

Orphans and Vulnerable Children



Government of the
Republic of Zambia

A Situation Analysis, Zambia 1999



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Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

CHAPTER 1
SUMMARY REPORT

Joint USAID/UNICEF/SIDA/ Study Fund Project

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This document – ‘Situation Analysis: Summary Report’ - forms Volume One of six volumes which explore different aspects of the Situation of Orphans and Vulnerable Children in Zambia in 1999. The other volumes are: Volume 2 Literature Review, Volume 3 Data Review and Enumeration, Volume 4 Institutional Response, Volume 5 The Community Response and Volume 6 Perceptions of Care. The Summary Report was prepared by Karen Doll Manda, Michael J. Kelly and Mark Loudon on basis of volumes 2-6 of the Orphan Study, as well as through participation in the study.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisations
CHIN	Children in Need
DMMU	Disaster Management Unit
FHANIS	Nutrition and Household Food Security Monitoring System
GRZ	Government of the Republic of Zambia
HIV	Human Immune Deficiency Virus
IGA	Income Generating Activities
LCMS	Living Conditions Monitoring Survey
MCDSS	Ministry of Community Development and Social Services
MoH	Ministry of Health
NGO	Non Governmental Organisations
OVC	Orphans and Vulnerable Children
PWAS	Public Welfare Assistance System
SIDA	Swedish International Development Agency
SPARK	School Participation Access and Relevant Knowledge
UNICEF	United Nations Childrens Fund
USAID	Agency for International Development
YWCA	Young Women's Christian Association
ZCCS	Zambian Community Schools Secretariat

1 BACKGROUND

Zambia is facing a crisis of massive proportions due to AIDS, poverty and dwindling economic strength. Nearly three-fourths of the Zambian people live in poverty. Poverty has resulted in many families eating one meal per day or even less, decreasing school enrolments, inability to access health care, stunting in young children, increased maternal mortality and a host of other negative effects throughout the country. The HIV/AIDS epidemic is drastically impacting these indicators. Currently, the sero-prevalence rates in Zambia hover around 20%, which means one out of every five Zambian is infected. Death in the active and productive age groups is occurring on an unprecedented scale. Even if the spread of HIV is reduced, the death figures will continue for many years to come. In fact, the World Bank estimates that world wide only 10% of the AIDS related deaths have occurred.

Children are a particularly vulnerable group among those affected by the AIDS crisis and increasing poverty. Further, many children are losing one or both parents from AIDS. Increasingly children, both orphans and others, are not attending school, receiving proper nutrition or accessing health care.

In Zambia, a number of papers have been written and some studies have been undertaken related to issues affecting orphans over the past few years. But, other than a 1998 UNICEF report, there has been no large-scale comprehensive analysis of orphans and vulnerable children in Zambia.

Because of the growing problem, the Study Fund of the Social Recovery Project proposed a situation analysis of orphans in Zambia in March 1999. UNICEF and USAID saw this as an opportunity to create a comprehensive tool for a national concerted effort to help vulnerable children – an effort which would provide ‘best practices’ at the local level and be useful for policy makers. Via consultations with government and players in the orphan arena the elements of this situation analysis evolved.

This study marks the effort to develop a comprehensive understanding of the challenge faced by orphans and vulnerable children (OVC) in Zambia. This understanding is necessary in order to design responses on the same scale as the disaster.

The situation analysis was originally to focus on AIDS orphans. During the course of the study, it became evident that, due to extensive poverty throughout Zambia, orphans and vulnerable children are the priority issues. Furthermore, it became evident that focussing exclusively on orphans is a mistake and the term AIDS orphans should be avoided. The summary report therefore discusses the situation of orphans and vulnerable children together. However, there are some circumstances unique to orphan children are discussed separately where appropriate.

Five separate, but complementary and simultaneous, study components were undertaken to complete the situation analysis.

1. The Literature Review (Volume 2) comprised of an exhaustive review of previously written documents, including laws, related to orphans and vulnerable children in Zambia and elsewhere.
2. The Data Review and Enumeration (Volume 3) assessed the number of orphans in Zambia, and evaluated the welfare of orphans and of non-orphans using livelihood indicators for poverty, residence, food security, education and health.

3. The Institutional Response (Volume 4) was based on interviews of nearly 60 organisations (NGOs, donors and religious institutions) providing an overview of institutional work, strengths and weaknesses, lessons learned and an overview of the institutional response to orphans.
4. The Community Response (Volume 5) examined community-based coping strategies and profiles community thoughts on solutions to the orphan issue.
5. The Perceptions of Care (Volume 6) took an in-depth look at 10 orphan programmes throughout Zambia and provides key lessons from the programmes including aspects of successful programme intervention.

1.1 Overview

The study paints a bleak picture of the future for Zambian children. Currently, there are 4.1 million children in Zambia. According to the 1996 Living Conditions Monitoring Survey (LCMS), 13% of these are orphans.¹ Additionally, three-quarters of Zambian families live below the poverty line.

The Government of the Republic of Zambia (GRZ) faces challenges to provide hope for the nation's children and for the future of Zambia.

¹ Other sources estimate the number of orphan children in Zambia to be 34% of those aged 15 and below. Although that number may be high, the LCMS data is likely to be an underestimate. It is difficult to acquire exact figures on number of orphans. Culturally, people might not consider a child who is looked after by an adult as an orphan. During data collection, depending on how the question is asked, there may be a skewing of the results. Furthermore, if a respondent perceives that resources might be attached to researchers' questions, the number of "orphans" within a family may increase.

Although differences emerge between the various components of the study, some overlapping factors and messages are quite strong. These are:

- Poverty is the primary problem many Zambian families and children face.
- Zambian children, regardless of orphan status, are especially vulnerable to the effects of poverty.
- Both qualitative and quantitative analyses indicate that there is little difference economically between orphans/vulnerable children and others.
- Orphan children, however, face special psychosocial needs, but are not necessarily more economically vulnerable than non-orphan children.
- Programmes must take care to avoid stigmatising children by treating orphans differently than other children, or by labelling individuals as orphans or worse still “AIDS orphans.”
- Currently, NGOs and CBOs provide the main response to the crisis as government builds its capacity to provide action proportional to the crisis.
- The OVC issue is a family and community problem and best solutions are community based.
- Families and communities are addressing the problem, but are now under severe duress.
- Currently, the extended family structure is coping, but the question is whether it will buckle under increasing pressures.
- Zambian communities have exerted tremendous strength to cope with the OVC problem alone and it is time for the Government and the donor and development community to support and supplement their efforts.

2 INTRODUCTION

Currently, Zambia faces a silent crisis. The suffering of the orphan and vulnerable child is contained within the confines of the family and the community. Daily, children suffer from malnutrition and childhood illnesses. Their suffering is seldom seen outside their immediate surrounding, while those not affected continue without knowledge of the growing crisis and the pending impact the crisis will have on the country as a whole.

Signs of the mounting crisis can already be seen. Increasingly, growing numbers of street kids are seen in the hubs of Zambia’s urban centres. Young boys fight to carry parcels to earn a few hundred Kwacha, they guard cars day and night to earn extra money. Increasingly, young girls and boys sell their bodies in exchange for food. The daily pains of life are worn on the faces and seen in the eyes of many children in Zambia. Even though we do not always hear the concerns of children, the crisis is serious and needs serious and immediate attention and action.

Levels of Poverty²

- Nearly 70% of Zambians lived below the poverty line in 1996.
- The percentage of persons living in poverty in rural areas is considerably higher than in urban areas.
- In 1997 the Per Capita Income was US\$ 308.
- Nearly three-quarters of Zambian children live below the poverty line with little notable quantitative or qualitative difference between orphans/vulnerable children and others.

Data on Children in Zambia

- In 1996, there were 4.1 million children under the age of 18 in Zambia.
- According to the 1996 Living Conditions and Monitoring Survey (LCMS) data, 13% (approximately 550,000) of Zambian children were orphans.
- Single orphans (86% of orphan children) outnumbered double orphans.
- 64% of orphan children had a deceased father, 22% had a deceased mother and 14% were double orphans.
- The proportion of children who are orphaned increases with age, from around 4% of 0-4 year olds to 19% for 10-14 year olds and 23% of 15-18 year olds.

3 IDENTIFYING ORPHANS AND VULNERABLE CHILDREN**3.1 Orphan Vs. Vulnerable Child**

There are varied definitions of an orphan that distinguish different ages (under 15 or 18) and whether one or both parents are deceased. The definition of a vulnerable child is based on livelihood indicators.

There is only value in distinguishing between orphans and other vulnerable children when considering psychological support, protection of rights, interventions targeted to their specific status as orphans and epidemiological surveys. When it comes to practical interventions, there is no useful purpose served by separating orphans from other vulnerable children. In fact there are significant risks in so doing.

Socio-Economic Status of Zambian Children

- Children in Zambia face economic vulnerability in large numbers.
- There is little difference in economic status between orphan and non-orphan children (75% of orphan children are found in households living below the poverty line and 73% of non-orphan children are also living in households below the poverty line.)
- There is little notable difference between orphan children living in poverty in rural and urban areas.

² Sources of information include the 1996 LCMS and the 1998 Human Development Report.

Agencies working with children at the community level tend to focus on children in need, rather than exclusively on orphans. Community workers have learnt that, because orphans are not alone in being at risk and living in desperate circumstances, in order to develop effective community programmes supported by the community, their programmes must target vulnerable children in general. In communities where many children are vulnerable, separating one group of children from another is pointless.

The use of the epithet 'AIDS orphan' should be avoided, except in demographic and epidemiological discussions. AIDS remains a highly stigmatised disease in Zambia. Children have witnessed the slow death of a parent as well as the shunning by the community and often family. Attaching the term "AIDS orphan" to them compounds the stigma they have already experienced.

Furthermore, the term 'orphan' itself contributes to stigmatisation and discrimination against orphans. Some researchers heard instances of taunting of orphan children by other children and sometimes of their mistreatment and harassment by adults. However, field research indicates that abuse is occasional and not as widespread as the literature has suggested.³

Characteristics of Households with Orphans

- Almost half of orphans reside in a household headed by a surviving parent.
- When orphans are categorised as maternal, paternal and double, it demonstrates that grandparents and aunts/uncles look after a large percentage of double orphans.
- Grandparents look after 38% of double orphans and aunts/uncles look after 29%, demonstrating that the extended family continues to share the burden of orphan care.
- In rural areas double orphans are more likely to be looked after by grandmother.
- In urban areas double orphans are looked after more often by aunts and uncles than other relatives.

Although this study could not delve into the overall long-term impact of terminology on community development, the use of orphan terminology appears to be at variance with cultural use, harmful to community development initiatives and negative to the family structure and the development of children and self-reliance. A particularly worrying realisation is that, although all languages in Zambia have a word for 'orphan', it would not traditionally be used – or even thought of – for a child living with an adult relative. In such a case the child quite naturally refers to an aunt and uncle as his or her mother and father, and the adults would immediately think of the child as their own. However, because many projects now provide benefits specifically for orphans, guardians are having to differentiate between their own birth-children and those of their deceased siblings.

From the orphan children themselves, there are observed cases whereby the orphans single themselves out as well, particularly in relation to resources coming into the family as assistance to orphan children. Some orphan children have been known to flaunt school uniforms provided by donors or to declare ownership over a sack of mealie meal provided to assist with the care of orphan children.

³ It is suspected that sometimes situations have been exaggerated in order to increase the possibility to access funding. However, the study does not want to in any manner de-emphasise the serious conditions under which many Zambian children live.

Voice from the Community
Who is an Orphan?

A focus-group discussion in Chintankwa, Serenje, agreed that an orphan was a *mulanda*, i.e. a vulnerable or suffering child who has no parents.

3.2 Interventions before a Child becomes an Orphan or Vulnerable

Almost completely absent in all the discussions regarding orphan children is reference to interventions targeting those children who are at risk of becoming orphan children. Also absent is reference to the need to support and assist People Living With HIV/AIDS (PLWHA) in order that they may speak openly to their children about impending death, make arrangements for how they will live afterwards, to write a will, etc.

It is likely that this is a result of the sheer magnitude of the crisis and inadequate resources to address the issues. There is need, however, to consider interventions prior to orphanhood in order to prevent a decrease in the quality of life for those who become orphans. These could involve encouraging Voluntary Counselling and Confidential Testing in order to provide an opportunity for HIV+ parents to begin to make plans, as much as possible, regarding the future of their children.

Decreasing the spread of AIDS and reducing the incidence of poverty in Zambia and providing economic opportunity to impoverished communities are vital. Interventions targeted at poverty reduction and decreasing the spread of AIDS must be incorporated not only into OVC programming, but throughout all development efforts in Zambia.

3.3 Psycho-Social Needs of Orphans and Vulnerable Children

Since the inception of the orphan issue, much discussion has taken place regarding the psychosocial needs of orphan children. However, as a whole, there has been a slow response beyond the development of life skills training in community schools. Interventions to date have not been effective at coping with the intense psychological trauma of losing a parent to AIDS and the stigmatisation from the community.

3.3.1 *Listening to the Voices of Orphans and Vulnerable Children*

Though unintentional, there is the risk of treating the orphan as an object to be disposed of, or as a statistic. The plea is for interventions to pay greater attention to the orphan as a person—more specifically as a child. Interventions must show greater sensitivity to the psychosocial needs of the child and more perceptive recognition for the trauma that has been experienced and, in many cases is still ongoing. In addition, there is a need to let the orphan have a say in decisions that affect him/her as appropriate to the orphan's age. In their efforts to provide for the child's physical well being, projects have often overlooked providing sufficient child counselling and psychological support.

3.3.2 *Discrimination*

When discussing orphan situations, one often hears of abuse, which takes the forms of inequitable distribution of food between "family" and orphans, orphan children being required to do difficult physical chores, and experiences of verbal abuse and sexual and physical abuse.

During the study, community members readily spoke of discrimination against orphans but when asked to provide specific examples, had some difficulty in doing so. The question is whether discrimination against orphans is truly commonplace, or whether anecdotes might be fuelled by expectations of help, or repeated as an assumed truth. Undoubtedly some children are in abusive situations, but the magnitude is unclear.

Voices from the Community Trauma of an Orphan Family

A female head of a household in Serenje gave the following testimony: 'Our parents both died in 1995. When this happened our relatives ran away from us. I was then 18 years old, with not so many ideas and strength. Their action took us by surprise because we thought that being our relatives they would care for us. Life was not easy at all.... When my relatives cooked food they used to hide it from us. Sometimes they would invite us to eat but then make all sorts of ugly remarks behind our backs. Our parents had a big farm over there but it was taken from us by our relatives. So we had nowhere to grow food... My young brothers and sisters became beggars; they would walk from house to house asking for food.'

The dire economic situation in which many Zambian families find themselves may create moments of stress where statements are made out of frustration or there are acts of exclusion and not sharing as a means of survival. It is perhaps a natural and understandable human reaction for a parent, especially in dire economic situations, to provide the best for biological children, whereas the best that they can afford for a sibling's orphan children is often second best. However, given the closeness of Zambian families, the frequency of exclusion of food from orphan family members is questionable.

Nutritional Status of Orphans

The data demonstrates that 56% of orphan children and 49% of non-orphan children are stunted.

It could be tempting to link the stunting of orphan children with lack of proper care by the foster caregivers and the with-holding of food from orphan children. However, there are additional factors which may contribute to the larger percentage of stunted orphan children. For instance if the mother suffered a prolonged illness or was looking after ill family members, it is possible that she was unable to provide the normal care and attention to her children that good health might have allowed.

Regardless of the reasons, stunting amongst Zambian children under the age of five is serious and merits immediate and serious attention. The fact that orphan children tend to be stunted at a higher rate may signal the need for prevention measures in children of HIV+ parents, or after they have become orphans, to reverse the trend.

3.3.3 Stigmatisation

Stigmatisation takes two forms in relationship to orphan children. One is the stigmatisation received from the community stemming from the attitude about HIV/AIDS and also being an orphan. The other comes as a result of development projects aimed at providing special privileges to orphan children.

The stigmatisation of orphans is sometimes linked to the use of labels such as ‘street kids’ or ‘paupers’. Researchers found that Buyantanshi Christian Open Community School has been nicknamed *Kabulanda* by locals, meaning ‘the place of paupers’. Children at this school go to extraordinary lengths to buy uniforms for themselves in order to demonstrate that they are not paupers. In the impoverished community of Minga, the only children wearing uniforms were orphans – who took pride in their donor-provided outfits as proof that ‘somebody cares for me’

To some extent it appears that the term ‘orphan’ does more harm than good, by contributing significantly to the stigma and abuse experienced by these children.

4 OVERVIEW OF RESPONSES TO ORPHAN AND VULNERABLE CHILDREN

The study examined the responses to orphans and vulnerable children (OVC) in terms of Government, NGOs and CBOs, international donors, religious institutions and the community.

4.1 Government Response

The government is constrained in its ability to implement programmes related to OVC and progress beyond rhetoric has been slow. Budget shortages grossly limit the active role that it can directly take to impact the situation of vulnerable children in Zambia. There is urgent need for government to provide policy and leadership.

Relevant ministries have developed policies regarding children, but there is inadequate implementation and enforcement. The NGOs interviewed for the study were not aware of the current policy environment, indicating the need to create routes to disseminate information from within the government to the outside. Some blame is to be shared by NGOs who do not seem to be aware of the ways in which a national policy framework could advance their work and therefore may not demonstrate an interest in government policies.

Positive efforts have been made through the formation of the government Task Force on Orphans. The task force is comprised of the Permanent Secretaries of the Ministry of Youth, Sport and Child Development, Ministry of Community Development and Social Services, Ministry of Education, Ministry of Health and Ministry of Legal Affairs. There is also a technical committee comprised of various professionals from each of the ministries. Additionally, the Disaster Management and Mitigation Unit (DMMU) at the Office of the Vice President is critically examining that its role in the care of vulnerable children.

In this, as in other areas, government’s role is to facilitate the development of institutions and structures, ensure equity (act as an equaliser) and promote security (in term of physical and human rights.) It has financing and quality assurance responsibilities, as well as overall strategic planning and policy functions. It does not have to be a direct provider of services, that others can equally well provide—but it should provide those services where there is a danger of “market failure” or lack of equity.

In this light, the roles for which government is particularly suited are:

4.1.1 Providing an enabling environment

Government has a major role to play in creating a supportive and enabling environment in which families, communities and NGOs can respond to the orphan crisis. This can be achieved through the provision of social welfare services, financial support for the activities of NGOs and CBOs, the development of policies and legislation, and the provision of adequate social safety nets.

Government is uniquely placed to develop policies, but often lacks the resources to be an effective service provider. In terms of policy and legislation, government needs to be more active, inclusive and informative in providing an enabling policy environment to promote the needs of orphans and vulnerable children.

4.1.2 Co-ordination

Government should play a pivotal role in co-ordinating the various role players, advocating on behalf of women and children, mobilising national and international resources, gathering and disseminating information, and monitoring vulnerable children. Collaboration and planning are needed to define complementary and appropriate roles by government, NGOs, religious bodies, the private sector etc. There is an urgent need for overall co-ordination of the various programmes targeted at orphans and vulnerable children, and for mobilising NGOs to respond to the crisis.

4.1.3 Providing resources

Government should provide a fair share of national resources (both financial and human) for the needs of the poor, preferably channelled through civil society. Government is potentially a valuable source of human resources, which can and should be made accessible to community initiatives in most parts of the country through district and local offices. Government is also ideally positioned to mobilise resources for children, nationally and internationally, including funds freed up through debt relief. Attention also needs to be given to allowing communities access to natural resources such as land, forests, and water to be used for sustainable economic activity both at the household level and at the community level.

4.1.4 Guaranteeing human rights

There is a need to ensure the protection of all the rights of children and women. Attempts to review Zambia's legislation in these areas appear to have stalled. Government can ensure that the various conventions on human rights – particularly of children and women – to which Zambia has already committed itself, are not only reflected in legislation but are actively enforced.

4.2 NGOs and CBOs

As in many countries, the NGO community in Zambia is filling a role in a needed area where there are limited direct government resources. NGOs and CBOs implement the most extensive donor-funded activities directed towards mitigating the suffering of vulnerable children. The CBOs' grassroots involvement, their flexibility and independence appear to make organisations of this type particularly well suited for dealing with a major problem at community level.

The NGO community is directing resources and programmes at orphans and children in need. The cornerstones of NGO orphan programming are community mobilisation and capacity building (to

foster community ownership and responsibility and sustained action), education (mainly through community schools) and income generating activities. Additional programme activities include: addressing the psychosocial needs of orphans and caregivers, HIV/AIDS interventions and health needs.

Perceptions of Levels of Assistance at the Community Level

Communities indicated during this study that the assistance they were getting from external agents was not adequate. However, NGOs feel that they are stretched to the limit trying to cope with the overwhelming numbers of children and families in need. In 10 districts surveyed for the study, 19 organisations were working among orphans, providing basic requisites for children in need, such as food, shelter, clothing, and assisting with health and school costs. The majority of these institutions (14) operated in only one district while the Catholic Church was found in eight districts, and two agencies – World Vision International and the Department of Social Welfare – were reported in three districts each. Except for two community-based organisations, the rest were based in Lusaka or abroad.

It became evident during the research, that NGOs are not co-ordinating their efforts, nor sharing information, nor meeting to discuss the OVC issue and solutions. This is not necessarily out of lack of interest, but rather as a result of the magnitude of the OVC problem which is consuming their resources.

There is also a need for NGOs and CBOs to work in collaboration, not competition, with the government and with each other, avoiding territoriality and to ensure their internal concerns do not take precedence over the needs of their beneficiaries.

NGOs are also in need of capacity building and monitoring in the areas of management, transparency, and accountability as well as technical areas. There is little new thinking and very few new ideas in their programmes. There are many variations on familiar themes, and much re-cycling of ideas and initiatives, but there seemed to be very little that is innovative or that promised some kind of breakthrough in dealing with the challenge to address the OVC crisis. NGOs need access to state-of-the-art thinking on addressing OVC issues and opportunities to share experience both within the country, regionally and internationally.

Additionally, it is not always clear how the activities in which certain NGOs engage trickle down to benefit the communities, the families or the children. The activities continue with little examination of the impacts of the programme on the children or their families, the criteria on which the activities are based and the origin of the solution.

4.3 International Donor Response

In general, the donors do not have extensive programmes targeting orphans or vulnerable children. They fund a few NGOs or religious institutions whose work is supported because it fits with the general donor programming or policies and not necessarily because it is directed at vulnerable children or orphans. The funding appears to be sporadic with little geographic or programme and strategic focus. The exceptions to this are USAID and UNICEF.

Donors, in general recognise the increasing need for support to vulnerable and orphan children in Zambia, given the alarming rise in the numbers of children living in poverty. When prodded as to

why they did not support orphans and vulnerable children through their programming efforts, almost all unanimously stated that they felt the government should take the lead to develop a policy and a national framework.

4.4 Religious Institutions

For the purpose of this report, a religious institution is limited to umbrella type church related organisations and not the independent churches, mosques, missions or temples affiliated with the religion.

The study found that the Catholic Secretariat appears to provide one of the most coherent and organised religious institution responses to the orphans crisis. Throughout Zambia, various dioceses are involved in developing community responses to orphan care. These programmes have often been developed in association with the home-based care programmes. As the number of orphans has increased, the home-based care programmes began to incorporate measures to address the concerns of orphans and the families caring for the orphans.

Although other religious institutions do not have as large an outreach or co-ordinated programme as the Catholic Secretariat, many are encouraging orphan care amongst their church membership. Although commendable attempts have been made, these programmes in general lack large scale funding and a focused programme effort. Often the programmes are led by the heart of a concerned individual, with immeasurable motivation and commitment, but lack strategic development, state-of-the-art information and appropriate technical skills and knowledge.

The religious institutions constitute an often under-exploited foundation upon which to build cost-effective interventions and to develop a community-based programme. It would be advantageous to build the capacity of religious institutions to better develop intervention strategies and to implement projects. Many have extensive networks throughout the country. They have the advantage of having a ready made audience and established credibility and trust within the community. Of equal importance, they know the community members and their situations. Religious organisations are an important avenue for advocacy within communities and to the Government. Many religious organisations use the pulpit to foster community responsibility and a foundation of religious obligation to encourage a community response to the orphan problem, as well to develop behaviours related to the beliefs of the religion. Finally, in many communities, the church is the only visible outside organisation and many community members repeatedly turn to the church for assistance.

4.5 The Community Response

Communities are in the front line coping with OVC problems. They have adapted their own coping strategies and mechanisms to address the issues, but seem to receive little in the way of institutional help, even from the churches.

The primary coping strategy for poor communities is to do without, to turn to other family members or to borrow. However, given the widespread poverty in Zambia, doing without is becoming the primary strategy. Increasingly, more and more households in Zambia decrease their daily meal intake to one per day. The very poor go days without eating. Children are taken out of primary school, when the families are unable to afford the school fees and uniforms. Unable to afford the cost of care and medicines, families do not receive health care from health centres. Poor families attempt to participate in small-scale economic activities, selling at markets or offering their labour as piece workers to those with a higher economic status.

Although the communities have developed coping strategies, the study has indicated that the economic stresses in Zambia are becoming too onerous. Communities have been independently coping with the OVC problem with little outside, tangible assistance. It is time for the international community, the development community and the government to join forces with the local communities to assist them to cope and to find solutions to the OVC problem.

5 MODELS OF CARE FOR ORPHANS AND VULNERABLE CHILDREN

5.1 The Family/Community

No other arrangement or structure that government, NGOs, churches or donor agencies have devised has come anywhere near to managing the OVC problem in the way that the extended family⁴ has succeeded in doing. Even though forces such as urbanisation, migration, poverty and the HIV/AIDS epidemic itself threatened the cohesion of the extended family, the family remains for all practical purposes the fundamental front line of response to the OVC crisis.

Studies indicate that the greatest need for an orphan is placement within a family-like structure, headed by a responsible adult and located within a community. It is preferable to keep siblings together in familiar surroundings in a family related to the child.

Family Types Focus Group discussions identified and described three types of families. They are:		
<p><i>Bakankala, bavubide; Bapina,</i> (the rich, well off) These families are said to:</p> <ul style="list-style-type: none"> • have plenty of food to eat • live in good houses with iron sheet roof • keep many goats and in some cases cattle; • send their children to school • can afford health costs • hire the poor to work on their fields • have a lot of money 	<p><i>balanda, basaukide;Inchusi,</i> (poor, suffering) These families are said to:</p> <ul style="list-style-type: none"> • have some food to last them much of the year • live in properly built and thatched houses • keep some chickens and goats • make money by selling beer • send their children to school and clinic • own some farm implements, particularly the hoe • wear nice clothes • keep some orphans 	<p><i>bapengele;(who suffer a lot), bapina sana/bacete</i> (the very poor) These families are said to:</p> <ul style="list-style-type: none"> • eat one meal a day at best, but sometimes go for days without food • live in small poor houses • own no livestock or farm implements • go from house to house begging and borrowing • cannot afford education and health costs • are often widows and elderly • keep orphans

Orphans were found to be usually placed either with relatives, or with an unrelated surrogate family. Although unrelated placements exist, and may be increasing among urban communities, they are not yet widespread. Formal adoption is rare, accounting for no more than a handful of cases each year.

Fragmentation of family units due to poverty and death is becoming a major concern. Ensuring a steady source of household income was found to be closely allied to keeping the family together.

⁴ In this situation, the term extended family refers primarily to grandparents, aunts and uncles.

5.2 Institutional Care

Although it was difficult to determine exact numbers during the study, it appears that the percentage of orphan children placed in institutional care is quite low.

Focus discussion groups within the community indicate a wide difference in orphanages and the administration of orphanages from community to community. Some institutions, especially the churches, were commended for involving communities in the administration, while others were condemned for discriminating in favour of relatives and friends. Institutions, which isolated orphans from their extended families, were heavily criticised by focus group respondents. Objections centred on the improvement of the quality of life of the orphans while that of the rest of the family remained the same. This in turn contributed to a deep sense of isolation and exclusion on the part of the orphans.

During the course of the situation analysis, visits were made to orphanages and to projects which provided institutional care for orphan children, but which did not fit the mould of 'orphanages.' The following characteristics were found to be significant and desirable:

- Openness of the project to the local community, for example by incorporating a community school or church, which meant children in residence did not feel isolated from society, and the community remained in touch with the people and activities inside the institution;
- A perception that the children were not permanent residents (or, worse, the 'property') of the institution, but had families or social ties outside, manifested as 'going home' for holidays or having regular family visitors.

Orphans who grow up in an institution frequently experience a type of dysfunction upon their return to the community. They were raised without Zambian rituals, and often felt disassociated from their community. Furthermore, institutional care is expensive and often perceived to be a waste of resources in the long run.

Sometimes, however, there are no other appropriate solutions. Most orphanages take tremendous efforts to alleviate potential future dysfunction through creative measures to include community participation in the raising of the children. Placement in institutions is usually done through referrals from other institutions, such as the YWCA, Victims Support Unit of the police, Department of Social Welfare, churches or clinics, or by traditional leaders.

5.3 Interventions for Street Children

Interventions with street children were found to be different from those aimed at strengthening families, partly because street children were not located within a family unit, and partly because the children involved had no secure shelter unless it was provided by the project. Most organisations working with street children tried to provide food and clothing, as well as education through community schools and day- or night-shelters. A few agencies trained social workers who provided outreach to the youth, attempting to gain their trust and, where possible, to facilitate a return to their families. Programmes addressing street children, in general, are severely under-funded, partially as a result of the limited abilities of the staff to properly strategize and develop proposals.

NGOs working with orphans or vulnerable children and those working with street children seldom collaborate effectively. At times they almost seem to view each other's work as separate from their own. It does not appear that NGOs were unwilling to collaborate, but rather that the magnitude of

the problems facing children consume so much of their time that they were unable to effectively begin collaboration.

Street Children

- The 1998 Zambia Human Development Report estimates that 75,000 children are street children.
- Over two-thirds are children between the ages of 6 to 14 years old
- The majority are boys.
- Forty percent of street children have lost both parents.
- It is estimated that 7% of street children have no home to return to.

5.4 Alternative Models of Care

Beyond a small number of child-headed households and a small number of formal adoptions, the study did not identify any model of care, which did not fit in with the above categories. A collapse of the extended family safety net would, inevitably, lead to alternative models emerging – such as groups of women with no blood- or marital-ties pooling their resources to raise children and generate income. The absence of these models hints that, for the time being at least, the extended family network is holding.

6 ASPECTS OF INTERVENTIONS FOR OVC PROGRAMMING

6.1 Support to the Family/Community

Families and communities are both in the front line of the impact of HIV/AIDS and the front line of the response to HIV/AIDS. Whether communities openly discuss HIV/AIDS or sweep it under the carpet, they are fully aware of the health and welfare problems caused by the epidemic and compounded by poverty. Communities are prepared to take leadership, to actively participate to develop initiatives to address the issues and to devise means to sustain activities *they* begin. If community-based projects grounded in participatory development techniques can be scaled up effectively, this approach may provide a cost-effective, sustainable way to address the crisis. An important component of the strategy incorporates government as a partner and strives to build the capacity of government to deliver relevant services in the absence of an NGO programme.

Specifically, OVC programmes should aim to do the following by increasing the capacity of:⁵

- families to care for vulnerable children;
- communities to support vulnerable children and households;
- children affected by HIV/AIDS to support themselves and younger siblings;
- government to protect vulnerable children and provide essential services; and
- Build an enabling environment in which it becomes easier for children and families to cope.

⁵Hunter, S., Williamson, J. “Children on the Brink.”

There is a serious concern regarding the ability of extended families in Zambia to continue to absorb the flood of orphans indefinitely. Given the levels of HIV in Zambia, the orphan problem will increase. Given the current economy of Zambia, the situation of vulnerable children will worsen, as will the desperate economic circumstances of Zambian families. The challenge is for society to use existing social and support structures to deal with the OVC problem, while devising new approaches to cope even more effectively and universally with its demands.

Both the problem of vulnerable children and its solutions lie within the community. Hence it is vitally important that the community can mobilise itself to deal with the problem, to mitigate its impact, and even to reduce the likelihood of its occurrence. All policies, strategies and interventions should focus on strengthening the extended family, as an entity in itself and as part of the community, so that it can adequately discharge its protection and care role.

Gaining the trust and support of a community is slow work. Zambian communities have experienced many broken promises by outsiders and frequently are cautious regarding new efforts. Many NGOs speak of the need to create relatively quick tangible outputs in order to maintain credibility within the community, thereby ensuring that long-term programme efforts can continue.

6.1.1 Factors of Community Mobilisation

The single most crucial factor to successful community mobilisation is ownership of the problems and responsibility for finding solutions. Listening to the community is of vital importance. The communities know all too well the problems they face daily. They know their priorities and some of the solutions. It is crucial that the communities are involved in the development and implementation of interventions aimed to reduce the impact of the OVC crisis. The origins of any OVC intervention must be community based.

Critical steps in the process of genuine community mobilisation⁶ are:

- Recognition on the part of community members that they are already dealing with the impacts of HIV/AIDS and that they can be more effective if they work together.
- The sense of responsibility and ownership that comes with this recognition is the starting point for identifying what responses are possible.
- Identification of community resources and knowledge, individual skills, and talents.
- Identification of priority needs
- Community members planning and managing activities using their own resources, and
- Increased capacity of community members to continue carrying out their chosen activities, to access external resources to complement their own, and to sustain their efforts over the long term.

Once the issues and responses are defined through a participatory process, NGOs often provide training in subjects like leadership, business skills, monitoring and evaluation, as well as nutrition, health care, AIDS education and so on. Typically the NGO will also link the community to outside resources, such as donors or district government, or may underwrite a project itself.

⁶ Donahue, Jill, "A Supplemental Report on Community Mobilization and Microfinance Services as HIV/AIDS Mitigation Tools." May 1999.

Most of the projects studied during the situation analysis had made use of external facilitators during their planning phase. Unfortunately, many of these facilitators came from agencies which offered funding and/or technical advice to projects. As a result, communities (and possibly facilitators) were conditioned to expect a certain outcome ('those people do community schools') and an ongoing relationship ('they'll give you money to start a business so you can raise money').

It is recommended that facilitators for the participatory process should be drawn from organisations which do not support or fund projects, and that they make their neutrality clear from the outset. This would encourage a freer exchange of ideas, and promote 'ownership' by the community of their chosen strategy. Specialist facilitators – who do nothing else – are likely to make a better job of this critical activity than someone who is also expected to provide technical assistance to a range of projects, evaluate and administer funding, and attend dozens of community meetings.

Independent facilitators could also assist in a regular (annual or bi-annual) review process, where their neutrality would be invaluable in establishing whether the communities' goals are being met.

6.1.2 Community Organisation

African heads of state have said that AIDS is multi-dimensional and the most appropriate response will be multi-sectoral. Some NGOs facilitate the development of a multi-sectoral district OVC committee comprised of relevant government representatives, religious leaders, community leaders, CBOs and the private sector. These committees strive to address the OVC crisis at the district level. Additional community OVC committees have formed which are also comprised of a large representation of the community.

Community-committees are the most common organisational structure for the reviewed initiatives. Some committees are run by individuals with minimal community involvement. These are usually efficient in terms of organisation and timeliness of implementation and outputs, but have limited value in terms of replication, sustainability and ownership. This type of committee may achieve the product but the process is wrong.

Some committees are characterised by a top-down style of sharing information with the communities they serve while others demonstrate greater community ownership through a bottom-up approach. The directive or top-down approach tends to be more efficient, and therefore more popular with funders. Indeed, some committees are not really 'community-based' at all, but maintain this illusion to satisfy their sponsors.

The quest for efficiency and community involvement places opposing demands on the organisational structure. The projects which have best reconciled these demands are those which have separated their policy-making body from their executive structure. In this system, a community-based committee appoints people with proven expertise to run their activities, instructing them to report back regularly.

There is frequently an apparent lack of succession planning in many governing structures. One manifestation of this weakness is where a key person, such as a bookkeeper or manager, is the only person who knows how a critical activity is performed. Another is where all the members of a committee reach the end of their tenure at the same time, resulting in most or all of the new members having no experience. Both point to a serious lack of management skills within the committee, threatening the entire organisation.

6.1.3 *Community Means to Identify Orphans and Vulnerable Children*

Many communities maintain registers of orphaned and/or vulnerable children to confirm eligibility for assistance such as bursaries, admission to community schools or food-aid. The criteria for a vulnerable child varies from those whose parents are considered to be particularly poor, to those children showing signs of malnutrition. It is important that the criteria for determining vulnerability be community established and not imposed.

In many cases, registers are incomplete or out of date partially resulting from an inability to keep up with the ever-increasing number of orphans, a lack of appropriate tools (such as forms) or, most often, a concern that counting children would lead to unrealistic expectations of help. Nevertheless, in general, the process of registering orphans and vulnerable children is a useful – if imperfect – mechanism for assessing the scale of need in a particular community, for ensuring the benefits reach the right children, and for building awareness and support for programmes.

The type of information recorded on each child varies widely between projects. Some collect detailed information to allocate benefits according to perceived need. Some systems of identifying children in need are more vulnerable to abuse than others, such as guardians presenting themselves as poorer than they really are. In general the more involved the community is in determining eligibility (and in the funding of benefits), the lower the level of abuse. Registers are not good sources from which to collect aggregate estimates of orphan. There are too many variances in definition and a lack of consistency in reporting. There also be the incentive to register more orphans if benefits are perceived to come.

6.2 Psychological support

Most NGOs recognise the need to help orphans cope with grief and deal with the separation of siblings and the stigma of AIDS. In some situations these emotional needs include concern at being treated as second-class citizens in their homes, and confronting issues of physical, mental and sexual abuse. The general response of NGOs is to offer life-skills training as part of the community school curriculum – ranging from sex education to attempts to foster self-confidence and self-respect.

It is not clear how the life skills training helps orphans cope with their personal psychosocial trauma. Instead, there is need to develop more formalised-trained counselling services throughout the country for children to access.

Notwithstanding the value of skilled counselling, care should be taken not to ignore the psychosocial support provided by the extended family, or to fall into the trap of believing that the only counselling which is of any value is that given by a professional. The most valuable source of psychosocial support is the informal support from family and community. The existence and scope of this care is easily overlooked by outsiders. In general in Zambia, community members, whether residential community, church oriented or family, demonstrate tremendous support for each other, particularly during times of need. Informal support is an area frequently overlooked by outsiders and exploration for linkages with interventions and maximising the support should be made.

Many NGOs are realising that caregivers also have unique psychosocial needs. Their programme efforts now attempt to include caregivers, and to train them to assist children to cope with grief, to educate on issues of abuse and to provide coping skills for them to deal with the increased economic pressures of additional family members. However, the thinking is mostly in the conception phase and has not reached the delivery phase.

6.3 Socio-Economic Factors

Communities affirm that the economic predicament of orphans and vulnerable children is mainly a manifestation of poverty. The most pressing need experienced by the extended family and community in their efforts to cope with vulnerable children is their day-to-day inability to meet their own needs for food, clothing, shelter, health care, education and other basic requirements.

During exercises for this study, communities identified the following as their areas of greatest need:

- Inadequate food
- Poor access to health care
- Lack of clothing
- Inability to afford school fees and uniforms

In terms of community coping strategies, the usual response is simply to do without. Thus meals are invariably reduced to one a day or less, and many children do not receive schooling or formal health care. To survive economically, many orphans and care-givers engage in small-scale income generating activities such as selling produce in the local market, working for better-off families in their communities, or engaging in petty theft.

There is a serious need to bring economic opportunities to communities. However, these economic opportunities must move beyond the notion of income generation and provide serious income opportunities at the household level. The situation is exacerbated by inadequate viable micro-finance institutions in Zambia to meet demand. Additionally, many income generating activities have often been carried out in a non-pragmatic manner with little prior proper market assessment nor business management experience.

6.4 Health Issues

It seems few NGOs involved with OVC programmes are addressing health needs for the communities where they work—either directly or through linkages with those NGOs working in the health field. NGOs may provide education related to nutrition and common childhood illnesses, but this did not seem to be a common aspect of programme interventions, nor a prime focus. The majority of orphans and their guardians cannot access health services because of the high costs. This is despite the very clear government policy on exempting those who cannot genuinely pay for health costs in government health facilities. Distance to health centres is also a problem, especially in rural areas.

Voice from the Community **Difficulties of Accessing Health Care**

'My name is Edgar. I am 23 years old. I am keeping my three young brothers. Our mother died in August 1993, dad died in July 1994. There are a lot of problems we face. One problem is medical fees. If any one of us falls sick I find it difficult to do anything because by that time I may have no money. It is a very big problem keeping your friend (brother) at home while he is ill. You can't take him to the hospital because you don't have money to pay for his medical scheme and for the prescribed medicine.'

A Kapiri Mposhi informant said: 'In some cases we go to traditional healers because they can treat you first (i.e. before you pay) and then ask you to work for them if you have no money to pay.'

'When a child is sick, we normally borrow money from our friends to ensure that we go to the hospital, otherwise the child would die,' said one old lady in Nakonde. 'But sometimes there is nowhere to borrow and so we don't even go there,' said another.

6.5 HIV/AIDS Prevention and Care

There is a real danger that the primary cause of orphans - HIV/AIDS - is being overlooked and at times appears to be regarded as an after-thought.

When specifically asked, most NGOs said they included HIV/AIDS awareness and education in their programmes. However, when asked to provide an overview of their programming efforts and general strategy, HIV/AIDS education was seldom mentioned. The exceptions were the few NGOs whose primary purpose combined HIV/AIDS and care of orphans or vulnerable children, or those involved in home-based care.

The links between care and prevention activities deserve much greater attention than they have received. Programmes targeting prevention often operate in isolation from those providing care for people living with AIDS and orphans. Also, care and support of people living with AIDS should be linked closely with efforts to mitigate economic and psychosocial impacts of the disease.

Personal involvement in community-based care efforts raises participants' awareness of HIV/AIDS and provides opportunities for programme staff to discuss with participants how HIV is transmitted and how it can be prevented. In addition, responding to the difficulties of orphans and widows may motivate community members to avoid risky behaviours that could ultimately have similar consequences for their own families.

6.6 Education

It is perhaps in the area of education that government, donors and the development community have failed the Zambian child the most. Nearly half of primary school aged children are not enrolled. An obligation to provide an education should not wait for that child to become vulnerable. Furthermore, an impoverished child should not be provided with an inferior education. Education for children must have the first call on resources.

School Attendance

- Nearly half of Zambian children are not enrolled in primary school, regardless of orphan status.
- Countrywide, there is little difference of the primary school attendance rates between orphans and non-orphan children.

Communities repeatedly identify education as one of the greatest needs for children. Parents and guardians are often unable to provide the school fees, uniforms and books to send their children to a government school.

School fees are used to pay for school requisites such as books and maintenance, while teachers' salaries are paid by the government, and consumables such as exercise books and pencils are provided by parents. Typical school fees in the lower grades range from K2 000 to K6 000 per year, while a girl's school dress usually costs K15 000. Unable to afford these costs, many children do not receive a basic education.

Voices from the Community Problems Faced with Education

'My name is Gloria. I am 15 years old. We are six in the family. The first born is 20 years old, she is female and stopped school in grade 12, the second is a boy aged 17, he stopped school in Grade 7, the third is myself. I stopped school in grade 6. After me is my young brother aged 12; he stopped school in grade 5 recently because of lack of money. Then the last two girls one is aged 11 and is in grade 3 and there is a grade 1-girl child. The last two girls go to school with great suffering. My father passed away in 1995. When he was alive, we all used to go to school,' said an Isoka girl.

From a 70 year-old grandmother: 'I am looking after four orphans who are my grandchildren. Their parents died four years ago. The eldest is only 15 years. Ever since these children were brought to me, I have been suffering. As you can see I am too old to look after them properly. I cannot cultivate, I have only a small farming space and the food does not last the whole year. Only two of these children attend school and to get school fees I go through thick and thin. I sell roasted groundnuts for K50 a plate till I raise the money.'

A school head at Katongo, Isoka added the following: 'Our records show that most of the orphan children stopping school are those coming from poor families. They feel frustrated especially if they are being chased from school. In fact this makes them realise that they are orphans. It makes them even remember their parents. This dampens their morale at school.'

There are three main strategies which are adopted by communities to provide access to education for orphans:

6.6.1 Advocacy

School fees, and the stipulation of uniforms, are set by the management committee of a school, not by the government. One method of dealing with the shortage of funds to pay for school fees is to lobby schools, or the local education office, to waive school fees for orphans. In one district, where

waiver of fees was approved, school enrolment increased dramatically. However, when the agreement lapsed, enrolment declined again, and many children are now going to (free) community schools.

Even where no blanket agreements are negotiated, various orphan projects around Zambia intervene with local school committees to waive fees or school uniforms for individual orphans or other children in especially difficult circumstances. However, where children are allowed to attend school without paying fees, this undermines the parents who are paying, and places the viability of the school in jeopardy. It may also contribute to creating disharmony and tension in communities and setting people apart from one another. This type of tension could create a situation which communities would find it difficult to manage their own development.

