 Grade 5.....5 Grade 6.....6 Grade 7.....7 Basic school.....8	
7	Why did you leave school?		
8	How many meals do you normally eat each day?	One.....1 Two.....2 Three.....3	
9	What types of food do you normally eat every day?		
10	Have you had any health problems?	Yes.....1 No.....2	⇒ 13
11	What type of illness?		
12	Where do you go when you are sick?		
13	Are there any neighbors you talk to when you have problems?	Yes.....1 No.....2	
14	Do you have friends?	Yes.....1 No.....2	
15	Is there anything else you would like to talk about?		
16	Is there anything you want me to help discuss with your parent?		
17	What would you like to be in future?		

Thank the child for their time.

## Appendix 8: Areas of Capacity Building Need

Areas of Capacity Building Needs							
	Name of Organization	HIV/AIDS	Psycho-social	Child Counseling	Project Management	Street Outreach	BQCC
1.	Children's Transformation Trust	2	3	3			4
2.	Barefeet Theatre	2	4	3	4	2	6
3.	Messiah Ministries Home	2	2	2	2		2
4.	Chisomo Drop In Centre	6	4	6	4	5	5
5.	Mapode	6	6	6	4	6	3
6.	Flame	3	4	3	3	2	4
7.	Rainbow	6	6	6	5	6	10
8.	New Horizon Ministries	4	3	4	3	3	2
9.	Friends of Street Children	2	2	4	2		2
10.	Mthunzi		3	3	3	3	3
11.	St. Lawrence Home of Hope		3	2	2	3	2
12.	AATAZ		2	3	4	2	4
13.	Grassroot Soccer		4	4	4	4	
14.	Cicetekelo Youth Project		8	8			
15.	Jesus Cares International			10	4	10	10
16.	Lazarus Project				2		
17.	Lupwa LwaBumi Trust				1		5
18.	Fountain of Hope				3		2

## Appendix 9: Africa KidSAFE Partner Capacity Building Follow-up Assessment Tool

<b>NAME OF PARTNER:</b>						
<b>STAFF CONDUCTING ASSESSMENT:</b>						
<b>PARTNER STAFF INTERVIEWED:</b>						
<b>DATE OF ASSESSMENT:</b>						
	<b>CAPACITY BUILDING ACTIVITY</b>	<b>5</b> Always	<b>4</b> Mostly	<b>1</b> Some-times	<b>0</b> Never	<b>COMMENTS/ OBSERVATIONS</b>
<b>FINANCE MANAGEMENT</b>						
<i>Reassessed through Financial Checklist</i>						
<b>M&amp;E TRAINING</b>						
<i>Reassessed through M&amp;E Checklist</i>						
<b>1. REPORT WRITING</b>						
1.1	Partner submits program reports to PCI in a timely manner.					
1.2	Partner reports follow established guidelines.					
1.3	Partner reports describe the activities that were conducted in comparison to work plan and explain any discrepancies between planned and actual activities.					
1.4	Partner reports do not contain missing or incomplete information or data.					
1.5	The information in partner narrative reports is consistent with the numerical data reported.					
<b>2. BQCC</b>						
2.1	Partner has at least one staff person with basic qualifications in counseling (certificate of attendance).					
2.2	Counselors have books/charts for documenting child cases and follow ups.					
2.3	Trained counselors conduct case review meetings.					
<b>3. STREET LIFE</b>						
3.1	Trained personnel from the centre run at least one <i>Street Life</i> program (12 sessions) in the facility during the project life.					
3.2	Partner conducts <i>Street Life</i> in accordance with established curriculum.					