6.6.2 *Bursaries*

Some communities have developed localised bursary schemes such as those developed by CINDI and others, which in turn depend on outside funders or income generating activities. There is potential for bursaries to be funded through BESSIP, ZECAB and the recently redesigned community based Public Welfare Assistance Scheme.

6.6.3 *Community Schools*

NGOs often help communities develop community schools as a means of educating their children. These schools condense the seven-year government curriculum into four years, and do not charge fees or require their pupils to wear uniforms. The teachers are usually unqualified community volunteers who have at least a grade-9 education.

Community schools were originally started to enable those children who had missed out on their basic schooling to catch up with the government curriculum by the end of grade-7. Thus, children entering community schools were always older than their counterparts in government schools. However the age of children entering community schools today appears to be much younger, pointing to an increasing use of community schools as a parallel school system for poor children.

NGOs often provide teacher training for the voluntary teachers in community schools, who are drawn from the surrounding community. These teachers frequently use the SPARK⁷ manual, developed by the Zambia Community Schools Secretariat (ZCSS), as a classroom guide. ZCSS strives to monitor the quality of education provided in community schools although it is not completely apparent how they fulfil this task. Indeed, many community schools are springing up with little co-ordination with a central body.

Not surprisingly, there is a continuing debate over the proliferation of community schools as an alternative to government schools, and over the quality of education they provide. NGOs often support community schools as a tangible delivery, which can help the NGO establish credibility, and because setting up the school develops unity and leadership in the community.

⁷ SPARK stands for School, Participation, Access and Relevant Knowledge. These are the guiding principles of community schools.

The following are strengths and weaknesses of the Community Schools.

Strengths:

- Children can attend school without paying fees, or wearing uniforms, while holding classes in 'shifts' for different levels (grades) means that pupils can attend to other obligations in their households.
- Children can 'catch up' with formal schooling by grade 7 (although low educational standards in many schools, and poverty, dictate that not many actually transfer to formal schools).
- The schools represent a tangible activity which community groups, such as Community OVC Committees, can initiate to benefit orphans, and the schools serve to keep hope alive for orphans, parents and communities.
- Communities are able to directly influence the running of the school.
- At least one project examined for the situation analysis (Buyantanshi) makes use of retired teachers and conforms to the government's primary school syllabus.

Weaknesses:

- With the exception of very brief (typically one or two weeks) in-service training, teachers have no formal grounding, and teach from rudimentary 'teachers guides'.
- The fact that the teachers are volunteers means their attendance can be erratic, either through flagging motivation or because they need to do casual work elsewhere to survive.
- Volunteer teachers will leave if offered better prospects.
- Many schools 'borrow' buildings, which may be required for other purposes.

Issues facing Community Schools

The relationship of community schools with the formal education system needs to be examined. Warning signs include pupils leaving government schools (which depend on fee-income to maintain their quality of education) for open schools, which are being set up nearby. The authorities cannot impose standards on community schools, because they do not fund them.

There are various risks attach to setting up an 'alternative education system for the poor', including stigmatisation of children and teachers, discreditation of the education authorities in the eyes of the public, and complacency on the part of the authorities in meeting their obligations to educate the nation's children.

6.7 Issues of Funds to Support Interventions

Money is needed in order to develop an effective community-based OVC programme. Communities need finances to assist with the education, health care and dietary needs of the vulnerable children of their community.

The common sources of finances are:

- Donor Based Sources
- Community Based Fund Raising Activities
- Income Generation Activities

6.7.1 Donor-based Finances

Currently, there is a serious dearth of international donor funding directed at OVC issues, although there are some large international NGOs, which administer sub-grant programmes providing sources of funds to communities, NGOs and CBOs.

Perceptions of donor funding and NGO disbursed funding included the following:

- Grants seemed to be used inefficiently, with too much money and time being spent on administrative requirements, such as report writing, rather than on activities which benefit the target community.
- Funders sometimes appear to be unaware of (or even unconcerned about) the real needs of the community, or the activities of other stakeholders.
- Impoverished communities often feel obliged to revise their own views to suit the perceived requirements of a potential funder.
- Donors seem to prefer large, uniform interventions, while communities work best within small, highly diversified programmes.
- Funders usually compartmentalise their funding, making it inaccessible to programmes which do not fit their categories.
- The administrators of funds earmarked for specific activities seem not to communicate with each other, either between or within organisations.
- Donor funding sometimes replaces government funding, leaving a community no better off financially, but dependent on an organisation over which it has no influence.

6.7.2 Community Fundraising Activities

Communities engage in various forms of fundraising activities such as soliciting donations from businesses and grants from funders, holding jumble sales, open days and fundraising walks.

However, most of these fundraising activities take place in impoverished communities and produce very little income. They, however, serve a useful purpose to create awareness within the community – of both OVC and HIV/AIDS – and to build enthusiasm and commitment among volunteers.

Membership fees

This model could be likened to a Rotary Club, where members pay a fee to join a ‘club’ to help others. Once constituted, the ‘club’ engages in further fundraising, and lays down criteria for the distribution and use of funds. In the CINDI model, membership fees vary from K500⁸ to K10 000 per year.

In an alternative model, all members of the community are automatically eligible for election to a community committee, and no fee is required, but more emphasis is placed on door-to-door collections.

It is a moot point which method has the greater income potential, but there are significant non-financial implications, especially in terms of community ownership and commitment. For example, the first model excluded from the decision-making process anyone who could not afford to join the ‘club’.

⁸ In November 1999 US\$1=approximately K2500.

6.7.3 *Income Generating Activities (IGAs)*

Employment generation is the most substantial route to family income stability. Government and the development community need to seriously address the issue of creating jobs at the household level.

Most projects targeted at vulnerable children rely on funds raised by the community through IGAs. In many cases the effort expended on these IGAs is quite out of proportion to the minimal financial returns achieved – occasionally exceeding the effort devoted to the orphans themselves, potentially to the detriment of the social programmes on their behalf. In fact, many IGAs are failing miserably in terms of financial returns.

The push for the development of IGAs comes from two sources. One is the desperate need for financial assistance to address the magnitude of the OVC problem and the inadequate available funding. The other is from NGOs engaging in community development activities, which feel an extreme pressure, whether directly or indirectly specified from their funders, to develop financial sustainability in the programme.

These community responses for IGAs are often highly stereotyped, demonstrating very little originality or appropriateness to local circumstances and reflecting the limited information available to the community. Furthermore, ideas for IGAs are often applied to many communities without proper market or skills assessments. For example hammer-mills are purchased but stand idle for want of maize to grind, maize is planted but does not grow because no provision was made for fertiliser, and tuck-shops are set up in areas already adequately served. Women engage in sewing and cooking endeavours, for which they may be skilled, but for which there is a limited market.

The ideas for IGAs are implemented with little pragmatic focus and people are even reluctant to label them a business. There is seldom a market assessment to see what the market can support and what will raise money. There is also seldom an assessment of the community's skills in relation to the business.

Communities usually lack the skills and experience to identify viable projects, or to manage them effectively, and many of the projects which they design are performing poorly or failing. What was evident during the study, however, was that these projects represent a huge investment of time and energy on the part of many people, often for a negligible return. It was also clear that discussions related to the income generating activities, rather than orphan children, dominated many community projects.

During the course of the situation analysis, most of the IGAs visited were failing to generate sufficient funds to even minutely provide revenues for OVC costs. There are numerous causes for this failure; many originating with the formation of the IGA.

- A fundamental flaw lies in the reluctance to label the IGA as a business and hence treat all aspects of its management in a pragmatic manner.
- Poor management of the IGA.
- The NGOs providing assistance to develop an IGA are skilled in social work, but lack business acumen.
- There is little serious evaluation of an IGA activity i.e. is it earning or losing money?
- No market analysis or skills analysis prior to the start of an IGA was completed.
- Donors and NGOs guarantee continuous funding for the project, regardless of the success of the IGA, which counters the incentive to develop a viable business.

Communities, engaging in IGAs without skilled guidance are in effect, being 'set up to fail.' When the inevitable happens, their important work with orphans and vulnerable children will be threatened, their confidence and credibility impaired, and their limited reserves of hope depleted.

The strong recommendation is that these types of activities be conducted with a pragmatic focus and devised with the goal to earn money. People should provide technical assistance with business ability.

Aspects of a few successful IGA ventures include:

- Supervision by people who had other full time work and were successful in their own right.
- Skilled paid management.
- No guarantees of seed money "until the project developed" but rather a one-off grant, if even that, whereby the community had to develop a working moneymaking venture.
- Ventures, which filled a market niche.
- Incorporating strict accounting practices and audits.

In general, income-generating activities typically succeeded where they benefited participants in proportion to their investment of effort or money. IGAs, however, will not succeed where the alternative is a handout or a guarantee that if the project fails, funding will be provided regardless. Furthermore, there is a strong incentive to properly and efficiently implement activities using money for which the community has worked hard.

6.7.4 *Microfinance & credit*

There is fairly widespread agreement that one of the most sustainable means of supporting income-generation among the poor is the establishment of well-run micro-credit schemes which facilitate savings, arrange for matching loans and provide basic business and management skills training. Assistance directed along these lines appears to work more effectively in generating employment and reducing poverty than other targeted non-credit schemes.

6.7.5 *Direct Assistance ('handouts')*

Some NGOs, international agencies and government entities provide direct assistance to orphans and their families in the form of food assistance, clothing and school bursaries. These organisations feel that, given the poor economy of Zambia, their work is necessary. They give to the poorest of the poor and to those who have no other means to provide for themselves.

Food handouts and even food for work have reduced agricultural production in rural areas and appears to affect agricultural prices, thereby creating a long-term disincentive to produce food.

Some NGOs working with community self-help projects disapprove of hand-outs, even though most will admit it is almost impossible to operate without, at some time, having to give something at no cost – even if it is as innocuous as a promotional T-shirt. Some will even state the extreme – that if there are hand-outs, they may as well pull out of the community completely since their efforts are being undermined.

Two agencies providing food aid were interviewed, namely Programme Against Malnutrition (PAM) and the World Food Programme (WFP). Both pointed out that their work was meant to be one component of a larger programme to promote development and independence. The study's perception

is that somehow the link has not been clearly established between food aid as a temporary intervention and a larger holistic effort.

6.8 Access to Information

A key weakness in developing effective community-based responses to vulnerable children is the lack of grassroots access to information and skills. Communities are acutely aware of their lack of information, and their need for information.

Many of the facilitators, who assist communities to develop strategies, are not equally skilled in all the subject areas which they tackle. For example, income-generating activities are often designed during a planning exercise, which is facilitated by someone with knowledge of issues relating to children, but who has no skills in small business development. Furthermore, it is suspected that the facilitators of community planning exercises may, consciously or unconsciously, lead the decision-making in the direction they believe to be best for the community, which is particularly dangerous when their own knowledge is shaky.

There is also evidence that communities compare notes and establish that a particular funder or agency supports a certain kind of enterprise, which they will then propose. The net effect is that communities feel obliged to choose from a 'shopping list' of standard responses to their unique needs.

A tool kit of information approach might be beneficial. In this model, communities would be given access to a range of resources and inputs, and allowed to develop their own solutions – even if these did not fit any existing paradigm.

In particular, this approach would help avoid the greatest risks, namely:

- lack of access to appropriate resources (such as information, impartial facilitation, funding and skilled technical support);
- the selection of inappropriate solutions or methods (through lack of information, or a desire to please an outside agency) – especially oversized, uniform interventions, unsuited to local conditions; and
- loss of ownership (usually to an initiating NGO or donor-agency) with all this entails, in terms of transference of responsibility, loss of motivation, and misdirection of resources.

This toolkit could be developed and provided by an independent agency or 'resource bureau', which would act as a clearing house for developmental information and contacts. This resource bureau should be:

- Pro-active in gathering information (for example, by contacting role-players, holding seminars, and tapping into existing databases).
- Easily accessible to the communities directly (which implies a regional presence, possibly through an agency such as the Department of Social Welfare) and to intermediaries, such as facilitators.

6.9 Co-ordination of OVC Activities between Stakeholders, Funders and Implementers

There are many actors helping civil society to cope with the crisis surrounding orphans and vulnerable children. The very number of such actors poses problems such as lack of co-ordination of activities, conflicts over beneficiaries and catchment areas, duplication of efforts in the same communities

and poor information-sharing. This highlights the need for some form of national body to co-ordinate what is going on, ensure that all parts of the country are covered, share lessons learned and best practices, formulate general policies, strategies and action plans, and maintain good information on what the situation is on the ground.

The co-ordination of all agencies and stakeholders helping orphans would go a long way to solve the problems that orphans and their guardians face. These agencies and stakeholders should include communities and households keeping orphans, the various NGOs and CBOs, development agencies, government departments, the private sector and those donors which provide assistance to orphans.

Allied to this is the need for a comprehensive directory of NGOs and service-providers which will inform practitioners about each other's activities, be a guide to those seeking some form of intervention, and serve as a monitoring instrument to ensure coverage of all parts of the country. Some kind of newsletter or bulletin, documenting best practices and lessons learned, would also be of value for the dissemination of information and for keeping practitioners in touch with one another.

The problem is not a lack of networking, but rather a lack of co-ordination. Most of the projects surveyed exhibited a high level of networking skills, often working closely with other NGOs, churches, government departments and a range of funders. In some cases a conscious effort was made to set up a comprehensive network of local stakeholders, to ensure the broadest possible base of support.

Very few organisations are collaborating with each other on the issue of vulnerable children. Organisations who find themselves operating in the same community may collaborate, but more often each organisation operates as a separate entity with individual projects, rather than a co-ordinated programme.

NGOs speak rather openly about clashes over their individual philosophies of community development, fundraising issues, catchment areas etc. It is difficult to assess the frequency, magnitude and impact of these clashes. It is evident that everyone working on orphan and vulnerable children issues could benefit from a forum which promotes collaboration, discussion of contradicting philosophies and endeavours to create a more coherent approach to interventions.

7 POLICY AND ADVOCACY

A vital missing link in the OVC struggle in Zambia is the development and enforcement of appropriate policies and the on-going efforts of a strong children's advocacy organisation.

It is critical that Zambia develops and enforces policies that enforce the rights of the child. Policies and enforcement are needed in a variety of areas ranging from ensuring the protection of human rights of children, strengthening inheritance issues and dealing with issues of physical and sexual abuse. There are some existing Zambian laws that are outdated. Of equal importance is the education of the general population regarding legal issues concerning children.

A strong advocacy organisation is needed in Zambia, which will fight for the rights of children and keep children's issues in the forefront for the government and the general population.

8 SUSTAINABILITY

Sustainability is not limited to the financial viability of income generating projects or the ability of projects to financially sustain themselves. Sustainability rests on a broader range of issues which would include: community based solutions, concern, commitment, skills, access to external resources and information. A division of responsibility between different institutions and the ability to access outside resources are other and probably more frequently available options for sustaining a community-based effort.

9 MONITORING AND EVALUATION

While most institutions interviewed agreed that monitoring and evaluation constituted a needed and effective tool to improve programme planning, this area is one of the most limited for almost all players – donor, NGO, religious institution and government – working to assist orphans and vulnerable children.

In general, more effort needs to be expended to develop effective measuring tools to monitor the impact of a programme. Community involvement in the evaluation design and implementation is critical.

10 SCALING UP

An impression emerged quite strongly from the study of the absence of any solutions that can be brought to scale. Projects and activities are myriad. They are calling forth the best in practitioners, who show dedication and commitment that go way beyond the call of duty. Yet all are essentially small-scale, local, idiosyncratic to the circumstances for which they were created, not necessarily replicable on a large scale or in a different environment.

Many factors contribute to the difficulty of scaling up interventions to levels, which are appropriate to Zambia's need:

- Lack of co-ordination or geographic focus;
- Lack of government presence, which is discouraging the donor community from becoming seriously involved in the issue;
- The dearth of funding;
- Lack of broad consensus on what programmes for vulnerable children should set out to achieve;
- Lack of indicators to evaluate the effectiveness of interventions;
- Agencies are overwhelmed by immediate needs, and are unable to engage in critical analysis or long-term planning.
- Programmes are designed independent of government input and without a role for government implementation.

Care must be taken regarding the scaling up of activities so that projects are not scaled up and applied randomly to communities as a panacea. The success of an OVC intervention will be intimately related to the intervention being imbedded in the community.

11 RECOMMENDATIONS

11.1 Information Needs

- A periodic children's survey should be undertaken to study all aspects of child vulnerability, the physical migration of children following the death of a parent and changes in economic status after the death of parent(s).
- Orphan assessment should be an integral part of household surveys, vulnerability assessments, poverty monitoring and all programmes addressing child welfare.
- Efforts should be made to develop a composite statistical indicator comprising such factors as orphan prevalence, infant mortality rate, malnutrition and stunting and other indicators of poverty, as a means for geographic targeting of social intervention programmes.

11.2 Identifying Orphan and Vulnerable Children

- The term "orphan" should not be used as a description of a project, or criterion for benefits, unless there is a clear reason for doing so.

11.3 Interventions

- The family is unquestionably the best place for children to be, and all interventions in support of vulnerable children should aim to reinforce this primary safety net.
- There is need to foster the development of a national coherent OVC strategy rather than the current amalgamation of individual projects within the framework of the need for individual community-based solutions.
- Practices addressing the needs of OVC should ensure the active participation of the children, particularly the orphans, so that they have a say in what happens to them.
- Institutional care while not the best option is sometimes unavoidable. Support should be given to centres that are appropriate to children with special needs, but placement should not be seen as permanent.

11.4 Strengthening the Community

- OVC interventions must originate in the community and be aimed at strengthening the family and community to address the OVC crisis.
- Interventions should seek to provide communities with adequate information to make decisions, capacity building and resources.

11.5 The Government's Role

- Government should assume its responsibility through resource mobilisation, co-ordination and necessary service provision.
- In order to create sustainable solutions, capacity building should be developed so that the government can assume responsibility for service delivery.
- Government officers should work in partnership with the community, providing inputs such as technical expertise, administrative support and, wherever possible, channelling funding.
- The Government of Zambia, in consultation with key stakeholders, should develop an OVC policy and strategy to guide action in this area.

11.6 Religious Institutions' Role

- Religious institutions should be challenged and assisted to strengthen their capacities to better plan and implement more effective OVC interventions

11.7 NGO's Role

- There should be determined efforts to strengthen the capacity of NGOs in terms of planning, financial management and technical expertise.

11.8 Psycho-social Factors

- Programmes addressing the needs of children and programmes providing care for PLWHA should incorporate measures to address the interrelated psychosocial needs of orphans and of children and families affected by HIV/AIDS.
- Community-based and NGO programmes should give greater emphasis to supporting family and community-based activities and to respond to the psychosocial distress of children whose parents are seriously ill or have died.
- There is need to develop more formalised counselling services throughout the country to respond to the special needs of both children and care-givers.

11.9 Socio-Economic Factors

- There should be focus on improving economic security at the household level, particularly through concerted efforts at employment generation.
- Donors and NGOs should help communities to develop a more pragmatic approach to small business development including proper feasibility studies, market and skills assessments and proper business training.
- Every effort should be made to substantially increase access to microfinance services, savings and credit facilities in geographic areas where OVC problems are greatest.

11.10 HIV/AIDS

- Develop and strengthen the linkage between HIV/AIDS prevention and care and the orphan situation.
- Programmes addressing the needs of OVC should use care activities as entry points for encouraging safe sexual behaviour.

11.11 Education

- Alternative methods of education, such as adaptations of distance education techniques, need to be investigated.
- Government bursaries should be made available for children who cannot afford to pay for school fees and requisites.
- Government should provide adequate resources to enable the community schools to provide quality education.
- The implications of community school education should be regularly monitored and the situation comprehensively reviewed at stated intervals, without prejudice, to NGO/CBO/grassroots initiatives to provide learning opportunities to all children, especially OVCs.

11.12 Policy and Legislation

- Government should ensure that the Convention on the Rights of the Child is reflected in legislation and that such legislation is enforced.

11.13 Co-ordination and Collaboration

- Develop a mechanism for role players to regularly share information and resources, identify catchment areas etc.
- Develop and update a comprehensive directory of NGOs and service-providers, as well as a newsletter or bulletin, documenting best practices and lessons learned.
- The issue of OVC should be dealt with at the multi-sectoral level.

11.14 Further Research

- Efforts should be made to find out exactly how the extended family copes in different settings such as urban/rural, and at different levels of poverty, and how it adapts itself when incorporating orphans or other family members.
- Although many NGOs are effective in community planning, it is not always clear how these processes trickle down to benefit children. A study of the dynamics of interventions, and their social impact, would probably benefit many role players.
- More work should be done in evaluating the psycho-social impact of being an orphan or vulnerable child with a view to finding solutions for the varied problems such a child may encounter.
- A study concerning street children should be carried out and an ongoing monitoring system established to identify priority communities and household characteristics to target with strengthening interventions, in order to reduce the number of children moving from communities to the street. The study should also examine the extent to which HIV/AIDS is a factor in pushing children onto the street, knowledge and practices among street children relevant to HIV transmission, potential for reuniting children living on the street with their families, and alternatives to street life for children still living with their families but spending the day on the street.

Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

CHAPTER 2
BIBLIOGRAPHY

An Annotated Review of
Literature Relevant to the Situation of
Orphans and Vulnerable Children in Zambia

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with
Michael J. Kelly

Joint USAID/UNICEF/SIDA/ Study Fund Project

NOVEMBER, 1999

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DEDICATION

***To the Orphans and Vulnerable Children
of Zambia and the World***

VERY CERTAIN

**Here is one thing I possess
One thing that no one can ever take from me
One thing that irritates
This thing is the Truth
I have no father and mother
I have no shelter
I have no true friends
Yet I feel so alive and hopeful
I may have no support
I may not be liked by people
But being an orphan does not stop me from being human
It does not stop me from being God's blessing
At this point I am very certain
It is not a shame to be an orphan or a street kid**

(Community Youth Concern)

INTRODUCTION

The preparation of this annotated bibliography and literature review was commissioned by the Study Fund as one of the research activities which was to contribute to a Situation Analysis of Orphaned Children in Zambia. The aim of the Situation Analysis is to understand the current situation of orphaned children in Zambia and to assess current models of care in order to strengthen and improve strategies that aim to address the needs of individuals, households and communities in dealing with orphanhood.

The purpose of the literature review was to provide the necessary background information on the issues so as to help to focus the research, while providing information on the types and scopes of interventions that aim to address the problems of orphaned children. More specifically, the objectives of the review were to

- share information on the key issues;
- give knowledge of results of other research, both in Zambia and elsewhere;
- identify information gaps; and
- provide focus to subsequent research.

The three consultants who have produced this report were appointed for this activity, which commenced on 15th June 1999. Two (Ms. A. Sampa and Ms. C. K. Mumba) conducted the literature search and prepared the bibliography items. The third (Prof. M. J. Kelly) acted as an editorial adviser, prepared the issues paper, and assembled the final report.

The consultants would like to express their thanks to the many individuals and organisations who facilitated their access to documents and information. They were encouraged by the generous way in which people interrupted busy schedules and searched through their official and personal document collections in order to assist in the literature search.

The team also expresses its gratitude to the Study Fund for entrusting it with this task and to the Orphans Study Steering Committee for its help and guidance.

The literature review team acknowledges that it found itself almost overwhelmed by what the documents revealed about the massive problem of orphanhood in Zambia and neighbouring countries. It hopes, however, that this annotated bibliography and literature review will play some role in mitigating the multifaceted orphans problem through the way it may help to inform policy and interventions which strengthen family, community and national capacities to care for orphans and vulnerable children.

Annie Sampa
Chitalu K. Mumba
Michael J. Kelly

12th August 1999

LIST OF DOCUMENTS CONSULTED AND ANNOTATED

(NOTE: Within each section, documents are ordered as international, Zambia specific, and other-country specific. Within each sub-category, documents are presented in chronological order, beginning from the earliest date. Undated documents appear at the end of the relevant sub-category.)

Section I: Demographic Aspects and Implications of the Orphans Situation

1. Children Living in a World with AIDS World AIDS Campaign Media Briefing
2. Children on the Brink. Strategies to Support Children Isolated by HIV/AIDS
3. Monitoring the AIDS Pandemic: Orphans
4. HIV and AIDS: The Global Situation—Orphans. A Report on the Global HIV/AIDS Epidemic and its Consequences
5. Living Conditions Monitoring Survey Report 1996
6. HIV/AIDS in Zambia. Background, Projections, Impacts and Interventions
7. AIDS Orphans in Kinshasa, Zaire: Incidence and Socio-Economic Consequences
8. Socio-Demographic Profile of Children Affected by AIDS in Addis Ababa

Section II: The Situation and Needs of Orphans

9. The Orphans of AIDS: Breaking the Vicious Cycle
10. The AIDS Emergency: The Toll on Women and Children
11. Enumeration and Needs Assessment Survey for Orphans
12. Orphans, Widows and Widowers in Zambia: A Situation Analysis and Options for HIV/AIDS Survival Assistance
13. The Plight of Orphans in Katete
14. Orphans and Exploited Children
15. Street Children in Zambia: A Situational Analysis
16. Profile of 287 Households Containing Orphans in Libala and Chilenje Compounds, Lusaka
17. Prospects for Sustainable Human Development in Zambia. More Choices for Our People
18. A Psychological and Physical Needs Profile of Families Living with HIV/AIDS in Lusaka, Zambia
19. Orphans and HIV/AIDS in Zambia. An Assessment of Orphans in the Context of Children Affected by HIV/AIDS
20. In Zambia, the Abandoned Generation
21. What's this about Child-Headed Homes—as AIDS Keeps Ravaging Families?
22. Orphans and Children in Need. A Situation Analysis of Masvengo and Mwenezi Districts.
23. African-American Families and HIV/AIDS: Caring for Surviving Children
24. Children Affected by HIV/AIDS in Kenya

Section III: The Impact on Education and Other Social Areas

25. How is HIV Transmitted? Children Suffer the Ripple Effects
26. Prevalence of Orphans and their Educational Status
27. Prevalence of Orphans and their Educational Status in Nkwazi Compound
28. Orphans Feel Force of the AIDS Storm
29. Primary Education in a Heavily Indebted Poor Country. The Case of Zambia in the 1990s
30. In Search of Bursaries for Orphans
31. A Study on International and National Conventions and Declarations of Relevance to the Formulation of the Zambian School Curriculum

Section IV: Legal Aspects

32. The Adoption Act
33. The Widows and Orphans Provision Act
34. Affiliation and Maintenance of Children Act
35. The Legitimacy Act
36. The Intestate Succession Act
37. Juvenile's Act
38. Deceased Brother's Widows Marriage Act
39. Gaps in the Law and Policy in the Implementation of the Convention on the Rights of the Child in Zambia

Section IV: Household and Community Responses and Coping Mechanisms

40. Children and Families Affected by HIV/Aids: Guidelines for Action
41. Community-Based Responses to the Economic Impact of AIDS on Children and Families
42. Responses to Orphaned Children. A Review of the Current Situation in the Copperbelt and Southern Provinces of Zambia
43. Community Mobilisation for Orphans in Zambia. An Assessment of the Orphans and Vulnerable Children Programme of Project Concern International
44. Orphans and Vulnerable Children (OVC) Program in Zambia
45. HIV/AIDS Care and Support Initiatives via Community Mobilization. Experiences from the Field
46. Community Mobilization for HIV/AIDS Care and Support
47. Under the Mpundu Tree. Volunteers in Home Care for People with HIV/AIDS and TB in Zambia's Copperbelt
48. Operational Research on the Situation of Orphans within Family and Community Contexts in Uganda
49. Families, Orphans and Children under Stress
50. The Families, Orphans and Children under Stress (FOCUS) Programme

Section VI: Project/Programme Interventions

51. The National Programme of Action for Children in Zambia
52. Study Tour to East, Central and South Africa (Zambia Section). Report on Projects Seeking to Address the Needs of Children in Difficult Circumstances
53. HIV/AIDS in Zambia and UNICEF's Response
54. Implementation Strategies for the Development of Models of Care for Orphaned Children
55. Identification of the Most Vulnerable
56. Guidelines for the Implementation of the Public Welfare Assistance Scheme
57. Evaluation of the Chikankata Hospital Community-Based Orphans Support Project
58. Master Plan of Operations and Programme Plans of Operations for a Programme of Cooperation between the Government of the Republic of Zambia and UNICEF for the Children and Women of Zambia, 1997–2001
59. World AIDS Campaign. Children Living in a World with AIDS. Plan of Action
60. Evaluation of Chin's Models of Care for Orphaned Children Project. The Experience of CINDI, Kitwe
61. Review of Orphans and Vulnerable Children (OVC) Program Implementation in Zambia

62. Children Orphaned by HIV/AIDS in Zambia. Risk Factors from Premature Parental Death and Policy Implications
63. Zambia Open Community Schools. ZOCS. Hope through Education.
64. Kabwata Transit Centre, Lusaka
65. Kwasha Mukwenu: Giving Hope to Orphans
66. City of Hope, Lusaka, Zambia
67. Orphan and Extended Family Care in a Peri-Urban Community in Zimbabwe
68. The François Xavier Bagnoud Community-Based Programme for AIDS and Vulnerable Children
69. Developing Interventions to Benefit Children and Families Affected by HIV/AIDS. A Review of the COPE Programme in Malawi
70. Orphans on Farms—Who Cares? A Report on an Exploratory Study into Foster Care for Orphaned Children on Commercial Farms in Zimbabwe
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74. Family AIDS Caring Trust (FACT)
75. The Orphan Project: Families and Children in the HIV Epidemic

Section VII: The Development of Policies and Strategies

76. Developing Strategies and Policies for Support of HIV/AIDS Infected and Affected Children
77. Programming Consultation on Care and Protection of Orphans
78. Proceedings of the Round-Table on Street and Orphaned Children
79. HIV/AIDS Orphans and NGOs in Zambia: Strategy Development for USAID (Zambia) Mission Programming for Family and Community Care of Children Affected by HIV/AIDS
80. Strategy for the Development of USAID Program of Assistance to HIV/AIDS Orphans and Vulnerable Children in Zambia
81. Consultative Round-Table Meeting on Policy Issues Affecting Orphans' and Vulnerable Children's Welfare in Zambia
82. Situation of the Orphans in Zambia: A Possible Answer
83. An Institutional Framework for the Coordination of Support to Orphans and Vulnerable Children in Zambia. Recommendations from the Technical Task Force
84. National Orphans Care Policy in Zimbabwe (Version 1.3)
85. The Development of an Orphans Policy and Programming in Malawi

The Orphan

**My parents!
These are the ones I love!
The ones I always dream of!
And the ones I will never forget!
Years, days, and months pass,
But memories never fade,
Living without you my parents is hard.**

**Poor me! what am I going to do in the future
With this hardship crawling like a spider?
I wonder why I was born
Being left without parents makes all things hard.
I always dream of you my parents.
My ideas are separate with nowhere to start,
Because you left me in the desert.**

**Oh, please help poor me!
Give me your sympathy and sympathise with me!
Lord, help me in whatever I do.
Parents, you left me in the world to suffocate.
All my clothes are worn out, no one takes care of me.
I cried and wiped off my tear.**

**Tears may dry, but memory never fades away.
Some people laugh and scold me
About my life style.
I wish God would bless them.
Tears trickle down my cheeks thinking of you.**

(Dorothy Zengeni, Gomorefu Secondary School, Marange, Zimbabwe
FOCUS Newsletter, Volume 1, June 1997)

MAJOR ISSUES EMERGING FROM THE REVIEW OF THE LITERATURE

Definition and Incidence

The documents reviewed agreed unanimously that orphanhood constitutes an enormous and increasing problem in Zambia and neighbouring countries. They were in disagreement, however, on how to define an orphan and on the numerical size of the problem. None seemed to have difficulty with defining an orphan as a young person, one or both of whose parents was dead. But there were conflicting views on whether those aged 15–18 should be included in any enumeration.

There was also lack of agreement on the numerical size of the problem. For Zambia, estimates for the year 2000 ranged from 600,000 to 1.6 million. Some of the problem here may have been that of enumeration—whether or not to include paternal orphans, and whether or not to count only those under 15 or to include those under 18. In addition, the documents are not always clear on whether their numbers include all orphans or only those who had been orphaned as a result of AIDS.

Both of these issues point to the need for an agreed definition, at least at the national level. They also point to the need for accurate information, such as may be expected from the LCMS 1998 data when it becomes available (though this will underestimate the number of orphans since, being a household survey, it will, by definition, exclude street children and other more transient and inconspicuous residents). These considerations highlight the need for the national census to capture data on orphans. The urgency, magnitude and explosive nature of the orphan phenomenon also make it important that, having gathered the data, the Central Statistical Office expedite the dissemination of the principal findings.

The Distinction between Orphans and Non-Orphans

A number of documents draw attention to differences between orphans and non-orphans, especially in relation to nutritional status and school attendance. The information here is thin and patchy. It would be valuable to amplify it, for instance by determining more comprehensively whether orphans differ from non-orphans in relation to the commitments made at the Jomtien, Copenhagen and Beijing Summits: access to and completion of primary education, reduced infant and child mortality, reduction of severe and moderate malnutrition, access to health care services, immunisation against the main diseases.

It would also be valuable to determine whether the school curriculum—that in the formal basic schools as well as that in the community schools—should be adapted so that it responds more specifically to the likely future needs of orphans and other vulnerable children (e.g., by including skills training in economically relevant areas that would improve their prospects of earning a living, even while still young).

Raising these two issues, however, raises questions about the value of maintaining too sharp a distinction between orphans and non-orphans in an environment where (a) orphans constitute between a quarter and a third of the child population, and (b) there is a large population of non-orphaned vulnerable children. There is some evidence that communities are unhappy when special provision is made for orphans and other vulnerable children are neglected (No. 57). The grievance is justifiable. On the other hand, maintaining the distinction can be valuable because of the relative ease with which orphans can be identified, the exceptional psychological and traumatic aspects that orphanhood adds to vulnerability, the extensive occurrence of orphanhood in families where children are not vulnerable on other counts (particularly middle-

income families which can be severely affected by HIV/AIDS), and the strong human response that the plight of orphans evokes (with all the potential this has for the mobilisation of human and material resources). Both points of view might be accommodated by maintaining the orphans/non-orphans distinction in much that relates to psychological support and demographic information, but softening—if not suppressing it—when considering how to meet the basic human needs for food, clothing, shelter, health and education.

The merit and ethics of drawing a distinction between those orphaned due to AIDS and those orphaned due to other causes should also be considered. As noted below, there is no clear picture regarding the stigma that attaches to being an AIDS orphan. But this does not justify the use of any form of categorisation that might increase a child's risk of being stigmatised. The uncertainty about the role played by HIV/AIDS in the parental death (and the absence of any reference to this in the record of death) is a further reason for avoiding the "AIDS orphan" terminology. There may be some value in demographic or epidemiological investigations for enumerations on this basis, but it does not serve any useful purpose when dealing with individual children, with families, with communities, or with pupils in school.

The Orphan as a Person

An issue which surfaced in the literature, though in a muted way, was the risk of treating the orphan as an object to be disposed of, or as a statistic to be entered into records. A warm human compassion for the plight of the orphan suffused the writing. Arising from this came the plea that interventions should pay greater attention to the orphan as a person. This led further to a call for interventions to show greater sensitivity to the psychological needs of the child and more perceptive recognition for the trauma that had been experienced and, in many cases, was still ongoing. One report (No. 52) adverted to the need to help parents to communicate with their children over issues such as death and loss of family members. It found that in their understandable concern to provide for the orphan's material well-being, programmes and projects have not always made sufficient provision for child counselling and psychological support.

Without saying so in as many words, the reports draw attention to the near-absence of structures and systems that would provide such support for orphans or other vulnerable children. It was not clear what recourse there was for a child in distress, or how such a child could find guidance, counselling and psychological support. This lacuna points to the need for a country-wide network of counselling points (possibly after the model of Kara Counselling) which could reach out to the many who are in need of this kind of assistance.

Interventions and projects have also failed to make sufficient provision for the active involvement of orphans in decisions affecting their lives. Neither the literature, nor the programmes that have been put in place, suggest that listening to the voice of the orphan is a matter of importance¹. Yet, the situation requires that interventions pay greater attention to what orphans would wish for themselves. Moreover, Article 12 of the Convention on the Rights of the Child (CRC) affirms the child's right to express opinions freely on all matters relating to him or her and to have those opinions given due weight (see No. 39 below).

¹ The present volume draws attention to this gap by the inclusion of some poems written by orphans.

It is important, therefore, that modalities be established to ensure that the voice of the orphan or vulnerable child is heard. It is especially important that, where possible, orphans be allowed to live in accordance with their own expressed wishes. The primary objective should not be to try to win them over to the plans and ideas of an outsider, but to explore with them their plans and ideas for themselves. This could have painful consequences for the outsider. For instance, it might necessitate allowing an orphaned group of children to remain intact as a child-headed household, while taking steps to enable this household to cope economically and socially. Taking the opposite course, by dismembering the family and dispersing siblings, is an almost certain route to greater psychological distress and emotional disturbance.

The Rights of the Child

It comes out clearly in the literature that the status of orphans is not adequately understood or well protected in relation to their human right to health and education; their right to protection from physical, verbal and sexual abuse; their right to equitable treatment, without discrimination; and their right not to be exploited through the imposition of manual labour. The numerous instances that are documented of school participation rates being lower for orphans than non-orphans, of greater stunting among orphans, and of orphans having to carry heavy loads of physical work, are testimony to this. While it is agreed that an orphan is best placed within the extended family, it would appear that in some of these families favouritism for own-children leads to some discrimination against the orphans they have incorporated (sometimes unwillingly). Moreover, apart from the legislation, the literature is silent about orphans' legal rights to the assets of deceased parents, and the implementation of those rights. There is an absence of investigations which document what happens to these assets when the parents die.

These issues bring forward the wider question of the right of the child and the need to bring legislation into harmony with two basic conventions, that on the rights of the child (CRC) and that on the elimination of discrimination against women (CEDAW). A careful analysis (No. 39) draws attention to the many ways in which Zambian legislation and policies diverge from the provisions of the CRC. Attempts to make Zambia's legislation harmonise better with the CRC and CEDAW appear to have run into the doldrums. The occasion is ripe for the re-activation of this work, with a well-designed and realistic timetable of action.

Stigma and Discrimination

The literature makes repeated reference to the stigma and discrimination that can attach to a person infected with HIV/AIDS or to a child who has lost a parent to the disease. Several investigators characterise the situation faced by the AIDS sufferer, or experienced by those orphaned by AIDS, by such words as fear, prejudice, neglect, a cloak of silence, avoidance, shunning, evasion. On the other hand, others declare that they have not detected any such negative attitudes, while some hypothesise that HIV/AIDS and its effects have become so widespread that almost all traces of stigma have now disappeared.

The varying views make it clear that there is no good information on this issue. But it is an issue of importance that affects the lives of all who must live and/or work together. It is of particular importance in an uninfected extended family which has to open its doors to the orphaned child of an infected deceased relative. Clearly it is also of great importance in institutions, especially those that are residential. In families, in communities, and in institutions, people must live together. Good information on their attitudes to AIDS, and to those affected by AIDS, is needed if they are to be helped to do so.

Incorporating the Orphan into a Family

As well as agreeing that the orphan phenomenon is one of unprecedented magnitude, the literature is unanimous in its view that an orphan's greatest need is for a family structure, headed by a responsible adult, and located in a community. The joint UNAIDS/UNICEF programming consultation held in Kampala in October 1998 expressed this by saying that "the fundamental guiding principle for orphan care is that orphaned children remain within their communities in a family-like setting with an adult guardian or caregiver" (No. 77 below). The ideal arrangement is for orphans to remain with, or be incorporated into, a family with which they have blood ties, to stay with their own sibling group, and to live in the familiar surroundings of a known community. The frequent references in documents to "family disintegration" or "family dismemberment", and to the "repatriation" of urban orphans to the rural place of family origin, suggest that the practice diverges widely from the ideal.

The first line of approach, therefore, should be to try to meet the orphan's need to be in the company of his or her siblings, in a blood-related family, living in a familiar community. Institutional care is never a favoured option. It should be considered only in two circumstances: as a temporary arrangement while discussions are under way for the within-family placement of an orphan; and as a reluctant arrangement of last resort, when all else fails.

When placement with the orphan's blood relatives, as part of the extended family; is not possible, it may be necessary to have recourse to a surrogate family, either through some fostering arrangement or through adoption. Adoption is rare, accounting for no more than a handful of cases each year. However, the disintegration and dismemberment of the extended family have obliged certain communities to have recourse to fostering orphan children with well-disposed families which have no blood ties with the children. Although the practice exists and may be increasing among urban communities, it does not yet seem to be widespread. It raises the practical question of the support the community can provide to the foster-family. It also raises the theoretical question of the distinction between the child's biological, blood-related, family and the socialising community, and the extent to which the community can provide for a child's psycho-social development in the way its biological family would have done.

The Extended Family

Currently, however, the most important substitute for the child's biological family is the extended family. It is agreed that the growth in the number of orphans has placed this structure under enormous pressure. But it is also agreed that so far, with few exceptions, the extended family structure has responded magnificently to the crisis, withstanding the huge pressure being placed on it, coping with the problem almost as part of its normal routine. As noted by a DCOF report on community mobilisation for HIV/AIDS care and support (No. 45 below), while families and communities experience the first and most direct onslaught of HIV/AIDS, they are also the institutions that are in the forefront of the response to the crisis. The burden of responding to the health and welfare problems caused by the epidemic belongs first to families, while communities are the key stake-holders. No other arrangement or structure that government, NGOs, churches or donor agencies have been able to devise comes anywhere near to managing the orphan problem in the way that the extended family succeeds in doing. Even though other forces, such as urbanisation, migration, poverty, and the HIV/AIDS epidemic itself, threaten its coherence, the extended family remains for all practical purposes the fundamental line of response.

In view of this, all policies, strategies and interventions should focus on strengthening the extended family, as an entity in itself and as part of the community, so that it can adequately discharge its protection and care roles.

Although the documents refer positively to the extended family as a structure for coping with the orphans problem, they do not provide much fine-grained analysis of the actual coping strategies it employs in doing so. A clear need exists for more detailed studies which investigate, for example, the ways in which a family changes or adapts when required to take in new members; how it re-distributes food, household chores, responsibilities, income, assets; whether the response differs between rural and urban areas; whether it differs with the relationship of the incoming orphans to the father or mother respectively; whether account is taken of any assets that the incoming orphans may bring.

Community Mobilisation

The orphan phenomenon occurs within communities. The response to the problem it poses also lies within communities, mostly through the extended family. Hence it is vitally important that the community can mobilise itself to deal with the problem, to mitigate its impact, and even to reduce the likelihood of its occurrence. This calls for interventions that will help the community define and put into action what it wants for itself and what it wants to do about the problem. Out of this arises the need for participatory methodologies that emphasise the community's role as the principal initiator of all activities and interventions.

Because poverty, orphans and HIV/AIDS are almost inextricably intertwined, the most pressing problem experienced by the extended family and communities in their efforts to cope with the orphan situation is the day-to-day challenge of meeting their basic needs for food, clothing, shelter, health care, education, and other necessities. Because of this, efforts to strengthen extended family and community responses to the orphan problem should see how best they could promote income-generating skills and activities, especially among women. These are integral and vital to the success of any well-considered approach to boosting the capacity of families and communities to manage their own problems. They are also integral to any programme that has poverty alleviation as its goal.

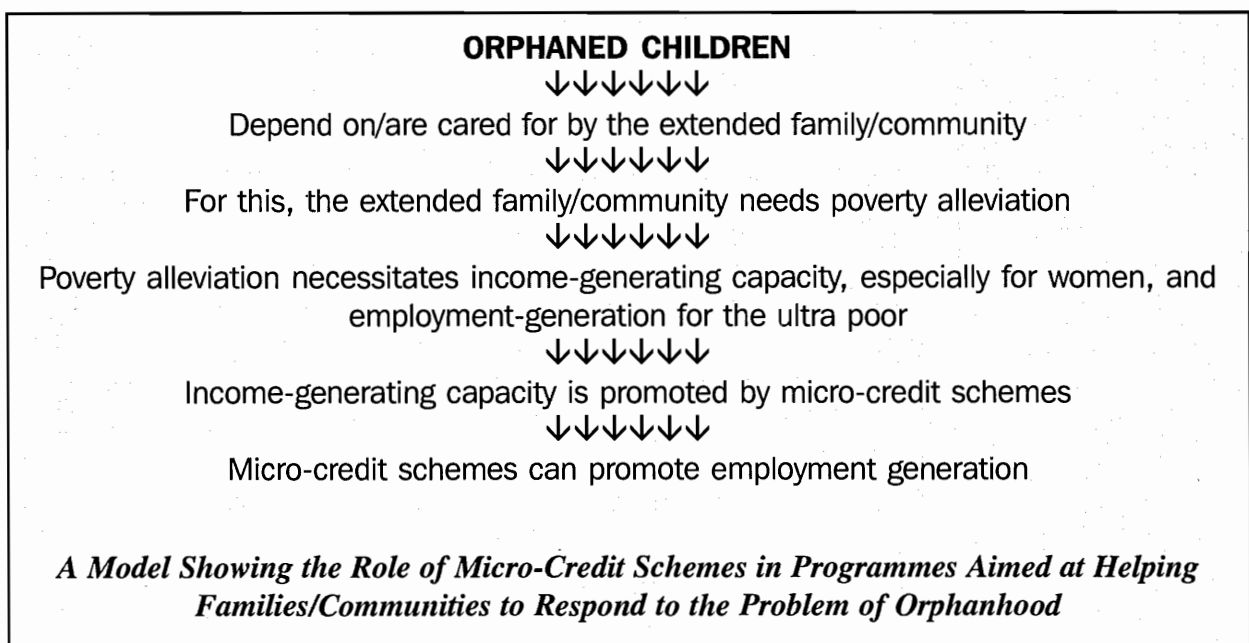
There is fairly widespread agreement that one of the most sustainable means of supporting income-generation among the poor is the establishment of well-run micro-credit schemes which facilitate savings, arrange for matching loans, and provide basic business and management skills training. Assistance which is directed along these lines appears to work more effectively in generating employment and reducing poverty than other targeted non-credit schemes. Hence they should be seriously considered by programmes that address the orphan problem.

However, despite its rather extensive reference to the importance of income-generating activities, the literature does not deal at length with what is actually being undertaken. In particular, there is little attempt to analyse ventures for their profitability and to draw out lessons for the guidance of those who might wish to replicate them.

The literature is also silent on the extent to which the destitute and core poor participate in such activities. Micro-credit schemes, which link loans to savings and small investments, are likely to exceed the resources available to the ultra-poor. Safety nets, such as the Public Welfare Assistance Scheme (PWAS), may reach out to some of these, but the resources are insufficient to reach out to all of the destitute. Moreover, despite its importance for dealing with emergency situations, the safety-net approach does not provide a long-term solution to the problem of the ultra poor who are unable to care for themselves and their immediate families, apart altogether from having to care for the orphaned children of their relatives. The creation of

paid employment opportunities, particularly in the urban townships, would seem to be the only viable long-term solution for individuals in this group. Micro-credit schemes in which their better-off neighbours can participate may, in certain cases, generate some such opportunities. There would be merit in linking these schemes more explicitly to employment creation, so that they address two needs simultaneously: income-generating needs for those who, even though they are poor, have enough resources to participate in activities that would increase what they have available, and employment-generating needs for the ultra poor and destitute.

Pulling all the foregoing together provides one model for conceptualising how to deal with the situation of orphans in a situation of extensive poverty:



The Contribution of Civil Society

The bulk of activities directed towards mitigating the sufferings of orphans are the work of civil society—NGOs and CBOs. The grassroots involvement of organisations of this type, in conjunction with their relatively narrow focus, flexibility, and independence, appears to make NGOs and CBOs particularly well-suited for dealing with a major problem at community level. These aspects come out well in two interventions that have been rather carefully evaluated, the Community-Based Orphans Support Project (CBOSP) at Chikankata and CHIN's Models of Care (MOC) project as practiced by CINDI-Kitwe (Nos. 57 and 60). Although there was room for improvements, both projects brought about changes for the better in the community's attitudes towards orphans, promoted community-led resource mobilisation, and facilitated cross-sectoral collaboration for orphans.

Everything possible should be done to strengthen NGOs and CBOs so that they can become even more responsive to local needs. Many of them need help to extend beyond their current territorial and narrowly-defined aims. Many need to be guided to free themselves from the rigid bureaucratic structures they have built for themselves—structures which consume the time and resources that might otherwise go towards orphan care. Almost all experience the need for training, especially in methods of community mobilisation

and participatory action, for the seed-resources necessary for launching certain community initiatives, and for a minimum of logistical support and mobility.

There is also a major need for the development of NGO/CBO ability to manage financial resources and maintain records. Incomplete information gives the impression that organisations that run income-generating activities are financially more successful than is actually the case. Inadequate information makes it difficult to track the ways in which resources received from public and private donors are used in the interests of orphaned and vulnerable children and the supporting families/communities. The limited financial accountability of many NGOs/CBOs, and their restricted capacity for transparent financial management, may also serve to mask misuse of funds, corrupt practices, and serving of partisan interests.

The Role of the Government

The literature on interventions for orphan care and support says little about active government participation. Some reports even go to the length of speaking of “the government’s abdication of its responsibility” to provide adequately for the poor and for orphans (No. 60). This is the case not only for Zambia, but also for neighbouring countries. In all instances, the relevant government seems to be conspicuous by its lack of visibility, if not by its near-absence.

The lack of government visibility is acceptable. The near-absence of government involvement is not. Government has a major role to play in creating a supportive and enabling environment in which families and communities can make their responses to the orphan crisis. This it must do through its social welfare services, the financial support it can lend to the activities of NGOs and CBOs, the development with all stake-holders of major policies, the enactment of the necessary legislation, and the adequate funding and administration of safety nets. In addition, the coordination of the various cooperating partners, advocacy on behalf of women and children, the mobilisation of national and international resources, data and information gathering and dissemination, and an ongoing monitoring of the orphans situation are further roles that government would be expected to play. What is important in almost all of these areas is that there should be genuine partnership at all levels, government being one among many partners, and working largely in a facilitative and enabling role. The adoption of the recommendations made by the Technical Task Force (No. 83) should ensure that many of these concerns are met.

The large number of actors in the field is at present helping society in Zambia to cope with the orphans crisis. But the very number of such actors poses its own problems of lack of coordination and information-sharing. This highlights the need for some form of national body that would coordinate what is going on, ensure that all parts of the country are covered, share lessons learned and best practices, formulate general policies, strategies and action plans, and maintain good information on what is happening on the ground. Allied to this is the need for a comprehensive directory of NGOs and service-providers which would inform practitioners about each other’s activities, be a guide for those seeking some form of intervention, and serve as a monitoring instrument to ensure coverage of all parts of the country. Some kind of newsletter or bulletin, documenting best practices and lessons learned, would also be of value for the dissemination of information and for keeping practitioners in touch with one another.

The Inadequate Geographical Coverage

Examination of the geographical index towards the end of this volume shows that the Zambian interventions which feature in the literature have almost all been along the line of rail from the Copperbelt to Livingstone. Other than a passing reference to Nchelenge, there is nothing about any intervention in the Luapula, Northern, North-Western or Western provinces (although the 1996 LCMS shows the latter as having the second

highest percentage of orphans in Zambia). Moreover, the interventions that are recorded along the line of rail are found almost exclusively in urban and populated centres (Chikankata being the only exception). The orphan literature on Zambia conveys the impression that the country consists in the Copperbelt, Central, Lusaka and Southern provinces only, and that no orphan problem exists in rural areas. It could well be, of course, that projects in rural areas have not been documented. But it could equally well be that very few projects are addressed specifically to rural orphans living in villages, and that there is little pressure to investigate the situation and respond to the needs of such children.

This is all the more surprising since it is known that the road running to Isoka and Nakonde (and on to Dar es Salaam) and that running through Kasama to Mpulungu are virtual arteries of death. As a result, the incidence of orphanhood in settlements adjoining these roads is probably quite high. It is also remarkable that with the commercial agricultural sector employing some 60,000 persons, responses to orphanhood in this sector have not been examined.

The Inadequate Cultural Coverage

The cultural perspective does not seem to have been uppermost in mind when designing projects or describing interventions. There is some passing reference to a blurring in the distinction between patrilineal and matrilineal societies, with surviving spouses or families taking charge of orphans, regardless of whether or not this accords with what the respective patrilineal or matrilineal custom would suggest. While this seems to be more characteristic of urban areas, it is suggested that it is also occurring in rural areas. But in the absence of adequate information on rural practices, there is no certainty about this.

There is also little reference to ethnic and tribal issues. It is not known, for instance, whether fostering arrangements in urban areas cut across language and tribal affiliations, or whether these complicate what is already a very difficult problem. There is some reference to urban orphans being “repatriated” to live with their extended family in a rural area, but no consideration of how these orphans cope in their new environment, or of the cultural adjustments the family must make when absorbing them. Some of these children are town children who never lived in a rural area. It is legitimate to ask how they adapt; what problems they experience with language, rural practices, and the pace of rural life; how they fit into the rural school; and what changes the receiving family must make in its lifestyle.

The Information Base

Apart from the problem of orphan numbers, treated at the beginning, many organisations that work with orphans and vulnerable children seem to maintain a rather weak information base. Records may be only partial. Reports may not be prepared. If prepared they may not be disseminated. Frequently they remain “personal to holder”. It is understandable that the situation should be like this, since the urgent needs experienced among the people and the pathetic situation of children leave personnel with little time or energy (above all, emotional energy) to attend to the bureaucracies of record-keeping, data-collection, office organisation, etc. Nevertheless many of the organisations would work more effectively if they were better able to organise and manage their records and paperwork. Likewise they would mobilise more support if they showed improvement in gathering and disseminating information.

Support Agencies' Difficulty in Coping

The literature pays much attention to the coping mechanisms adopted by households and communities in dealing with the orphan phenomenon. It implies fairly strongly that both institutions are stretched almost to breaking point in trying to cope, but somehow they manage (though not always to the advantage of the orphan). It also brings out equally clearly that agencies, NGOs and the government are also stretched almost to breaking point, and that they are finding it very difficult to come forward with strategies that will enable them, as support organisations, to cope with the problem. Two impressions come through quite strongly in the literature. One is that there is a dearth of new thinking and new ideas. There are many variations on familiar themes, and much re-cycling of ideas and initiatives. But there seems to be very little that is radically new and that promises some kind of breakthrough in dealing with the crisis. Part of the reason may lie with the failure in the past half century to make community development a more scientific discipline. Part may also lie with the more or less conscious decisions prior to the early 1990s that the orphans question constituted what one document (No. 76) refers to as a "black hole" for development, one about which almost nothing was known and which would swallow up and destroy every resource and effort put into it.

The Absence of Solutions that Can be Brought to Scale

The second impression is the absence of any concrete solution, or approach to a solution, that would provide for more systematic and comprehensive family/community support and that could be brought to scale. Projects and activities are myriad. They are calling forth the best in practitioners, who show dedication and commitment that go far beyond the call of duty. Yet all are essentially small-scale, local, idiosyncratic to the circumstances for which they were created, not necessarily replicable on a large-scale or in a different environment.

What is at issue here is the need for courageous thinking that can go beyond the existing ways of providing support and encouragement to families and communities. The home, the extended family, the community will always be the first and fundamental line of response to the problem of orphans and vulnerable children. What they need as they grapple with this problem is the best that human ingenuity can devise in the form of the involvement of civil society, government, and collaborating partners, working on strategies and delivering interventions that might be applicable across a wider spectrum than is currently possible. This thinking needs to be informed by a sense of urgency about the gravity of the situation and the need for action. This sense of urgency does not yet seem to have taken hold across the entire society, civil or public. Yet the HIV/AIDS problem is now. The orphans problem belongs to today. Tomorrow it will be even worse, but it is already here today. The challenge is to use all the existing social and support structures to deal with it, while at the same time endeavouring to devise new approaches that will enable families and communities to cope even more effectively and universally with its demands.

Conclusion

The inclusion in the bibliography of a number of documents that do not deal explicitly with Zambia's problems and concerns helps to put these into perspective. The wide-ranging international documents provide information on the orphans problem from a global angle. They show that Zambia is not unique in the problems it faces nor in the way it endeavours to respond to these. The documents on other countries, particularly neighbouring countries, facilitate comparisons between the situation and response in Zambia and elsewhere. They bring to the fore similarities in experiences. They also show the diversity of Zambia's community-based response to the orphans situation and the

strength of community commitment. Drawing attention to the importance of responses at the family and household levels underscores the need to support these in dynamic but sustainable ways. Assistance programmes for families and children affected by AIDS are probably more numerous in Zambia than in any neighbouring country (Hunter & Fall in Document 19). Zambia also has in place many useful tools with potential for targeting assistance to needy families and children. The task ahead is to make more effective use of these strengths so that children become less vulnerable to avoidable sufferings and problems.

Section I

DEMOGRAPHIC ASPECTS AND IMPLICATIONS OF THE ORPHANS SITUATION

International Documents

1. CHILDREN LIVING IN A WORLD WITH AIDS. WORLD AIDS CAMPAIGN MEDIA BRIEFING

UNAIDS, June 1997, World AIDS Campaign Media Briefing

Geographical Area: Global

Key Words: HIV, AIDS, Distress, Extended Family, Child-Headed Households

Location: UNAIDS

ABSTRACT

Through the 1997 World Aids Campaign, UNAIDS and its partners aimed at bringing to the attention of the international community the many facets of the impact of AIDS on the lives of children. The briefing aimed at summarising how the epidemic is having an impact on children who are infected by HIV, on children who are directly affected by HIV/AIDS in their families or community, and on children who are at risk of HIV infection

UNAIDS estimates that by mid-1996, 9 million children under 15 years of age had lost their mothers to AIDS. More than 90 percent of these would have been living in Sub-Saharan Africa. The number of children who have actually lost their parents is itself a small figure compared to the number of children living with parents infected with HIV/AIDS. These latter constitute a growing future problem of towering magnitude.

The psychological impact of parental death is more intense for children who lose a parent to AIDS than for children whose parents die from causes that bring death more speedily. The loss in the AIDS-affected children begins long before the actual death of the parent. There are typically months or years of stress, suffering, or depression before a parent dies. In Brazil, for example, it has been estimated that there are 183,000 children with HIV-positive mothers. Of these, 6 percent have now been orphaned. The mothers of the remaining 94 percent are still alive, but most of these mothers are already suffering from HIV-related illnesses and lack the physical strength or family and financial support to take care of their children.

The children's distress is often compounded by the prejudice and social exclusion directed at AIDS-affected individuals and their families. This stigma may translate into denial of access to schooling, health care and inheritance rights. Girls may be at a greater disadvantage than boys. Being sexually transmitted, HIV in many cases spreads from father to mother, or from mother to father; in either case there is the strong likelihood that the child will lose a second parent relatively soon. Although an increase in the number of child-headed households has been noted, still, the extended family acts as a traditional social security system in many countries including the developing countries. It continues to provide support to families affected by AIDS.

Important considerations are getting support to the children at the time of their parent's HIV/AIDS diagnosis, targeting efforts at keeping the children in their communities, and establishing home-based-care projects to help parents plan for their children's future. Orphanages should be seen as no more than the last resort. Institutionalisation has many limitations. It is expensive; it cuts children off from their family and social origin; and it does not provide them with an ongoing, trusting bond with a special, individual adult primary care giver. In addition, institutionalisation nurtures dependency and works against self reliance.

2. CHILDREN ON THE BRINK. STRATEGIES TO SUPPORT CHILDREN ISOLATED BY HIV/AIDS

Hunter S. & Williamson, J., 1997, USAID.

Geographical Area: Global (Eastern, Southern and West Africa; Caribbean and Latin America; Asia)

Key Words: HIV, AIDS, Orphans

Location: USAID

ABSTRACT

This major study, which was published in 1997, brought to the fore the serious impact that the HIV pandemic is having on the lives of millions of children in twenty-three countries worldwide—seven in West and Central Africa, six in East Africa, six in Southern Africa (Botswana, Lesotho, Malawi, South Africa, Zambia, Zimbabwe), and four outside Africa (Brazil, Guyana, Haiti, Thailand).

The document gives an extensive account of the demographic effects of HIV/AIDS, its socio-economic outcomes, and its impact on children, families, and communities. It also treats of community-based responses to HIV/AIDS and examines strategies for helping children, families and communities affected by the disease. In this regard, it highlights fundamental priorities, strategies for intervention, and action steps.

For each of the countries which it covers, the study estimates the number of orphans for the year 2010. In order to estimate how many children will be orphaned by the HIV/AIDS pandemic during the years ahead, the study first estimated the impact of HIV/AIDS on population growth. It gives six major estimates of the population impact of HIV/AIDS, showing their similarities and differences. Orphan estimates, which are based on these population estimates, differ in accordance with the way in which HIV/AIDS is judged to affect population growth.

The demographic effect of HIV/AIDS that has received the most attention is the increase in the number of orphans. In the Sub-Saharan African countries covered by the report, the HIV/AIDS pandemic began early and is now severe. It is expected to peak before 2010, with orphan populations peaking seven to ten years later. This means that orphan populations are projected to increase in Sub-Saharan Africa through at least 2010.

For Zambia, the tables contained in the report indicate that as far back as 1990 there were some 888,700 orphans from all causes (single and double), or 22.3 percent of the population under 15 years. More than half of the maternal and double orphans among these had lost their mothers to AIDS. By the year 2000, the total number of orphaned children in Zambia is expected to rise to 1.657

million or 34.3 percent of the under 15 age group. Of these, 746,000 will be double and maternal orphans (from all causes), more than three quarters of whom (78.4 percent) will be orphaned by AIDS. The proportion of children orphaned in Zambia is projected to be higher than in any of the other countries included in the study. This proportion will continue to rise until it reaches 38.6 percent of the children under 15 in the year 2010.

The growing number of orphans will have a profound impact on the societies in which they live. Orphans may suffer the loss of their families, depression, increased malnutrition, lack of immunisations or health care, increased demands for labour, lack of schooling, loss of inheritance, forced migration, homelessness, vagrancy, starvation, crime, and exposure to HIV infection. With orphans eventually comprising up to a third of the population under age 15, this outgrowth of the HIV/AIDS pandemic may create a lost generation—a large cohort of disadvantaged, undereducated, and less-than-healthy young people. The threat to the prospects for economic growth and development in the most seriously affected areas is considerable.

The report notes that, in addition to its impact on children, the HIV/AIDS pandemic is creating problems for families that are shared by all members—the loss of family members through death, fostering, adoption; changes in household and family structure; family dissolution and dismemberment; lost income; impoverishment; lost labour; forced migration; grief and distress; reduced ability to care for children and elderly household members. Communities are also severely affected through reductions in the labour pool (particularly for agricultural labour and for such skilled occupations as teaching), increases in poverty, deterioration in the infrastructure because there are fewer to care for it, reduced access by its members to health and education facilities, an increase in mortality, a reduction in the resources available for mutual aid, and a general loss of resilience.

The major intervention strategies that the report proposes are to strengthen the capacities of families to cope with their problems; to stimulate and strengthen community-based responses; to ensure that governments protect the most vulnerable children and provide essential services; to build the capacities of children to support themselves; to create an enabling environment for affected children and families; and to monitor the impact of HIV/AIDS on children and families.

In terms of action, the report stresses their need for governments to take a series of steps to assist the affected children, families and communities. It notes that active community participation is essential for any programme to be effective in addressing the needs of the most vulnerable children and families and for it to obtain international support. Individual children, families and communities have been principally responsible for caring for individuals and families affected by HIV/AIDS. They have been affirmative in their responses and have developed low-cost models that can be emulated. Communities will flourish even while facing the challenges of this pandemic if they are supported and enabled by the institutions that condition their environment—and the most important of these is the government.

3. MONITORING THE AIDS PANDEMIC: ORPHANS

Monitoring the AIDS Pandemic (MAP). MAP Steering Committee, 1998, Report on the International Situation

Geographical Area: Global

Key Words: Orphans, HIV, Children, Programmes

Location: <http://hivinsite.ucsf.edu/social/un/2098.3CF6.html>

ABSTRACT

This document refers to the double-edged sword which threatens children in an AIDS-infected household. They have a 33 percent chance of being infected through maternal transmission. Whether infected or not, they are likely to be orphaned within a period of six to eight years. The document states that the importance of orphaning as an outcome of the AIDS epidemic has not yet been fully appreciated or planned for. Only a few countries and agencies give it adequate consideration. Yet, as shown by the UNAIDS 1998 estimate of eight million children who have lost their mothers due to AIDS, the number of orphans is large and is likely to increase rapidly in the near future.

The impacts of orphanhood are identified as loss of family and identity, psycho-social distress, increased malnutrition, loss of health care (including immunisation), increased demands for labour, fewer opportunities for schooling and education, loss of inheritance, forced migration, homelessness, vagrancy, starvation, cocaine use, exposure to HIV infection, exploitation, exposure to violence, and gender differentials in impact.

Recent estimates give some feel for the number of orphans. What is not known, however, are the age patterns, and gender differences in the actual situations in which orphans find themselves in households and communities. Further, it is not clear how much more coping can be expected from the family and community, and how much of the inevitable gap will be taken up by the state, civil society, and the international community. Uganda, Zimbabwe and Zambia all provide examples of effective programmes based on community responses. However, none have been brought to scale even on a nation-wide basis, and there has been no attempt to document best practices for global application.

In conclusion, the document suggests that action be taken on the following: (1) The gathering of information on what has and what has not worked, in terms of care and support for affected children in diverse cultural settings. Best practices need to be identified for use by communities and programme planners. (2) Additional research on the circumstances of orphans, including studies of their characteristics and home circumstances, and the differential impact of maternal, paternal, and double orphaning. (3) Policies and programmes which address the different needs of girls and boys, as well as adolescents vis-à-vis young children. (4) The incorporation by governments and communities of the care and support offered by traditional institutions (religious, social, and grassroots) into overall programme planning. Finally, the document states that all those involved need to recognise children's right to have their voices heard and given due weight in determining their care and support needs.

4. HIV AND AIDS: THE GLOBAL SITUATION—ORPHANS. A REPORT ON THE GLOBAL HIV/AIDS EPIDEMIC AND ITS CONSEQUENCES

No author identified, 1998

Geographical Area: Global

Key Words: HIV, AIDS, Orphans, Estimates, Extended Family

Location: <http://hivinsite.ucsf.edu/social/un/2098.3cel.html>

ABSTRACT

The document presents the joint UNAIDS/WHO estimates that by the beginning of 1998 over 30 million people were affected by HIV/AIDS worldwide; 11.7 million people had lost their lives to the disease; 8.2 million children around the world had lost their mothers to AIDS (with 90 percent of these orphans living in Sub-Saharan Africa); and that in 1997 alone 1.6 million children were orphaned by AIDS.

Since HIV/AIDS often causes huge increases in the death rate among young adults, the age when people are becoming parents and forming families, there is a corresponding large increase in the number of orphans. As an example, the report refers to the rural areas in East Africa where four of every ten children who have lost one of their parents by age 15 have been orphaned by HIV/AIDS. Cambodia and Thailand are reported to be the countries in Asia with the highest proportion of AIDS orphans.

The report looks at the structures of the extended family which, in many countries, has been able to absorb some of the stress of increasing orphanhood. However, urbanisation, migration, decades of war, and civil strife in some affected countries is eating away at those structures.

Documents about Zambia

5. LIVING CONDITIONS MONITORING SURVEY REPORT 1996

Central Statistical Office, December 1997, Survey Report

Geographical Area: Zambia

Key Words: Orphans, Rural, Urban, Maternal, Paternal

Location: Central Statistical Office, Lusaka

ABSTRACT

Zambia's Living Conditions Monitoring Survey (LCMS), conducted in 1996, was a nationwide survey which provided a great wealth of household and individual statistics. The sample size and the sampling method used allows the LCMS data to be disaggregated at district level. The main objectives of the survey were to (1) measure and monitor poverty over time; (2) monitor living conditions of households over time in terms of access to various facilities, infrastructure and basic needs; and (3) identify vulnerable groups in society who are at risk because of social and economic changes.

The LCMS defined an orphan as a person aged 18 years or below who had lost at least one of the parents. The 18 years cut-off mark was introduced because one is considered to be mature enough to fend for oneself after that age. The survey found that, in these terms, 13 percent (670,000) of the population aged 18 years and below were orphans. Of these, 22 percent (147,000) had lost their mother, 64 percent (428,800) had lost their father, and 14 percent (93,800) had lost both parents. The loss of the father was the most common form of orphanhood at all ages, in all strata, and in every province.

Differences between rural and urban areas were slight, with 13 percent of rural 0–18 year-olds being orphans compared with 15 percent of urban. In urban areas, the percentage of orphans was the same for the three strata which the LCMS identified (those living in low cost areas, in medium cost areas, in high cost areas). In rural areas, the percentage of orphans was at its lowest for medium-scale farmers (10 percent), followed by small-scale farmers (13 percent), and was at its highest (15 percent) for non-agricultural rural workers. The incidence of orphanhood increased steadily with age—4 percent of those aged 0–5, 12 percent of those aged 6–9, 19 percent of those aged 10–14, and 24 percent of those aged 15–18, were orphans.

It can be deduced from the data presented in the report that 401,000 children aged 6–15 years, or 15.5 percent of the age group, are either single or double orphans. This gives an indication of the likely occurrence of orphanhood among children in the school-going age group 7–13.

Across the country, the percentage of orphans at provincial level varied between 11 and 18 percent. Lusaka and Western provinces had the highest percentage, at 18 percent, while Eastern had the lowest, at 11 percent.

The LCMS also presents data on the proportion of households which experienced at least one death during the twelve months prior to the survey. At the national level, 8 percent of households had such experience, but the mortality was slightly higher for rural (9 percent) than for urban (7 percent) households. The lowest percentage of households which experienced death was in the Northwestern province (5 percent) and the highest in the Southern province (10 percent). Children under 5 years of age accounted for 54 percent of the deaths in the reference period, with the next highest group being those aged 25–44, who accounted for 18 percent—though for urban areas this percentage was considerably higher, at 27 percent. Extremely poor and moderately poor households experienced a higher proportion of deaths (9 percent each) than non-poor households (6 percent).

The LCMS Report does not include all the survey findings. The published document merely highlights major findings at the national, and in some cases at the provincial, level. Data for more fine-grained analyses can be obtained from the Central Statistical Office on request.

6. HIV/AIDS IN ZAMBIA. BACKGROUND, PROJECTIONS, IMPACTS AND INTERVENTIONS

Central Board of Health, December 1997, Published Document

Geographical Area: Zambia

Key Words: HIV, AIDS, Demography, Extended Family, Orphans, Health Care, Gender

Location: Ministry of Health, Central Board of Health

ABSTRACT

This document provides a briefing on the HIV/AIDS epidemic in Zambia. In doing so, it deals with orphans as one of the serious consequences of AIDS-related deaths of men and women in their prime parenting years from 20 to 45. It defines an orphan as a child below the age of 15 who has lost one parent or both parents. Due to the heterosexual mode of HIV transmission in Zambia, the document states that many children will in fact be double orphans who have lost both parents. The number of maternal and double orphans will quickly rise through more than 500,000 in 2000 to more than 1 million in 2010.

Coping with such a large number of orphans and providing them with needed care and supervision will place a tremendous strain on social systems. The burden on society to provide services for these children, including orphanages, health care and school fees, will increase greatly.

At household level, there will be increased burden and stress for the extended family. Although the extended family has the responsibility of caring for orphans, urbanisation and prolonged economic pressures are leading to the disintegration of this traditional social security system, leaving it unable or unwilling to assume responsibility for the care of additional children. Negative consequences of this are that there will be an increase in child labour in all areas, and of street children in urban areas, as orphans look for ways to survive.

In conclusion, the document points out that, in order to address such a serious epidemic as HIV/AIDS and all its consequences, Zambia will need to mobilise all possible resources through strategically planned activities designed to bring the epidemic under control.

Documents about Countries other than Zambia

7. AIDS ORPHANS IN KINSHASA, ZAIRE: INCIDENCE AND SOCIO-ECONOMIC CONSEQUENCES

Ryder, R. W., Kamenga, M., Nkusu, M., Batter, V., & Heyward, W. L., May 1994, Study Report

Geographical Area: Zaire (Democratic Republic of the Congo): Kinshasa

Key Words: HIV, AIDS, Orphans

Location: <http://hivinsite.ucsf.edu/topics/children/2098.2db4.html>

ABSTRACT

The objective of this study was to determine the incidence, morbidity, mortality and socio-economic consequences of becoming an AIDS orphan (defined as a child with an HIV-positive mother who has died) in Kinshasa, Zaire.

A longitudinal cohort study was undertaken between 1986 and 1990. Within this cohort, a nested case-control study of AIDS orphans was conducted. Two groups of control children were identified. The first group consisted in age-matched children with HIV-positive mothers who were alive at the time of death of the AIDS-orphan-case mother. The second group of control children were children with HIV-negative mothers who were also alive at the time of death of the AIDS-orphan-case mother.

The study was set in the obstetrics wards and follow-up clinics at two large municipal hospitals in Kinshasa. Study participants comprised a total of 466 HIV-positive women, their children, and the fathers of these children, together with 606 HIV-negative women, their children, and the fathers of these children.

The study found that the AIDS orphan incidence rate was 8.2 per 100 HIV-positive women-years of follow-up. Vertical transmission of HIV was higher in AIDS orphan cases (41 percent) than in control children with HIV-positive mothers (26 percent). Among children without vertically acquired HIV infection, morbidity rates and indices of social and economic well-being were similar in AIDS orphans and control children. Five out of 26 (19 percent) AIDS orphan cases died during follow-up, compared with three out of 52 (6 percent) control children. The study concluded that children with HIV-positive mothers ran a considerable risk of becoming AIDS orphans. However, the presence of the extended family appeared to minimise orphans' experience of any adverse health or socio-economic problems.

8. SOCIO-DEMOGRAPHIC PROFILE OF CHILDREN AFFECTED BY AIDS IN ADDIS ABABA

Bedri, A. & Kebede, S., October 1995, Study Report

Geographical Area: Ethiopia: Addis Ababa

Key Words: Orphanhood, AIDS, Abandonment, Extended Family

Location: <http://hivinsite.ucsf.edu/topics/children/2098.2def.html>

ABSTRACT

A survey conducted in October–December 1993 traced 1,047 AIDS cases among residents of Addis Ababa. By the time of the survey, 59 percent of the cases and 16 percent of their spouses had died. The total number of children born to the located cases was 2,186, among whom 883 (40.4 percent) were below 15 years of age. Two hundred and eighty of these children (30.4 percent) had lost either one or both parents. Health problems were encountered among 10.5 percent of the children (3.9 percent of whom had AIDS), while 14.1 percent of them had dropped out of school. There were also children who faced abandonment or displacement, as well as those who lacked medical care at the time of their illness. The existing coping mechanism is reliance on the extended family which is an important social support system. However, there is need to raise community awareness and strengthen the system to enhance the efforts for the protection and support of children affected by AIDS.

Too Young to Die

**So young to die
Too young to die
Yet too infected and ill to live
Stricken by the fatal AIDS virus
HIV knows neither beauty, gender nor colour
Behavioural change and good health care
The only way to stay negative
Take heed my brother and sister
Take heed my father and mother
Take heed my uncle and aunt
Take heed everybody
Sow not among the thorns
Do not destroy the little ones' hope
Because they are too young to die**

*(Kennedy Mumba
Masuyo Drama Club
Lusaka)*

Section II

THE SITUATION AND NEEDS OF ORPHANS

International Documents

9. THE ORPHANS OF AIDS: BREAKING THE VICIOUS CYCLE

No author identified, 1997

Geographical Area: Global

Keywords: Children, HIV, AIDS, Sub-Saharan Africa, Extended Family

Location: <http://hivinsite.UCSF.edu/social/un/298.3454.html>

ABSTRACT

Due to the varying definitions of orphanhood, keeping track of the number has been difficult. However, the report quotes the UNAIDS estimate that by mid-1996, nine million children under the age of 15 years would have lost their mothers to AIDS. Ninety percent of these cases would be living in Sub-Saharan Africa. In Uganda and Zimbabwe, children orphaned by AIDS are the largest and fastest growing category of children "in difficult circumstances". The report also notes that certain Asian countries, for instance Thailand, are also experiencing a rapid growth in the number of AIDS orphans.

The traditional support system for orphans, the extended family, is reported as being pushed to breaking point in the most badly affected communities. Young children are in many cases left in the care of grandparents who themselves frequently stand in need of health care. The death of grandparents leaves many children with no alternative but to look after themselves, with the consequent increase in the number of child-headed households. The report refers to a study in the Rakai district of Uganda where four percent of the households were child-headed. On the positive side, a study in Kagera district, Tanzania, showed the great generosity of many people in countries severely affected by AIDS. Here there was a high incidence of fostering of orphans by unrelated families, often neighbours who had also experienced a death brought about by AIDS.

Several examples of discrimination, which leads to poverty and increases the HIV risk of orphans, are cited in the report. Friends have been known to visit less often when the full HIV diagnosis becomes known; children of the household may be taunted or harassed by schoolmates; family businesses sometimes lose customers; and orphans may be denied their property rights. Studies in Kenya and Zambia have shown that orphans may be denied the right to schooling if the household that fostered them is no longer able to meet needs.

Although there are thousands of small-scale community-based schemes throughout the world that aim to provide support and care for children orphaned by AIDS, these projects are not able to provide an adequate response to the problem. Care and orphan support require money, but in most of the badly affected countries children orphaned by AIDS are just one among many competing urgent priorities. Further, the implementation of structural adjustment programmes is placing intense

pressure on governments in these countries to cut back on social and health spending. In consequence, resources are quite inadequate. To add to this problem, support services for orphans and vulnerable children are often poorly coordinated.

The report re-emphasises a point raised in several studies, that assistance which waits until the child has lost its parent comes too late, since the child's problems commenced when the parent fell ill. The 1994 Lusaka *Declaration on Support to Children and Families Affected by AIDS* is cited to further emphasise that every effort must be directed towards keeping the children in the community and that these efforts should begin before the death of the parent. The report further cites the Declaration's insistence that NGOs inform people affected by HIV/AIDS of their legal rights, and that governments revise existing laws to protect these rights.

10. THE AIDS EMERGENCY: THE TOLL ON WOMEN AND CHILDREN

Mukwaya, J., in The Progress of Nations, UNICEF 1999

Geographical Area: Sub-Saharan Africa and South-East Asia

Key Words: Orphans, Girl-orphans, Stigma, Psychological Anguish, Discrimination, Rights of the Child

Location: UNICEF.

ABSTRACT

This commentary on the AIDS emergency in Sub-Saharan Africa and South-East Asia draws attention to the silence and stigma that surround the illness and the way their low social status hobbles the efforts of grown women and their adolescent daughters to protect themselves against it. It points out that it is children who bear the greatest burden of the epidemic, with Sub-Saharan Africa being home to over 90% of the estimated 6 million children who have been orphaned by AIDS. The child's grief and horror as it watches a parent waste away are soon overtaken by prejudice and neglect at the hands of guardians and communities. Every tenet of the Convention on the Rights of the Child is violated, from the right to education, health and development, to the right to protection from exploitation and harm.

Experience shows that orphans have alarmingly high rates of malnutrition, stunting and illiteracy. Often their community shuns them, presuming that they, too, harbour the fatal virus. Relatives may seize their property but orphans have little hope of redress at law. They are frequently required to shoulder heavy workloads and in foster families may be treated more harshly than the family's own children. They are less likely to go to school, and are more likely to be depressed. Girl-orphans are being defiled, married off early, neglected, and subjected to many forms of abuse.

This human tragedy, which engulfs much of Sub-Saharan Africa while it makes headway in populous South-East Asian countries also, is greatly compounded by a social welfare crisis. Resources are lacking for the treatment of AIDS. But even more tragically, political will is not always strong enough to put a halt to its advance. The crucial factor in successful prevention campaigns is open, unwavering political commitment to confront the epidemic forthrightly, to shatter the silence surrounding the virus, and to prohibit discrimination of any kind. Over and above any new breakthrough in technology, what the AIDS crisis needs is a new breakthrough in political will.

Failing this, the most vulnerable—young people, women and children—will continue to be deprived of their rights, not only to education, health and economic livelihood, but even to life itself.

Documents about Zambia

11. ENUMERATION AND NEEDS ASSESSMENT SURVEY FOR ORPHANS

Kangwa P., Unpublished Study Report, 1991

Geographical Area: Zambia: Lusaka—Matero East

Key Words: Orphans, Community-Based, Extended Family

Location: CINDI, Family Health Trust

ABSTRACT

The objective of the study was to find out about orphans in Matero East—their number, age and sex; their expressed urgent and long term needs; the attitudes towards them of families, schools and communities; the resources available in the community to support them; and the hazards these children experience within the community.

Using a descriptive and explanatory survey method, the study conducted interviews on a door to door basis with all the households in Matero East.

Matero East was found to have a child population of 2,105, a child being defined as an individual aged 20 years and below. Ten percent of this population were orphaned— 61 percent were paternal orphans while 25 percent were maternal orphans and 14 percent were double orphans. Fifty eight percent of the orphans were found to be living with various relatives. Two percent of the orphan households were child headed. The school drop out level was higher amongst the orphans. The most urgent problems expressed were physical, food, clothing and educational needs. Ninety two percent of the orphans were in households which were getting no support from the community. On the other hand, 81 percent got some support from the churches, relatives and NGOs. The study found that with the families and communities orphans were treated the same as other children. There was no segregation.

The actual number of orphans, 215, constituting 10 percent of the child population in Matero East, was proof enough that an orphan problem existed in the locality. The highest numbers of orphans were in the age group 16 to 20 years. Orphaned girls, in this age group, were under a lot of pressure to succumb to early marriages and prostitution. Food, schooling opportunities and school requirements were the assessed urgent needs of orphans. The long term needs were adequate food, education, skills training, clothing and parental guidance. The extended family system was the sole system that cared for and offered life long support to the orphans. The community support for orphans was very insignificant. Although there was no evidence of major segregation, some discrimination was noticed through the failure of the extended family to give priority to the school opportunity and education needs of orphans. One of the study's main recommendations was for further development of community based projects utilising approaches such as the caretaker system. It further recommended government support of such activities for the benefit of the orphan population.

12. ORPHANS, WIDOWS AND WIDOWERS IN ZAMBIA: A SITUATION ANALYSIS AND OPTIONS FOR HIV/AIDS SURVIVAL ASSISTANCE

Social Policy Research Group, Institute for African Studies, University of Zambia, December 1993, Commissioned Study for the Ministry of Health

Geographical Area: Zambia

Key Words: Orphans, Widows, Widowers

Location: University of Zambia, Institute for Economic and Social Research

ABSTRACT

This study assessed the nature, at the time, of the problem of supporting and maintaining the orphans, widows and widowers who may survive the HIV epidemic. It also examined the options available for supporting the survivors of the HIV/AIDS epidemic. The study's first concern was to establish the magnitude of the problem of orphaned children, widows and widowers in Zambia. It was also concerned with evaluating the living conditions and the various social arrangements in which the orphans are being fostered. The various survivor assistance programme and social welfare support programmes were assessed. Finally, the study examined possible alternative assistance programmes for the orphaned children, widows, and widowers. In its examination of the options for the provision of adequate care and support to orphans widows and widowers, the study emphasised the sustainability of the programmes.

The study, which covered both urban and rural areas, was conducted through interviews; structured household sample surveys and case studies. To achieve a balanced coverage of the country, it sought to interview at least one thousand (1,000) households distributed between the rural and urban areas according to the general population distribution in Zambia of about 58 percent rural and 42 percent urban.

The study found that the problem of AIDS orphans, widows and widowers was a recent but growing problem. The household interviews revealed that 40 percent of the households in Zambia already had one or more orphans under their care, even though HIV/AIDS deaths had not yet reached their peak. However, in terms of averages, the study findings suggested that every household in Zambia had one or more orphans under its care. The magnitude of the orphan problem was found to be greater in urban than in rural areas—42 percent of the households in the urban areas had one or more orphans under their care compared with 33 percent of the rural households. The study also found that 24 percent of the orphans had lost both parents. The findings of the study also indicated that 16 percent of all the households in Zambia were headed by widows, two percent by widowers, 72 percent by married persons and two percent by single individuals. The latter included child headed households. The remaining households were headed by divorced (seven percent) or separated (one percent) individuals.

Recognising that the problem of AIDS orphans was in its early stages, but was bound to become a major long-term problem, the study's recommendations focused on the measures that should be taken to ensure that orphans are neither neglected nor allowed to grow up without adequate socialisation and education. Accordingly, it proposes four basic principles that should guide action: (1) ensuring the protection and respect for the rights of orphans and widows; (2) ensuring that orphans receive adequate socialisation and education to prepare them for the future; (3) ensuring that orphans

and widows have access to the basic needs of life and the essential social services; and (4) ensuring the provision of a conducive environment that would enable orphans and widows participate in economic activities.

13. THE PLIGHT OF ORPHANS IN KATETE

AIDS Department, St. Francis Hospital, Katete, 1994, Paper presented to 4th National AIDS Conference, Lusaka

Geographical Area: Zambia: Katete

Key Words: Orphans, Households, Schooling

Location: Family Health Trust, Lusaka

ABSTRACT

The objective of this study was to assess the welfare of orphans in the Katete area of the Eastern province. Out of 450 households visited and interviewed, 142 (32 percent) had at least one orphan. Orphaned children, with at least one parent dead, accounted for 23 percent of all children in the households surveyed. Eleven percent of the children's parents had died from AIDS, and 16 percent of all households reported having had an AIDS death. The study further found that 62 percent of the orphaned children of school-going age were not attending school. About one-third of the orphans were being cared for by their mothers, after having lost their fathers, and one-fifth were being cared for by their grandmothers. Less than ten percent of care-givers were in paid employment. The rest were all peasant farmers. Only 18 percent of the families interviewed had enough maize to plant and to consume until the next harvest, 9 percent had enough groundnuts, and 23 percent had a vegetable garden.

The paper's conservative estimate of the number of children in the immediate area around Katete who had lost one or both parents as a result of AIDS was 10,000, while in Katete district as a whole the total number of orphans was estimated to be some 20,000. Families which were in regular receipt of home visits had an average of three orphans per family. These were being cared for mostly by women and grandparents.

14. ORPHANS AND EXPLOITED CHILDREN

Munsanje, J., 1995, Paper Presentation for CHIN

Geographical Area: Zambia

Key Words: Orphans, Exploited Children, Data Problems, Legal Issues, Psycho-Social Problems

Location: Children in Need Network (CHIN), Lusaka

ABSTRACT

Noting that two-thirds of the Zambian population are youths below the age of 30 years, this paper singles out orphans and exploited children as the two priority groups belonging to the category of children in especially difficult circumstances. It is stated that 40 percent of households in Zambia have one or more orphans under their care, while University of Zambia and Ministry of Health

estimates are that, by the year 2000, eleven percent of Zambian children under the age of 14 will be orphaned. However, the lack of agreement on a definition of orphans, combined with the absence of any widespread and systematic data base, makes the enumeration and accurate estimation of the extent of the orphan situation very difficult. Exploited children include orphans, street children, out-of-school children, hungry children, sexually abused children, disabled children, and young children who are required to work.

Many children in these categories are distressed because of the difficulties they encounter in accessing for themselves the basic necessities of life. Reports show that, as AIDS takes hold, very many affected families must move to poorer quarters. It is in the poorer households such as these that orphans tend to be concentrated.

The paper drew attention to an under-researched area, namely, the psycho-social impact of AIDS on children who experience the death of one parent shortly after that of the other. This can severely affect the development of the child.

The family care model was proposed as being the one that would best ensure that orphans and exploited children would survive and develop. This is strongly advocated by Children in Distress (CINDI), a community-based project that works through branches in townships and compounds. Constituted spontaneously by local communities, CINDI operates on the basic principal that orphans belong to the community. The responsibility for ensuring the survival, development and participation of children lies with the family and community.

However, apart from a few international organisations, CINDI and other NGOs and bodies dealing with the problems and needs of orphans frequently face legal and judicial constraints. This results in most of them being concerned almost entirely with material needs, leaving protection and development concerns uncatered for. A further problem is that the government has no specific survival assistance programmes for orphans and exploited children. These all fall under the broad category of vulnerable groups who have to compete for limited resources from the social safety net.

15. STREET CHILDREN IN ZAMBIA. A SITUATION ANALYSIS

Lungwangwa, G. and Macwan'gi, M., December 1996, Report for UNICEF

Geographical Area: Zambia: Lusaka, Copperbelt, Kabwe, Livingstone

Key Words: Street Children, Children

Location: UNICEF

ABSTRACT

The main purpose of this study was to provide an up-to-date situation analysis of street children in Zambia. An earlier study, conducted in 1991, concluded that poverty and the disintegration of the family due to death and divorce were among the major factors that pushed children on to the streets. This finding was confirmed in the 1996 study.

Poverty and family disintegration due to death and divorce were found, in 1996 as in 1991, to be the leading causes of the increase in the number of street children in Zambia. The report suggests that the number of street children doubled between 1991 and 1996—75,000 children were on the street

in 1996, compared with an estimated 35,000 in 1991. The majority of street children are boys, these being quite visible on the streets. But some 30 percent of street children are girls, most of whom are found at markets or selling points. The study also estimated that the number of children at risk of being drawn into streetism had increased from 315,000 in 1991 to 700,000 in 1996.