3.3	Partner provides materials and basic logistics for conducting <i>Street Life</i> in the centre.					
3.4	Partner tracks OVC participation in <i>Street Life</i> program through sign-in forms or other written documentation.					
3.5	Partner provides written reports to their managers that describe changes in behavior for the children who participated in the <i>Street Life</i> program.					
4.	<b>REINTEGRATION</b>					
4.1	Partner conducts appropriate preparation activities with children prior to reintegration (counseling and family tracing, conduct needs assessment for the child).					
4.2	Partner ensures all the legal and statutory regulations are followed before and during reintegration including admission, discharge, committal order, letter of admission and letter of discharge.					
4.3	Partners conducts home visit before reintegration.					
4.4	Partner conducts at least one follow up home visit for reintegrated children within six months of child being reintegrated.					
4.5	Partner prepares and submits quarterly reports on reintegrated children to PCI and Department of Social Welfare.					
4.6	Partner conducts and facilitates re-integration in line with the reintegration protocol.					
5.	<b>OUTREACH</b>					
5.1	Outreach workers prepare the children for facility placement and camps through counseling and group discussions.					
5.2	Outreach workers refer sick children to mobile health.					
5.3	Outreach workers trace the families of the children in the facility and on the street.					
5.4	Outreach workers participate in fortnightly case review meetings.					
5.5	Outreach workers document activities using outreach log sheets and submit reports to the outreach coordinator at PCI.					
5.6	Outreach workers mitigate forces on the street that are a threat to the well being of the children.					

	(e.g., children being harassed, wrongly arrested by the police).					
5.7	Outreach workers assess children in need of school support. Children in need of this service are placed in schools.					
5.8	Outreach workers assess children to determine whether they qualify for ZNS camps. Qualifying children are placed in the ZNS camps.					
6.	<b>FIRST AID</b>					
6.1	Partner has at least one staff person who is able to administer first aid both at work and in the community (proof of First Aid training).					
6.2	Partner has a first aid box within the area of operation that is stocked with appropriate first aid materials (panadol, cotton wool, spirit, bandages, scissors, gloves, GV paint)					
6.3	Partner applies skills and knowledge acquired in real accident and illness situations.					
7.	<b>PROPOSAL WRITING</b>					
7.1	Partner submits an average of at least one proposal for funding to other donors per year.					
7.2	Partner has mobilized in-kind resources from a minimum of one donor other than PCI. This may include food stuff, building materials, clothes, etc.					
7.3	Partner has more than one source of cash funding.					
8.	<b>CHILD PROTECTION/ CHILD RIGHTS</b>					
8.1	Partner staff are able to describe the appropriate process to report cases of child abuse.					
8.2	Partner has written child protection policy at the institutional level.					
8.3	Partner has written guidelines/ standards on how to work with children and trains all persons who work directly with children in the guidelines.					
8.4	Partner assesses all children for signs of child abuse and reports suspected cases appropriately.					
8.5	Partner conducts child rights awareness activities as a routine part of its activities.					

9.	<b>SUBSTANCE ABUSE</b>					
9.1	Partner provides basic information on alcohol and drug abuse to children on the street and submits monthly reports to the outreach officer.					
9.2	Partner identifies children who use toxic substances and refers them to the camp for rehabilitation.					
9.3	Partner shares information on dangers of substance abuse with pregnant girls on the street and submit monthly report to the outreach coordinator.					
10.	<b>ECONOMIC EMPOWERMENT</b>					
10.1	Partner identifies self-help group (SHG) members using appropriate participatory rural appraisal methods.					
10.2	Partner follows protocol in training SHG members to form SHG and begin savings and other group activities.					
10.3	Partner SHG have an average size of 15-25 members.					
10.4	Partner documents SHG member participation and savings accurately and consistently on Member Register Forms.					
10.5	Partner provides supportive supervision by Community Facilitators attending at least one SHG meeting for every SHG per month.					
11.	<b>JOURNEY OF LIFE</b>					
11.1	Partner develops and monitors implementation of <i>Journey of Life</i> action plans and submits reports to the Economic Empowerment officer.					
11.2	Partner holds meetings to orient other members of the organization on the <i>Journey of Life</i> methodology.					
	<b>ENTREPRENEURSHIP</b>					
12.1	Partners are rolling out training for the group members on entrepreneurial skills and how to run businesses in accordance with entrepreneurship training instructions.					
12.2	Group members keep records of their businesses in accordance with standards presented in entrepreneurship training.					