It found that the likelihood of being an orphan was higher for street children than for other children. In 1996, the predominant group among the street children were double orphans, with as many as 39 percent having lost both parents (compared with 14 percent in the general population). For Lusaka and the Copperbelt, this proportion was much greater, possibly being as high as 70 percent.

The report introduced the useful distinction between children on the street and children of the street. Children on the street are those who live, work and eat on the street but go home to their families at the end of the day. Children of the street live, work and sleep on the street and have no homes to return to. It estimated that in 1996 Zambia's cities were home to some 5,000 of these children of the street.

The study recommended that activities or programmes for street children be based on four principles, namely, support, identification, care, and advocacy. These would involve support to existing programmes for children in need; the establishment of community level data bases whose objective would be to identify needy street children; care programmes for food, clothes, accommodation, health and other basic services for needy street children; and advocacy for street children. The report proposed that the most effective tool for a sustained street children advocacy programme would be to establish an observatory for street children to send signals to keep society and welfare agencies informed, on the basis of qualitative and quantitative data, about the conditions of street children. This would help to inform policy formulation, programming, strategies and actions that would respond to the needs of these children for education, skills, employment and food.

16. PROFILE OF 287 HOUSEHOLDS CONTAINING ORPHANS IN LIBALA AND CHILENJE COMPOUNDS, LUSAKA

Webb, D., February 1996, Study Report

Geographical Area: Zambia: Lusaka

Key Words: Surveillance, Orphans, Guardians, Status

Location: UNICEF

ABSTRACT

A total of 287 households containing orphans in Libala and Chilenje in Lusaka were visited and questionnaires completed on the household profile and needs.

Household members totaled 2,436 in the 287 households surveyed. Of these, 1,359 (55.8 percent) were children aged 18 and below. Amongst the children, 902 (67 percent) were orphans who had lost one or both parents. Paternal orphans were the largest group (57.2 percent) and maternal the smallest (10.3 percent). The balance (32.5 percent) were double orphans. The guardians, who were predominantly female (63.1 percent), tended to be elderly—39.1 percent of them were aged 50 and above. The majority of the guardians (50.9 percent) were widowed. Most of these (89 percent) were

women. In most of the houses where there was a lone guardian it was usually a female relative of the children (mother, aunt or grandmother). In only 4.2 percent of the cases was the father the lone guardian.

Less than 10 percent of the guardians noted any behavioural problems amongst the children since the death of their parents. The problems that were noted were alcohol abuse (2.4 percent) and school truancy (1.4 percent). However, 7 percent of the orphaned children had dropped out of school. In 89 percent of the cases the orphan's health was described as good, whereas only 4.6 percent were stated to be of poor health status.

17. PROSPECTS FOR SUSTAINABLE HUMAN DEVELOPMENT IN ZAMBIA. MORE CHOICES FOR OUR PEOPLE

GRZ and United Nations, December 1996, Situation Analysis Report

Geographical Area: Zambia

Key Words: Poverty, Sustainable Development, HIV, AIDS, Orphans

Location: UNICEF

ABSTRACT

This report provides an assessment of Zambia's present human development situation and its future prospects. It brings out clearly that poverty and other disadvantages are widespread in the country. Decline has been experienced in the economy, in the quality of public services, in social provision, and in virtually every area of life. The HIV/AIDS situation features prominently amongst the numerous examples that the report gives of the crisis situation faced by the majority of Zambians. In addition, a generation of orphans is growing up and is having to face an especially difficult life without one or both parents. The HIV/AIDS and orphan problems are compounded by poverty—they are made more burdensome by the poverty of families and the country, and this poverty itself contributes to making them worse.

At the 1995 World Summit on Social Development, held in Copenhagen, Denmark, Zambia endorsed the principle that people should be at the centre of the development agenda. Moreover, the eradication of poverty as an ethical, social, political, and economic imperative of humankind was one of the Summit's agreed commitments.

The report defines sustainable human development as the process of enlarging the range of people's choices—increasing the educational opportunities, health care, income and employment, and providing for the full range of human choices from a sound physical environment to economic and political freedom. To achieve this, Zambia must set priorities for itself since it cannot respond immediately to all its needs. One of the most urgent priorities is to support the creation of employment and incomes, thereby enabling people to meet their own needs and expanding their ability to help others. Gender, HIV/AIDS, and concern for the environment are noted as areas that cut across all development activities and must be integrated into whatever strategies are adopted. From this it follows that an increase in the number of orphans as one of the consequences of HIV/AIDS, the control of the epidemic itself, and strategies of care for orphans, should form important components of all activities in Zambia.

In its concluding pages, the report examines proposals for incorporating sustainable human development firmly into the Country Strategy Note that will guide cooperation between the Zambian government and the United Nations system in Zambia. Under this rubric it makes provision for children in especially difficult circumstances and strongly recommends support for developing sustainable community-based protection and support systems for orphans.

18. A PSYCHOLOGICAL AND PHYSICAL NEEDS PROFILE OF FAMILIES LIVING WITH HIV/AIDS IN LUSAKA, ZAMBIA

Poulter, C. E., November 1997, Research Report

Geographical Area: Zambia: Lusaka

Key Words: HIV, AIDS, Families, Children, Orphans, Behaviour, Depression

Location: UNICEF, Lusaka

ABSTRACT

The purpose of this study, which was carried out between August 1996 and April 1997, was to address the question of how HIV-related illness impacts on families; what problems families face; how they cope with these problems; what effect this has on the children in the family. Sixty-six families of patients of the Home-Based-Care Team in Lusaka were selected, giving an urban bias to the sample. However, this is appropriate as the urban incidence of HIV is 12 percent higher at present than that in rural areas.

All the families in the study lived in areas which had low cost housing. Hence, inadequate financial resources were an issue for the majority of them. A third of the patients, together with their children, lived as dependants in a relative's household, thereby stretching already limited resources. The study found no correlation between orphan status and stunting, suggesting that the orphans were not being fed a poorer diet than other children in the household.

Concern is sometimes expressed that orphans or the children of sick parents may lack parental control and their behaviour may as a result become anti-social or asocial. The children in this study did not reflect this concern. The children of the patients were no more likely to be behaviourally disturbed than the children in the control households. However, children who had lost one or both parents were significantly more likely to be unhappy and worried about many things than those living with both parents, even if the parents were unwell. Studies in industrialised countries have linked loss of a parent in childhood with increased susceptibility to depression in adult life. The findings of this study suggest this may also be true in an African context. Increased incidence of depressive illness as bereaved children become adults is one aspect of the HIV pandemic which has not previously been considered.

Although there was some change in household composition during the study, the majority were stable. There were no child-headed households, although one married woman was taking care of her younger siblings. One family had been divided, with two of the children moving outside Lusaka. All the other children were living within Lusaka, two of the families within the same compound. During the period of the study, no difficulties were encountered that were so insurmountable as to lead to the disintegration of any of the families. The Zambian extended family system is holding up despite the pressure placed upon it by illness and death.

19. ORPHANS AND HIV/AIDS IN ZAMBIA. AN ASSESSMENT OF ORPHANS IN THE CONTEXT OF CHILDREN AFFECTED BY HIV/AIDS

Hunter, S. & Fall, D., 1998, Report for UNICEF

Geographical Areas: Zambia

Key Words: Orphans, HIV, AIDS, Demography, Data, Research, Programming

Location: UNICEF, Zambia

ABSTRACT

Following the 1997 World AIDS Day release of the *Children on the Brink* report, UNICEF decided to assess and intensify its programming efforts for families and children affected by HIV/AIDS. In order to accomplish this goal it set out to document its programming effort to date, develop tools to intensify programmes, and initiate or expand them to scale in nineteen of the most heavily affected countries in Sub-Saharan Africa. As part of this strategy, a consulting team—which had earlier worked with UNICEF offices in Malawi, Uganda, South Africa, Zimbabwe and Botswana—visited Zambia in July 1998 with a view to (1) documenting the status of programming for families and children affected by HIV/AIDS; (2) assisting in developing a programming assessment for Zambia; (3) investigating the potential for regional network development; (4) assisting UNICEF (Zambia) in assembling the plans and resources needed to expand their current programmes; and (5) participating in a national programme consultation on child abuse, orphans and street children.

Noting that the AIDS epidemic in Zambia is one of the worst in the world, the report draws attention to the *Children on the Brink* finding that the proportion of children in Zambia who are orphans (missing one or both parents) is the highest of any of the countries that have been studied, being estimated to stand in 2000 at 34.3 percent or 1.657 million children. Moreover, the proportion of children orphaned by the AIDS epidemic will continue to increase at least through 2010 and will remain unusually high through at least 2030. The report also notes that the vast majority of orphans in Zambia are still being absorbed by the extended family, but saw signs of the strains being placed on this social arrangement by such phenomena as the growing number of street children.

Constraints and weaknesses which hinder the ability of Zambia's institutions to respond to the AIDS epidemic and to the needs of affected families and children are identified at both the contextual and programming levels. The former include the high levels of poverty; the pervasive and chronic child malnutrition (half of all Zambian children are stunted); declines in child health and increases in child mortality; low primary school attendance rates and inadequate provision for early childhood education; the under-funding and low capacity of the Public Welfare Assistance Scheme and other safety nets; and the relatively high incidence of child abuse. Programming weaknesses refer to limited and uneven NGO coverage; poor coverage in rural areas (notwithstanding their greater vulnerability); lack of information on the extent of provision of health, education and welfare systems for 0–7 year-old children; the need to strengthen capacity in government ministries, to coordinate the national response to the problem, and to improve the quality of monitoring systems; and lack of sound information on the nature and extent of the involvement of the commercial private sector.

The report notes that NGO, CBO and government assistance programmes for families and children affected by AIDS are probably more numerous in Zambia than in any neighbouring country. This has given rise to numerous programming strengths: especially good data describing the extreme vulnerability of children and their families; committed communities which manifest high levels of altruistic concern; an ever-increasing number of NGOs and CBOs with greater ability to respond to the needs of families and children; churches of all denominations which have a strong sense of responsibility and good programmes; a nascent national coordinating body (the Children in Need Network, CHIN); commitment to the development of a national strategy; strong government commitment to improving programming for families and children affected by AIDS; an ongoing national policy review to examine and consolidate child law; the establishment of grassroots Public Welfare Assistance Committees, especially in rural areas; the growing community school movement; keen donor interest and support; strong support for income-generating activities; some mapping experience to determine the extent of programme coverage; and a cooperative strategic planning exercise to identify programming opportunities for the coming five years.

The report further considered the need for programme expansion, the development of funding (from both internal and external sources), the existing regional networks, best practices, and lessons learned. Discussion of its findings with UNICEF (Lusaka) Child Protection and Education staff yielded a number of recommendations for immediate action. These were based on a recognition of the extreme vulnerability of children in Zambia, the way this vulnerability is increasing rapidly as a result of high AIDS mortality, and the danger of a sudden further deterioration in child health and well-being. The salient recommendations for UNICEF were to expand cooperation with all partners; to work with other organisations to map the availability of services for affected families and children; to review protection mechanisms, relating to health, education and social well-being, for very young children; to examine the potential of community schools to provide auxiliary programmes in early childhood care or nutrition for children aged 0–7 years; to build monitoring and evaluation approaches for community-based initiatives; to include grief counselling for children and adults in its programme for the training of counsellors; to identify, and where feasible coordinate, all programmes currently receiving support for orphans and other vulnerable children; and to explore with partners how the vulnerabilities of children and their rights vary by circumstance and cause of vulnerability.

Finally, the report identified a number of data and research needs, including more updated orphan estimates (with a strong recommendation that future national censuses gather the necessary information); improved estimates of other categories of vulnerable children; the completion of an inventory of service providers and service populations; the elaboration of models of community coping strategies; the development of guidelines to assist communities in accessing resources of other programmes, especially income-generating projects; and the integration of research findings into training for service providers and volunteers. In all cases, community participation in research and data gathering should be encouraged. Responding to this programme of action calls for the expansion of the research capability in Zambia with a capacity to undertake short-term operational research and produce quick and easy-to-understand reports for use by concerned bodies.

20. IN ZAMBIA, THE ABANDONED GENERATION

Daley S., New York Times, 9th September, 1998.

Geographical Area: Zambia: Central and Copperbelt Provinces

Key Words: HIV, AIDS, Orphans, Child Abuse

Location: <http://www.nytimes.com/library/world/africa/091898africa-aids.html>

ABSTRACT

This front-page article in the *New York Times* gives a frightening picture of the HIV orphaned in Zambia. The AIDS epidemic has been raging in Zambia for nearly two decades, and as the deaths pile up, so do the orphaned children. According to the United Nations, Zambia has the highest proportion of orphaned children in the world. An estimated 23 percent of all children under 15 are missing one or both parents, many of them dead from AIDS. The orphan population will not peak until 2020. Recent United Nations reports estimate that there are now nearly half a million orphaned by the disease in Zambia. That number is expected to double in the coming decade. Orphans are more likely to be forced to work long hours, to suffer from beatings, and to experience sexual abuse. In their stories, the children tell of fear, rejection and loneliness. Some child advocates are more worried about those who are growing up in the households run by siblings, where chaos sometimes reigns.

21. WHAT'S THIS ABOUT CHILD-HEADED HOMES AS AIDS KEEPS RAVAGING FAMILIES?

Simwangala, R., Times of Zambia, 28th June 1999

Geographical Area: Zambia

Key Words: Child-headed Homes, AIDS, Orphans

Location: Times of Zambia Newspaper

ABSTRACT

In a general review of the situation of orphans and children in Zambia, this article notes that child-headed homes are gradually becoming common, as AIDS orphans are stigmatised by society. The article quotes CHIN as advancing the following reasons for the emergence of these homes: (1) negative attitudes of some parents while they were alive have cost their children dearly. Some parents do not encourage or provide for regular contact between their children and their family relatives. Consequently, when the parents die, there is no one to look after the children and the eldest child finds it necessary to act as the care-taker. (2) some children are left in such poverty that relatives are not willing to care for them; (3) children of deceased rich parents find that relatives "grab" everything, leaving them poor and unwanted; (3) today's economic circumstances and changing cultural traditions do not encourage people to care about each other; (4) the migration of families. Among other things, this leads to the extended family being very far-flung over long distances which make it almost impossible for it to provide social support to children when their parents die; (5) institutional care for children who have lost both parents is neither feasible nor popular.

The article also notes that because of the prolonged illness of their parents some children find it necessary to take over parenting roles, even when their parents are still alive. By the time their parents die, these young people have grown accustomed to managing the household on their own and see no reason for an adult to look after them. However, assuming parenting roles poses great difficulties for children and for those they are endeavouring to care for. They are not capable of assuming such responsibility, either financially or psychologically. Many are so traumatised by the death of their parents that they do not know how to provide for themselves and their siblings. Children left in such circumstances have a special need for the attention of society and the government.

Documents about Countries other than Zambia

22. ORPHANS AND CHILDREN IN NEED. A SITUATION ANALYSIS OF MASVINGO AND MWENEZI DISTRICTS.

Social Welfare Department, Masvingo Province, 1994, Bound Report.

Geographical Area: Zimbabwe: Masvingo and Mwenezi Districts

Key Words: Orphans, Children In Need, Department Of Social Welfare

Location: Social Welfare Department, Masvingo, Zimbabwe

ABSTRACT

The study was undertaken by the Department of Social Welfare in Masvingo to look into the problem of the growing number of orphans due to the AIDS epidemic. The reported AIDS cases in Masvingo Province had been on the increase for the previous ten years. The assumption of the Department was that the extended family had been greatly weakened. The investigation was conducted in Masvingo and Mwenezi districts (in Masvingo Province). These two districts were selected because they were representative of the extreme characteristics of the province. Masvingo district is characterised by urban and semi-urban areas. It hosts not only the capital of the province but also a number of mining towns, commercial farms and rural areas. Mwenezi district, on the other hand, is a largely rural area whose rural monotony is broken only by the main road between Beit Bridge and Masvingo, with Rutenga growth point and Veshuro Rural Service Centre serving as its urban areas.

In preparation for the study, a visit was made to country-based orphan care projects in the Manicaland Province. A review of relevant literature was made and a day provincial workshop subsequently organised in order to seek the support of the provincial leadership for the study.

The study sought to determine the extent of orphanhood within the two districts, to evaluate the capacity of extended families to absorb orphaned children, and to bring to the attention of the community, the government, and interested parties the magnitude of the orphan problem.

The main activities of the study were to enumerate the number of orphans and children in need, to interview care-givers and key informants, and to examine, through focus group discussions with communities, issues pertaining to the care of children and the child support system.

The study has resulted in a better understanding of the extent of the orphan problem. Between Mwenezi and Masvingo districts, a total of 30,244 children who had lost one or both parents were identified. There were 1,286 double orphans (0.4 percent of the total population under 18 years); 6,228 children who had lost their mother (1.9 percent); and 22,730 children who had lost their father (6.9 percent). If the percentages were applied to the whole of Zimbabwe, it would mean that in May 1994 there would have been more than half a million children (552,000 children under the age of 18 years) who had lost one or both parents—24,000 double orphans, 114,000 who had lost their mother, and 414,000 who had lost their father.

As the AIDS risk is related to the age group which is most sexually active (between 15 and 45 years), bread winners and relatives who can provide financial support were found to be becoming scarcer as well. This implies that grandparents have to take care of an increasing number of children with reduced family support. But grandparents themselves do not have long to live due to their own age. In fact, the study found that the majority of caregivers (60 percent) were older than 44 years. Thus, the increase in the number of adult deaths was resulting in an increase in the number of elderly people who had to earn and care for young children.

23. AFRICAN-AMERICAN FAMILIES AND HIV/AIDS: CARING FOR SURVIVING CHILDREN

Carten, A. J. & Fennoy, I., 1997, Study Report

Geographical Area: United States of America

Key Words: Medical, African-American, Children, HIV, AIDS

Location: <http://hivinsite.ucsf.edu/topics/african-american/2098.3795.html>

ABSTRACT

This article presents the preliminary findings of a national United States project undertaken to examine the medical/health, social service, and legal needs of African-American children who have experienced or will experience the death of one or both parents as a result of HIV/AIDS. The project seeks to guide the development of culturally competent policies and practices across delivery systems responsible for managing the care of these children and their families. Services have expanded for the children, but much remains to be accomplished in order to achieve culturally competent, integrated care systems for surviving children and their care-givers.

24. CHILDREN AFFECTED BY HIV/AIDS IN KENYA

Donahue, J., Hunter, S., Sussman, L. & Williamson, J., June 1999 Assessment Report for UNICEF & USAID (Kenya)

Geographical Area: Kenya

Key Words: HIV, AIDS, Community, Care, Support, Protection

Location: UNICEF

ABSTRACT

This report is based upon an assessment of Kenyan children affected by HIV/AIDS undertaken jointly by UNICEF and USAID in March 1999. Two of the assessment's objectives were to provide an overview of the extent to which HIV/AIDS is contributing to the vulnerability of orphans and other children, and to examine the nature and adequacy of community, organisational and governmental responses to the problem, with particular attention to the issues of community-based efforts, income-generating activities, and institutional care. The assessment was conducted through a review of available documents, interviews with individuals involved in child (orphan) care, and a stake-holders' meeting to identify and discuss recommendations on addressing the needs of children and families affected by HIV/AIDS.

The assessment revealed that the number of children needing care and protection was vast and that it was still rising due to the increase in the number of AIDS-related deaths. Estimates are that by 2000 some 780,000 children will have lost their mothers or both parents due to AIDS. Although the extended family was still absorbing most orphans, its capacity was weakened by extreme poverty, lack of access to services, and the burgeoning number of children in need. Institutionalised care was becoming more common in Kenya, but as this is a high-cost and not altogether appropriate solution, it was felt that efforts should be made to find a better alternative.

There were several organisations which were providing community-based care and support to affected families. In addition, several efforts were being made to share information and promote greater collaboration. Government structures, that could contribute to the development of responses, also existed at district and local levels. The Kibera Community Self-Help Programme, which operates in Nairobi's Kibera slums, was cited as an example of an effective community mobilisation effort. This programme works to reduce the stigma experienced by people living with HIV/AIDS. It also trains health workers, provides care to those living with HIV/AIDS, and trains village volunteers who in turn counsel care-givers and orphans. In addition, it arranges temporary foster-families for orphans and seeks to identify families who are able to provide long-term care.

Owing to the enormous economic stress HIV/AIDS puts on the affected households, most of the NGOs contacted during the review exercise felt obliged to develop income-generating activities so as to lessen the deleterious impact. One example was a youth programme that raises funds for orphans by charging admission to movies played on the NGOs video player. Other youth groups produce items for sale, such as baskets and aprons.

One of the Kenyan government's responses to the epidemic is the national AIDS/STD control programme within the health ministry. The government's policies are set out in a sectoral paper which, among other things, affirms that children who are infected or affected by HIV/AIDS will be protected against exploitation

and discrimination. In this regard, Kenya has had a major review of its laws relating to children, to ensure that they harmonise with commitments it made when it became a party to the United Nations Declaration on the Rights of the Child.

The major recommendations which the assessment made to UNICEF and USAID were the need to pay attention to both strategy development and project implementation. A key element of strategy development would be to promote the development of a national policy on orphans and vulnerable children, and to ensure that such a policy received the necessary support. Project implementation should look to the capacity of families and communities to protect and care for orphans and other vulnerable children. Major elements of this could consist in joint UNICEF/USAID initiatives on community mobilisation and micro-credit schemes.

25. HOW IS HIV TRANSMITTED? CHILDREN SUFFER THE RIPPLE EFFECTS

Author and date not shown

Geographical Area: Global

Key Words: Exclusion, Discrimination, Extended Family

Location: <http://www.unicef.org/cyaids/green/docs/gmtxt1.html>

ABSTRACT

The facts are grim: by mid-1996, nine million children under 15 had lost their mothers to AIDS, 90 percent in Sub-Saharan Africa, almost a third below the age of five; in Uganda, 1.2 million children under 18 had lost at least one parent; in Zimbabwe, 8 percent of children under 15 had lost their mothers to AIDS; a study conducted by UNICEF in ten central and eastern African countries suggests that by the year 2000 nearly 11 percent of the population of those countries will consist of children orphaned by AIDS.

The loss of a friend; the slow, debilitating illness; and the death of a parent—these are the ripple effects of AIDS on children, even if they themselves are spared by HIV. The mere knowledge that there is an infected person in their household can trigger fear and prejudice directed against children in and out of school, resulting in social exclusion, or even denial of access to schooling and health care. Often children are taken out of school because sick parents can no longer afford tuition, and in the case of girls, because they are needed to perform domestic chores in lieu of a sick mother. In developing countries, where the extended family acts as a social security system, grandparents, aunts and uncles take on the additional burden of caring for children orphaned by AIDS, even if they have little income themselves—and some may themselves have depended on the support of the deceased.

Section III

IMPACT ON EDUCATION AND OTHER SOCIAL AREAS

Documents about Zambia

26. PREVALENCE OF ORPHANS AND THEIR EDUCATION STATUS

Rossi M. M. and Reijer P., May 1995, Research Report

Geographical Area: Zambia: Ndola, Nkwazi Compound

Key Words: Orphans, School Attendance, Family Care

Location: Catholic Diocese of Ndola Aids Department, Ndola

ABSTRACT

Through eighteen home-based-care (HBC) projects staffed by volunteers, the health department of the Catholic Diocese of Ndola has been involved for several years in caring for the welfare needs of persons who are HIV-positive or have AIDS. During home visits the volunteers have identified both single and double orphans. Some orphans are well cared for by the extended family, while others are in need of full assistance. With an increase in the number of orphans and an apparent decline in the ability of the extended family to cope with the situation, the health department felt that there was need to know the magnitude of the orphan problem and community attitudes toward orphaned children. It therefore commissioned the HBC team in Nkwazi compound Ndola to carry out this survey in early 1995. The inhabitants of the compound are predominantly low paid or self-employed workers.

A sample of 250 households was randomly picked from ten sections of the compound. In each one of these, household members were interviewed and a purpose designed questionnaire was completed. The resulting data was coded manually, but cleaned and analysed by computer.

The survey found that, because of lack of funds, 44.1 percent of the children of school going age in the compound were not attending school. Orphaned children numbered 192, constituting 21.1 percent of the total child population. Of these, those who had lost their father were the most numerous. The majority of the orphans were in the 7–15 years age-range, with most of those in the households surveyed coming from the same families. The significance of the orphan problem for this small and poor community is explained by this high incidence, with orphans accounting for more than one in five of all the children.

A significant survey finding was the extensive difference in school attendance between orphans and non-orphans, with the attendance of non-orphans being 30 percent higher than that of orphans. In 86.4 percent of the families which were caring for orphans, no community; NGO or government support was received. The extended family was the only system that cared for the orphans. Given the low socio-economic status of the community, the majority of families found it difficult to cope with this added responsibility.

27. PREVALENCE OF ORPHANS AND THEIR EDUCATIONAL STATUS IN NKWAZI COMPOUND

Rossi, M. M. & Reijer, P., 1995, Paper Presentation

Geographical Area: Zambia: Ndola, Nkwazi Compound

Key Words: Orphans, School Attendance, Community Support

Location: LARC (Ndola), Family Health Trust (Lusaka)

ABSTRACT

The objectives of this study were (1) to determine the prevalence of orphans and their educational status in Nkwazi Compound, Ndola, and (2) to assess the attitudes of the community towards orphans. To achieve these objectives, a pre-tested questionnaire was administered to a sample of 250 households randomly selected among ten sections of the Nkwazi community.

The survey found that there were orphans in 81 (32.4 percent) of the households. Out of the total population of 909 children, 192 (21 percent) were orphans. There were more single (77.6 percent) than double (22.4 percent) orphans. Among the single orphans, more were paternal than maternal. Of the 140 orphans of primary school-going age, only 65 (46.4 percent) were attending school. Only four (5 percent) of the 81 households with orphans said they received support from others in the community. This support came principally from relatives and churches.

With over one-fifth of the total child population being orphans, Nkwazi community has a major orphan problem. The extended family system is the only mechanism it has for responding to this problem. Members of extended families acknowledged that orphans increased the burdens within their households. Lack of clothes, money for school fees, and food were cited as the main problems. In the majority of cases there was no support from the community, NGOs or the government. Since the total number of orphans is expected to increase as a consequence of HIV/AIDS, there is an urgent need to sensitise the wider community on the orphan situation in the high density areas and to search for coping strategies.

28. ORPHANS FEEL FORCE OF THE AIDS STORM

Holt C., The Guardian Weekly Newspaper. December 7th 1997

Geographical Area: Zambia

Key Words: Orphans, AIDS, School Attendance, School Performance, Coping Strategies.

Location: The Guardian Weekly, London

ABSTRACT

This front-page newspaper article reports that, according to UNAIDS, by mid-1996, nine million children world-wide had lost their mothers to AIDS. Ninety percent of these children are in Sub-Saharan Africa. Most of them will also have lost a second parent.

Up to half of the orphans in some countries are being looked after by grandparents, while many fall under the care of older siblings. The burden on these families is immense, many being already extremely poor.

Orphanages in Zambia take only a very small minority of the country's orphaned children. The traditions still hold that orphans belong to the family. Orphanages are the very last resort.

The article quotes a UNICEF report that links poor subsequent educational performance to children's trauma in coping with the sickness or death of parents. It observes that many children do not attend school because of school fees, which were introduced in the 1990's. These fees are beyond the means of many families, especially in the rural areas where 68 percent of the orphaned children do not attend school. In addition to its impact on family structures, HIV/AIDS is having a major economic impact. Many families, having lost the breadwinner to AIDS, have experienced a fall in income. At the national level, the government predicts that AIDS will result in a GDP decline of between 5 and 9 percent by the year 2000.

The article includes some examination of policy changes aimed at addressing the negative situation. In principle, school uniforms are no longer compulsory. Some churches and other local groups have set up school that offer free education. Various community-based coping-initiatives are mushrooming across the country. Admirable as this is, the article warns that the "Orphan epidemic is still in its infancy". More must be done.

29. PRIMARY EDUCATION IN A HEAVILY INDEBTED POOR COUNTRY. THE CASE OF ZAMBIA IN THE 1990's

Kelly, M. J., October 1998, OXFAM and UNICEF

Geographical Area: Zambia

Key Words: Education, Poor, HIV, AIDS, Community Schools, Girls, Street Children

Location: OXFAM and UNICEF, Lusaka

ABSTRACT

This analytical report deals mostly with formal schooling in the primary years. It notes that primary education in Zambia is in a precarious state, with stagnating primary school enrolments and low levels of quality and attainment. It identifies the major factors which are contributing to low levels of school enrolment as inadequate provision (particularly in densely populated peri-urban and sparsely populated rural areas), the costs of education, distance to school, and increasing parental disillusion with school education. Notwithstanding low levels of parental demand, communities have established schools for their own children. These community schools, which are owned, financed and operated by communities, give preference in admissions to children in special need such as orphans (above all, girl-orphans). The report further analyses various dimensions of the impact of the HIV/AIDS pandemic on the supply of and demand for education.

The report notes that the most underprivileged are frequently unable to exercise their right to education. Moreover, their vulnerability is frequently multi-faceted, many being in jeopardy on several counts—they are rural, poor, orphaned, female, have special educational needs. The report documents the way the problem of orphans is escalating and growing more quickly than had been projected. It also notes ways in which this problem is taxing the coping strategies of families and society at large. The extended family in many cases no longer has the ability to cope, while the public welfare structures are too limited, rudimentary and underfunded to be able to cope with a problem of such magnitude.

The impact of poverty on school participation and performance, the financing of the education system, the way the benefits of education carry over from one generation to the next, and equity in education are all considered in the report.

Among its many recommendations, the report advocates that the reduction of disparities and equity issues should be kept at the top of the agenda for all educational developments; that the relevance of the school curriculum to living conditions outside the school be enhanced, with particular reference to skills for informal sector activities/self-employment, and to HIV/AIDS; that support be provided for the development of community schools in semi-legal urban shanty settlements; and that government and/or relevant NGOs be assisted in establishing local and national orphan services that would (a) help orphans acquire basic education and training, (b) seek to place them in formal and informal sector employment, and (c) protect them from exploitation. The report also called for the re-conceptualisation of the school as a centre for community service, action and activity, and hence for the transformation of urban and rural schools into genuine community centres which would provide the local community not only with education for their children, but also with health and other community services.

30. IN SEARCH OF BURSARIES FOR ORPHANS

Melange, E., 28th April 1999, Times of Zambia Feature Article

Geographical Area: Zambia

Key Words: ZOWA, Legal Aid, Child Abuse

Location: Children in Need Network (CHIN)

ABSTRACT

Widows and orphans suffer a great deal as a result of mistreatment by other relatives following the death of their husbands/fathers. Property grabbing, and other forms of abuse, render the orphan destitute and, as a result, oftentimes unable to continue with schooling. In reaction to this situation, the Zambia Orphans and Widows Association (ZOWA), a Christian organisation that has been operating for twelve years and which is now established in each of Zambia's nine provinces, appealed to the education ministry to ensure that bursary provision, which presently is focused almost entirely on university students, be extended to orphans in primary schools. Because primary education is a foundation for all other levels, ZOWA appealed to the ministry to devise policies that would protect the access of orphans and other disadvantaged children to this fundamental level of education.

The main objectives of ZOWA are to provide legal aid to orphans and widows; to ensure school placement of orphans, including the payment of fees; to promote the economic empowerment of widows (by providing financial support to widows who group together to start income-generating activities); to lobby and advocate for the rights of orphans and widows; and to assist widows in retrieving property. In 1999, ZOWA was responsible for the enrolment of 367 orphans in primary school and 28 in secondary school.

ZOWA is concerned that, because of minimal attention to the question of child abuse, many orphans—especially young girls—fall victim to paedophiles. Hence it is intensifying its advocacy for improved child-protection legislation and action. It is also pressing for reform of legislation on payments to widows and orphans, what is currently in place being out-dated and very slow in paying out meagre financial entitlements.

31. A STUDY ON INTERNATIONAL AND NATIONAL CONVENTIONS AND DECLARATIONS OF RELEVANCE TO THE FORMULATION OF THE ZAMBIAN SCHOOL CURRICULUM

Ntalasha, L. S., Mweembe, O. M. & Chilala, W. N., May 1999, An Activity under the BESSIP Basic School Curriculum Development Project

Geographical Area: Zambia

Key Words: Rights, CRC, CEDAW, Curriculum

Location: Curriculum Development Centre, Lusaka

ABSTRACT

This study examines eleven international and four national conventions and declarations which Zambia has adopted and/or ratified. The focus is on those aspects and commitments which have a bearing on the school curriculum and which should, therefore, be taken into account when education policy and the school curriculum are being formulated.

The international conventions and declarations which are considered are: the universal declaration of human rights (1948); the UNESCO convention against discrimination in education (1960); the charter for the organisation of African Unity (Addis Ababa, 1963); the convention on the elimination of all forms of discrimination against women (CEDAW, 1979); the convention on the rights of the child (CRC, 1989); the world declaration on education for all (Jomtien, 1990); the international conference on population and development (Cairo, 1994); the fourth world conference on women (Beijing, 1994), the treaty establishing the common market for Eastern and Southern Africa (1994); the world summit for social development (Copenhagen, 1995); and the UNECA consensus on principles of cost-sharing in education and health in Sub-Saharan Africa (1997).

The national conventions and declarations which are considered are the education act (1966); the Constitution (as amended, 1991); the national programme of action for children (1992); and the Zambia declaration on the education of the girl-child (1995).

The study examines the education-related provisions that appear in these documents, summarising the principal ones that are relevant to Zambia's current situation. It concludes by making various recommendations which should be adopted if the school curriculum is to conform to the agreed international and national declarations. These include efforts to put in place national health-for-all strategies based on equality and social justice; a greater attention to Zambian languages (and in particular their use as a medium of instruction in the first four years of a child's schooling); greater attention in the curriculum to such cross-cutting issues as sexual and reproductive health, HIV/AIDS, health and nutrition, population and family life education, life skills, and human rights; empowering parents to choose the kind of education that should be given to their children; and greater curricular stress on enriching learners with common cultural and moral values and attitudes.

Section IV

LEGAL ASPECTS

Documents about Zambia

32. THE ADOPTION ACT: CHAPTER 54 OF THE LAWS OF ZAMBIA

Geographical Area: Zambia. *Enacted:* 1st August 1956

Key Words: Adoption

Location: *Laws of Zambia, 1995 Revised Edition*, Ministry of Legal Affairs, Lusaka.

ABSTRACT

This Act provides for the making and registration of adoption orders and for the registration and control of adoption societies. It regulates the making of arrangements by adoption societies and other persons in connection with the adoption of children and also provides in certain cases for the supervision of adopted children by the Commissioner for Juvenile Welfare. The Act also seeks to restrict the making and receipt of payments in connection with the adoption of children.

33. THE WIDOWS AND ORPHANS PENSIONS ACT: CHAPTER 279 OF THE LAWS OF ZAMBIA

Geographical Area: Zambia. *Enacted:* 5th August 1929

Key Words: Widows, Children, European

Location: *Laws of Zambia, 1995 Revised Edition*, Ministry of Legal Affairs, Lusaka.

ABSTRACT

This piece of legislation was enacted prior to independence. It makes provision for the granting of pensions to widows and children of deceased European public officers. The Act defines a European officer as one both of whose parents were of European descent, but it also extends to any other officer who was appointed under the conditions of service ordinarily applicable to Europeans.

34. AFFILIATION AND MAINTENANCE OF CHILDREN ACT: CHAPTER 64 OF THE LAWS OF ZAMBIA

Geographical Area: Zambia. *Enacted:* 28th April 1995

Key Words: Maintenance, Children, Paternity

Location: *Laws of Zambia, 1995 Revised Edition*, Ministry of Legal Affairs, Lusaka.

ABSTRACT

This piece of legislation provides for court orders relating to paternity. Further, it is meant to consolidate the laws relating to maintenance orders of children and, most importantly, bring the laws of Zambia into conformity with the United Nations Convention on the Rights of the Child, dated 20th November 1989, to which Zambia is a state party. Lastly, the Act abrogates the application of the Maintenance Orders Act and the laws of the United Kingdom that provide for the maintenance of children, which were carried over from pre-independence days.

35. THE LEGITIMACY ACT: CHAPTER 52 OF THE LAWS OF ZAMBIA

Geographical Area: Zambia. *Enacted:* 27th December, 1929

Key Words: Legitimacy, Children

Location: *Laws of Zambia, 1995 Revised Edition*, Ministry of Legal Affairs, Lusaka.

ABSTRACT

This is an Act that provides for children born out of wedlock. It provides for instances when a child born out of wedlock will be legitimised and given the rights that accrue to such children.

36. THE INTESTATE SUCCESSION ACT: CHAPTER 59 OF THE LAWS OF ZAMBIA

Geographical Area: Zambia. *Enacted:* 19th May, 1989

Key Words: Spouse, Children, Dependants, Will

Location: *Laws of Zambia, 1995 Revised Edition*, Ministry of Legal Affairs, Lusaka.

ABSTRACT

The purpose of this Act is to provide a uniform intestate succession law that will be applicable throughout Zambia. It makes provision for adequate financial and other provision for the surviving spouse, children, dependants, and other relatives of a person who dies intestate. The Act also provides for the administration of the estate of such person.

In practical terms, the Act requires that the estate of a person who dies intestate be apportioned among the survivors in the following manner: 50 percent to be divided equally between the biological children of the deceased; 20 percent to go to the surviving spouse; 20 percent to go to the parents of the deceased, but in the event of their not being alive, to be added to the 50 percent that the biological children receive; and 10 percent to surviving dependants who can prove that they were in a dependent status during the lifetime of the deceased.

37. JUVENILE'S ACT: CHAPTER 53 OF THE LAWS OF ZAMBIA

Geographical Area: Zambia. *Enacted:* 4th May 1956

Key Words: Juveniles, Care, Delinquents, Correctional

Location: *Laws of Zambia, 1995 Revised Edition*, Ministry of Legal Affairs, Lusaka.

ABSTRACT

The purpose of this Act is to make provision for the custody and protection of juveniles in need of care, and to provide for the correction of juvenile delinquents. The legislation also makes provision for approved schools and reformatories. The Act, which was passed during the colonial period and subsequently revised, is in need of further revision.

38. DECEASED BROTHER'S WIDOWS MARRIAGE ACT: CHAPTER 57 OF THE LAWS OF ZAMBIA

Geographical Area: Zambia. *Enacted:* 12th October 1926

Key Words: Marriage, Deceased, Brother, Widow

Location: *Laws of Zambia, 1995 Revised Edition*, Ministry of Legal Affairs, Lusaka.

ABSTRACT

This piece of legislation was intended to amend the law relating to marriage with the widow of one's deceased brother. The Act defines "brother" as including a brother of half blood. Among other things, the Act provides that marriage with the widow of one's deceased brother shall not be void as a civil contract, except in certain cases. Further, the marriage by a man to a woman who had been the wife of his brother, but who was divorced from him, shall be unlawful during the lifetime of such a brother.

39. GAPS IN THE LAW AND POLICY IN THE IMPLEMENTATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD IN ZAMBIA

Chanda, A. W., Paper presented at a Workshop on the Treaty Based Rights of Women and Children in Zambia, Lusaka, July 1999

Geographical Area: Zambia

Key Words: Rights, Constitution, Freedom of Expression, Child Labour, Abuse, Conducive Family Environment

Location: School of Law, University of Zambia

ABSTRACT

The paper notes that the Convention on the Rights of the Child (CRC) brings together in a comprehensive document the rights of the child as they have been formulated in many international treaties and declarations. It highlights the four basic principles that underlie the CRC: (1) all rights apply to all children without exception; (2) every child has the right to life and the State has an obligation to ensure the child's survival and development; (3) all actions concerning the child shall take full account of his or her best interests; and (4) the child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

Although the Zambian Bill of Rights guarantees these rights to every individual, including children, the paper finds that such constitutional provisions do not go far enough in offering the kind of protection envisaged under the CRC. Under the Constitution, they do not appear as legally binding rights, but as Directive Principles of State Policy, which are not justiciable. The anti-discrimination clause does not prohibit discrimination on the grounds of disability, age or birth, one result being that distinctions between legitimate and illegitimate children are constitutionally sanctioned. Moreover, discrimination is allowed in the area of personal law with respect to adoption, marriage, divorce, burial, devolution of property on death, and other matters. It is ironical that this area of law, which governs most of African life, is exempted from the constitutional provision on discrimination.

The child's right to freedom of expression is not adequately covered by the law. There is no law that requires parents or the State to take into account the views of children when making decisions affecting them. In addition, a number of traditional practices circumscribe the participation of children in decision-making concerning specific subjects, such as marriage and marriage negotiations. The Zambian Bill of Rights guarantees several civil rights and freedoms, but it does not extend to the right to access to information, the right to a name, or the right to freedom from corporal punishment (which, under the existing Education Act, school authorities are permitted to use).

In contrast with the constitutions of some neighbouring countries, the Zambian Constitution does not make sufficient provisions to protect the child's right to a conducive family environment and protection from all forms of maltreatment and abuse. The CRC provisions for special care, education and training for disabled children; for the highest attainable standards of health and medical care; and for free and compulsory primary education are neither guaranteed by the Zambian Bill of Rights nor protected by legislation. Although the CRC stipulates that a child deprived of liberty should normally be separated from adults, in practice child offenders in Zambia are mixed with adult offenders because of the severe shortage of prison space. Since the provisions of the Penal Code fix 8 years as the age for criminal responsibility the system allows for the imprisonment of young children, who frequently suffer sexual and other forms of abuse from their adult fellow-prisoners.

Finally, because of adverse social and economic conditions, the protection of children from work situations that pose a threat to their health, education or development has been minimal. Child labour is rampant and the existing legislation is not broad enough to cover the numerous situations where children are being exploited.

The numerous gaps that have been identified, between law and policy in Zambia on the one hand and its undertakings in terms of the CRC on the other, point to the need for reforms that will facilitate the full implementation of the Convention. It is also necessary to bring all the laws that affect children into one omnibus piece of legislation. Moreover, the list of children's rights guaranteed in Zambia's constitution should be expanded to include those that are missing.

My Roots

**My parents had parents
Their parents had parents
And their parents' parents had parents
Relatives were in abundance
Like the waters of the ocean
While today I am given this name, orphan
I am looking for my roots
I don't want to live in a shelter
Or at the so-called drop-in centres
I just want my roots.**

(community Youth Concern)

Section V

HOUSEHOLD AND COMMUNITY RESPONSES AND COPING MECHANISMS

International Documents

40. CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS: GUIDELINES FOR ACTION

Williamson, J., October 1995, Draft Paper, UNICEF

Geographical Area: Global

Keywords: Children, Families, Affected

Location: UNICEF

ABSTRACT

This document calls for strategic, participatory planning and action involving the government, international organisations, NGOs, donors and grassroot groups from communities affected by HIV/AIDS. Through suitable policies and programmes, the capacity of families and communities to meet the needs of the affected families and their children would be strengthened. Society's obligation to protect and care for vulnerable children is stressed and the essential action described.

The basic themes that run through the guidelines are the need to build the capacity of families and communities to cope and provide for children's needs; the importance of assessing all situations from the perspective of the rights of the child; the dominance of children's developmental needs as a fundamental reality that must be recognised by those who take action on their behalf; and the central role that women must play in activities to benefit children and families affected by HIV/AIDS.

The document begins from the principle that action to benefit children and families affected by HIV/AIDS must be based on a clear understanding of the problems they experience. Programme developers and policy makers need also to understand the adjustments HIV/AIDS-affected households and families are making, because strengthening selected coping mechanisms can be an effective way to help. They also need to recognise that some coping strategies have negative effects that may be prevented or mitigated. Policies and programmes will have significance to the vast majority of those affected by HIV/AIDS only to the extent that they strengthen family and community coping capacity. The most vulnerable children are those who are on their own, those with little or no family and community support. Governments and other bodies must give these priority attention for protection and care. Priority for action should also go to the geographic areas where families are under the greatest pressure—where problems and the growing number of orphans are overwhelming existing coping capacities and services.

Because of the importance of the context in which problems occur and assistance is given, the paper describes how to plan and carry out a situation analysis concerning children and families affected by HIV/AIDS. It describes ways of identifying problems, factors that contribute to or mitigate these problems, and coping mechanisms which can be adopted by those affected.

Because of the importance of helping children and families affected by HIV/AIDS cope more easily, the document presents ways for developing a conducive environment. These include: increasing awareness, understanding and a sense of responsibility among policy makers, leaders and the public; reducing stigma and discrimination against those with HIV/AIDS and their families; ensuring that laws and government action protect the rights and support the coping capacities of individuals, families and communities (above all, those of women and children); increasing the impact and effectiveness of community-level programmes; and monitoring the AIDS epidemic and its effects.

The paper also looks at general programming issues directed to options for direct work with children and families. Hence it identifies activities for identifying and monitoring the most vulnerable children; increasing family capacity to provide for children's needs; increasing community support for vulnerable children and families; helping children stay in school and prepare to support themselves; ensuring protection and care for children; addressing threats to psycho-social well-being and development; and ensuring access to health services.

The paper concludes by highlighting the importance of operational research and programme evaluation. While much is known about the scope and nature of the problems that HIV/AIDS is causing, there is still much to learn. Solid programme evaluations and operational research can help to fill this knowledge gap and provide guidance for future programming.

41. COMMUNITY-BASED RESPONSES TO THE ECONOMIC IMPACT OF AIDS ON CHILDREN AND FAMILIES

Donahue, J., June 1999 Paper Presentation to Orphans' Project Conference

Geographical Area: Global

Key Words: Income-Generation, Economic, Community, Household, Micro-credit

Location: USAID

ABSTRACT

This paper identifies the household as the first line of response to mitigate the HIV/AIDS impact on children and families. When no longer able to cope, families turn to the community. Thus household and community safety nets are crucial to the well being and quality of care afforded to orphans.

The paper goes on to state that the well-being and quality of care afforded to orphans and sick family members depend heavily on the ability of households to maintain or stabilise their livelihood. Income generation plays a pivotal role in maintaining the integrity of both household and community safety nets. This is not a new coping mechanism, but is a long-standing strategy for responding to crises and times of economic stress. Household and community safety nets are inherently inter-related. The extent to which each can provide an economic buffer to the impact of HIV/AIDS depends on how successfully they interact to support one another. The economic stress caused by HIV/AIDS can become so severe that engaging in or continuing with income generation ceases to be an option. At this point, the community's safety net role becomes crucial. This safety net sustains the household economy as long as material relief continues or until the household is out of danger. In the long run, or when the household economy has been stabilised, the household must resume providing for itself the resources it needs.

Projects that improve household income-earning capacity and strengthen community coping mechanisms are seen as being of great significance. The paper therefore recommends that, when designing projects to mitigate the economic consequences to communities affected by HIV/AIDS, planners should consider a two-pronged approach that provides for technical assistance to both household income-earning capacity and community coping mechanisms. To move forward with this two-pronged approach, the preferred scenario would be to have two organisations team up; one specialising in delivering micro-credit, the other specialised in HIV/AIDS prevention and care projects. Recommended areas for joint impact by the two organisations would be the desired impact of micro-credit, how to monitor and evaluate impact, and the packaging of loan products to target clients.

Documents about Zambia

42. RESPONSES TO ORPHANED CHILDREN. A REVIEW ON THE CURRENT SITUATION IN THE COPPERBELT AND SOUTHERN PROVINCES OF ZAMBIA

McKerrow, N. H., September 1996, A Collaborative Study between UNICEF (Zambia), the CHIN Secretariat, the Salvation Army, and Family Health Trust's CINDI Project

Geographical Area: Zambia: Copperbelt and Southern Province

Key Words: Orphans, Households, Urban, Rural

Location: UNICEF

ABSTRACT

The objectives of this study were to identify any innovative or indigenous models of care for orphaned children, and to gain insights into the requirements needed to improve existing models of care.

Household interviews were used in the two survey regions (the Copperbelt and Southern Provinces). However, due to the differing nature of these communities different sampling techniques were used. Three questionnaires were prepared in English and then modified for use by local interviewers. The first was a household questionnaire, the second an orphans' questionnaire, and the third a caretakers' questionnaire. In order to identify the models of care being used, one-day workshops were held in each of the selected four communities within the two regions, with the proceedings being recorded by one of the participating community members.

The investigation found that the status of children in the participating communities was poor and that the ability of households to meet the basic needs of their members was very limited. Fifty-four percent of the children in the survey regions were orphans who had lost one or both of their parents, while 71.5 percent of the households were homes to orphans. The most frequent caretaker was the surviving parent, his/her siblings, or the orphan's grandparents. Although this showed the current cohesiveness of the Zambian extended family in the care of orphans, this network was facing a lot of stress. This was brought out by the finding that 60 percent of the caretakers were providing orphan care rather reluctantly, largely because there was no one else prepared to do so.

Unlike their urban counterparts, rural households were better able to feed their members. However, fewer rural children were able to attend school, whereas more were able to in the urban areas.

The community workshops failed to identify any new innovative models for the care of orphaned children. They did however create an increased local awareness of the problems facing both them and their children.

A four tier response to the problem of orphans was developed and discussed. The workshop participants insisted that this be recognised and developed with the assistance of local communities. The role-players in the four-tier response are (1) the family, which must identify children at risk and orphans and provide the basic day to day needs of the children as well as emotional support; (2) the community, which must support both the orphans and the caretakers as well as act as a forum for lobbying authorities to assist in providing an effective response to their needs; (3) the churches, NGOs and CBOs, who should coordinate all responses whilst also providing material support and support services; and (4) the state, which must develop local infrastructure, empower state personnel, create an enabling environment at all levels, modify state services, and facilitate funding of grassroots responses.

43. COMMUNITY MOBILISATION FOR ORPHANS IN ZAMBIA. AN ASSESSMENT OF THE ORPHANS AND VULNERABLE CHILDREN PROGRAMME OF PROJECT CONCERN INTERNATIONAL

Displaced Children and Orphans Fund (DCOF), January 1999, Evaluation Report, USAID

Geographical Area: Zambia: Kitwe and Livingstone

Key Words: Orphans, Vulnerable Children, HIV, AIDS, Community Mobilisation, Micro-credit, Community Schools

Location: Displaced Children and Orphans Fund, USAID, Lusaka

ABSTRACT

An estimated 78 percent of Zambia's current orphans are as a result of the HIV/AIDS epidemic. As the number of disaffected, undereducated, inadequately nurtured and socialised young people grows because of the HIV/AIDS epidemic, Zambia's social and political stability and economic well-being will come under increasing threat. The pervasiveness of the growing problem of orphans in Zambia has reached a level where virtually everyone, at all levels of society, is directly or indirectly affected by increased strains on extended family and community coping capacities. This report presents observations and recommendations from the Displaced Children and Orphans Fund (DCOF) evaluation team.

The team had substantive discussions at the community and districts levels with six community and district Orphans-and-Vulnerable-Children (OVC) committees. The team concentrated its efforts on what it saw as the most promising component of the OVC programme, the mobilisation of communities in Kitwe. The fundamental strategies to mitigate the problems of AIDS orphans and other vulnerable children involve strengthening the capacities of the two primary social safety nets on which people in the region depend—the extended family and the community. Although these two areas of action may not in themselves be sufficient, they can help reduce to a manageable level the number of vulnerable children that government social services and NGOs must assist. The report states that dealing with the problem of AIDS orphans necessitates the involvement of government ministries, bilateral development bodies, international organisations, religious networks, the

private sector, NGOs and community-based groups. To be effective, USAID must actively seek ways to collaborate with other organisations and help mobilise prospective participants that are not yet engaged. One such organisation is the Zambia Community Schools Secretariat (ZCSS). The report recommends that district and community OVC committees should work closely with ZCSS to build their capacity to support, manage, and develop the community schools that have started. It also recommends the need to explore ways in which OVC committees can gain access to micro-credit and savings services.

44. ORPHANS AND VULNERABLE CHILDREN (OVC) PROGRAM IN ZAMBIA

Nampanya-Serpell, N., April 1999, Attachment to DCOF Report, "HIV/AIDS Care and Support Initiatives via Community Mobilization. Experiences from the Field"

Geographical Area: Zambia: Kitwe and Livingstone

Key Words: Orphans, Vulnerable Children, HIV, AIDS, OVC, PLA Methodology, Community Mobilisation

Location: USAID, Lusaka

ABSTRACT

One of the most tragic results of AIDS-related premature parental deaths is the rising number of orphaned and vulnerable children in diverse communities throughout Zambia. Although there are no specific figures for orphans, studies indicate that in 1997 there were approximately 362,200 children orphaned by one or both parents. While natural orphaning is an accepted phenomenon in Zambia, the rate of orphaning due to the AIDS epidemic has reached alarming proportions. The premature death of their parents places children at high risk for transition into relative poverty, educational discontinuity, and threats to their physical and psychological well being. Some of these risks, threats and needs were highlighted by Nampanya-Serpell in her 1996 survey of orphaned children in urban and rural Zambia.

The Orphans and Vulnerable Children (OVC) programme in Zambia is funded by the United States Agency for International Development Displaced Children and Orphans Fund (USAID/DCOF) and implemented by Project Concern International (PCI), Zambia. This programme of assistance to orphans and vulnerable children is a relatively low-cost but cost-effective community mobilisation programme designed to mitigate the impact of the AIDS epidemic on the welfare of children. The OVC programme strategy is based on the recognition that households shoulder most of the weight of the problem of orphans and vulnerable children. The programme uses the Participatory Learning and Action (PLA) methodology to mobilise communities to meet the basic needs of the most vulnerable children in their midst. In guiding organised support to orphans and vulnerable children and their care-givers, there was need to focus on both policy and programmatic interventions. To this end a consultative round-table meeting on critical policy issues affecting orphans and vulnerable children's welfare was held in August 1998 in Lusaka. One of the most positive outcomes of the OVC programme in both Livingstone and Kitwe is heightened awareness of child protection issues.

45. HIV/AIDS CARE AND SUPPORT INITIATIVES VIA COMMUNITY MOBILIZATION: EXPERIENCES FROM THE FIELD

Displaced Children and Orphans Fund Paper (DCOF), 1999

Geographical Area: Malawi, Zambia

Key Words: HIV, AIDS, Community Mobilisation, Household

Location: USAID, Lusaka

ABSTRACT

The paper identifies families and communities as making the most important responses to such impacts of HIV/AIDS as an increase in the number of orphans, a drop in life expectancy, the reduction of gains made in child survival due to AIDS related mortality, and the impoverishing and dismembering of families. The paper openly states that the worst is yet to come. The foundation of an effective response lies in addressing these issues in a cost-effective, sustainable way, and in strengthening the capacities of families and communities in the geographical area where HIV/AIDS has made them especially vulnerable.

The paper delineates what genuine community mobilisation consists in, the steps needed for its realisation, and guidelines for its success. It notes the importance of working closely with prevention and care efforts. Programmes must be designed to make sense within the realities of the lives of people infected and affected and not be segmented into separate boxes for convenience of operations. Instilling community responsibility and ownership is pointed out as being one of the main ways of facing up to the challenges of community mobilisation in order to strengthen the household's economic resources and achieve long-term sustainability of the programme.

The challenges faced by community mobilisation efforts include keeping ownership alive at community level; achieving long-term sustainability; strengthening household economic resources; avoiding the initiation of community participation through the offering of "free goods"; responding to village-driven needs; and devising monitoring and evaluation systems that are sensitive to community ownership issues and the need for more information, while complying with donor requirements.

The paper calls for close collaboration between donors and those who would intervene to mitigate the impact of HIV/AIDS. Common strategies have to be defined and serious attention paid to cost effective strategies and interventions. It points out the need for fundamental strategies that seek to build the capacities of families to care for vulnerable children and households, of children affected by HIV/AIDS to support themselves and their younger siblings, and of the government to protect vulnerable children and to provide essential services.

In relation to donor support, the paper advocates the importance of collaboration and shared strategies among the donor community; working through organisations that already exist in communities; promoting state-of-the art participatory development strategies; and creating and designing methodological innovations to scale up project outreach.

Finally, the paper advocates promoting a two-pronged technical assistance approach that address the two critical aspects of HIV/AIDS mitigation: individual household income-generating capacity and community safety nets.

46. COMMUNITY MOBILIZATION FOR HIV/AIDS CARE AND SUPPORT

Displaced Children and Orphans Fund (DCOF), May 1999, Draft Paper

Geographical Area: Malawi, Zambia

Key Words: HIV, AIDS, Community Mobilisation, Household, Micro-credit

Location: USAID, Lusaka

ABSTRACT

The HIV/AIDS pandemic is unravelling years of hard-worn gains in economic and social development. The scale of the social and economic impacts of the pandemic is large and is getting larger. HIV/AIDS is not only an increasing cause of death among adults, infants and young children, it is also slowly impoverishing and dismembering families leaving growing number of orphans in its wake. At all stages of the epidemic, families bear most of the social and economic consequences of HIV/AIDS. Families and communities also make the most important responses to the impacts of the disease. Community ownership and management of responses to the consequences of HIV/AIDS are the key features of success. External organisations, using participatory processes, act as catalysts to achieve this ownership. They are facilitators, not managers; capacity builders not direct service-deliverers. The care and support of people living with AIDS should be linked closely with efforts to mitigate economic and psycho-social impacts. Empowerment that comes with effective community mobilisation reinforces a sense that participants can affect the circumstances of their lives. Just as people are doing on the front line in affected communities, donors and those who would intervene must define common strategies and collaborate closely.

In addressing the crisis that the evolving AIDS crisis poses, it has to be recognised that families and communities are not only on the front line of the impact of HIV/AIDS, but that they *are* the front line of response to the health and welfare problems caused by the epidemic. Hence, the foundation of an effective response to the crisis lies in strengthening the capacities of families and communities in regions where HIV/AIDS has made them especially vulnerable.

The paper then proceeds to outline the features of successful community mobilisation and to set out the critical steps required in the process, emphasising as it does so the need to observe rigorous standards of excellence in participatory methodology. Programmes must be designed to make sense within the realities of the lives of the infected and affected people and not be segmented into separate compartments for operational convenience. Instilling community responsibility and sense of ownership is a critical first step. The starting point here is that a community must identify its own concerns—for communities affected by HIV/AIDS this is frequently the growing number of orphans. In addition, there is more likelihood that activities will be sustained if the entire community, rather than a specialised group, be mobilised to address a problem.

Other important principles are that community mobilisation is a mechanism to define and put into action the collective will of the community, rather than a mechanism to achieve community consensus for externally defined purposes, and that the proper role of outside support is not actually to deliver services, but to build the capacity of a community to provide the services for itself. One of the main ways of facing up to the challenges of community mobilisation is to strengthen households' ability to generate their own resources—micro-credit programmes are one of the most encouraging modern approaches to achieving this. The

offering of “free goods” as a way of initiating community mobilisation should be avoided, as this brings dependency on outside aid. It is also important to devise monitoring and evaluation systems that are sensitive to community ownership and information needs, but yet comply with donor requirements.

The paper underscores the importance of strategies designed to build the capacities of families to care for vulnerable children; of communities to support vulnerable children and households; of children affected by HIV/AIDS to support themselves and younger siblings; and of the government to protect vulnerable children and provide essential services. Other guidelines that the paper gives for the attention of donors and other catalysts in community mobilisation are to build an enabling environment where it will be easier for vulnerable families and communities to cope; work through organisations that already exist in communities; promote state-of-the-art participatory techniques; create design and methodological innovations (such as financing training activities) that will facilitate scaling up project outreach; and promote a two-pronged technical assistance approach that will seek to shore up both individual household economic resources and community safety nets.

47. UNDER THE MPUNDU TREE. VOLUNTEERS IN HOME CARE FOR PEOPLE WITH HIV/AIDS AND TB IN ZAMBIA'S COPPERBELT

Blinkhoff P., Bukanga E., Syamalevwe B., & Williams G., January 1999, ActionAid, Strategies for Hope Series, No. 14

Geographical Area: Zambia: Copperbelt Province

Key Words: Home-Based-Care, Volunteers, HIV, TB, Orphans

Location: Family Health Trust

ABSTRACT

This booklet, which has as its main theme the home-based-care interventions coordinated by the Ndola Catholic Diocese, sheds new light on the individual volunteers who provide home-based-care for HIV and TB patients. It points out that one of the most serious consequences of the HIV epidemic in Zambia is the dramatic increase in the number of orphans. In the Copperbelt Province, the Health Department of the Ndola Catholic Diocese estimates that about one third of all households are looking after at least one orphan. Over 90 percent of these children are economically deprived. By the year 2000, it expects that Zambia will have a total of 500,000 orphans.

Case studies on the individual volunteers reveal that most are widows in their child-bearing years who themselves are HIV-positive. They are taking care, not only of their own children who have been partly orphaned, but also of orphans from other relations. The booklet further outlines the assistance that the Ndola Catholic Diocese, in cooperation with the community nurses, provides for orphans. It supports several thousand of these by paying for food, soap, clothing and schooling. Most of this assistance is channelled through the local NGO, CINDI (Children in Distress).

Documents about Countries other than Zambia

48. OPERATIONAL RESEARCH ON THE SITUATION OF ORPHANS WITHIN FAMILY AND COMMUNITY CONTEXTS IN UGANDA

Ministry of Labour and Social Affairs and UNICEF (Uganda), 1993

Geographical Area: Uganda

Key Words: Orphans, Family, Community, School, Girl-orphans

Location: Ministry of Labour and Social Affairs and UNICEF, Uganda

ABSTRACT

The operational research on vulnerable children, with specific focus on orphans, was a collaborative effort between the Ministry of Labour and Social Welfare and the Uganda Community-Based Association for Child Welfare, with support from UNICEF. The main objective of the research was to make a situation analysis of the orphan problem and thus generate data and information which could be utilised by government, NGOs, and multilateral and bilateral agencies in formulating policy proposals and/or charting out objectives and strategies for dealing with the orphan problem. The guiding assumption of the study was that orphans are more prone to worse treatment within the household and the community than non-orphans. Nevertheless, recognising the shortcomings of orphanages, the government has recommended that orphans should be retained in their own communities where their long term future could be secured. This implies that the government, NGOs and other bodies should place emphasis on the community for service provision to those children.

The study was undertaken in eight districts, representing those most affected by the orphan problem in the four geographical regions of Uganda—Northern, Eastern, Western and Southern regions. Multi-stage sampling was used to select the study areas. A structured questionnaire and a checklist were utilised for collecting information.

In its findings, the study discovered that families with orphans are relatively large and the orphan load quite heavy. Families with orphans did not possess much in terms of household property apart from the strict minimum for basic domestic needs, very few having any assets of lasting value. The biggest numbers of orphans per household were found in widow-headed households which are socially and economically disadvantaged. Child-only families and households headed by grandparents above 60 years, which constitute 9 percent of all households with orphans, were at the greatest risk of enduring hardships in looking after orphans. Girl-orphans were fewer in families, probably due to early marriages which are encouraged by relatives who want to get dowry or money from the flourishing child labour market. Fifteen percent of orphans of school-going age have never been to school. Orphans perform almost as well as non-orphans at school, although they studied under greater hardships. Orphans and non-orphans seemed to have adequate access to scholastic materials, although non-orphans had slightly more and of better quality. Although most orphans indicated that they were aware of the existence of HIV/AIDS, few knew how to protect themselves.

The future of the orphan situation in Uganda depends on the projected future levels of fertility, mortality and population growth. Many different government ministries and agencies are involved in supporting orphan projects and activities. The prime responsibility however lies with the Ministry of Labour and Social Affairs, through its Department of Probation and Social Welfare.

49. FAMILIES, ORPHANS AND CHILDREN UNDER STRESS

Madenga, S., June 1997, FOCUS Newsletter, Vol. 1

Geographical Area: Zimbabwe: Mutare

Key Words: Families, Orphans, Children, Volunteers

Location: Mutare, Zimbabwe

ABSTRACT

The Families, Orphans and Children Under Stress (FOCUS) project is administered by the Family AIDS Caring Trust (FACT). Orphan households in defined geographical areas are supported and each FOCUS programme is supervised by a committee made up of community members from one or more local churches in each area. FOCUS programme volunteers are recruited and trained from each village in the programme area. The volunteers identify all orphan households in their village and prioritise those in greater need to receive a minimum of one visit per fortnight as well as limited material support. The programme, which was established in 1993 following a survey, is directed principally to relatives from the extended family who are looking after orphans in their homes.

50. THE FAMILIES, ORPHANS AND CHILDREN UNDER STRESS (FOCUS) PROGRAMME

Foster, G. and Marufa, C., November 1998, Attachment to USAID Document

Geographical Area: Zimbabwe

Key Words: Families, Orphans, Programme, Best Practice

Location: USAID, Zimbabwe

ABSTRACT

This document describes the Families, Orphans and Children Under Stress (FOCUS) program established by Family AIDS Caring Trust (FACT), Zimbabwe in 1993. It illustrates the importance of formative research in programme establishment, techniques of community mobilisation, and the operation of reporting systems. FOCUS is an example of "Best Practice" as shown by its relevance, efficiency, impact, sustainability and ethical soundness. It has been replicated by other organisations in Eastern and Southern Africa.

FOCUS led to the establishment of partnerships between government and non-governmental organs, and between international, local and community based NGOs. The programme was replicated and operationalised in five rural and one urban community in Manicaland, supervised by FACT. FOCUS supports about 4,000 orphans.

Section VI

PROJECT/PROGRAMME INTERVENTIONS

Documents about Zambia

51. THE NATIONAL PROGRAMME OF ACTION FOR CHILDREN IN ZAMBIA.

Government of the Republic of Zambia, 1992 National Document

Geographical Area: Zambia

Key Words: Children, Orphans, Street Children, Widows, Community Mobilisation, Maternal Health, Basic Education, Food & Nutrition, Water & Sanitation

Location: UNICEF, Lusaka

ABSTRACT

Outlining the commitments made by the Government and its people to the children of Zambia as the country's most precious resource, the National Programme of Action (NPA) sets nine major goals for improving the welfare of children by the year 2000. These major goals are themselves supported by a number of subsidiary goals, strategies and activities which the document classifies into five sectoral programmes of action: maternal health and child care; basic education; food security and nutrition; water and sanitation; and family welfare.

The nine major goals are: (1) to reduce the infant mortality rate from 108 per 1000 live births to 65 per 1000 by the year 2000, and the under-five mortality rate from 192 per 1000 to 100 per 1000 by the year 2000; (2) to reduce the maternal mortality rate by 50 percent by the year 2000, from the existing level of 202 per 1000; (3) to reduce the total fertility rate from 6.5 to 5.4 by 2000; (4) to provide universal access to the complete primary education cycle by the year 2000; (5) to reduce the adult illiteracy rate from 25 percent in 1990 to 12 percent by the year 2000, with female illiteracy no higher than that among males; (6) to expand early childhood care, education and development activities for children of 0-5 years, with emphasis on community-based interventions; (7) to reduce moderate and severe malnutrition among children by 25 percent by the year 2000; (8) to provide access to clean water and to sanitary means of excreta disposal for 50 percent of rural and 100 percent of urban households by the year 2000; (9) to improve family welfare, thereby enabling the poorest and most vulnerable families to raise their living conditions; to reduce the proportion of children on the street; to provide support to orphaned and disabled children; to reduce the incidence of child abuse; and to improve the welfare and status of women.

The document acknowledges that the family is under siege because of rapid social change and the impact of economic decline. It also acknowledges that in the wake of the AIDS epidemic the number of orphans is rising. It further recognises the difficulties faced by the extended family in responding to the new and increasing demands being placed on it. Hence it recommends the need for policies and programmes to complement family efforts and to support those families which are

unable or unwilling to look after their orphaned children. Specific supporting goals for the programme of action for family welfare are to provide counselling support services to children in especially difficult circumstances, including street children, orphans, children with disabilities, and abused children; and to assist families in especially difficult circumstances. One strategy for achieving these objectives is to encourage community involvement in the care of children in need and of those requiring fostering or adoption.

Implementation of the NPA was seen to depend on such broad strategic elements as a strong commitment to improving the well-being of children; creating, through the processes of social mobilisation, a national alliance for the Zambian goals for children; strengthening human and organisational capacity; empowering communities and families to take action to address their priority problems; linking the goals, targets, strategies and priority programmes of the National Programme of Action to the national planning and resource allocation process; strengthening capacity to analyse the effects of alternative policies and actions on children and women; and identifying bottlenecks to achieving the set goals.

52. STUDY TOUR TO EAST CENTRAL AND SOUTH AFRICA (ZAMBIA SECTION). REPORT ON PROJECTS SEEKING TO ADDRESS THE NEEDS OF CHILDREN IN DIFFICULT CIRCUMSTANCES

Colling, J. A. and Sims, R., 1996, Report for Mildmay Int., UK

Geographical Area: Zambia

Key Words: HIV, AIDS, Street Children, Grief, Psychological Distress, Adoption

Location: Mildmay International, UK

ABSTRACT

As an independent Christian organisation, Mildmay International is involved in the development and provision of consultancy, training and AIDS palliative care services worldwide in order to improve the quality of life of men, women and children living with or affected by AIDS. It aims to remain at the forefront of this specialty by demonstrating relevant, culturally sensitive and innovative models of care and progressive educational programmes for health care professionals and others.

In keeping with this mission statement, Mildmay International undertook a needs assessment study of Tanzania, Zambia and South Africa in 1996. These countries were selected on the basis of responses to inquiries, as well as the limitations of time and budget allotted for the tour.

The overall objective of the study tour was threefold, namely, to identify services available for the care and management of children directly or indirectly affected by AIDS; to identify the training needs of people caring for children with AIDS in Africa; and to plan an intervention programme depending on the identified needs.

The activities/methodology of the study included observation, discussion, daily reports of the visits made and recording of significant events on audio cassette and video tape, debriefing meetings, planning of interventions, and production of a final report.

In reviewing the AIDS situation in south-central Africa, the study acknowledges that the epidemic is increasing by the day. It points out that HIV/AIDS affects children in three ways: children are themselves infected, they experience AIDS in the family, or they are vulnerable both to infection and to the consequences

of AIDS in society. It refers to children who are HIV-positive as being 'directly affected', whereas it speaks of children who have been orphaned by AIDS or who are suffering other consequences of the epidemic, but who are not themselves HIV-positive, as 'indirectly affected'. It points out that AIDS in the community not only serves to increase the number of children who have lost one or both parents, but also puts these children at personal risk of HIV infection.

Children orphaned by AIDS experience needs at various levels. First, there are the basic human needs for food, shelter, footwear, clothing. At another level, orphans' needs extend into the realms of education, socialisation, vocational skills, health care, emotional and psychological support, and protection from stigma and exploitation. These needs, together with those of the caretakers, pose an enormous challenge to the social welfare system in any country, but particularly in one where resources are already very scarce. In Africa, orphanages are usually considered only as a last resort, while fostering or adoptions are often not considered favourable options since it has been shown that these can have an adverse effect on the children. For instance, when economic pressures mount in an adopting family, an adopted child may be the first to suffer neglect or abuse.

The study also looks at street children, overall child vulnerability, and the loss and grief that a child suffers when a parent becomes sick and dies. It also considers child rights in relation to HIV/AIDS.

In its treatment of Zambia, the study presents a summary overview of the principal geographic, demographic, and social features. Drawing on other works, it notes that the number of AIDS orphans is projected to rise from 70,000 in 1993 to between 530,000 and 600,000 in the year 2000. This part of the study gives an extensive review of the literature on orphans, children and HIV/AIDS. It also reports extensively on projects visited that are offering help to orphans and other needy children, or that are working with women and persons with HIV/AIDS.

In its conclusion, the study quotes the Rio Consensus (Parliamentary Earth Summit, 1992): "any society which cannot care for its children cannot regard its development as in any sense sustainable". The team's study tour in Zambia, as in Tanzania and South Africa, provided abundant evidence of the difficulties faced by societies in these countries in caring for their children. Four major needs emerged during the tour: (1) the need to strengthen and resource the extended family in order to care for orphaned children; (2) the need for parents to be helped to communicate with their children over issues such as death, sex, loss, etc.; (3) the need to train children to be able to express their feelings in appropriate ways; and (4) the need for health care professionals and others working with children to be trained in communication skills related to children. Working in conjunction with local trainers, Mildmay International plans to offer tailor made courses on 'working with children' for health professionals and others who seek to address distressed children's emotional needs.

53. HIV/AIDS IN ZAMBIA AND UNICEF'S RESPONSE

UNICEF Report, June 1996

Geographical Area: Zambia

Key Words: HIV, AIDS, STD, Orphans

Location: UNICEF, Lusaka

ABSTRACT

It is believed that HIV has been endemic in Zambia since the late 1970s, only coming to the attention of medical practitioners in the early 1980s with the notification of a new and unusually aggressive form of Kaposi's sarcoma in patients whose immunological and virological profile was similar to that seen in AIDS-patients in other parts of the world. Today Zambia is at the heart of the African AIDS belt which stretches southwards from Uganda and Kenya to South Africa.

The reasons for the high prevalence of HIV/AIDS in Zambia and across the subcontinent are very complex, relating to a host of socio-cultural and economic factors, as well as socio-biological processes. There is a marked urban/rural differentiation in infection rates: in rural areas the average is around 10–15 percent while in urban areas it is higher at 25–30 percent. Evidence suggests that in rural areas rates are still rising while in urban areas they have actually stabilised. Increased mortality rates, however, indicate that incidence rates generally are still rising, over the currently estimated 500 new infections per day. More immediately, the rising number of orphans, one or both of whose parents will have died from AIDS, will reach an estimated 500,000–600,000 by the year 2000. The absolute number of orphans will be much higher once the non-AIDS orphans are taken into account. Overall, it can be expected that in a few year's time 20 percent of children under 18 will be without one or both parents. Within the formal sector, mortality rates stand at around 3–5 percent per year and are still rising.

Given this scenario, the overall goal for UNICEF is to strengthen national capacities (1) to prevent HIV and (2) to care for those affected by HIV/AIDS. The objectives would be to prevent HIV infection; to strengthen community capacities to care for orphans and children affected by HIV/AIDS; and to advocate for additional and more effective action on HIV/AIDS.

One of the greatest challenges facing UNICEF in Zambia is the support of those affected by HIV and AIDS, especially the children left orphaned by the epidemic. Under the auspices of UNICEF, NGOs working in the area of child welfare have been brought together to form the Children In Need Network (CHIN). The organisation is now independent and provides invaluable support to registered NGOs working with children. As well as supporting innovative community efforts through various orphan welfare schemes, UNICEF also sponsors research into the areas of orphans and their specific needs, community support structures, and the growing problem of street children, as well as supporting innovative community efforts through various orphan welfare schemes.

54. IMPLEMENTATION STRATEGIES FOR THE DEVELOPMENT OF MODELS OF CARE FOR ORPHANED CHILDREN

McKerrow, N. H., October 1996, Report for CHIN (Children in Need Network)

Geographical Area: Eastern and Southern Africa

Key Words: Community Mobilisation, Vulnerable Children, Principles of Care

Location: CHIN (Children in Need Network)

ABSTRACT

This document is a follow-up on the earlier study, *Responses to Orphaned Children in the Southern and Copperbelt Provinces of Zambia*. It re-emphasises the importance, when considering the needs of vulnerable children and orphans, of the four-tier response developed in the earlier study, namely, (1) it is the family who must identify vulnerable children and orphans and provide the basic day needs of the children, as well as emotional support; (2) the community must support both the children and their caretakers, as well as act as a forum for lobbying authorities to assist in providing an effective response to their needs; (3) the churches, NGOs and CBOs should coordinate all responses whilst also providing material help and other support services; and (4) the state must develop local infrastructure, empower state personnel, create an enabling environment at all levels, modify state services, and facilitate funding for grassroots responses. At each level, the response should be recognised and developed by elaborating on the responsibilities and needs of the available role players.

The study was an attempt to identify any innovative or indigenous models of care for orphaned children and to gain insights into the requirements needed to improve existing models of care. During the study two communities in each of the Copperbelt and Southern provinces participated in a three stage process, consisting of a brief situation analysis, two household surveys, and a community workshop.

The household surveys revealed that 51 percent of children had lost one or both parents (10.7 percent were maternal orphans and 22.6 percent double orphans), that 71.5 percent of all households are home to orphaned children, that only 80 percent of the households are able to feed their members without outside assistance, and that only 58 percent can afford to educate their children.

Participants in the study identified six principles that should guide strategies for the development of models of care for orphaned children: (1) siblings should remain together; (2) children should as far as possible remain in their homes or communities of origin; (3) caretakers should be supported through skills-training in income-generation activities and child-care skills; (4) communities should provide support systems for both children and their caretakers; (5) responses should facilitate the provision of both direct and indirect aid packages; and (6) state resources should be made user-friendly and should aim at creating an enabling environment in which communities are able to care for their own members.

To facilitate an appropriate holistic response to the needs of vulnerable children in Zambia, the document stresses the importance of clear identification of the aims, objectives and role players involved. Because of the government's limited capacity in Zambia, the principal strategy should be to make more effective use of existing state resources, and of non-governmental role players, such as NGOs, CBOs and churches. The overall strategic aim should be to strengthen the community's capacity to provide its vulnerable children with acceptable, adequate, appropriate and affordable levels of care. In order to do so it will be necessary for Zambia to attend to the development of a policy for vulnerable children, creating national awareness of

children's rights, develop advocacy and lobbying fora for the implementation of the national policy, build capacity at national, district and local levels, create horizontal and vertical intersectoral network systems, develop regional and local intervention programmes, identify appropriate local structures for the implementation of interventions, and identify, recruit and train appropriate persons for the delivery of programmes to communities and their members.

In its conclusion, the document outlines the major reasons why a community-based response to the plight of vulnerable and orphaned children is the most appropriate primary response: firstly, the majority of these children are already living with their extended family in their communities; secondly, a child's needs are most effectively met in its own community at a standard comparable to that experienced by other children in the community and without a risk of stigmatisation or alienation; thirdly, the number of vulnerable and orphaned children is increasing rapidly to a level that is set to overwhelm existing resources; and fourthly, community-based care is a very cost-effective coping mechanism with potential coverage of a large number of communities. Institutional care may be needed on a temporary basis to offer children a temporary home until a more permanent solution can be found. But as a long-term solution, this intervention should always be seen as being the last resort for vulnerable children.

For successful implementation of community based initiatives, the goodwill and enthusiasm of community members should be complemented by a multidisciplinary support structure. This structure should seek to develop local capacity, skills and structures, and should access appropriate outside resources to complement these. The document concludes with a practical frame work for a stepwise approach to the implementation of local initiatives to assist vulnerable children. The process basically involves nine steps: community engagement, identification of a facilitating agency, definition of an area of operation, identification of an implementing party, a situation analysis, preliminary planning, detailed planning and establishment of the programme, development of ongoing support, and monitoring and evaluation.

55. IDENTIFICATION OF THE MOST VULNERABLE

Milimo, J. T., 1996, Study Fund Report

Geographical Area: Zambia: Lusaka, Livingstone, Mpika, Nyimba, Samfya

Key Words: Orphans, Vulnerable, Child-Headed Households, Public Welfare

Location: Ministry of Community Development and Social Services

ABSTRACT

The objective of this investigation was to develop guidelines for the identification of the most vulnerable who would stand in need of assistance by the public welfare assistance scheme (PWAS).

The study team made extensive use of such qualitative investigative methods as semi structured interviews, focus group discussions, observation, testimonies, and participatory rapid/rural appraisal (PRA).

Four categories were identified as being most in need of assistance—orphans and unsupported children, widows, the aged, and the disabled. The identified vulnerable groups did not fall into sharply delineated mono-categories. Commonly, they displayed more than one characteristic that identified them as needy—for instance, an individual might be aged and widowed, or be widowed and caring for orphaned grandchildren. However, of all four categories of vulnerable people needing assistance, orphans were mentioned most frequently, and for the greater part in first place, by the very diverse group and individual

respondents who were drawn from a very wide cross section of the Zambian population. The investigation also revealed the growing problem of child-headed households where there were orphaned children left alone at the death of both parents, and further reported cases of orphans being abused by the extended family. It also noted a tendency for orphan assistance agencies to proliferate, with many of them displaying little more than paper existence.

The study notes that the emphasis on orphans is due to the high rates of AIDS-related deaths. These have led to the increase of orphans staying with relatives, aged grandparents and sometimes alone. Their vulnerability is thus widely observed in the ten sites of the study.

56. GUIDELINES FOR IMPLEMENTATION OF THE PUBLIC WELFARE ASSISTANCE SCHEME

Ministry of Community Development and Social Services, Department of Social Welfare, December 1996, Report

Geographical Area: Zambia

Key Words: Destitute, Child-Headed Household, Orphan

Location: Ministry of Community Development and Social Services

ABSTRACT

This document is based upon a 1996 evaluation and extensive re-design of the Public Welfare Assistance Scheme (PWAS).

The re-designed PWAS was launched in 1997, to reflect experience, possibilities and current needs in assistance to the destitute. The new scheme took into account past experience, key government policies, NGO experience, community views and suggestions, the realities of district and national government institutions resources and procedures. It also sought to pre-empt as much as possible the problems of wrong targeting, nepotism, and corruption.

The main objective of PWAS is to contribute towards the alleviation of suffering and improve the quality of life of vulnerable persons. A guiding principle of the scheme is that people at the community level are best able to identify the destitute and to determine the most appropriate means of supporting them. The scheme also stresses that communities must be able to make their own choices freely, without beneficiaries being imposed by representatives of political, civil service or traditional structures. To promote transparency and fairness in the nomination of beneficiaries, members of the community welfare assistance committees (which identify and determine the assistance for the destitute in their areas), and their families, are debarred from receiving PWAS assistance.

The document emphasises that the government-funded PWAS is only one component of support to the destitute. Other forms of support must be provided by the community. This is all the more important from the perspective of sustainability which cannot be assured in the absence of active community participation and material support. Orphans—children who have lost one or both parents—are one of the categories of children to be considered for assistance under PWAS. Special assistance is also to be made available to child-headed households where there is no adult over 18 caring for the children and dependants. In most of these cases, the head of the house hold will be an orphan looking after younger siblings.

The scheme has three components: social support, which provides food, shelter, repatriation of stranded persons, clothing, and other basic human needs; a health care cost scheme which provides for exemptions of destitute persons from paying user fees at health centres; and an education cost scheme which provides children from destitute families with requirements necessary for school attendance (including uniforms, if the school requires these) and pays school, user and examination fees on their behalf.

57. EVALUATION OF THE CHIKANKATA HOSPITAL COMMUNITY-BASED ORPHAN SUPPORT PROJECT

Poulter, C. E. & Sulwe, J., May 1997, Evaluation Report for UNICEF

Geographical Area: Zambia: Chikankata, Southern Province

Key Words: Community-based, Orphans, Vulnerable Children, Fees

Location: UNICEF

ABSTRACT

In 1995, UNICEF entered into an agreement with the Chikankata Salvation Army Hospital that the hospital's outreach team, through the Community-Based Orphans Support Project (CBOSP) would facilitate a process whereby communities would begin to be able to manage the growing problem of orphans. This was to be accomplished through awareness-raising, enumeration and registration of orphans, and tangible income-generating projects to help alleviate the orphans most urgent needs. The project, which was supported by UNICEF, had two phases. In the first, the communities involved identified their priority needs (these emerged as the rehabilitation of their schools and health posts). In the second, they concentrated on the development of income-generating activities.

The objective of the evaluation study was to assess the impact of the first phase of the CBOSP and determine the best way to proceed with the second. The evaluation looked at community participation, project sustainability and replicability, and also at the development of recommendations for the second phase.

In addition to discussions and interviews with members of the community capacity-building team and with teachers from the schools in the communities involved in the project, focus group discussions were held in the communities involved. A review of documents at Chikankata Mission Hospital and UNICEF offices was also undertaken.

The evaluation found that since the introduction of CBOSP there was a change in the community's attitude towards orphans. Communities no longer saw the problem as insoluble. Instead they were now able to consider how the problems of orphans could be tackled and were in agreement that the wider community should help the families in need.

The orphans had benefited materially by having one of their schools roofed and desks were obtained for the other school. Repairs had also been done at a local health centre. In return for these services, a specified number of orphans were given the benefit of free school places and free health services. It was also found that local committees set up to deal with children in need, and the teaching staff at the schools where the project activities took place, were able and willing to share their experiences with interested individuals from other communities who wished to replicate the activities.

Although a start had been made, the register of orphans—using a questionnaire which included key needs-indicators—was incomplete and had not been updated in two years. Moreover, no mechanism was in place for referring to the CHIN committees children known to the Care and Prevention Teams.

The study found some confusion within the community as to why free education and health was being provided to the orphans and not other vulnerable children. No provision was made for children not orphans but yet in desperate need. Moreover, orphans in need who had qualified to go to other schools outside the project area were not catered for. As a result, most had dropped out of school.

The evaluation recommended that maximum usage should be made of local community resources; that CHIN committees encourage and prioritize children in need rather than just orphans so as to focus help where it was needed most; that the link with the District Social Welfare Office be strengthened; that community-based training replace the training of just a few selected individuals at the hospital; and that UNICEF should be more actively involved in consultation during any further development of the project, and also be more active in monitoring its implementation.

58. MASTER PLAN OF OPERATIONS AND PROGRAMME PLANS OF OPERATIONS FOR A PROGRAMME OF COOPERATION BETWEEN THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA AND UNICEF FOR THE CHILDREN AND WOMEN OF ZAMBIA, 1997–2001

GRZ and UNICEF, March 1997

Geographical Area: Zambia

Key Words: Children in Need, HIV, AIDS, Orphans, Women

Location: UNICEF

ABSTRACT

This document presents the joint Government of Zambia/UNICEF Country Programme for 1997–2001 in two parts. Part One, the Master Plan of Operations, consists of eleven articles which describe the general policies, priorities, objectives, strategies, management responsibilities and commitments of the government and UNICEF. Part Two comprises four programme plans of operation: primary health care and nutrition; education for all; water, sanitation and hygiene education; and advocacy, planning and action for women and children. These plans describe the programmes and projects jointly developed by the government and UNICEF for the strengthening of Zambian capacities to promote sustained improvements in the survival, development and welfare of women and children.

In its analysis of the situation of children and women in Zambia, the Master Plan of Operations notes that every Zambian household has been affected by HIV/AIDS. Most households have increased burdens due to their need to care for terminally ill family members or the children of deceased relatives. The population of AIDS orphans is growing rapidly from an estimated 80,000 in 1991 to a projected 600,000 by the year 2000. Presently some 37 percent of all households are caring for at least one orphan and 7 percent of households are child headed. Projections suggest that by the late 1990s over 10 percent of the child population will be orphans. Over 70,000 children are already estimated to be eking out their living from the streets.

In the light of this situation, one of the country programme goals for 1997–2001 to which priority attention will be directed is to improve support for and protection of children living in especially difficult circumstances. The achievement of this and other goals will reflect a heightened commitment to putting children first, a mobilisation towards specific goals for children, an increase in national resources devoted to women and children, and a matching increase in resources and commitment from Zambia's development partners.

To respond to the rapidly expanding population of children in need (especially orphans and street children), UNICEF, through the Master Plan of Operations and the individual programme plans, will provide support to develop national policies and safety net mechanisms, and to take to scale effective community-based models of support and care.

The overall objective of UNICEF's support in response to the HIV/AIDS epidemic is to strengthen national capacities to prevent HIV and to care for those affected by the disease. To achieve this objective, attention is to be focussed on preventing HIV infection, strengthening community capacities to care for orphans and children affected by HIV/AIDS, and advocate for more, and more effective, action on HIV/AIDS.

The Programme Plan of Operations for advocacy, planning and action for women and children consists of four projects: advocacy for children's and women's rights; communications and mobilisation for behaviour change; children in need; and monitoring child and human development. Attention is directed to three areas where Zambia has already, or is in the process of, developing national policies, strategies and action plans that are relevant to women and children. The first is the National Programme of Action (NPA) which received Cabinet approval in 1994 and which provides a framework for action for Zambia to achieve a set of goals for the year 2000. The second is the set of policies, including a child policy, produced in 1994 by the Ministry of Sport, Youth and Child Development. This policy framework shares the goals of the Zambia NPA and sets out a number of policy objectives, strategies and areas of emphasis to be addressed in policy implementation. The third is a "Strategic Plan for the Advancement of Women in Zambia" which the government is in the process of developing. This approach highlights five priority areas of intervention to the year 2001: women and health; education and training; women, poverty and the economy; the girl child; and women and decision-making.

Of particular importance is the overall goal for this programme, namely to create an environment which places the highest priority on the needs of women and children and recognises and strives to fulfil their rights. In striving towards this goal, the programme intends to strengthen Zambian society's will and institutional capacities to fulfil women's and children's rights, to develop and support approaches which strengthen family and community capacities to protect and care for children in need, and to strengthen capacities to develop policies and programmes which contribute to improvements in the well-being of the poor, and address the rights and needs of women and children.

The project goals and objectives for the project plan of action for children in need are threefold: (1) to support processes to develop policies and operational guidelines for the care of children in especially difficult circumstances; (2) to strengthen the capacity of CHIN to provide appropriate networking and capacity building support to child-serving organisations; and (3) to strengthen institutions capable of supporting community-based responses to the needs of children living in difficult circumstances. Within this broad framework, major lines of action will include support to NASTLP and CHIN to facilitate both a participatory situational analysis and a policy review; the production and dissemination of key materials; strengthening the CHIN secretariat and supporting its annual programmes of advocacy, training, the development of a resource base, and the production and dissemination of informational materials; supporting, principally through training, the development of appropriate and affordable community-based strategies to

meet the needs of the most vulnerable children; and developing the institutional capacity of project implementers, helping them with the skills of participatory appraisal, participatory decision-making processes, facilitation and community development.

59. 1997 WORLD AIDS CAMPAIGN: CHILDREN LIVING IN A WORLD WITH AIDS. PLAN OF ACTION

Central Board of Health, 1997, Report

Geographical Area: Zambia

Key Words: HIV, AIDS, Vulnerable Children, Rights

Location: National AIDS/STD/TB/Leprosy Programme (NASTLP), Central Board of Health, Lusaka

ABSTRACT

In 1997, UNAIDS developed the World AIDS Campaign to signal a shift of emphasis from the World AIDS Days of the past. This was done to achieve more tangible results both in advocacy and programme areas, maximise use of available resources, ensure cost effectiveness, and increase the reach and impact of mobilisation efforts around the world. In order to focus attention on the growing impact of HIV/AIDS on children, the theme chosen for 1997 was “Children Living in a World with AIDS”. The Mission Statement of the campaign was: *Fewer children infected, fewer children affected, fewer children who are vulnerable to the impact of HIV/AIDS, and an increasing number of girls and boys who are protected in a world that upholds their rights.* The overall aim of the campaign was to increase understanding of the magnitude of the HIV/AIDS epidemic and its global dimensions, with an emphasis on promoting action and sound policies to prevent HIV transmission, and to minimise the epidemic’s impact on children, their families and their communities.

Zambia joined the rest of the world community by participating in the 1997 campaign which was launched throughout the world on June 27. Activities during the period from then to December of that year focused on (1) enhancing community approaches, (2) mobilising all available media to highlight the adverse impact of HIV/AIDS on families, children, and society; and (3) rallying social and political support to protect children from the adverse impact of the pandemic and to create an environment favourable to the normal and healthy growth of children in our society. The campaign objectives and action plan included a national call by Zambia’s President for action aimed at protecting children in a society which upholds their rights.

60. EVALUATION OF CHIN'S MODELS OF CARE FOR ORPHANED CHILDREN PROJECT: THE EXPERIENCE OF CINDI, KITWE

Faveri, C. & Lungu, M., March 1998, Evaluation Report for CHIN

Geographical Area: Zambia: Kitwe

Key Words: Orphans, Models of Care

Location: Children in Need Network (CHIN)

ABSTRACT

CINDI-Kitwe has actively participated in the models of care (MOC) process which seeks to document the models of care for orphaned children that exist in communities, identify their strengths and weaknesses, and explore—with the community—support mechanisms to strengthen their capacity to sustain and improve their own models of care for orphans. In 1998, an evaluation was conducted to further document and assess the experiences and lessons learned from the MOC approach as practiced by CINDI-Kitwe. This document presents the results of this evaluation and reviews CINDI's effectiveness in supporting and strengthening already existing MOC in the community. The methodology for the evaluation consisted in a review of project literature and interviews with key participants.

CINDI-Kitwe was chosen for this evaluation because it was a member of the Children in Need Network (CHIN) which commissioned the study, and because it had a system of enumerating orphans and was active in supporting families and the guardians of orphaned children in their own communities. At the time of the evaluation, it was reaching out to 9,210 orphans out of a total population of 180,013. Three full-time field workers, each with a supporting committee of volunteers, liaise with 128 zones to respond to the problems of orphaned children. CINDI strives to ensure that, where possible, these children remain in their family homes and communities. To achieve this, it promotes residential and non-residential care of orphans. In a residential situation, the orphans board with their care-givers. If the arrangement is non-residential, then a designated care-giver is assigned to monitor and support on a regular basis the children who live on their own.

The evaluation found that CINDI-Kitwe had achieved notable success in supporting community-based orphan care, and that some of the achievements were directly attributable to their participation in the MOC process. Achievements were in the areas of morale building; improved data collection; community-led resource mobilisation; and cross-sectoral collaboration for orphans. Several key factors, other than the MOC process, contributed to CINDI's success: its good network of volunteers, its close cooperation with other organisations working with communities on HIV/AIDS issues, its close and regular support for zone volunteers and orphans through full-time field workers, its realistic appraisal of its own resource constraints, its high-level cooperation and coordination with key government ministries and influential individuals.

Despite their achievements, CINDI believes that there are still several challenges to be overcome, such as the limited capacity to support further training of community members, the lack of a worthwhile national social welfare programme and the government's abdication of its responsibility to provide an adequate safety net for the poor, and the lack of technical expertise to assist communities in identifying new and creative projects for income-generation.

The evaluation closes by making certain recommendations to CHIN as a network that facilitates documentation, information sharing and networking. It proposes that CHIN should (1) support its member NGOs by strengthening advocacy at the policy level for the government to devise and implement a viable social security scheme to support families and communities caring for orphans; (2) develop simple, user-friendly “tool kits” for member NGOs wishing to implement all or part of the MOC process in their own communities; (3) support linkages and information-sharing among NGOs with an interest in developing community initiatives to care for orphaned children; and (4) document the MOC research and the experience of the participating NGOs, so that the experience is known and shared.

61. REVIEW OF ORPHANS AND VULNERABLE CHILDREN (OVC) PROGRAM IMPLEMENTATION IN ZAMBIA

Nampanya-Serpell, N., September 1998, Consultancy Report for PCI (Zambia)

Geographical Area: Zambia: Kitwe and Livingstone

Key Words: Vulnerable Children, Policy, Programme

Location: Project Concern International (PCI), USAID, Lusaka

ABSTRACT

The objectives of this consultancy were to review the implementation of the Orphans and Vulnerable Children (OVC) project in the two pilot districts of Kitwe and Livingstone; to review key policies critical to the situation of OVC in the country; to organise, in collaboration with the Department of Social Welfare in the Ministry of Community Development and Social Services, a round-table meeting with key stake-holders/decision-makers to achieve consensus on critical policy issues affecting the general welfare of orphaned children in the country; and to make recommendations for OVC policy action.

The OVC programme is a USAID (DCOF) funded and PCI (Zambia) implemented programme. It is relatively low-cost, but cost effective community mobilisation programme to mitigate the impact of the AIDS epidemic on the lives and general welfare of orphans and vulnerable children. The programme has the potential to expand into integrated services at district level. As shown in the document, services such as health, basic schooling, micro-finance, social services and community activation can be provided using the Participatory Learning and Action (PLA) methodology.

At policy level, the document advocates that PCI (Zambia) should play an advocacy role to push for the establishment of a “National Orphans and Vulnerable Children Task Force” and for the development of “Policy Guidelines for the Care of Orphans and Vulnerable Children”. This should be done in collaboration with the relevant government ministries, UNICEF, UNAIDS and other interested collaborating partners. It suggested that PCI (Zambia) could also work with the Law Development Commission in the review and development of laws affecting children.

On the programmatic issues, the document cites the example of Kitwe where the implementation of the OVC project, especially its community mobilisation component, has progressed at a very impressive pace. The initiation of the actual activities has not only benefited the orphans and vulnerable children but has added to the quality of life in some of the communities. A further striking development has been the establishment of community schools for orphans and vulnerable children in all participating communities in Kitwe. However, the report draws attention to the need to link project funding at the community level to

actual activities undertaken for the benefit of orphans and vulnerable children. It also notes the need expressed by participating communities for technical assistance to improve their skills in such areas as fund raising, financial management, the PLA process, and the assessment of needs. A final concern was the need for active collaboration of all NGOs working with orphans and vulnerable children so that they complement/supplement each others' expertise and resources for maximum service delivery to distressed children.

62. CHILDREN ORPHANED BY HIV/AIDS IN ZAMBIA. RISK FACTORS FROM PREMATURE PARENTAL DEATH AND POLICY IMPLICATIONS

Nampanya-Serpell, N., 1998, Ph.D. Dissertation, University of Maryland, Baltimore

Geographical Area: Zambia: Lusaka and Southern Provinces

Key Words: Rural, Urban, Orphans, Care-Giving Family, Education, Nutritional Status, Health Status

Location: UNICEF

ABSTRACT

The objective of this study was to investigate risk and support factors associated with the impact of premature AIDS-related parental death on the educational, health, and nutritional situation of orphaned children in rural and urban communities, and the options open to them.

Retrospective data was collected for a cohort of 645 urban and 291 rural orphans aged 15 years and below, one or both of whose parents died from AIDS between 1991 and 1995. Structured interviews were conducted with a sample of 223 urban (Lusaka) and 101 rural (Chikankata, Southern Province) care-giving families in low-income neighbourhoods.

Some differences and some commonalities were found between the urban and rural areas in terms of risk and protective factors influencing the effects of AIDS epidemic on the orphans. For education, the socio-economic status of the care-giving families in the urban sample was significant, with orphans in poor families being more likely to drop out of school. In the rural sample, on the other hand, age was a more critical factor affecting orphan drop-out from school—older orphans were more likely to be withdrawn from school to help care for their younger siblings.

For nutritional status, age was a critical factor in both rural and urban samples irrespective of socio-economic status, with younger children displaying more frequent signs of malnutrition. Younger children in the rural sample were also reported as experiencing more frequent illnesses, but not in the urban sample. Emotional well-being was significantly influenced in the urban sample by sibling dispersion. The children who were dispersed across several care-giving families showed more frequent signs of emotional disturbance. In the rural areas, it was the number of adults in the care-giving family that had a significant negative influence.

A survey of agencies concerned with AIDS-affected families showed that services for assisting infected individuals were not well integrated with the strategic planning of assistance for dependent uninfected children.

The study concludes by considering policy issues that need attention in trying to mitigate the impact of AIDS on the educational, health, nutritional and emotional status of orphans. It recommends that different

approaches be used for rural and urban orphans, that affected rural families be assisted to cope with their labour loss so that they are able to keep older orphans in school after parental death, that in order to assure the educational continuity of all orphans programmes addressing schooling problems be addressed to the needs of the poorest children. Since age seems to critically affect the health status of uninfected orphans, a recommended policy option would be to target young children, including orphans in poor families, before or soon after parental death. "Characteristic targeting", in the WHO sense of providing free or reduced cost health services to persons with certain attributes, irrespective of income level (e.g., those with TB), would seem to be the most appropriate option in the health domain.

Policy options in the nutritional domain are less clear, because of the finding that the nutritional status of children deteriorates sharply after the parent dies, even in households with a relatively high socio-economic status. This suggests the advisability of targeting nutritional assistance programmes at younger children or orphans who are most likely to be at risk, or at those orphans who show evidence of being malnourished across all socio-economic groups. Because sibling dispersal was found to have a negative effect on an orphan's emotional well-being, it would be advisable to reduce the occurrence of this by channeling all the financial and material resources from the extended family into one household that was willing to take care of those left as orphans. A vigorous advocacy campaign should also be undertaken to bring about changes in the ways in which extended family systems and the general public deal with orphaned children.

63. ZAMBIA OPEN COMMUNITY SCHOOLS. ZOCS. HOPE THROUGH EDUCATION. ANNUAL REPORT 1998

ZOCS Secretariat, January 1999, Report

Geographical Area: Zambia: Lusaka, Kabwe

Key Words: School, Community, Rights, Orphan

Location: ZOCS Secretariat, Lusaka

ABSTRACT

The Zambia Open Community Schools (ZOCS) were started in the mid-1990s to provide quality basic education for children who were not being catered for in the formal sector. ZOCS targets children who are quite likely to be denied their right to education because they cannot afford school fees or school uniform, because they are girls, because they are orphans, or because they have been abandoned. Since poverty is the common factor among all these categories, children at ZOCS schools are not required to make any payments. While catering for children from the various categories, ZOCS gives preference in admissions to girls and to orphans. As a result of this policy, the proportion of orphaned children attending the schools increased from 23 percent in 1997 to 35 percent (of 3,911 pupils) in 1998, while more than 60 percent were girls. Because of the prevalence of HIV/AIDS and the extreme poverty of the people, ZOCS expects growth in the number and proportion of orphaned children that it caters for.

Teachers for the ZOCS schools come from the same compound as the children. Most of them are untrained. To ensure that the education in the schools is of a satisfactory standard, ZOCS has recruited the services of two professional educational advisors who pay regular visits to the schools and work with the teachers in the afternoons and at weekends to improve their teaching skills. In addition to this training for its teachers, ZOCS conducts Training for Transformation courses for parents and community members, in order to

strengthen the community's ability to participate in all that concerns the schools. Moreover, in order to achieve sustainability through community participation and involvement, ZOCS has recruited a community developer whose task, among others, is to help parent-community school committees define and develop their tasks and roles.

ZOCS pays a small allowance to its teachers and supervisors, and provides its schools with the necessary educational supplies and materials. Initially, its structures were of the simplest (and they continue to be so in most of its schools today). But donor resources, augmented by community contributions (mostly in kind or through labour), have enabled it to develop good school structures at some locations. ZOCS mobilises its resources from charitable foundations abroad and from activities within Zambia. A major concern is the promotion of income-generating activities in the communities so that they themselves can assume responsibility for the allowances that are paid to teachers.

64. KABWATA TRANSIT CENTRE, LUSAKA

Miyanda, A., 1999, Programme Brochure

Geographical Area: Zambia: Lusaka

Key Words: Children, Abandoned, HIV, AIDS, Temporary Shelter

Location: Kabwata Transit Centre, Lusaka

ABSTRACT

The Kabwata Transit Centre was established in 1997 under the auspices of the Angels in Development NGO. The establishment of the centre was in direct response to two circumstances, the inability of the Zambian government to fund basic social services, and the growing number of orphaned children without even a relative to look after them. This latter phenomenon has placed the extended family under such stress that in many cases it is unable to cope. The result is that as many as 30 percent of orphans may be abandoned, abused or simply left to fend for themselves.

The Transit Centre was established to serve as a temporary shelter for abandoned orphans. It aims at providing children whose upbringing has been jeopardised by the death of their parents with love and care, health, nutrition, shelter and sanitation, education and skills training. Children under 15 are maintained at the Centre while efforts are made to place them in a capable unit of their extended family. Where there is no capable or willing extended family, the child is placed with a suitable fostering family which, with assistance, will provide for its necessary physical and psychological needs.

65. KWASHA MUKWENU: GIVING HOPE TO ORPHANS

Mbewe, M., Sunday Times of Zambia, 1st August 1999

Geographical Area: Zambia: Lusaka, Matero Township

Key Words: Orphans, Child-headed Households, Income-generation, Volunteers

Location: *Sunday Times of Zambia*, Newspaper Article

ABSTRACT

For many children, the death of their parents marks the end of a normal life of having adequate food, proper clothing, suitable shelter, and continued education. Many go on to the streets and surrender their lives to fate. But Kwasha Mukwenu (help a friend) extends help and hope to many underprivileged orphaned children in Lusaka's Matero township. The three-roomed centre is run by volunteer housewives who seek to assist orphaned children and those abandoned by their parents. It provides three forms of assistance: a daily meal for those who are registered (there were over 2,000 of these in 1997), limited sponsorship for primary and secondary school (currently for 261 in primary school and 210 in secondary school), and assistance to child-headed households to rent sleeping quarters. The centre's operating costs come from donations, church support, and small income-generating activities. Having received some training in counselling, the volunteer housewives also visit homes in the township to counsel those infected with or affected by HIV/AIDS. The problems of running the centre resulted in the withdrawal of some of the volunteers, but those that have remained are determined to continue with their efforts to provide the basis for a good future for orphaned children in Matero.

66. CITY OF HOPE, LUSAKA, ZAMBIA

Undated, unpublished paper. No author shown.

Geographical Area: Zambia: Makeni, Lusaka

Key Words: Girls, Orphans, Delinquency

Location: Salesian Sisters, Makeni, Lusaka

ABSTRACT

This paper is a brief introduction to the activities of the "City of Hope" centre for girls-at-risk. This centre, which is run by the Salesian Sisters, is located in Makeni 10 kilometres south of Lusaka. The majority of the girls at the centre are orphans who have lost one or both of their parents and have been left with no one to take care of them. These girls are at high risk of going on to the streets where they are vulnerable to abuse, to a life of prostitution, and eventually to early death.

The aim of the centre is to bring hope and to help the girls develop adequate coping and social skills through a gradual human, psychological, academic and technical formation. This facilitates both character development and growth in self-respect while giving the neglected girl the information, education, training and experience she needs to be self-reliant. Therefore the global objective of the centre is to offer to the girl-at-risk the possibility of having a better future, by developing her dignity as a woman through a relevant qualification and a soundly-based all-round human formation.

The girls are referred to the centre through the Department of Social Welfare, the YWCA or other institutions, as well as by individuals. At times, the Salesian Sisters make direct contact with girls-at-risk within their compounds or on the streets.

The centre offers three main services: an open primary school catering for over 400 girls, vocational training courses (including home management as an integral component), and accommodation for girls who have no one to care for them (available facilities limit to about 50 the number of girls that can be accommodated).

The paper identifies the girl as being more vulnerable than her boy counterpart in that within the family structure, girls are given fewer possibilities to study or undertake vocational training. This is one of the main reasons why the centre insists on girls. Further, it aims at reaching the girls while they are still young and before they have been contaminated by bad company or unacceptable living habits.. The project aims at preventing rather than curing delinquency amongst girls.

Documents about Countries other than Zambia

67. ORPHAN AND EXTENDED FAMILY CARE IN A PERI-URBAN COMMUNITY IN ZIMBABWE

Foster, G., Shakespeare, R., Chinemana, F., Gregson, S., & Mashumba, S., 1992, Study Report

Geographical Area: Zimbabwe: Mutare

Key Words: Orphans, Care-Giving, Extended Family, Discrimination

Location: <http://hivinsite.ucsf.edu/topics/children/2098.2c7e.html>

ABSTRACT

An orphan enumeration survey conducted in 570 households in and around Mutare, Zimbabwe in 1992 found that 18.3 percent of households included orphans, 12.8 percent of children under 15 had a father or mother who had died, and 5 percent of orphans had lost both parents. Orphans prevalence was highest in a peri-urban rural area, and lowest in a middle income medium density urban suburb. Recent increases in parental deaths were noted: 50 percent of such deaths since 1987 could be attributed to AIDS. Orphan household heads were likely to be older and less well educated than non-orphan household heads. The majority of orphaned children were being cared for satisfactorily within extended families, often under difficult circumstances. Care-giving by maternal relatives represented a departure from the traditional practice of caring for orphans within the paternal extended family. This was a significant adaptation of a community-coping mechanism. There was little evidence of discrimination or exploitation of orphaned children by extended family care-givers. The fact that community coping mechanisms are changing does not imply that extended family methods of caring are about to break down. However, the emergence of orphan households headed by siblings is an indication that the extended family is under stress. Emphasis needs to be placed upon supporting extended families by utilising existing community-based organisations. Orphan support programmes may need to be established initially in high risk communities, such as those in low-income urban areas and in peri-urban rural areas.

68. THE FRANÇOIS XAVIER BAGNOUD COMMUNITY-BASED PROGRAMME FOR AIDS AND VULNERABLE CHILDREN

Senkusu, S., Shuey, D., Bagarukayo, H., Ryan, K., & Sendege, E., 1994, Paper Presentation

Geographical Area: Uganda: Luwero District

Key Words: HIV, AIDS, Community-Based Approach

Location: Family Health Trust

ABSTRACT

The paper states that there are 9 million HIV-positive persons in Uganda. A 1991 survey revealed that 1.48 million Ugandan children were orphaned. Apart from other considerations, the large number of orphans makes institutional approaches to dealing with the orphan problem quite impracticable. Instead, community based approaches are being promoted.

The Luwero district was badly affected by the civil war of the 1980s. The district is also one of the highest in terms of AIDS cases, while 20 percent of its children are orphans.

The African Medical Research Fund (AMREF) and the François Xavier Association work in two sub-counties of Luwero. They run ongoing community-based health care activities that supplement those of the orphans programmes. Rather than providing relief assistance, these programmes aim at making communities self-reliant in the long run. The intervention strategies aim at enlisting the community's full participation in programme activities, starting with the registration of orphans in the area. The community was also required to participate fully in a needs assessment survey.

Following upon this survey, the following strategies were agreed upon: (1) free primary school level education for orphans in exchange for material support to the schools; (2) assistance to guardian development groups and individual guardians. Materials in kind are given to a group of guardians to carry out income-generating activities; (3) emergency humanitarian assistance to be given only in very exceptional circumstances; (4) ad hoc vocational training to be available for older orphans; (5) counselling to be given on the rights of children and widows.

Several lessons were learned from the adoption of these strategies: sensitisation is crucial; community responsibility for orphans must be emphasised; wide spread dissemination of information is vital; it is necessary to maintain the credibility of the programme; and income generation for guardians can prove very difficult in rural districts. Nevertheless, there is no doubt that the best approach is one that is community-based.

69. DEVELOPING INTERVENTIONS TO BENEFIT CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS. A REVIEW OF THE COPE PROGRAM IN MALAWI

Donahue, J. & Williamson, J., October 1996, An Evaluation Report for the Displaced Children and Orphans Fund (DCOF)

Geographical Area: Malawi

Key Words: Children, Orphans, HIV, AIDS, Community, Sustainability, Micro-credit

Location: Study Fund, Social Recovery Project, CSO, Lusaka

ABSTRACT

The introduction to this document portrays the general situation in Malawi. The country is in an advanced stage of the HIV/AIDS epidemic. It also has 60 percent of its predominantly rural population of 10 million living below the absolute poverty line. The Malawian National AIDS control program estimates that in the 15–49 age group HIV prevalence reaches 14 percent. It is expected that in the coming few years there will be a substantial increase in the number of deaths due to AIDS. Policy guidelines for the care of orphans in Malawi were established in 1992. These define an orphan as a child under 18 years who has lost one or both parents. It is estimated that 10–15 percent of Malawi's children fall into this category. Despite the many psychological and physical needs faced by families affected by AIDS, counselling and HIV testing are not common in Malawi. Concern about this negative situation led to the establishment in 1995 of a programme entitled "Community-based Options for Protection and Empowerment" or COPE.

Initially, COPE activities were implemented in Mangochi and later were extended to Mangwera. The review found that the programme appeared to be on track for achieving its main objectives. Its principal activities were seen in a positive light by communities, their leaders, government personnel and NGO staff. However, because the COPE activities appeared to be quite costly, alternative approaches had to be introduced.

The principal areas of intervention were in the areas of care, income generation, and children's well-being. The programme supported home-based care activities and the training of household members in the giving of care (and administration of medicines). Patients in homes with trained care-givers were found to be receiving better care, to be more comfortable, and to live in greater dignity. To address the challenge of increasing the household incomes of families economically stressed by AIDS deaths, the programme strengthened community-based groups to create a sustainable safety net for the most vulnerable households; it also strengthened village banking schemes through a Group Guaranteed Lending and Saving Service. This makes small loans to groups of 15–20 women for training and small enterprises. A single loan is given per group, with the group lending small amounts to each member. Collectively, the group is responsible for the repayment of the loan before any subsequent loan can be disbursed. These loans enable the women to obtain the inputs needed for use in the wetland gardens to which they have access. Almost all of the income this enables them to earn is used on the welfare of their families. Children's well-being is fostered by meeting the secondary school expenses of children from target families, and by encouraging recreational activities that will increase these children's social integration and allow those who have suffered losses to express their pent-up emotions in a positive way.

COPE has played a key role in advocacy on behalf of Malawi's orphans, feeding into the government's orphan care programme for 1996–1998 and participating in the national task force on orphans. It has also

sensitised the business community and politicians to the problems of orphans in communities, one outcome being considerable support for its school scholarship component.

The review noted the success of the programme to date and recommended modifications and adjustments that would facilitate it in achieving its objectives. It noted key implications in any programming directed at mitigating the orphans crisis: (1) no single intervention can be expected to benefit all who are in need; (2) there is an ever-present need for ongoing community-based monitoring so as to identify the most vulnerable children and households in order to direct assistance to these; (3) as the orphan crisis grows and needs increase, attention must be paid to the sustainability of activities, particularly through the involvement of genuinely committed community-based groups; and (4) communities should be encouraged to identify their own problems and how to deal with these.

70. ORPHANS ON FARMS—WHO CARES? A REPORT ON AN LORATORY STUDY INTO FOSTER CARE FOR ORPHANED CHILDREN ON COMMERCIAL FARMS IN ZIMBABWE

Jackson, H. P., Powell, G., Purcell, B., Mutsakani, B., & Manyenya, S., March 1996, SAfAIDS & Commercial Farmers Union, Zimbabwe

Geographical Area: Zimbabwe: Mashonaland

Key Words: Orphans, Foster Care, Commercial Farms

Location: Southern Africa AIDS Dissemination Service (SAfAIDS) and Commercial Farmers Union, Harare, Zimbabwe

ABSTRACT

The objective of this study was to explore the possibility of developing foster care for orphans on commercial farms in Zimbabwe, recognising that for a significant number of children no other viable option will exist.

The study team made use of individual and focus group interviews, focus group discussions, self administered questionnaires, records analysis, and case studies. More than 150 branch delegates of the Zimbabwe Commercial Farmers Union completed a questionnaire that probed their assessment of the AIDS situation and their attitudes to supporting foster-care on their farms. Household composition data were collected from ten selected farms in Mashonaland. On these same farms, focus group discussions were held with both male and female workers. Interviews were further held with key workers and groups of children. Farm owners were also interviewed both individually and in groups.

Sixty-five percent of the farmers expressed willingness to support foster care on their farms, if this were necessary. The farm owners principal concerns were directed to the cost of funding carers, the escalating numbers of orphans, and carers leaving the farms.

An in-depth study of farm workers on the ten selected farms revealed that their concerns focused not only on economic costs but also on cultural considerations. The workers indicated that they would not have problems in fostering if the farm owners adopted some formal responsibility for the children.

A major problem that emerged was that of instability among farm families. The children were almost entirely the woman's responsibility placing a heavy burden on her. It was also very difficult for paternal

orphans to gain access to their father's employment-related benefits, and once the mother died, the children were in most cases left completely abandoned.

Interviews with selected groups of children revealed a general consensus that it was better for the children to stay on the farms, rather than to go elsewhere. The children also indicated a degree of personal acceptance for children unrelated by blood or kinship. The principal needs expressed by these children were for food, clothing, shelter, education, and love.

Notwithstanding the problems that families were experiencing, the study found that the extended family network was still functioning, with one quarter of the households surveyed already caring for an orphan.

The investigation concluded that foster care on commercial farms in Zimbabwe is both necessary and possible. Findings from both the national survey and the in-depth study of farms provided an encouraging expression of support. However, to achieve sustainable fostering arrangements, major changes and developments would be needed in existing statutory monitoring and support for foster care. The study recommended that a national and local decentralised network be developed to disburse funds and to monitor the quality of care. It also identified the need for combined concerns and inputs of commercial farmers, farm workers, the department of social welfare, supportive donors and NGOs. Finally, to minimise administrative costs and to maximise the potential sustainability of long term foster care, the study emphasised the need to make full use of existing structures and personnel already on the farms.

71. NYUMBANI ORPHANAGE, NAIROBI

Petito, M. L., 1996, Internet Report

Geographical Area: Kenya: Nairobi

Keywords: HIV, Children, Care, Orphanage

Location: <http://www.nyumbani.com/>

ABSTRACT

It was found that many HIV-positive women in Kenya abandoned their children in the hospital where they delivered. Many of these women were single mothers who feared that they would soon die, leaving their infant alone and totally isolated. In the public hospitals, where resources for these abandoned babies are limited, the majority were likely to die within a few months. In response to this situation, the Nyumbani Orphanage, a religious foundation, was opened in September 1992 in Karen, Nairobi. It has cared for a total of 54 children, both infants and toddlers. At the time of reporting, 29 of these were HIV positive, with ages ranging from seven months to thirteen years. The children live with a house mother in "colleges" of six to eight children. Here they are given the best nutritional, medical and psychological care available so that they can survive to the point of re-determination of their HIV status. It has been found that three in four children do convert to HIV-negative status. If they do so, they are then placed back into their communities with other family members, or are placed with foster parents. Because Nairobi alone is experiencing as many as 3,000 HIV-infected babies, the Nyumbani Orphanage intends to expand so as to be better able to respond to more of the demands.

72. THE COPE PROGRAM IN MALAWI

Attachment to DCOF 1998 document, "HIV/AIDS Care and Support Initiatives via Community Mobilisation. Experiences from the Field"

Geographical Area: Malawi: Namwera and Mangochi

Key Words: HIV, AIDS, COPE, Community Mobilisation

Location: USAID

ABSTRACT

Malawi is among countries most severely affected by HIV/AIDS, the growing number of orphans being one of the epidemic's most apparent and troubling impacts. The health, development, education and social integration of orphaned children are already at serious risk. It is estimated that by the year 2000, 1.2 million children in Malawi, or over 27 percent of all children in the country, will have lost one or both parents due to AIDS and other causes. For some years, those concerned with the impacts of AIDS have recognised that the most cost-effective measures have been small, community-based initiatives. In this context, the Community-based Options for Protection and Empowerment (COPE) programme of Save the Children Federation of the United States (SC-US) offers reason for hope. The COPE programme is dynamic and multifaceted. In attempting to address the growing needs of HIV/AIDS-affected children, families and communities, it has evolved into a complex programme with numerous components. However, one factor remains constant in COPE: its commitment to mobilising sustainable community-based and owned solutions to community identified problems. While these problems are escalating at a pace that COPE finds hard to keep up with, the belief remains strong that the community-based approach is the correct solution. Through partnership and dedication to this approach, COPE believes that problems may begin to decline. COPE staff and their partners firmly believe that this philosophy will assist families in dealing with the impacts of the HIV/AIDS pandemic. The programme deserves careful attention because it demonstrates a systematic approach to mobilising community-based responses to the needs of orphans and other people made vulnerable by the impacts of HIV/AIDS.

73. COMMUNITY MOBILIZATION TO ADDRESS THE IMPACT OF AIDS. A REVIEW OF THE COPE II PROGRAM IN MALAWI

Williamson, J. & Donahue, J., 1998, Evaluation Report for Displaced Children and Orphans Fund (DCOF)

Geographical Area: Malawi: Mangochi and Namwera

Key Words: HIV, AIDS, Vulnerable Community, Community-based, Orphans, Micro-enterprises

Location: UNICEF

ABSTRACT

Following upon a brief review of the current HIV/AIDS situation, and the growth in the number of orphans, the review notes that the COPE (Community-based Options for Protection and Empowerment) offers a window of hope through its systematic approach to mobilising the community to respond to the needs of orphaned and vulnerable children. The programme has led to the formation of village AIDS

committees which are active in identifying orphans and other vulnerable groups in the communities. These village committees have also succeeded in raising funds to help meet the physical and psychological needs of orphans. The strength of the programme is that the communities feel responsible for the initiation and sustainability of their activities. The village committees act independently when identifying the most needy in their midst and in determining how these are to be assisted. To increase the scale of community-based activities, such as those promoted by COPE in Malawi, the programme is prepared to offer training to other organisations and to link up with other groups active in the care of those suffering from the impact of HIV/AIDS.

Those most vulnerable to this impact are those who are already poor. HIV/AIDS pushes them further into a destitution that is beyond the capabilities of village committees and COPE to alleviate. The review suggests that two approaches can be used in efforts to sustain the economic stability of communities: the creation of a safety net through the generation of resources locally for the assistance of the most needy, and an effective micro-enterprises service to complement the activities of COPE and the village committees. With regard to the latter, it proposes the establishment of grassroots rotating savings and credit associations. Although opportunities for the mobilisation of savings are limited in the rural areas of Malawi, experience from other African countries has shown that such locally managed associations are a viable possibility.

74. FAMILY AIDS CARING TRUST (FACT)

Foster, G., Nyarviva, T., & Muchaneta, L. Attachment to DCOF 1998 document, "HIV/AIDS Care and Support Initiatives via Community Mobilisation. Experiences from the Field"

Geographical Area: Zimbabwe: Mutare

Key Words: Family, AIDS, Home-Based Care, Volunteers

Location: Family AIDS Caring Trust, Mutare, Zimbabwe

ABSTRACT

This document describes the Family AIDS Caring Trust (FACT) programme, established in January 1988, following a meeting attended by about 80 people from Mutare, Zimbabwe's third largest city with a population of around 200,000. It informs the reader of the process in the establishment, the changes that had to be made and why.

Initially, FACT mainly offered an office-based counselling service and established a referral system from local doctors. Counselling was provided to people in need at FACT's office and at Mutare Hospital. However, experience showed that the real need was for a community-wide home visiting programme. This has continued since its commencement in 1989. An evaluation of this Homecare programme, conducted in 1994, found that the principal reasons for the low coverage that the programme was experiencing were the stigmatisation against people suspected as having HIV/AIDS and the poor operation of a centralised referral system. Other findings of the evaluation were that churches had minimal involvement with the programme, and most problems faced by clients were social rather than medical. Clients interviewed also indicated that they were extremely happy with the services they received.

Following upon this evaluation, and the injection of additional funds from an overseas charitable agency, the programme expanded dramatically in 1998. It became possible to mobilise large numbers of volunteers, to provide them with some training, and to maintain their morale and commitment. Home visits are now an established component of the care of many HIV/AIDS sufferers in Mutare. The community mobilisation of

large numbers of volunteers appears to have contributed to reducing the stigma of receiving a home visit, and this in turn has led to an increase in the number of referrals by community members. The increase in scale has been accompanied by a very significant decline in unit costs. The data suggest that the costs of programmes which involve large numbers of volunteers may be cheaper than those which are institutionally based and rely on welfare service professional workers.

75. THE ORPHAN PROJECT: FAMILIES AND CHILDREN IN THE HIV EPIDEMIC

Levine, C., No date shown

Geographical Area, United States of America: New York

Key Words: Orphans, Support Network

Location: <http://fount.journalism.wise.edu/cpn/sections/family-intergen/stc/orphan-project.htm>

ABSTRACT

As a result of the AIDS epidemic and its link to drug abuse, New York City is facing caring demands for a particularly needy group of orphans: children whose parents, or care-giving parent, have died of AIDS or whose mothers or fathers are unable to function because they are terminally ill. By the year 2000, as many as 125,000 children and adolescents in the United States will have lost their mothers to AIDS. About a third will be from New York City.

The Orphan Project was established in 1991 to explore policy options to meet the needs of the entire spectrum of affected children—from dying children to healthy adolescents. There is no single solution, and each option has advantages and disadvantages. Moreover, there are different potential roles for the public and private sectors. Of particular concern are issues concerning confidentiality and disclosure, custody and placement, and bereavement. In carrying out its work, the orphan project convenes meetings, publishes articles and reports, and develops collaborative work with direct service providers and family members. Although New York City is its primary focus, the Orphan Project also collaborates with concerned individuals and organisations in other regions, and maintains a focus on global issues relating to orphans of the HIV/AIDS epidemic in the developing world.

In collaboration with the Family Centre, the Orphan Project has organised a Permanency Planning Network (PPN) of over 40 agencies providing legal and social services, funders, and interested individuals. The PPN convenes meetings with guest speakers on a variety of topics dealing with HIV-infected families and the providers who serve their needs. Two smaller groups that have emerged from the PPN are a legal sub-committee and a group concerned with Latino children.

The Orphan Project is funded through foundation grants, and receives administrative and fiscal support services from the Fund for the City of New York.

Section VII

THE DEVELOPMENT OF POLICIES AND STRATEGIES

International Documents

76. DEVELOPING STRATEGIES AND POLICIES FOR SUPPORT OF HIV/AIDS INFECTED AND AFFECTED CHILDREN

Hunter, S. & Williamson, J., February 1997, Draft Report for USAID

Geographical Area: Global

Key Words: HIV, AIDS, Demography, Orphanhood, Fostering, Adoption, Family Structure, Intervention Strategies

Location: USAID, Lusaka

ABSTRACT

This study presents estimates of the impact of HIV/AIDS and the consequent orphaning for 23 countries: six in Eastern Africa, six (including Zambia) in Southern Africa, seven in West and Central Africa, three in the Caribbean and Latin America, and one in Asia (Thailand). The study had four objectives: (1) to collaborate with the US Bureau of the Census (International Programmes Centre, Health Studies Branch) to produce reliable, updated orphan estimates; (2) to collect information on existing interventions developed to assist families affected by AIDS and orphaned children; (3) to review prior USAID efforts; (4) to suggest ways to develop plans for new interventions and policy initiatives and for carrying them to scale.

While the focus of the report is on the future, in Sub-Saharan Africa the problem of AIDS orphans is now. The United States Bureau of the Census estimates that by 1995 more than 30 million children in the 23 countries included in this study had already lost one or both parents to the AIDS epidemic. By the year 2010, this number will have grown to at least 42 million in the developing world, and could conceivably be as high as 84 million. Given the current inability to make complete estimates for Africa and to get appropriate data for some of the largest countries in Asia, including India and Bangladesh, the study could not predict with any precision the upper boundary of the orphan burden in the early decades of the next century. But the problem is such that the only option for developing countries is to expand their social, educational, health, and sanitation infrastructures, and to work with their own communities to mitigate the potential human physical, emotional, psychological, social and economic problems that orphaned children will create or face.

The demographic effects of the epidemic indicate that: crude death rates would double or triple in many countries. While fertility rates may not be directly affected, population growth will flatten and may become negative in some countries if present trends continue. Infant and child mortality will be two to five times higher than they would be without AIDS. Dependency ratios may worsen if AIDS-related illnesses in adults are factored in. Sex ratios may increase in some age groups because infection rates and mortality in women are higher. Widows will increase in number and their condition will worsen. The demographic effect which has received the most attention, because of its correspondence with our natural sympathies for childhood suffering, is that of orphanhood.

In the early 1990's, the problem of AIDS orphans became a "black hole" of development, a Pandora's box which was kept tightly shut for fear of unleashing ungovernable demand for services and creating expectations which could never be met. While the issues of AIDS orphans were neglected by international organisations and donors, they could hardly be ignored by child welfare agencies in many African countries. Now programme planners recognise that their plans, policies, strategies and interventions would be much more realistic and appropriate if they had a better idea of the scale of the problem anticipated.

Orphanhood peaks approximately seven to ten years after seroprevalence. In the African countries included in this study, orphan populations will continue to grow until at least 2010 and may not peak in some countries until after 2020. At the peak, more than 25 percent of children under 15 will be missing one or both parents. By contrast, orphanhood in the non-African countries peaks earlier because of declining birth-rates and HIV infection-rates in the countries covered.

The report estimates that the impact of AIDS in Zambia will mean that by 2010 the total population will be 11.5 million, 4.2 million having been lost to the epidemic; the population growth rate will have fallen to 1.2 percent; life expectancy will be down to 30.3; and child mortality will stand at 202.1 per 1,000 live births. It is estimated that by 2000 the total number of maternal and double orphans will reach almost 750,000, more than three-quarters of whom (78.4 percent) will be due to AIDS. To these must be added more than 900,000 paternal orphans, bringing the total number of orphans in 2000 to 1.657 million, a figure which will rise to 2.083 million by 2010.

Data from international research show that significant changes are occurring in family structures in developing countries. Families are smaller, parents (especially mothers) are working harder, marriages are being entered into later and are less stable, mother-supported households are increasing, and fathers' regular and close attachment to young children is low and possibly on the decline. All of these trends are making their impact on orphaning and care for orphans.

Following upon an extensive discussion of possible reasons for and against fostering, the report considers the impact of AIDS on family structure and adaptation. It identifies several areas as being problematic for families affected by AIDS, with many of these problems being specifically the problems of AIDS orphans—loss of family and identity, depression, reduced well-being, increased malnutrition, failure to be immunised or receive health care, loss of health status, increased demands on labour, loss of schooling and educational opportunities, loss of inheritance, forced migration, exposure to HIV infection, homelessness, vagrancy, starvation, crime. Because of AIDS, communities also become more vulnerable, suffering from such stressors as reduced labour, inability to maintain infrastructure, increased poverty, loss of skilled labour, loss of agricultural labour, reduced access to health care, more deaths, psychological breakdown, inability to marshal resources for mutual aid, and general loss of resilience.

The basic intervention strategy for families and children affected by AIDS is to strengthen the capacity of the family to cope with this problem. The second strategy is to stimulate and strengthen community-based responses. The third is to ensure care and protection for the most vulnerable children; the fourth to build the capacity of children to care for themselves; and the fifth to optimise government support for the development of appropriate social resources.

Programmatic interventions that relate to one or more of these strategies include: (1) increasing family income and family services, and reducing household labour requirements; (2) identifying and increasing community support for the most vulnerable children and families; (3) ensuring adequate protection and care for children, including the protection of their property rights; (4) helping children and adolescents

prepare to support themselves; and (5) optimising government support for the development of appropriate social resources, while paying careful attention to community ownership and partnerships with NGOs and CBOs.

The focus should be on interventions that seem to have better prospects of being effective at a reasonable cost and sustainable. Experience in the most affected countries shows that these include: community-based identification, monitoring and support of orphans and other vulnerable children; community-based day care (sometimes integrating a daily meal); community-based interventions requiring shared labour, including child care and income-generating activities; women's credit and savings groups, including micro-credit schemes; training family members and support for in-home care of patients with AIDS; measures to reduce the time required for basic tasks carried out by women, so that they can have more time for income-generating activities, to care for the sick, or just to make daily life more manageable; coordination, information exchange, and data systems development by government and NGOs; and policy interventions to improve women and children's rights, access to resources, education and employment.

Finally, the report notes the critical HIV/AIDS-related scenario as the 20th century draws to a close: declining donor funds for prevention, an increasing number of AIDS orphans, little success in prevention campaigns, loss in GNP and productivity in formal and informal sectors, few changes in government policy to promote prevention or care, children, families and communities being left to their own resources to care for AIDS-affected individuals and families. While the costs of providing care and services for families and children affected by AIDS is not known with any certainty, the costs of inaction are clear—social disruption by having almost one-fifth of children uneducated, unsupervised, disaffiliated; costs to industry and agriculture in failure to replace labour lost to AIDS deaths; costs of food relief as the labour losses lead to subsistence agriculture's inability to provide; long-term losses of consumers for products over the next 40 years; the cost of further spread of the disease if increasing numbers of women and children are left vulnerable.

In the light of the enormous scope and complexity of the challenges faced by children affected by AIDS, whatever actions are taken should be guided by four strategic insights: the need for urgency, since the problem is not tomorrow's but today's; a sense of realism that recognises community-based responses as not only the most desirable alternative, but also as the only economically feasible alternative to provide the coverage needed; the need to go to scale at once with intervention programmes and not to regard this merely as a long-term possibility; and the need for all actors to assume the most appropriate and cost-effective roles possible.

77. PROGRAMMING CONSULTATION ON CARE AND PROTECTION OF ORPHANS

Lindbald, B., Jones, S. & Hunter, S., October 1998, Report for UNAIDS/UNICEF

Geographical Area: Eastern and Southern Africa

Key Words: Consultative, Orphans, HIV, AIDS, Best Practice

Location: UNICEF

ABSTRACT

This document is a report on the proceedings of a three-day programme consultation that was jointly organised by UNAIDS and UNICEF in Kampala, Uganda. The exercise brought together 73 stakeholders from 12 countries in the region. The main objective of the exercise was to identify key programming issues and lessons learned in addressing problems arising from the unprecedented number of children orphaned as a result of HIV/AIDS.

The report opens with a briefing on the HIV/AIDS situation in the region which has led to the rise in the number of orphans. The vulnerability of these children is further worsened by the high levels of poverty throughout the region. This situation calls for formal country and regional recognition of the need for intervention. Due to the scale of the pandemic in the region, the impact will be immense and the effects will continue to be felt for the next thirty years. To meet the emergency which this poses, there is need for an integrated and expanded set of strategic actions to provide sustained support to the orphaned children and what is left of their families. This necessitates two to three years of accelerated action by a broad network of stake-holders. UNICEF and UNAIDS should place the orphan situation high on their regional and national agendas. In particular, UNICEF was urged to conduct a full strategic review of its activities and those of its partners to determine whether these were adequate to meet the needs created by the situation.

Participants at the consultation strongly recommended a series of programme consultations to enable care-givers and service providers, governments, and other stake-holders to build on each others experience across countries. Multi-country consultations with stake-holders at all levels would help to define appropriate and strategic interventions, develop programme guidance, identify key programming issues, analyse lessons learned, assess the capacity of government and society to respond, and identify future needs.

During the consultation, participants identified key strategic interventions and actions for the management of the growing number of orphans. Among these was the fundamental guiding principle for orphan care that orphaned children remain within their communities in a family-like setting with an adult guardian or care-giver. Institutional care should be provided only on a temporary basis for children awaiting placement with the extended family, with a foster family, or through adoption. Long-term residential care should be seen as the very last resort for children with special needs. The participants further looked at the outstanding critical issues and the next steps to be taken. Several of these required further discussion with special attention from UNAIDS and UNICEF. Amongst these was the importance of emphasising and creating awareness of the need for counselling for both children and care-givers. It was also agreed that if civil society was to be strengthened to respond to the crisis, there was need for an improved social welfare response. Few government social welfare programmes in the region were able to support community responses for orphans and their care-givers. The inadequacy of government safety-nets was also seen as putting additional pressure on the tightly stretched and thinly spread resources of communities.

The report concludes by emphasising the great contribution of the consultation to the dissemination of best practices and lessons learned. The discussions and debates had expanded the analytical framework for further programme development in the area of the care and protection of children. As a major guiding principle for programmes aimed at supporting children orphaned by AIDS, the consultation agreed that all programmes, including global and national plans of action, should aim at strengthening the capacity of the community to provide home care for the sick and a family-like environment for orphaned or abandoned children. Local knowledge and expertise should also be incorporated into the design and implementation of community-based responses.

Documents about Zambia

78. PROCEEDINGS OF THE ROUNDTABLE ON STREET AND ORPHANED CHILDREN

Nyiti, F., & Mwewa, L. K., 1996, Report

Geographical Area: Zambia

Key Words: Street Children, Orphans, Children

Location: Children in Need Network (CHIN), Lusaka

ABSTRACT

In 1996, the Children in Need Network (CHIN), a secretariat that had been formed to maximise networking among CBOs and NGOs working in the area of child welfare, convened a roundtable to examine the growing national problem of street children and orphans and how best government departments could come forward with programmes that would help alleviate the hardships faced by these children. The roundtable also considered the findings from a training needs survey that CHIN had carried out in 1996. Participants were drawn from NGOs, church bodies, relevant government ministries, ILO, and UNICEF.

Noting that the problem of orphans and street children cannot be addressed by just a handful of organisations, the roundtable agreed that responsibility lay with the entire civil society to participate in preventing and alleviating the effects of the orphan and street children problems. It considered that constituency funding could be used to cater for some of the needs of these children. It recommended that guardians who abandon their children should be made to face the law and that churches should draw the attention of their members to the plight of street children and orphans. So that a more comprehensive picture might be developed regarding orphans and street children in the country, organisations working with these children were requested to send regularly updated statistical information to CHIN. The roundtable also emphasised the need for clear guidelines and policies, especially in relation to the legal protection of children.

79. HIV/AIDS ORPHANS AND NGOs IN ZAMBIA: STRATEGY DEVELOPMENT FOR USAID (ZAMBIA) MISSION PROGRAMMING FOR FAMILY AND COMMUNITY CARE OF CHILDREN AFFECTED BY HIV/AIDS

Hunter, S. and Donahue, J., June 1997, Research Report, USAID

Geographical Area: Zambia

Key Words: Family, Community, Care, Children, HIV, AIDS

Location: USAID, Lusaka

ABSTRACT

The HIV/AIDS epidemic in Zambia is one of the worst in Sub-Saharan Africa. Data from the 1994 national seroprevalence survey estimated overall urban infection levels at 28.2 percent among women of child-bearing age and rural infection rates of 12.9 percent in the same population. This study looks at the rates of orphaning and points out that the household survey data suggests that the higher NASTLP estimate of 1.8 million orphaned children, or the United States Census Bureau estimate of 1.6 million, better represent the current reality in Zambia.

At the level of social needs and services, the study notes that findings from other countries have demonstrated that children under five who are maternal or double orphans run a higher risk of sickness and are less likely to get immunisations, while paternal orphans of school-going age are at greater risk of lack of education. Double orphans are potentially the most vulnerable, but maternal orphans left with little or no resources following the death of their father also face serious disadvantages. The study reviews orphan living arrangements and indicates that most families expect care for orphans to be provided within the immediate family. The needs of orphans are threefold: (1) the needs of households in poverty—food, shelter, bedding and clothing; (2) the general needs of children under age 15—health, schooling; and (3) the needs of children aged 15 and above for access to work.

Households rely extensively on the labour of children aged 5–11 for cleaning, food preparation, child care for siblings, gathering food and firewood, carrying water, and farming tasks. Two to three times more girls than boys are required to do household chores, with the exception of farming activities, gathering and chopping firewood, tending livestock and hunting. Few young children attend to the sick (6 percent of boys and 8 percent of girls), although rural children are twice as likely as urban children to help in this area.

If the proportion of households with orphans has increased rapidly since the beginning of the decade, so also has the community response. NGO, CBO and governmental assistance programmes for families and children affected by AIDS are probably more numerous in Zambia than in any neighbouring country. In this area, Zambia is a leader whose experiences challenge other countries to action.

This study also looks at co-ordination networks, the integration of income-generation with health interventions, and government responses.

80. STRATEGY FOR THE DEVELOPMENT OF USAID PROGRAM OF ASSISTANCE TO HIV/AIDS ORPHANED AND VULNERABLE CHILDREN IN ZAMBIA

Nampanya-Serpell, N., August 1997, Consultancy Report to PCI (Zambia)

Geographical Area: Zambia

Key Words: HIV, AIDS, Orphans, Vulnerable Children, NGOs, CBOs

Location: USAID, Lusaka

ABSTRACT

The problems experienced by orphans who are not AIDS-infected have been well documented in a number of studies that have been carried out in Zambia. Surveys in urban and rural Zambia have brought to light the critical needs of orphaned children for food, health and educational services, emotional support, counselling services, and legal protection against child abuse. Factors that put the orphaned child's well-being at risk were mainly poverty in the care-giving families, educational problems, health—physical and psychological—and the absence of explicit government policies and guidelines on a number of child-related issues.

There are several NGOs, CBOs and UN institutions which have initiated programmes, projects and various orphans-related activities or which have advocated for the rights of these vulnerable children. The potential of NGOs and CBOs in offering appropriate services that help orphaned children is high. What is needed is focused technical and financial assistance to support them in developing effective and sustainable programmes.

The current involvement of Project Concern International (PCI) in HIV/AIDS issues is the strengthening of District Health Management Teams (DHMT), NGOs, and CBOs to plan, implement, monitor and evaluate HIV/AIDS programmes and activities at district level. To date, PCI's assistance, which has been concentrated in Livingstone, Lusaka, Nchelenge, Ndola and Kitwe, has focused on behavioural change communication, condom use, STD management and control, voluntary counselling and testing, and home-based-care.

A number of sector and organisation-specific recommendations are made regarding what sort of help and assistance PCI and USAID could render to a set of cooperating organisations in connection with their area of focus. Programmes and activities presented are aimed at building on the comparative advantage, specialisation, willingness and commitment of the NGOs, CBOs, and institution to initiate activities for orphans and vulnerable children as soon as possible and to continue with those programmes in the longer term.

Responding to the need identified by cooperating partners for networking workshops, the report recommends that such meetings should be concerned with identifying the common concerns of NGOs and CBOs working with HIV/AIDS-affected children; identifying gaps in the current information and service provision for orphans and vulnerable children, exchanging experiences on how to deal with common problems, identifying common barriers and constraints to good practices, examining government policies and guidelines, and identifying available training and learning materials as well as best practices that could be shared between one NGO and another.

81. CONSULTATIVE ROUND-TABLE MEETING ON POLICY ISSUES AFFECTING ORPHANS AND VULNERABLE CHILDREN'S WELFARE IN ZAMBIA

Lubilo, M. & Sitwala, M., 1998, Report for Department of Social Welfare (Ministry of Community Development and Social Services) & PCI, Lusaka

Geographical Area: Zambia

Key Words: Orphans, Vulnerable Children

Location: Project Concern International (PCI), Lusaka

ABSTRACT

In partnership with the Department of Social Welfare (DSW) in the Ministry of Community Development and Social Services, Project Concern International (PCI) is implementing a programme to assist orphans and vulnerable children (OVC). The goal of the programme is to contribute towards improved welfare of AIDS orphans and vulnerable children in Zambia. One of the objectives under this goal is to contribute towards improved child welfare policies and regulations in Zambia. As a first step towards achieving this, it was necessary to review the key policies and legislation that affect the welfare of children in the country. To this end, PCI and DSW organised a one day consultative round-table meeting on critical policy issues affecting the welfare of OVC in Zambia.

The round-table's objectives were to discuss the existing policies/legislation affecting the general welfare of children, identify critical issues from all sectors, prioritise critical issues that need attention, and make recommendations covering research, policy and the review of legislation relating to the child.

The presentations and discussions highlighted some of the problems and issues that currently affect orphans. The most urgent problems which orphaned children experience immediately after the death of their parent(s) are loss of social and emotional nurturance, and uncertainty about physical care, shelter, status in the family and home, and financial support. Due to high levels of awareness of HIV/AIDS and its implications on communities, families and children, levels of stigmatisation are believed to have reduced. It was indicated that services currently targeting OVC are reaching only about ten percent of the total number of AIDS orphans (a large percentage of whom are rural based). A number of initiatives have been put in place in response to the many challenges and problems facing orphans. Community-based care was strongly recommended as the most practical approach. It was also recommended that the six major pieces of legislation affecting children be reviewed and harmonised. In its general recommendations, the round-table also called for the introduction of a standard definition of a child in Zambia, and for an enumeration of orphans and vulnerable children. It further called for an integrated approach at household level that would provide effective home-based care for the sick while simultaneously addressing the needs of OVC. Stressing the need for increased support to OVC at all levels, it underlined the need to strengthen the role of NGOs and CBOs to ensure that such support was effective.

82. SITUATION OF THE ORPHANS IN ZAMBIA. A POSSIBLE ANSWER

LARC (Link Association for Relief of Children), 1999, Unpublished Assessment

Geographical Area: Zambia

Key Words: Orphans, Orphanage, Foster Care, Adoption, Extended Family

Location: LARC (Link Association for Relief of Children), Ndola

ABSTRACT

The paper assesses the situation of orphans in Zambia, acknowledging that it is a growing problem which has worsened with the advent of HIV/AIDS. It also proposes possible answers to the care of orphans. Apart from exceptional circumstances, it does not see that this answer lies in orphanages, but acknowledges that foster care and adoption may be feasible alternatives. Notwithstanding the size of the problem, the paper suggests that the situation of orphans can still be managed. But it warns of the risk that a large number of orphans might find themselves on the streets if proper care services are not established. The extended family system should be revisited, strengthened and supported as the care service provider in order to protect children, families and societies from the adverse effects of this mounting problem.

83. AN INSTITUTIONAL FRAMEWORK FOR THE COORDINATION OF SUPPORT TO ORPHANS AND VULNERABLE CHILDREN IN ZAMBIA. RECOMMENDATIONS FROM THE TECHNICAL TASK FORCE

Technical Task Force, June 1999, Report

Geographical Area: Zambia

Key Words: Orphans, NGOs, Coordination

Location: UNICEF

ABSTRACT

In February 1999, the Permanent Secretaries from the Ministries of Community Development and Social Services, Health, Education, and Sport, Youth and Child Development constituted a technical task force to recommend an appropriate national mechanism for the coordination of support to orphans and vulnerable children in Zambia.

After reviewing the situation of vulnerable children and orphans in Zambia and examining the impact on children and coping strategies of families, the Task Force notes that overall capacities to respond to the rapidly growing and complex phenomenon of orphans and vulnerable children in Zambia are not well established. Government and about 40 NGOs are currently operating programmes for orphans, street children, and other children in need. Most of these are relatively new and are located in urban centres and along the line-of-rail (Livingstone to the Copperbelt). Most of these organisations learn by doing and have had little opportunity to evaluate the impact of their approaches. Currently there is no national government mechanism for the coordination of support to orphans and vulnerable children. The different government sectors develop their own policies and implement specific sector activities, including the mobilisation and allocation of resources, without any substantial consultation/collaboration with other sectors. The linkages between government and NGOs involved in supporting orphans and vulnerable children are also weak.

The Task Force clusters NGO activity into five broad types: to provide welfare assistance to cover the costs or provide access to basic services; to provide institutional care for orphaned, abandoned or unaccompanied children; to strengthen the formal adoption or supervised fostering of orphaned and unaccompanied children; to strengthen family and community capacities to identify and act on the wants of children in need; and to provide street children and other children in need with the skills they require for life. It notes that currently a very small proportion of orphaned children are cared for in orphanages. Officially there are 15 recognised orphanages in Lusaka and at least 15 others which are ad hoc and unlicensed. Although exact figures are not known, current capacity in official facilities does not exceed 500 children.

Recognising the roles of government ministries and other stake-holders in responding to the problem of orphans, the Task Force recommends (1) that the Ministry of Youth, Sport and Child Development should be the key line ministry for all issues pertaining to the coordination of activities for orphans and vulnerable children; and (2) that the government should establish a National Orphans and Vulnerable Children Coordinating Committee. This committee's functions would be to serve as an advisory body on all issues pertaining to orphans and vulnerable children; to make recommendations pertaining to policy, legal development, review and guidance for these children; to strengthen the capacity in government and NGOs to support community-based programmes; to enhance and strengthen coordination among implementing government and NGO institutions; to assist in mobilising and advising on the allocation of resources for identified priority areas; to play an advocacy role at the national and international levels on the plight of orphans and vulnerable children; to collect and disseminate information on these children; to identify the research priorities on orphans and vulnerable children; and to continuously monitor and assess the situation in their regard.

Documents about Countries other than Zambia

84. NATIONAL ORPHANS CARE POLICY: ZIMBABWE (Version 1.3)

Department of Social Welfare, Ministry of Public Service, Harare, 1996, Policy Proposal

Geographical Area: Zimbabwe

Key Words: Orphans, Policy, Orphans' Legal Rights

Location: Children in Need Network (CHIN)

ABSTRACT

This document outlines the policy on orphan care that was proposed for official adoption in Zimbabwe and gives the background leading to its development. Concerned that the crisis of mass orphanhood in the country would overstretch the capabilities and resources of the social welfare, health and other services, the Department of Social Welfare commissioned studies and consultancies that would lead to the creation of a policy that might help to contain the situation. Studies were conducted and workshops held. There was an extensive consultation process involving various government ministries, churches, traditional leaders, the University of Zimbabwe, and grassroot communities. The outcome was a policy which is regarded as "Zimbabwe friendly" because of the wide involvement of local stake-holders in its development and the cognisance it takes of the country's limited financial capacity.

The policy proposes that the principles contained in the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child should form the basis of the care and protection of the orphan. The preferred mode of care was to be through the family. Outside agencies were to be considered only when the family and community had completely failed. The policy further proposed that there be increased, but still realistically available, resources, with a special policy programme fund, and additional professional social workers to manage the implementation of the policy.

Regarding health, the policy proposed mass campaigns directed to attitude changes and information sharing concerning the health risks of orphans. Identified needs included increased budgetary provision to address sustainable health, food and nutrition needs, and continuous in-service education in the areas of children's rights and counselling. While proposing that the school health programme be strengthened with human and material resources, the policy called on the education ministry to formulate guidelines on the education of orphans. In this regard, the education ministry was to institute a legal framework to secure the full participation of all children, including orphans, while these latter were to benefit from a government-established school fees assistance programme. On the legal rights of orphans, the policy called for measures in cases of intestate succession so that the orphaned children would automatically inherit the entire estate of deceased parents. It further called for the appointment of legal practitioners who would act in conjunction with the courts to assist orphaned minors in matters of intestate inheritance. In a novel development, the policy further called for the allocation of resources for the development of legal educational materials and for the legal education of children on their rights.

Coordination, implementation, monitoring, and information sharing at national, provincial and district levels was entrusted to the Department of Social Welfare. At grassroot levels, implementation was to be in the hands of community development agencies, churches, NGOs, and local authorities which were already operating at these levels.

85. THE DEVELOPMENT OF AN ORPHAN POLICY AND PROGRAMMING IN MALAWI

Kalembe, E., 1998, Unpublished Paper

Geographical Area: Malawi

Key Words: Children, Policy, Programmes

Location: UNICEF

ABSTRACT

With one of the world's highest HIV infection rates, Malawi has taken the problem of orphans as a significant national priority and is making efforts to address the problem systematically. This paper critically reviews these efforts with a view to elaborating the policies and programming that has developed. It provides a macro-level overview of the problem that Malawi is experiencing, the emphasis being on the development of policy and how it has been applied.

The paper gives an outline of the orphans situation in the country prior to HIV/AIDS. Through an overview of the AIDS situation in the country and its impact on children, this is then contrasted with the HIV/AIDS period. The paper then discusses the response to the problem with emphasis on the developmental approach. This is followed by a discussion of the factors that influenced the formulation of the orphans

policy and an outline of the policy itself. A conceptual framework for use in other countries can be developed from this. A brief qualitative overview of the performance of the programme is given.

In conclusion, the paper states that the policy guidelines have proved a useful tool for programme management. They provide necessary guidance on crucial issues in orphan care. It further concluded that as the orphan phenomenon is dynamic, there is an ever-present need to adjust policies to respond to the changes.

Just Don't Know

What did I do to deserve this?

It is not fair.

To grow up without knowing who really your true parents are.

'Just forget it,' they say.

'We are not different from any other parent,' they continue to say.

I am told that my parents died,

But I am not told what killed them.

Only when I do something wrong

Do any of my step-brothers shout at me:

'No wonder your parents died of that disease'

I feel so lonely and forsaken.

I long for true parental care.

But what to do?

I just don't know.

(Community Youth Concern)

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Fund
CBO	Community-Based Organisation
CBOSP	Community-Based Orphan Support Project
CEDAW	Convention for the Elimination of all Forms of Discrimination against Women
CHIN	Children in Need Network
CINDI	Children in Distress
COPE	Community-Based Options for Protection and Empowerment
CRC	Convention on the Rights of the Child
DCOF	Displaced Children and Orphans Fund
DHMT	District Health Management Team
DSW	Department of Social Welfare
FACT	Family AIDS Caring Trust
FOCUS	Families, Orphans and Children under Stress
GNP	Gross National Product
GRZ	Government of the Republic of Zambia
HBC	Home-Based Care
HIV	Human Immuno-Deficiency Virus
ILO	International Labour Organisation
LARC	Link Association for Relief of Children
LCMS	Living Conditions Monitoring Survey
MOC	Models of Care
NASTLP	National AIDS/STD/TB/Leprosy Programme
NGO	Non-Governmental Organisation
NPA	National Programme of Action (for Children)
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
PLA	Participatory Learning and Action
PPN	Permanency Planning Network
PRA	Participatory Rapid/Rural Appraisal
PWAS	Public Welfare Assistance Scheme
SAfAIDS	Southern Africa AIDS Information Dissemination Service
SC-US	Save the Children Federation of the United States
STD	Sexually Transmitted Disease
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation
YWCA	Young Women's Christian Association
ZCSS	Zambia Community Schools Secretariat

ZOCS Zambia Open Community Schools
 ZOWA Zambia Orphans and Widows Association

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Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

CHAPTER 3
DATA REVIEW

C

**Solomon Tembo, Frank Kakunga,
Karen Doll Manda**

Joint USAID/UNICEF/SIDA/ Study Fund Project

NOVEMBER, 1999

DATA REVIEW AND ENUMERATION

This report examines and analyses the Data Review and Enumeration of to the Situation of Orphans in Zambia and was conducted by Solomon Tembo and Frank Kakungu. The analysis was written by Karen Doll Manda. This report serves as one component of a larger Situation Analysis of Orphans in Zambia managed by the Study Fund of the Social Recovery Project on behalf of UNICEF and USAID, under the guidance of a Steering Committee which draws its membership from Government, NGOs, donors, UN agencies and researchers.

The other components of the larger study are as follows:

- Literature Review/ Annotated Bibliography
- Community Response (Participatory research)
- Institutional Response
- Assessment of Practices of Care

Objectives

The objectives of data review and enumeration were to:

- Assess the current magnitude of orphans;
- Effectively analyse existing quantitative data;
- Understand the relationship between the loss of one or both parents on socio-economic and welfare factors.
- Suggest some welfare indicators for monitoring and evaluation purposes.

The data review and enumeration exercise compares the welfare of orphans and that of non-orphans in Zambia using survey livelihood indicators for poverty, residence, food security, education and health.

METHODOLOGY

The data and collection of data from various studies was examined to develop the level of adequacy regarding orphans in Zambia. These studies are:

- Living Conditions Monitoring Survey (1996)
- 1990 Census on Population and Housing
- Zambia Demographic Health Survey (1996)
- Food and Household Nutrition Information System (1997)

Living Conditions Monitoring Survey (LCMS)

The 1996 Living Conditions and Monitoring Survey (LCMS) provides the only reliable data regarding orphan children in Zambia. The survey gathered, for the first time in Zambia, information on the magnitude of orphans. The LCMS collected information from children regarding surviving parents and revealed the relationship of the child to the head of household. The analysis of this data shows the magnitude of orphans and informs about the social characteristics of the households, in which the orphans live. The sample size of the LCMS was 12,000 households.

The 1998 LCMS has also collected this information, but the data is still being processed and was not available for this particular study. However, when appropriate basic information derived from the 1998 data has been included in this narrative.

The 1990 Census on Population and Housing

The 1990 census did not ask for information on orphans. The census questionnaire asked who had died in the household. However, it did not seek to reveal the relationship of the children to household head.

Zambia Demographic Health Survey (ZDHS)

The Zambia Demographic Health Survey (ZDHS) 1996 asked questions about parental survivorship to persons below 15 years old. Three types of questionnaires were used on a sample of 8000 households. The household questionnaire listed all the usual members and visitors of selected households. Some basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. This information can give some useful indicators of the welfare of households with orphans. However, the sample size of persons under the age of 15 years who were asked about their relationship to household head was not only small but also ignored children over 15 years.

Food and Households Nutrition System (FHANIS)

The Food and Households Nutrition System (FHANIS) 1997, urban questionnaire, included some questions regarding the death of members of households. The survey did not reveal the relationship of survivors to the deceased head and therefore, orphans cannot be determined from this data set. Even though, the incidence of heads of households who died can be derived from this data set, it can not be used for understanding the situation of orphans in Zambia because the sample size was far too small to confidently inform about household characteristics.

1996 LCMS DATA

The LCMS 1996 was carried out by the Central Statistics Office. The survey intended to highlight and monitor living conditions of the Zambian people. It includes a set of priority indicators on poverty and living conditions to be repeated regularly.

The LCMS was nation-wide survey on a sample basis and covered both rural and urban areas. The eligible household population consisted of all civilian households. Excluded from the sample were institutional populations in hospitals, boarding schools, prisons, hotels, refugee camps, orphanages, military camps and bases and diplomats accredited to Zambia in embassies and high commissions. Private households living around these institutions were included such as teachers whose houses are within the premises of the school.

The domains of the study and data disaggregation for the survey were:

- Rural
- Urban
- Province
- District

Data collection took place between September to November 1996. The sampling frame for the LCMS 1996 was obtained from the 1990 Census of Population and Housing comprising 4,193 Census Supervisory Areas (CSAs) of which 3,231 are rural and 962 are urban and 12,999 Standard Enumeration Areas (SEAs).

The Local Government Administration classifies localities into low, medium and high cost based on the required housing standard. The urban SEAs were classified into these areas based on the combination of the Local Government Administration and the CSO criteria. All urban SEAs were visited to determine classification by trained evaluators. Within the selected rural SEAs households were classified on the basis of the scale of agricultural activity into small scale, medium scale and large scale.

SEAs were allocated to each province after deciding on a national sample of 610 SEAs. Units were equally allocated across all provinces by dividing the sample size by the number of provinces. In this study each province received 67 SEAs. Depending on the population size, heterogeneity and homogeneity of the provinces, the probability proportional to size method was applied leading to additions and subtractions to some provinces. This was done at provincial, district, urban/rural and centrality levels. This method increased the probability of including even the most remote areas in the sample. The minimum size for each district sample was 7 SEAs. This was deemed adequate to give district based estimates with minimum variance. It is however not advisable to break district estimates into rural/urban. The provincial and national estimates can be broken into rural/urban.

Sample selection was done in two stages. In the first a sample of SEAs was selected within each stratum according to the number allocated to that stratum. Selection was done systematically with probability proportional to the number of households within each SEA as registered in the 1990 Population Census. The second stage comprised selection of households from each sample SEA according to the number of households recommended, after a complete listing of all households in the sample SEAs. The SEAs formed Primary Sampling Units. The unit of analysis was the household.

Four basic instruments were used in collecting data during the survey. These are the listing form and three types of questionnaires: household, individual (administered to all persons 12 years and above) and the child (administered to children 11 years and below.) Additionally, tools to measure under five children weight and height, and kitchen scales were also used. The questionnaires were pre-tested.

Level of confidence

The level of confidence of the data is 95%.

Base Population

The base population for the data used in this report is 0 to 18 years.

Limitations of the LCMS data

It is difficult to collect accurate data on the number of orphans. If respondents have the impression that orphans may receive special benefits, the number of reported orphans tends to increase. Depending on the way the question is asked in the local language can also influence the data collected. All Zambian languages have a word for orphan, but none would apply to a child who is looked after. Culturally, a brother or sister looking after a deceased sibling's children may not label these children as orphans because they are absorbed into a family structure and looked after. Therefore, the reported number of orphans may be less than what an adhered conventional definition of orphan would indicate.

The data is unable to distinguish between AIDS and non-AIDS orphans. However, given the level of HIV infection in Zambia, it can be assumed that a large majority of the orphans are a result of the AIDS pandemic sweeping the country.

The data is also unable to determine the number of street children, a growing population in Zambia, and to identify characteristics of street children.

The manipulation of the data to make detailed projections and descriptions was often not possible. Therefore, the analysis and descriptions arising from the data are limited.

GENERAL CHARACTERISTICS OF ORPHANS IN ZAMBIA

Based upon the data, the following general points can be made about orphan children in Zambia.

- The 1996 data states the 13% of Zambian children are orphans.
- 64% of orphans are paternal orphans; 22% maternal and 14% double.
- There is an equal distribution of boy and girl orphans.
- In 1996 the number of orphans rural areas was greater than urban. However, the proportion of orphan to non-orphan children in urban areas is slightly greater.
- There is little notable difference in the poverty level of households with orphans and those without orphans.
- There is little economic difference between maternal and paternal orphans.
- There is little notable difference in primary school attendance rates between orphan and non orphan children.
- The majority of single orphans are looked after by the surviving parent.
- The majority of double orphans are looked after by either a grandparent or an aunt/uncle.

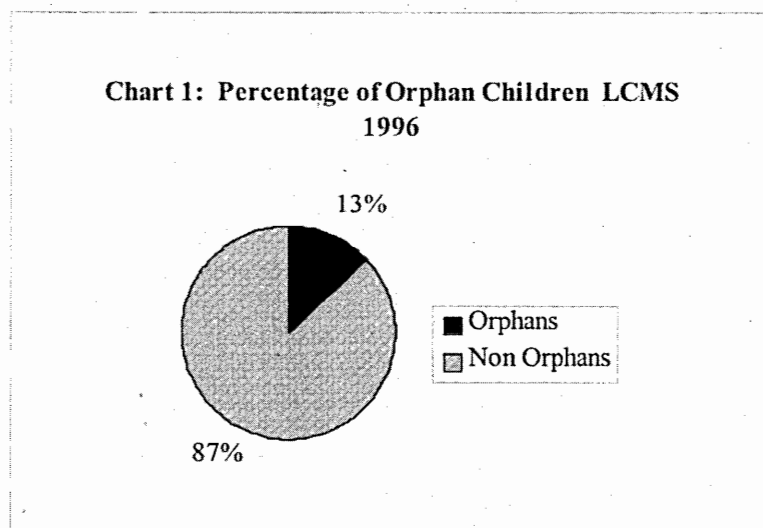
The data demonstrates that little overall economic difference between orphan and non orphan children. As levels of poverty in Zambia increase, Zambian children face vulnerability.

DEFINITION OF ORPHAN

In the LCMS 1996 report, an orphan is defined as a person aged 18 years or less with at least one parent dead. Three questionnaires: the Household Questionnaire, the Individual (12 years old and above), and the Child Questionnaire were used and three types of orphans can be identified: maternal, paternal and double orphan. However, very little else, apart from sex, may be known about the dead parent from the data. The information on surviving parent is also limited to surviving parent within the household only and does not allow for collection of data regarding status of parent whose children might live with another relative. In general, throughout this paper, unless otherwise specified the term orphan applies to those children who have lost one or both parents.

THE CURRENT PREVALENCE OF ORPHANS IN ZAMBIA

In 1996, there were 4.1 million children in Zambia. According to the 1996 LCMS data, the 13% (approximately 550,000) of children are orphans in Zambia. Some studies indicate the prevalence of orphans in Zambia to be as high as 51%. Given that the current HIV/AIDS infection rate hovers around 20%, the percentage of orphans based on the LCMS appear low, perhaps due to the difficulties to collect data on orphans and the limitations of the LCMS study.



Maternal, Paternal, Double Orphans

Currently, single orphans (86% or 472,588) outnumber double orphans. Assuming that the possibility that the spouse of the deceased is also HIV+ is probable, future studies will undoubtedly indicate that a larger percentage of children are double orphans.

Table 1: Orphans by Age and Type

Age Group (years)	Maternal Orphan	Paternal Orphan	Double Orphan
0-4	2% (12,344)	7% (39,736)	.1% (3189)
5-9	6% (31,837)	16% (88,840)	3% (18,442)
10-14	8% (45,291)	2% (116,236)	6% (30,215)
15-18	6% (31,297)	20% (107,007)	5% (24,504)
All Orphans	22% (120,769)	64% (351,819)	14% (76,350)

1996 LCMS

Of the total orphan population (regardless of age group), 64% (350,000 children) have a deceased father. Only 22% of orphans are maternal orphans and 14% are double orphans. There is a slight difference in life expectancy in Zambia between men and women. The life expectancy of men is 44.7 years and for women 46.2 years.¹ Despite the life expectancy difference, the question is why are women not dying at equal rates of the men, particularly, given a woman's increased physiological vulnerability to HIV infection. Also, poor women, whether urban or rural, exert tremendous physical energy to care for their families through the increased work burdens of collecting water and fuel and caring for the ill, as well as providing daily for the children. These factors are often cited as causes of maternal morbidity related to child birth and one would assume would also contribute to the speed of AIDS related death. It is also possible that men are engaging in additional risky behaviour, which leads to the death of men at a faster rate than women.

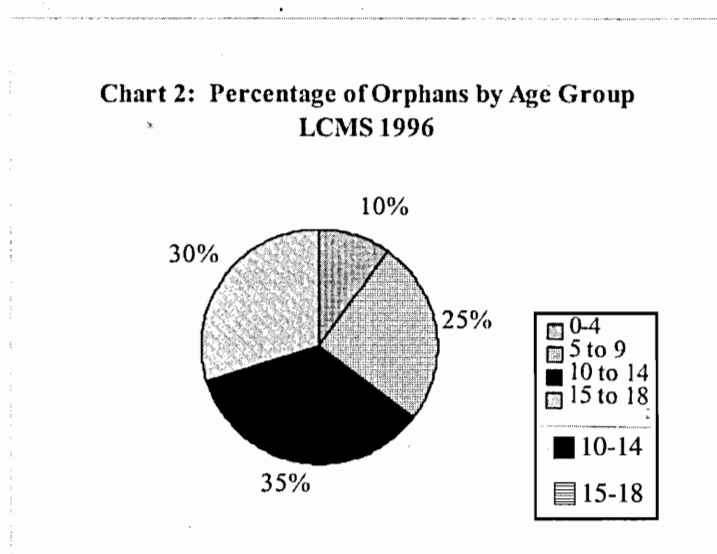
¹ Zambia Human Development Report 1998, p 61.

Assuming the father was the major bread winner of the family, the large percentage of paternal orphans should have alarming repercussions on household economic status and food security, however the economic data does not support this assumption, which are demonstrated in the socio-economic section of this report.

Perhaps more important than the economic factors of a father's death are the social implications of children being raised without the tutelage of their father. The data cannot reveal the role that uncles and male family friends play in an orphan child's daily life. However, the alarming figure of father-less children and the social implications provide reason for concern.

Age of Orphan

Currently, the majority (70%) of orphans are under the age of 15, reasonably equally distributed between 10 to 14 years and under 10 years. There is a slight bulge of children in the age group 10 to 14. The low under five orphan percentage could be related to the overall high under five mortality rate in Zambia. Furthermore, it is possible that many children under five are also HIV+ and may die at a younger age.



Nevertheless, the data demonstrates a bulge of orphan children between the age of 10 to 14. This bulge could have future social and economic implications for the country.

Street Children

The numbers of street children are growing in urban areas of Zambia. The LCMS data does not provide quantitative information on this important and growing population of children.

The 1998 Zambia Human Development Report estimates that 75,000 children are street children with over two-thirds of the children between the ages of 6 to 14 years old and the majority are boys. 40% of street children have lost both parents. Street children represent 14% of the orphan population in Zambia.

Street children can be divided into three categories: homeless street children, children who are detached from the family and happen to live with friends and children who have a home to return to. It is estimated that 7% of street children have no home to return to.

GEOGRAPHIC LOCATION OF ORPHANS

Rural vs. Urban

The 1996 data demonstrates that 63% of orphans are found in rural areas. However, the proportion of orphan children to non-orphan children in urban areas is slightly higher (15%) for that of urban orphans than that of rural orphans (13%). HIV/AIDS infection rates in Zambia are higher in urban areas as opposed to rural. Additionally Zambia has one of the highest urban populations with nearly 40%² residing in urban areas. Based on these two factors, the assumption could be made that the majority of orphans would reside in urban areas.

The overall percentage of rural children (orphan and non orphan) is 67%. The percentage of non orphan rural children is 68%. Qualitative studies indicate that orphan children, particularly of the very poor urban, are often sent to live with grandparents in rural areas. The qualitative analysis also suggests that frequently orphaned children are shuffled from household to household depending on the current economic trend of the household. During the dry season, when food supplies diminish, rural orphans may experience a shuffling to another household. The LCMS data cannot assess the migration patterns of children from urban to rural, rural to urban or from household to household. However, the movement from the urban poor to rural areas might account for the large percentage of orphan children residing in rural areas.

Anecdotal evidence suggests a migration of children, particularly after the death of both parents, to urban areas. Quantitative information on street children is not available nor the migration habits of orphan children. However, if the death of both parents is prime contributing factor for urban migration of orphan children, then as the number of double orphans increase, the geographic percentage of orphans in urban areas can be expected to increase as well.

Provincial and District Location

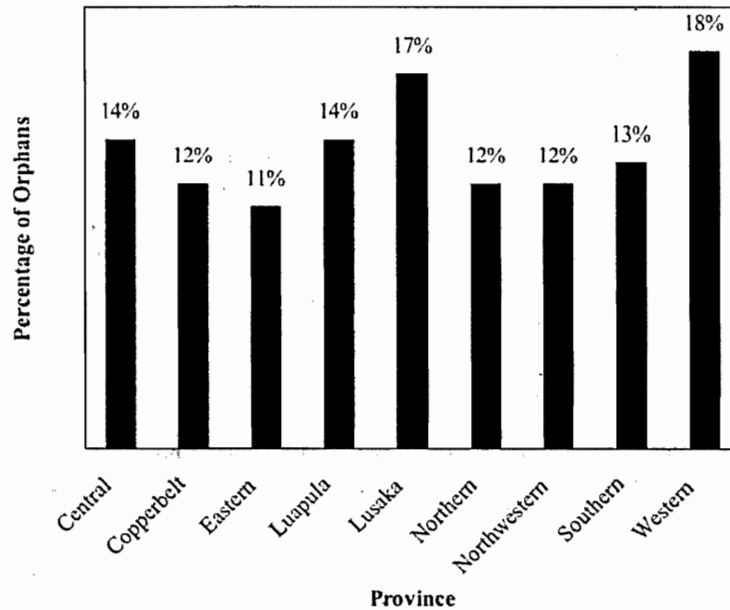
The percentage of orphans in Zambia's nine provinces ranges from 11 to 18% with the Lusaka (17%), and Western (18%) Provinces having the highest percentage of orphans. Of the remaining provinces the difference of percentage of orphan children is slight.

Lusaka Province, with the most dense population in Zambia, has one of the largest percentage of orphans (17%). The reasons for this are clear and do not require explanation. The remaining urbanised Provinces, Copperbelt and Southern, do not contain the largest percentage of orphans.

Western Province, which is primarily rural, contains 18% of the orphans in Zambia. Western province has a garrison town located in it and the rate of HIV/AIDS infection is relatively high amongst the military population in Zambia. Western Province also borders Angola. It is possible that cross border activity has increased the prevalence of HIV/AIDS. Also, war refugees might be engaging in commercial sex to assure economic survival.

² Zambia Human Development Report 1998, p. 5.

**Chart 3: Percentage of Orphans by Province LCMS
1996**



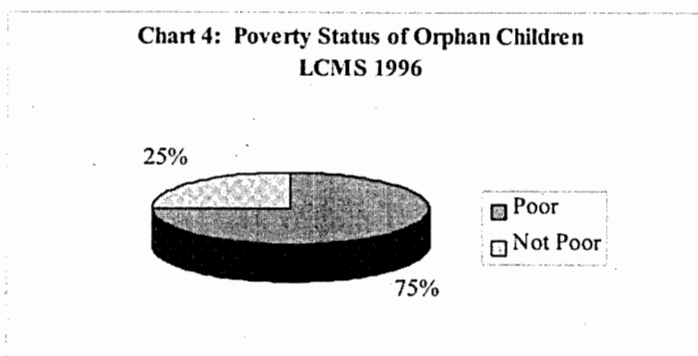
Central Province is also a predominantly rural area with 14% of the orphan population. Central province is a cross road linking Zambia with neighbouring countries and the road transport system runs through Central Province. Truckers are a high risk group for HIV/AIDS.

Luapula Province contains 14% of orphans. The province contains fishing communities, which are also high risk groups for HIV/AIDS.

When reviewing the distribution of orphans throughout Zambian districts, it appears that there are no obvious geographic patterns. (Annex Table 3A) A number of factors can influence the number and location of orphans: maternal access to clinics, HIV/AIDS, other causes of death. It appears that the presence of garrisons, important road transit points and location of border areas contribute to higher proportion of orphans. Relatively remote areas are associated with lower numbers of orphans.

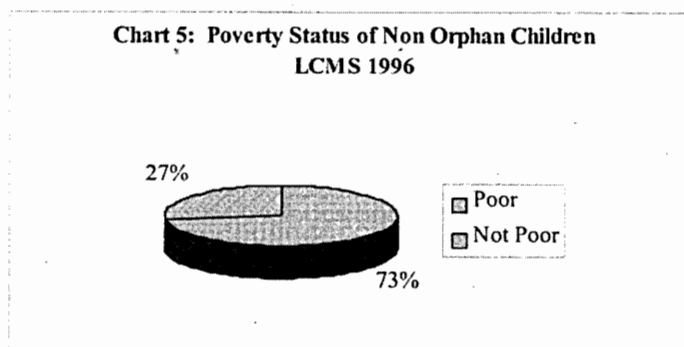
SOCIO-ECONOMIC STATUS OF ORPHAN CHILDREN

Although an alarming 75% of orphan children are found in poor households; families living below the poverty line, there is little difference in economic status between households with orphans and those without.



73% of non-
are also living in households below the poverty line.

orphan children



While these figures do not demonstrate that orphan children are necessarily worse off than non orphan children, the figures clearly demonstrate the economic vulnerability of all children in Zambia, which translates into fewer children attending school, poor nutritional status and lack of proper health care.

Poverty Status of Maternal, Paternal and Double Orphans

The frequent assumption is that when the father passes away the economic status of the family drops considerably. Since a greater percentage of orphans, and therefore a larger number, are paternal, at first glance it could appear that the death of a father impacts the economic status more so than the death of the mother. When examining sheer numbers alone nearly 262,500 paternal orphans are poor and just under 100,000 maternal orphans live below the poverty line. Due to the larger percentage of paternal orphans, the overall percentage of children in poverty whose fathers have died (49%) is greater than those children's whose mothers have died (17%).

Examining the sheer number of orphans below the poverty line is misleading. The data demonstrates that 77% of maternal orphans live below the poverty line and 75% of paternal orphans live below the poverty line.

Table 2: Poverty Status of Orphan and Non Orphan Children

Poverty Status	Maternal Orphans	Paternal Orphans	Double Orphans	Non Orphans
Poor	77%	75%	71%	73%
Not Poor	23%	25%	29%	27%

LCMS 1996

Interestingly, 71% of double orphans live below the poverty line, which suggests that double orphans, when absorbed into an existing family structure, experience a very slight increase in economic status. The possibility exists that they are absorbed into dual or multi income source families and therefore the levels of poverty decrease. However, this slight increase is overshadowed by the fact that the majority of orphan children remain in poverty.

Rural vs. Urban

The overall levels of poverty in rural areas is significantly higher than urban areas in Zambia. The 1998 Zambia Human Development Report indicates that 83% of the rural population lives below the poverty line whereas 46% of urban residents (the majority of the Zambian population) fall below the poverty line. Not surprising, an examination of the data divided into rural and urban reveals that a greater percentage of rural orphan children fall below the poverty line than their urban counterparts.

Table 3: Poverty Status of Orphans (Percentage)

Poverty Status	Orphans		Non Orphans		All Children	
	Rural	Urban	Rural	Urban	Rural	Urban
Poor	56%	19%	55%	17%	56%	17%
Not Poor	8%	17%	11%	17%	10%	17%

LCMS 1996

However, there is little notable distinction between the urban and rural poverty levels of orphan and non orphan children. The data continues to support the fact that children in Zambia are economically disadvantaged and poverty is a real issue facing the majority of households.

The data does not allow for an examination of change in economic status after the death of a parent. It is not possible, from the data, to determine if the orphans were living below the poverty line prior to the passing away of the parent. However, given the levels of poverty in Zambia a reasonable assumption can be made that prior to the death of a parent(s), the child(ren) was living in poverty.

SCHOOL ATTENDANCE

Countrywide, there is little difference of the primary school attendance rates between orphans and non orphan children. Approximately half the school aged children, attend primary school.

Table 4: School Attendance Rates for Orphan and Non Orphan Children

School Attendance	Orphans		Non Orphans	
	Boys	Girls	Boys	Girls
Attending School	51%	48%	49%	45%
Not Attending School	49%	52%	51%	55%

LCMS 1996

There is a slight discrepancy between the percentages of boys and girls enrolled in school, showing some favour to enrolling boys in schools over girls. However, the difference is slight which can probably be attributed to the promotion of girls education in Zambia.

The data indicated a differentiation between orphan and non orphan children receiving an education beyond primary school, with slightly more non orphan children attending secondary school. (Annex Table 10A) In general, more children, both orphan and non orphan, in urban areas attend primary school than in rural areas. The geographic difference probably results from factors such as location of schools and affordability of school fees and uniforms, rather than orphan status.

The LCMS attempted to gather data for distinguishing the reasons for lack of school attendance. However, the categories of the questions were vague and difficult to distinguish between each other. For example on category is too expensive, whereas another is lack of support, which can encompass financial as well as emotional support. However these two categories account for one-third of the reasons given for not attending school. (Annex Table 11A) In general, qualitative evidence supports financial inability as the prime reason children are not enrolled in school.

The LCMS data only measures children enrolled in formal education and does not account for those enrolled in community schools.

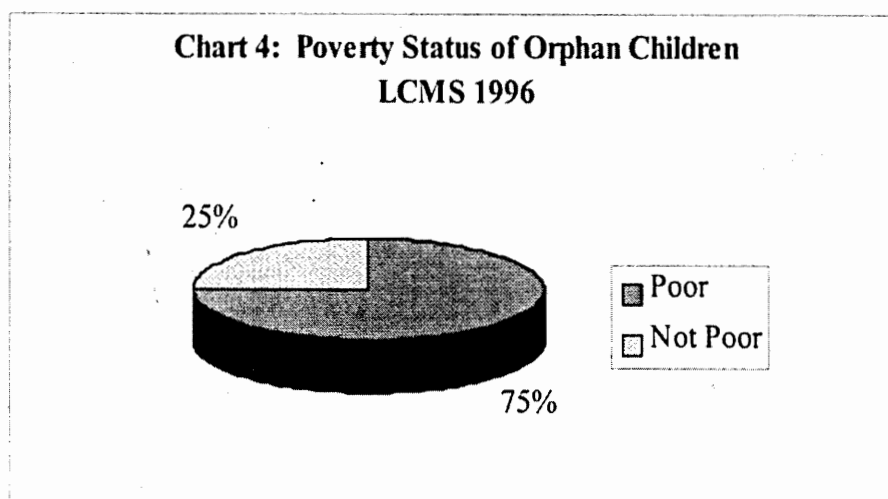
Most important is that a significant number of school aged children, both orphan and non orphan, are not enrolled in school. If the current downward economic momentum continues, it is expected that in the future more families will be unable to send their children to school and a greater percentage of children will grow up without the benefits of a primary education. Current national literacy rates are 66%³, a notable decrease in the last decade. Urban literacy rates are nearly twice as high as rural rates. Literacy rates are often associated with various benchmarks of a country's development. Most important literacy directly impacts the type of employment in which a person may participate. If, as projected, school enrolments decline, there will be a significant decline in adult literacy rates in ten to twenty years.

³ Zambia Human Development Report 1998, p. 60.

CHARACTERISTICS OF HOUSEHOLDS WITH ORPHANS

Primary Care Giver

Almost half of orphans reside a household headed by a surviving parent. The national statistics indicate that grandparents and aunts/uncles look after 35% of orphan children.



Grandparents and aunts/uncles look after 36 % of orphan children. When this data is broken into categories of maternal, paternal and double, it demonstrates that grandparents and aunts/uncles look after a large percentage of double orphans. Grandparents look after 38% of double orphans and aunts/uncles look after 29%, demonstrating that the extended family continues to share the burden of orphan care.

Table 5: Care Provider of Orphan Children (Type of Orphan and Rural/Urban Location)

Care Giver	Maternal	Paternal	Double
Head	.1%	.2%	.6%
Parent	37%	53%	-
Grand Child	27c	18%	38%
Brother/Sister	5%	5%	1%
Aunt/Uncle	15%	9%	29%
Non Relative	9%	10%	6%
Other Relative	7%	5%	25%

LCMS 1996

The data shows a differentiation between the role of grandparents and aunts/uncles in rural and urban areas. In general, rural grandmothers looks after 46% of double orphans and in urban areas, they look after 29%. Aunts/uncles in urban areas look after 33% of double orphans and in rural areas they look after 25%. (Annex Table 5B)

The large percentage of orphans looked after by grandparents raises concerns. If one assumes that the grandparents are looking after the children because the brothers/sisters of the deceased are either unable or unwilling, the real concern is over the fate of the children once the grandparent also passes away.

The majority of paternal orphans are cared for by their mothers. Whereas, maternal orphans seem to be shuffled to the homes of grandparents and aunts/uncles. Various reasons could account for this. Most notably the fathers may feel unable to properly provide the care of a woman and desire to see their children grow up under the care of a woman. It could also signal that the patrilineal roles and responsibility for the surviving family members is waning and the widowed mother faces the burden to provide for her children alone. Given the strong role of the extended family in caring for single and double orphan children, this is most likely a false assumption.

This data supports that the extended family is assuming the majority of the burden to care for the orphan children. The data is unable to determine the change in economic status as families take on additional children. The data is unable to determine the emotional and psychological pressures the extended family faces with the increase in orphan children. The data is unable to predict the fate of children cared for by aged grandparents who may pass away before the children reach adulthood. However, given that a large percentage of children are cared for by grandparents

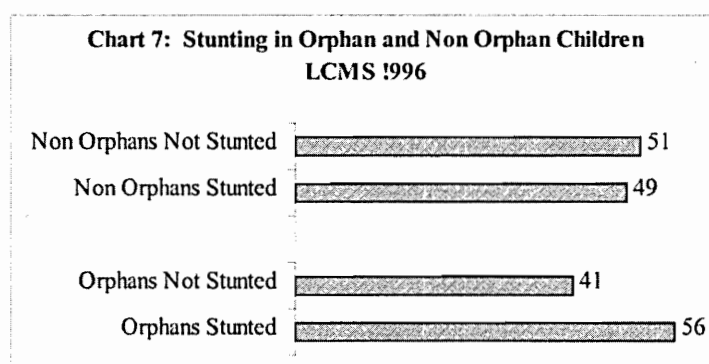
Qualitative analysis suggests that there is a significant increase in child headed households. The data does not support this statement. Fewer than half a percent of households are headed by children.

Size of Household

The LCMS data demonstrates that the bulk of Zambian children (72%) reside in households with 4 to 9 members. There is little notable differentiation in size of households with orphans than those without orphans nation-wide. When the data is divided into urban and rural categories, the data demonstrates that slightly more children reside in more densely populated households than their rural counterparts (Annex Table 6A) but there is no significant difference between orphan and non-orphan children. It is expected that urban households are more crowded due to higher costs of rent and shortages of affordable housing.

NUTRITIONAL STATUS OF ORPHANS

Anthropometric data was used to determine food and health status of orphans under the age of five. Stunting measures long-term malnutrition and wasting is an indicator of ill health.



The data demonstrates that 56% of orphan children are stunted and 49% of non-orphaned children are

stunted. At first glance, it could be tempting to link the stunting of orphan children with lack of proper care by the foster care givers and the withholding of food to orphan children. However, there are additional factors, which may contribute to the larger percentage of stunted orphan children. Notably if the mother suffered a prolonged illness or was looking after ill family members, it is possible that she was unable to provide the normal care and attention to her children that good health might have allowed. Also a prolonged illness or illness early on in the age of the young child may have prevented long-term breast feeding, contributing to the stunting of a child.

Regardless of the reasons, stunting amongst Zambian children under the age of five is serious and merits immediate and serious attention. The fact that orphan children tend to be stunted at slightly higher proportions may signal the need for prevention measures in children of HIV+ parents or after they have become orphans to reverse the trend.

MARITAL STATUS OF ORPHANS

Qualitative data indicates that, particularly in rural areas, orphan girl children are married in order to reduce the financial obligations of the family to look after her. The data does not indicate a difference between the marital status of orphan and non-orphan children. This could be a result of the questioning and the language. Also, a married orphan may no longer consider herself to be an orphan. However, the data for children under the age of 18 who are married, does not indicate that a significant number of children (less than 5%) are married at a young age, which does not support the qualitative information. (Annex Table 4A)

1998 LCMS DATA

The 1998 LCMS data is available as an appendix to this report. However, the figures have not yet been weighted. Therefore, no extended conclusions can be drawn or applied beyond the size of the sample.

RECOMMENDATIONS

1. Lobby efforts are needed to assure proper collection of data relevant to monitor the orphan and vulnerable children situation in Zambia.
2. Technical assistance would be beneficial to conduct analysis of data.
3. Time series data collection would be the best to monitor children over time.
4. National Orphan Monitoring System composed of four agencies: Central Statistics Office, Ministry of Education, FHANIS and Ministry of Home Affairs and Social Welfare.
5. Orphan assessment should become part of vulnerability assessments, poverty monitoring and analysis and all programmes addressing child welfare.
6. A periodic child's survey should be undertaken to incorporate all aspects child vulnerability. Meanwhile orphans should be integral part of household surveys.
7. The current survey method needs to be upgraded to collect data which better reflects the magnitude of orphans in Zambia.
8. Measures need to be taken to include the magnitude and situation of street children in national surveys.

9. To sufficiently inform about the orphan situation in the country, the sample size of the surveys used should be expanded.
10. Future surveys should ask about the physical migration of children following the death of a parent.
11. Future surveys should measure change in economic status after the death of parent(s).

Appendix Table 1A: Orphans by Age Group, sex, residence, province
Of All Types

	Proportion Orphaned				ALL	
	All Orphans		Not Orphans			
	Number	%	Number	%	Number	%
Age Group						
Less than 5	55269	4	1211902	96	1267171	100
5 to 9	139119	12	1003070	88	1142189	100
10 to 14	191742	19	805965	81	997707	100
15 to 18	162808	23	540421	77	703229	100
Rural/Urban						
Rural	345863	13	2405056	87	2750919	100
Urban	203075	15	1156302	85	1359377	100
Stratum						
Rural Small Scale	309243	12	2169303	88	2478546	100
Rural Medium Scale	8895	10	79457	90	88352	100
Rural Large Scale	359	13	2362	87	2721	100
Rural Non Agric	27366	15	153934	85	181300	100
Urban Low Cost	159960	15	906905	85	1066865	100
Urban Medium Cost	23662	15	134908	85	158570	100
Urban High Cost	19453	15	114489	85	133942	100
Province						
Central	53481	14	336098	86	389579	100
Copperbelt	86203	12	637637	88	723840	100
Eastern	56984	11	458096	89	515080	100
Luapula	52193	14	311800	86	363993	100
Lusaka	83764	17	394913	83	478677	100
Northern	69396	12	505149	88	574545	100
North-Western	24482	12	184133	88	208615	100
Southern	79024	13	530776	87	609800	100
Western	43411	18	202756	82	246167	100
Sex of the child						
Male	274638	14	1754360	86	2028998	100
Female	274300	13	1806998	87	2081298	100
All Zambia	548938	13	3561358	87	4110296	100

Appendix Table 1B: Persons 18years and below by Orphanhood by type, Age Group, sex, residence and province

	Maternal Orphans		Paternal Orphans		Double Orphans		Father and Mother Alive		ALL	
	Number	%	Number	%	Number	%	Number	%	Number	%
Age Group										
Less than 5	12344	1.0	39736	3.1	3189	0.3	1211902	95.6	1267171	100
5 to 9	31837	2.8	88840	7.8	18442	1.6	1003070	87.8	1142189	100
10 to 14	45291	4.5	116236	11.7	30215	3.0	805965	80.8	997707	100
15 to 18	31297	4.5	107007	15.2	24504	3.5	540421	76.8	703229	100
Rural/Urban										
Rural	83255	3.0	220422	8.0	42186	1.5	2405056	87.4	2750919	100
Urban	37514	2.8	131397	9.7	34164	2.5	1156302	85.1	1359377	100
Stratum										
Rural Small Scale	73915	3.0	197559	8.0	37769	1.5	2169303	87.5	2478546	100
Rural Medium Scale	2217	2.5	5152	5.8	1526	1.7	79457	89.9	88352	100
Rural Large Scale	36	1.3	176	6.5	147	5.4	2362	86.8	2721	100
Rural Non Agric	7087	3.9	17535	9.7	2744	1.5	153934	84.9	181300	100
Urban Low Cost	27644	2.6	105119	9.9	27197	2.5	906905	85.0	1066865	100
Urban Medium Cost	6702	4.2	13821	8.7	3139	2.0	134908	85.1	158570	100
Urban High Cost	3168	2.4	12457	9.3	3828	2.9	114489	85.5	133942	100
Province										
Central	11883	3.1	36024	9.2	5574	1.4	336098	86.3	389579	100
Copperbelt	15492	2.1	54855	7.6	15856	2.2	637637	88.1	723840	100
Eastern	14007	2.7	37381	7.3	5596	1.1	458096	88.9	515080	100
Luapula	12306	3.4	31924	8.8	7963	2.2	311800	85.7	363993	100
Lusaka	14945	3.1	53133	11.1	15686	3.3	394913	82.5	478677	100
Northern	12988	2.3	49852	8.7	6556	1.1	505149	87.9	574545	100
North-Western	5752	2.8	16963	8.1	1767	0.8	184133	88.3	208615	100
Southern	21407	3.5	47369	7.8	10248	1.7	530776	87.0	609800	100
Western	11989	4.9	24318	9.9	7104	2.9	202756	82.4	246167	100
Sex of the child										
Male	60785	3.0	177187	8.7	36666	1.8	1754360	86.5	2028998	100
Female	59984	2.9	174632	8.4	39684	1.9	1806998	86.8	2081298	100
All Zambia	120769	2.9	351819	8.6	76350	1.9	3561358	86.6	4110296	100

Appendix Table 2A: Persons 18years and below by Orphanhood by Province and Rural/Urban of All Type

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Central	Total	53481	14	336098	86	389579	100
	Rural	32045	12	229200	88	261245	100
	Urban	21436	17	106898	83	128334	100
Copperbelt	Total	86203	12	637637	88	723840	100
	Rural	27240	12	196389	88	223629	100
	Urban	58963	12	441248	88	500211	100
Eastern	Total	56984	11	458096	89	515080	100
	Rural	48541	11	411253	89	459794	100
	Urban	8443	15	46843	85	55286	100
Luapula	Total	52193	14	311800	86	363993	100
	Rural	45913	14	271725	86	317638	100
	Urban	6280	14	40075	86	46355	100
Lusaka	Total	83764	17	394913	83	478677	100
	Rural	11787	14	71152	86	82939	100
	Urban	71977	18	323761	82	395738	100
Northen	Total	69396	12	505149	88	574545	100
	Rural	57614	12	442251	88	499865	100
	Urban	11782	16	62898	84	74680	100
North-Western	Total	24482	12	184133	88	208615	100
	Rural	21513	12	154699	88	176212	100
	Urban	2969	9	29434	91	32403	100
Southern	Total	79024	13	530776	87	609800	100
	Rural	63926	12	452143	88	516069	100
	Urban	15098	16	78633	84	93731	100
Western	Total	43411	18	202756	82	246167	100
	Rural	37284	17	176244	83	213528	100
	Urban	6127	19	26512	81	32639	100

Appendix Table 2B: Persons 18years and below by Orphanhood by Province and Rural/Urban of All Type

		Maternal Orphans	Paternal Orphans	Double Orphans	Father and mother Alive	ALL
		%	%	%	%	%
Central	Total	3.1	9.2	1.4	86.3	100.0
	Rural	3.1	8.0	1.1	87.7	100.0
	Urban	2.9	11.7	2.1	83.3	100.0
Copperbelt	Total	2.1	7.6	2.2	88.1	100.0
	Rural	2.8	7.2	2.1	87.8	100.0
	Urban	1.8	7.7	2.2	88.2	100.0
Eastern	Total	2.7	7.3	1.1	88.9	100.0
	Rural	2.6	6.9	1.0	89.4	100.0
	Urban	3.5	10.3	1.5	84.7	100.0
Luapula	Total	3.4	8.8	2.2	85.7	100.0
	Rural	3.5	8.7	2.3	85.5	100.0
	Urban	2.6	9.2	1.7	86.5	100.0
Lusaka	Total	3.1	11.1	3.3	82.5	100.0
	Rural	1.4	10.0	2.8	85.8	100.0
	Urban	3.5	11.3	3.4	81.8	100.0
Northen	Total	2.3	8.7	1.1	87.9	100.0
	Rural	2.2	8.3	1.0	88.5	100.0
	Urban	2.7	11.2	1.9	84.2	100.0
North-Western	Total	2.8	8.1	0.8	88.3	100.0
	Rural	2.8	8.6	0.9	87.8	100.0
	Urban	2.7	5.6	0.8	90.8	100.0
Southern	Total	3.5	7.8	1.7	87.0	100.0
	Rural	3.5	7.4	1.5	87.6	100.0
	Urban	3.6	9.6	2.9	83.9	100.0
Western	Total	4.9	9.9	2.9	82.4	100.0
	Rural	4.9	9.7	2.9	82.5	100.0
	Urban	4.6	11.3	2.9	81.2	100.0

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Central

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	53481	14	336098	86	389579	100
Province	Rural	32045	12	229200	88	261245	100
	Urban	21436	17	106898	83	128334	100
Kabwe rural	Total	10183	9	97891	91	108074	100
	Rural	8141	9	86072	91	94213	100
	Urban	2042	15	11819	85	13861	100
Kabwe Urban	Total	16335	17	78441	83	94776	100
	Urban	16335	17	78441	83	94776	100
Mkushi	Total	7551	12	53737	88	61288	100
	Rural	6603	12	49392	88	55995	100
	Urban	948	18	4345	82	5293	100
Mumbwa	Total	9550	15	52114	85	61664	100
	Rural	7699	14	45671	86	53370	100
	Urban	1851	22	6443	78	8294	100
Serenje	Total	9862	15	53915	85	63777	100
	Rural	9602	17	48065	83	57667	100
	Urban	260	4	5850	96	6110	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Copperbelt

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	86203	12	637637	88	723840	100
Province	Rural	27240	12	196389	88	223629	100
	Urban	58963	12	441248	88	500211	100
Chililabombwe	Total	4394	17	21847	83	26241	100
	Rural	1614	23	5536	77	7150	100
	Urban	2780	15	16311	85	19091	100
Chingola	Total	8125	9	79422	91	87547	100
	Rural	1218	11	10187	89	11405	100
	Urban	6907	9	69235	91	76142	100
Kalulushi	Total	2951	7	37531	93	40482	100
	Rural	1428	6	23322	94	24750	100
	Urban	1523	10	14209	90	15732	100
Kitwe	Total	19322	14	121983	86	141305	100
	Rural	3247	12	24158	88	27405	100
	Urban	16075	14	97825	86	113900	100
Luanshya	Total	4141	7	53942	93	58083	100
	Rural	1756	18	8070	82	9826	100
	Urban	2385	5	45872	95	48257	100
Mufulira	Total	10606	12	76204	88	86810	100
	Rural	1496	9	15352	91	16848	100
	Urban	9110	13	60852	87	69962	100
Ndola Rural	Total	16481	13	109764	87	126245	100
	Rural	16481	13	109764	87	126245	100
Ndola Urban	Total	20183	13	136944	87	157127	100
	Urban	20183	13	136944	87	157127	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Eastern

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	56984	11	458096	89	515080	100
Province	Rural	48541	11	411253	89	459794	100
	Urban	8443	15	46843	85	55286	100
Chadiza	Total	3240	10	28489	90	31729	100
	Rural	3072	10	26905	90	29977	100
	Urban	168	10	1584	90	1752	100
Chama	Total	1933	7	26157	93	28090	100
	Rural	1845	7	22901	93	24746	100
	Urban	88	3	3256	97	3344	100
Chipata	Total	15432	10	133113	90	148545	100
	Rural	9359	8	103496	92	112855	100
	Urban	6073	17	29617	83	35690	100
Katete	Total	6770	9	68974	91	75744	100
	Rural	5685	8	65833	92	71518	100
	Urban	1085	26	3141	74	4226	100
Lundazi	Total	11499	13	73711	87	85210	100
	Rural	11069	14	70633	86	81702	100
	Urban	430	12	3078	88	3508	100
Petauke	Total	18110	12	127652	88	145762	100
	Rural	17511	13	121485	87	138996	100
	Urban	599	9	6167	91	6766	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Luapula

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	52193	14	311800	86	363993	100
Province	Rural	45913	14	271725	86	317638	100
	Urban	6280	14	40075	86	46355	100
Kawambwa	Total	11559	15	64788	85	76347	100
	Rural	11143	16	60072	84	71215	100
	Urban	416	8	4716	92	5132	100
Mansa	Total	9363	10	86580	90	95943	100
	Rural	6105	9	65646	91	71751	100
	Urban	3258	13	20934	87	24192	100
Mwense	Total	9414	15	52758	85	62172	100
	Rural	8518	15	49046	85	57564	100
	Urban	896	19	3712	81	4608	100
Nchelenge	Total	2864	6	43278	94	46142	100
	Rural	2864	7	38044	93	40908	100
	Urban	.	.	5234	100	5234	100
Samfya	Total	18993	23	64396	77	83389	100
	Rural	17283	23	58917	77	76200	100
	Urban	1710	24	5479	76	7189	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, r
of All Type

Province Lusaka

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	83764	17	394913	83	478677	100
Province	Rural	11787	14	71152	86	82939	100
	Urban	71977	18	323761	82	395738	100
Luangwa	Total	939	8	10224	92	11163	100
	Rural	831	8	9305	92	10136	100
	Urban	108	11	919	89	1027	100
Lusaka	Total	17820	15	97637	85	115457	100
	Rural	10956	15	61847	85	72803	100
	Urban	6864	16	35790	84	42654	100
Lusaka	Total	65005	18	287052	82	352057	100
Urban	Urban	65005	18	287052	82	352057	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, r
of All Type

Province Northern

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	69396	12	505149	88	574545	100
Province	Rural	57614	12	442251	88	499865	100
	Urban	11782	16	62898	84	74680	100
Chilubi	Total	5626	20	22384	80	28010	100
	Rural	5560	20	21592	80	27152	100
	Urban	66	8	792	92	858	100
Chinsali	Total	9863	16	50876	84	60739	100
	Rural	9275	16	47096	84	56371	100
	Urban	588	13	3780	87	4368	100
Isoka	Total	9174	14	55037	86	64211	100
	Rural	8629	14	51915	86	60544	100
	Urban	545	15	3122	85	3667	100
Kaputa	Total	3886	16	20185	84	24071	100
	Rural	3830	16	19808	84	23638	100
	Urban	56	13	377	87	433	100
Kasama	Total	15354	10	130995	90	146349	100
	Rural	9221	8	104817	92	114038	100
	Urban	6133	19	26178	81	32311	100
Luwingu	Total	6680	17	32954	83	39634	100
	Rural	6380	17	30356	83	36736	100
	Urban	300	10	2598	90	2898	100
Mbala	Total	6071	7	75433	93	81504	100
	Rural	5563	8	65715	92	71278	100
	Urban	508	5	9718	95	10226	100
Mpika	Total	8350	10	79018	90	87368	100
	Rural	5391	7	67188	93	72579	100
	Urban	2959	20	11830	80	14789	100
Mporokoso	Total	4392	10	38267	90	42659	100
	Rural	3765	10	33764	90	37529	100
	Urban	627	12	4503	88	5130	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province North-Western

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	24482	12	184133	88	208615	100
Province	Rural	21513	12	154699	88	176212	100
	Urban	2969	9	29434	91	32403	100
Mufumbwe	Total	2594	7	33665	93	36259	100
	Rural	2109	7	27369	93	29478	100
	Urban	485	7	6296	93	6781	100
Kabompo	Total	5814	18	26903	82	32717	100
	Rural	5610	18	24971	82	30581	100
	Urban	204	10	1932	90	2136	100
Kasempa	Total	374	5	7012	95	7386	100
	Rural	288	4	6471	96	6759	100
	Urban	86	14	541	86	627	100
Mwinilunga	Total	4938	12	37629	88	42567	100
	Rural	4604	12	34588	88	39192	100
	Urban	334	10	3041	90	3375	100
Solwezi	Total	6928	11	54652	89	61580	100
	Rural	5380	12	39605	88	44985	100
	Urban	1548	9	15047	91	16595	100
Zambezi	Total	3834	14	24272	86	28106	100
	Rural	3522	14	21695	86	25217	100
	Urban	312	11	2577	89	2889	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Southern

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	79024	13	530776	87	609800	100
Province	Rural	63926	12	452143	88	516069	100
	Urban	15098	16	78633	84	93731	100
Choma	Total	19841	11	161054	89	180895	100
	Rural	17333	11	146958	89	164291	100
Gwembe	Urban	2508	15	14096	85	16604	100
	Total	1710	13	11681	87	13391	100
Kalomo	Rural	1710	13	11681	87	13391	100
	Total	8189	12	57883	88	66072	100
Livingstone	Rural	6602	11	54295	89	60897	100
	Urban	1587	31	3588	69	5175	100
Mazabuka	Total	6544	14	38935	86	45479	100
	Rural	44	1	5669	99	5713	100
Monze	Urban	6500	16	33266	84	39766	100
	Total	11014	12	84350	88	95364	100
Namwala	Rural	9053	11	76133	89	85186	100
	Urban	1961	19	8217	81	10178	100
Siavonga	Total	10387	12	74643	88	85030	100
	Rural	9147	13	61457	87	70604	100
Sinazongwe	Urban	1240	9	13186	91	14426	100
	Total	11382	17	56672	83	68054	100
Sinazongwe	Rural	11226	17	55332	83	66558	100
	Urban	156	10	1340	90	1496	100
Sinazongwe	Total	2401	15	13978	85	16379	100
	Rural	1673	14	10226	86	11899	100
Sinazongwe	Urban	728	16	3752	84	4480	100
	Total	7556	19	31580	81	39136	100
Sinazongwe	Rural	7138	19	30392	81	37530	100
	Urban	418	26	1188	74	1606	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Western

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	43411	18	202756	82	246167	100
Province	Rural	37284	17	176244	83	213528	100
	Urban	6127	19	26512	81	32639	100
Kalabo	Total	2996	12	22161	88	25157	100
	Rural	2223	10	19015	90	21238	100
	Urban	773	20	3146	80	3919	100
Kaoma	Total	9693	25	29142	75	38835	100
	Rural	9021	26	25209	74	34230	100
	Urban	672	15	3933	85	4605	100
Lukulu	Total	3011	14	18805	86	21816	100
	Rural	2939	15	16573	85	19512	100
	Urban	72	3	2232	97	2304	100
Mongu	Total	10584	20	42160	80	52744	100
	Rural	7446	20	29643	80	37089	100
	Urban	3138	20	12517	80	15655	100
Senanga	Total	12468	18	57139	82	69607	100
	Rural	11476	17	54696	83	66172	100
	Urban	992	29	2443	71	3435	100
Sesheke	Total	4659	12	33349	88	38008	100
	Rural	4179	12	31108	88	35287	100
	Urban	480	18	2241	82	2721	100

Appendix Table 4A: Persons between 12 years and 18years by Orphanhood, Age Group, sex, residence and province

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	Never						
	Married	266261	95.7	958023	95.2	1224284	95.3
	Married	9829	3.5	39793	4.0	49622	3.9
	Separated	438	0.2	3083	0.3	3521	0.3
	Divorced	1430	0.5	5198	0.5	6628	0.5
	Widowed	314	0.1	284	0.0	598	0.0
Rural	Never						
	Married	165855	95.4	617075	94.3	782930	94.5
	Married	6768	3.9	31055	4.7	37823	4.6
	Separated	438	0.3	2878	0.4	3316	0.4
	Divorced	483	0.3	3254	0.5	3737	0.5
	Widowed	314	0.2	195	0.0	509	0.1
Urban	Never						
	Married	100406	96.2	340948	96.9	441354	96.7
	Married	3061	2.9	8738	2.5	11799	2.6
	Separated	.	.	205	0.1	205	0.0
	Divorced	947	0.9	1944	0.6	2891	0.6
	Widowed	.	.	89	0.0	89	0.0

Appendix Table 4B: Persons between 12 years and 18years by Orphanhood
rural/urban and sex

Sex of the child Male

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	Never						
	Married	136062	99.6	493049	99.3	629111	99.3
	Married	172	0.1	2288	0.5	2460	0.4
	Separated	.	.	760	0.2	760	0.1
	Divorced	172	0.1	671	0.1	843	0.1
Rural	Widowed	178	0.1	.	.	178	0.0
	Never						
	Married	87771	99.7	322317	99.2	410088	99.3
	Married	92	0.1	1532	0.5	1624	0.4
	Separated	.	.	760	0.2	760	0.2
Urban	Divorced	.	.	223	0.1	223	0.1
	Widowed	178	0.2	.	.	178	0.0
	Never						
	Married	48291	99.5	170732	99.3	219023	99.3
	Married	80	0.2	756	0.4	836	0.4
	Divorced	172	0.4	448	0.3	620	0.3

Appendix Table 4B: Persons between 12 years and 18years by Orphanhood
rural/urban and sex

Sex of the child Female

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	Never						
	Married	130199	91.9	464974	91.2	595173	91.4
	Married	9657	6.8	37505	7.4	47162	7.2
	Separated	438	0.3	2323	0.5	2761	0.4
	Divorced	1258	0.9	4527	0.9	5785	0.9
Rural	Widowed	136	0.1	284	0.1	420	0.1
	Never						
	Married	78084	91.0	294758	89.4	372842	89.7
	Married	6676	7.8	29523	9.0	36199	8.7
	Separated	438	0.5	2118	0.6	2556	0.6
Urban	Divorced	483	0.6	3031	0.9	3514	0.8
	Widowed	136	0.2	195	0.1	331	0.1
	Never						
	Married	52115	93.3	170216	94.6	222331	94.3
	Married	2981	5.3	7982	4.4	10963	4.6
	Separated	.	.	205	0.1	205	0.1
	Divorced	775	1.4	1496	0.8	2271	1.0
	Widowed	.	.	89	0.0	89	0.0

Appendix Table 4C: Persons between 12 years and 18years by Orphanhood rural/urban and sex

Sex of the child Male

		Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	Never										
	Married	29499	99.7	86020	99.9	20543	98.5	493049	99.3	629111	99.3
	Married	92	0.3	80	0.1	.	.	2288	0.5	2460	0.4
	Separated	.	.	.	.	.	.	760	0.2	760	0.1
	Divorced	.	.	44	0.1	128	0.6	671	0.1	843	0.1
Rural	Widowed	.	.	.	.	178	0.9	.	.	178	0.0
	Never										
	Married	20084	99.5	56457	100	11230	98.4	322317	99.2	410088	99.3
	Married	92	0.5	.	.	.	.	1532	0.5	1624	0.4
	Separated	.	.	.	.	.	.	760	0.2	760	0.2
Urban	Divorced	.	.	.	.	.	.	223	0.1	223	0.1
	Widowed	.	.	.	.	178	1.6	.	.	178	0.0
	Never										
	Married	9415	100	29563	99.6	9313	98.6	170732	99.3	219023	99.3
	Married	.	.	80	0.3	.	.	756	0.4	836	0.4
	Divorced	.	.	44	0.1	128	1.4	448	0.3	620	0.3

Appendix Table 4C: Persons between 12 years and 18years by Orphanhood rural/urban and sex

Sex of the child Female

		Mother Only dead		Father Only dead		Both Father and Mother Dead		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	Never										
	Married	26232	89.9	82416	92.5	21551	92.2	464974	91.2	595173	91.4
	Married	2522	8.6	5653	6.3	1482	6.3	37505	7.4	47162	7.2
	Separated	130	0.4	308	0.3	.	.	2323	0.5	2761	0.4
	Divorced	22	1.0	761	0.9	215	0.9	4527	0.9	5785	0.9
Rural	Widowed	.	.	.	.	136	0.6	284	0.1	420	0.1
	Never										
	Married	17319	89.3	48560	91.0	12205	93.4	294758	89.4	372842	89.7
	Married	1798	9.3	4157	7.8	721	5.5	29523	9.0	36199	8.7
	Separated	130	0.7	308	0.6	.	.	2118	0.6	2556	0.6
Urban	Divorced	154	0.8	329	0.6	.	.	3031	0.9	3514	0.8
	Widowed	.	.	.	.	136	1.0	195	0.1	331	0.1
	Never										
	Married	8913	91.3	33856	94.6	9346	90.5	170216	94.6	222331	94.3
	Married	724	7.4	1496	4.2	761	7.4	7982	4.4	10963	4.6
	Separated	.	.	.	.	.	.	205	0.1	205	0.1
	Divorced	128	1.3	432	1.2	215	2.1	1496	0.8	2271	1.0
	Widowed	.	.	.	.	.	.	89	0.0	89	0.0

Appendix Table 5A: Persons 18years and below by Orphanhood
rural/urban and relationship to head

		All Orphans		Not Orphans		ALL		
		Number	%	Number	%	Number	%	
Zambia	Head	1313	0.2	1514	0.0	2827	0.1	
	Spouse	5926	1.1	28056	0.8	33982	0.8	
	Own child	236586	43.0	2887429	80.8	3124015	75.8	
	Step child	25783	4.7	70600	2.0	96383	2.3	
	Grand child	122164	22.2	321574	9.0	443738	10.8	
	Brother/Sister	31926	5.8	43827	1.2	75753	1.8	
	Niece Nephew	70962	12.9	96323	2.7	167285	4.1	
	Bro/sis in-law	18480	3.4	38500	1.1	56980	1.4	
	Parent	156	0.0	258	0.0	414	0.0	
	Parent in law	788	0.1	2126	0.1	2914	0.1	
	Other relative	32780	6.0	73250	2.1	106030	2.6	
	Non relative	3032	0.6	8131	0.2	11163	0.3	
	Rural	Head	1083	0.3	733	0.0	1816	0.1
		Spouse	3934	1.1	20939	0.9	24873	0.9
Own child		146923	42.4	1947686	80.7	2094609	75.9	
Step child		18657	5.4	54815	2.3	73472	2.7	
Grand child		91162	26.3	248573	10.3	339735	12.3	
Brother/Sister		15371	4.4	19634	0.8	35005	1.3	
Niece Nephew		36572	10.5	44664	1.9	81236	2.9	
Bro/sis in-law		10531	3.0	18438	0.8	28969	1.0	
Parent		156	0.0	181	0.0	337	0.0	
Parent in law		533	0.2	1850	0.1	2383	0.1	
Other relative		20828	6.0	52073	2.2	72901	2.6	
Non relative		908	0.3	2809	0.1	3717	0.1	
Urban		Head	230	0.1	781	0.1	1011	0.1
		Spouse	1992	1.0	7117	0.6	9109	0.7
	Own child	89663	44.1	939743	81.1	1029406	75.6	
	Step child	7126	3.5	15785	1.4	22911	1.7	
	Grand child	31002	15.3	73001	6.3	104003	7.6	
	Brother/Sister	16555	8.1	24193	2.1	40748	3.0	
	Niece Nephew	34390	16.9	51659	4.5	86049	6.3	
	Bro/sis in-law	7949	3.9	20062	1.7	28011	2.1	
	Parent	.	.	77	0.0	77	0.0	
	Parent in law	255	0.1	276	0.0	531	0.0	
	Other relative	11952	5.9	21177	1.8	33129	2.4	
	Non relative	2124	1.0	5322	0.5	7446	0.5	

Appendix Table 5B: Persons 18 years and below by Orphanhood
by type, rural/urban and relationship to head

		Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL		
		Number	%	Number	%	Number	%	Number	%	Number	%	
Zambia	Head	170	0.1	728	0.2	415	0.6	1514	0.0	2827	0.1	
	Spouse	1763	1.5	3493	1.0	670	0.9	28056	0.8	33982	0.8	
	Own child	44785	37.1	187405	53.2	4396	.	2887429	80.8	3124015	75.8	
	Step child	3516	2.9	20066	5.7	2201	3.0	70600	2.0	96383	2.3	
	Grand child	33083	27.4	61548	17.5	27533	38.1	321574	9.0	443738	10.8	
	Brother/Sister	5901	4.9	18079	5.1	7946	11.0	43827	1.2	75753	1.8	
	Niece Nephew	18247	15.1	32114	9.1	20601	28.5	96323	2.7	167285	4.1	
	Bro/sis in-law	3759	3.1	11077	3.1	3644	5.0	38500	1.1	56980	1.4	
	Parent	.	.	156	0.0	.	.	258	0.0	414	0.0	
	Parent in law	737	0.6	.	.	51	0.1	2126	0.1	2914	0.1	
	Other relative	7741	6.4	16668	4.7	8371	11.6	73250	2.1	106030	2.6	
	Non relative	1067	0.9	1224	0.3	741	1.0	8131	0.2	11163	0.3	
	Rural	Head	92	0.1	645	0.3	346	0.8	733	0.0	1816	0.1
		Spouse	1444	1.7	2439	1.1	51	0.1	20939	0.9	24873	0.9
Own child		28925	34.7	115014	52.0	2984	.	1947686	80.7	2094609	75.9	
Step child		2868	3.4	13860	6.3	1929	4.9	54815	2.3	73472	2.7	
Grand child		28215	33.9	44813	20.3	18134	46.0	248573	10.3	339735	12.3	
Brother/Sister		3123	3.8	9722	4.4	2526	6.4	19634	0.8	35005	1.3	
Niece Nephew		11030	13.2	15572	7.0	9970	25.3	44664	1.9	81236	2.9	
Bro/sis in-law		2198	2.6	6883	3.1	1450	3.7	18438	0.8	28969	1.0	
Parent		.	.	156	0.1	.	.	181	0.0	337	0.0	
Parent in law		533	0.6	.	.	.	.	1850	0.1	2303	0.1
Other relative		4466	5.4	11437	5.2	4925	12.5	52073	2.2	72901	2.6	
Non relative		361	0.4	463	0.2	84	0.2	2809	0.1	3717	0.1	
Urban		Head	78	0.2	83	0.1	69	0.2	781	0.1	1011	0.1
		Spouse	319	0.9	1054	0.8	619	1.9	7117	0.6	9109	0.7
	Own child	15860	42.3	72391	55.0	1412	.	939743	81.1	1029406	75.6	
	Step child	648	1.7	6206	4.7	272	0.8	15785	1.4	22911	1.7	
	Grand child	4868	13.0	16735	12.7	9399	28.7	73001	6.3	104003	7.6	
	Brother/Sister	2778	7.4	8357	6.4	5420	16.5	24193	2.1	40748	3.0	
	Niece Nephew	7217	19.2	16542	12.6	10631	32.5	51659	4.5	86049	6.3	
	Bro/sis in-law	1561	4.2	4194	3.2	2194	6.7	20062	1.7	28011	2.1	
	Parent	.	.	.	.	.	.	77	0.0	77	0.0
	Parent in law	264	0.5	.	.	51	0.1	77	0.0	77	0.0	
	Other relative	3275	8.7	5231	4.0	3446	10.5	21177	1.8	33129	2.4	
	Non relative	706	1.9	761	0.6	657	2.0	5322	0.5	7446	0.5	

Appendix Table 6A: Percentage distribution of Persons 18years and below by Orphanhood rural/urban and household size

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	ALL	548938	100	3561358	100	4110296	100
	1	2031	0.0	342	0.0	456	0.0
	2 to 3	15370	2.8	49350	1.4	65309	1.6
	4 to 6	197069	35.9	1110977	31.2	1307074	31.8
	7 to 9	205303	37.4	1445911	40.6	1652339	40.2
	10 to 12	91124	16.6	683781	19.2	772736	18.8
	13 to 15	24153	4.4	167384	4.7	193184	4.7
	16 and above	15919	2.9	103279	2.9	119199	2.9
	Rural	ALL	345863	100	2405056	100	2750919	100
	2 to 3	11413	3.3	38481	1.6	49512	1.8
	4 to 6	132120	38.2	805694	33.5	938063	34.1
	7 to 9	129007	37.3	949997	39.5	1078360	39.2
	10 to 12	49804	14.4	428100	17.8	478660	17.4
	13 to 15	13143	3.8	101012	4.2	115539	4.2
	16 and above	10376	3.0	79367	3.3	90780	3.3
Urban	ALL	203075	100	1156302	100	1359377	100
	1	2031	0.1	342	0.0	456	0.0
	2 to 3	3858	1.9	10065	0.9	14384	1.1
	4 to 6	64781	31.9	304107	26.3	368391	27.1
	7 to 9	76356	37.6	496054	42.9	572298	42.1
	10 to 12	41224	20.3	254386	22.0	294985	21.7
	13 to 15	10966	5.4	67066	5.8	77484	5.7
	16 and above	5686	2.8	24282	2.1	29906	2.2

Appendix Table 6B: Persons 18 years and below by Orphanhood
by type, rural/urban and household size

		Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	ALL	120472	100	351972	100	76494	100	3561358	100	4110296	100
	1	.	.	.	.	114	0.1	342	0.0	456	0.0
	2 to 3	2771	2.3	10559	3.0	2640	2.6	49859	1.4	65765	1.6
	4 to 6	45659	37.9	127062	36.1	24019	31.4	1111144	31.2	1307074	31.8
	7 to 9	45538	37.8	131638	37.4	28456	37.2	1445911	40.6	1652339	40.2
	10 to 12	17830	14.8	59483	16.9	13845	18.1	676658	19.2	772736	18.8
	13 to 15	6626	5.5	13727	3.9	3748	4.9	167384	4.7	193184	4.7
	16 and above	1928	1.6	9855	2.8	4207	5.5	103279	2.9	119199	2.9
Rural	ALL	82997	100	220599	100	42267	100	2405056	100	2750919	100
	2 to 3	2241	2.7	7942	3.6	1310	3.1	38481	1.6	49517	1.8
	4 to 6	33199	40.0	84931	38.5	13990	33.1	805694	33.5	938063	34.1
	7 to 9	31124	37.5	82725	37.5	15301	36.2	949997	39.5	1078360	39.2
	10 to 12	10458	12.6	32428	14.7	7016	16.6	428100	17.8	478660	17.4
	13 to 15	4399	5.3	6397	2.9	2240	5.3	101012	4.2	115539	4.2
	16 and above	1577	1.9	6177	2.8	2409	5.7	79367	3.3	90780	3.3
Urban	ALL	37514	100	131554	100	34284	100	1156302	100	1359377	100
	1	.	.	.	.	114	0.3	342	0.0	456	0.0
	2 to 3	599	1.6	2628	2.0	571	2.0	10065	0.9	14497	1.1
	4 to 6	12475	33.3	42171	32.1	10031	29.3	304107	26.3	368391	27.1
	7 to 9	14423	38.5	48872	37.2	13181	38.5	496054	42.9	572298	42.1
	10 to 12	7418	19.8	26932	20.5	6847	20.0	254386	22.0	294985	21.7
	13 to 15	2210	5.9	7226	5.5	1541	4.5	67066	5.8	77484	5.7
	16 and above	300	0.8	3547	2.7	1780	5.2	24282	2.1	29906	2.2

Appendix Table 7A: Percentage distribution of Persons 18years and below by Orphanhood rural/urban and Number of dependants in household

Number Dependants		All Orphans		Not Orphans		ALL		
		Number	%	Number	%	Number	%	
Zambia	All	548938	100	3561358	100	4110296	100	
	0	23604	4.3	56982	1.6	82206	2.0	
	1	73009	13.3	316961	8.9	390478	9.5	
	2	103200	18.8	566256	15.9	665868	16.2	
	3	114179	20.8	715833	20.1	830280	20.2	
	4	91124	16.6	726517	20.4	817949	19.9	
	5	63677	11.6	527081	14.8	591883	14.4	
	6-10	76302	13.9	623238	17.5	698750	17.0	
	11-21	3843	0.7	32052	0.9	32882	0.8	
	Rural	All	345863	100	2405056	100	2750919	100
		0	14180	4.1	36076	1.5	52267	1.9
1		50150	14.5	218860	9.1	269590	9.8	
2		63985	18.5	382404	15.9	445649	16.2	
3		73323	21.2	493036	20.5	563938	20.5	
4		54300	15.7	478606	19.9	533678	19.4	
5		45308	13.1	343923	14.3	390630	14.2	
6-10		42195	12.2	423290	17.6	467656	17.0	
11-21		2421	0.7	28861	1.2	30260	1.1	
Urban		All	203075	100	1156302	100	1359377	100
		0	9545	4.7	20813	1.8	29906	2.2
	1	22947	11.3	97129	8.4	119625	8.8	
	2	39397	19.4	182696	15.8	221578	16.3	
	3	41021	20.2	224323	19.4	265079	19.5	
	4	36757	18.1	247449	21.4	284110	20.9	
	5	18480	9.1	183852	15.9	202547	14.9	
	6-10	34117	16.8	197728	17.1	231094	17.0	
	11-21	1015	0.5	2313	0.2	2719	0.2	

Appendix Table 8A: Percentage distribution of Persons 18years and below by Orphanhood rural/urban and Poverty Status

Poverty Status		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	All	548938	100	3561358	100	4110296	100
	All Poor	410057	74.7	2585546	72.6	3996406	72.9
	Not Poor	138881	25.3	975812	27.4	1113890	27.1
Rural	All	345863	100	2405056	100	2750919	100
	All Poor	303668	87.8	2015437	83.8	2319025	84.3
	Not Poor	42195	12.2	389619	16.2	431894	15.7
Urban	All	203075	100	1156301	100	1359377	100
	All Poor	106411	52.4	572369	49.5	679689	50.0
	Not Poor	96664	47.6	583932	50.5	679689	50.0

Appendix Table 8B: Percentage distribution of Persons 18years and below by Orphanhood rural/urban and Poverty Status

Poverty Status		Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	All	119960	100	352530	100	76448	100	3561358	100	4110296	100
	All Poor	92849	77.4	262635	74.5	54431	71.2	2585546	72.6	2996406	72.9
	Not Poor	27111	22.6	89895	25.5	22017	28.8	975812	27.4	1113890	27.1
Rural	All	82503	100	221154	100	42206	100	2405056	100	2750919	100
	All Poor	74253	90.0	193067	87.3	36339	86.1	2015437	83.8	2319025	84.3
	Not Poor	8250	10.0	28087	12.7	5867	13.9	389619	16.2	431894	15.7
Urban	All	37461	100	131376	100	34238	100	1156302	100	1359377	100
	All Poor	18656	49.8	69629	53.0	18078	52.8	572369	49.5	679689	50.0
	Not Poor	18805	50.2	61747	47.0	16160	47.2	583933	50.5	679689	50.0

Appendix Table 8B: Percentage distribution of Persons 18years and below by Orphanhood rural/urban and Poverty Status

Status	Poverty	Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	All	119960	100	352530	100	76448	100	3561358	100	4110296	100
	All Poor	92849	77.4	262635	74.5	54431	71.2	2585546	72.6	2996406	72.9
	Not Poor	27111	22.6	89895	25.5	22017	28.8	975812	27.4	1113890	27.1
Rural	All	82503	100	221154	100	42206	100	2405056	100	2750919	100
	All Poor	74253	90.0	193067	87.3	36339	86.1	2015437	83.8	2319025	84.3
	Not Poor	8250	10.0	28087	12.7	5867	13.9	389619	16.2	431894	15.7
Urban	All	37461	100	131376	100	34238	100	1156302	100	1359377	100
	All Poor	18656	49.8	69629	53.0	18078	52.8	572369	49.5	679689	50.0
	Not Poor	18805	50.2	61747	47.0	16160	47.2	583933	50.5	679689	50.0

Appendix Table 9A: Percentage distribution of Persons 18years and below by Orphanhood Province and Poverty Status

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	All	548938	100	3561358	100	4110296	100
	All Poor	410057	74.7	2585546	72.6	3996406	72.9
	Not Poor	138881	25.3	975812	27.4	1113890	27.1
Central	All	53481	100	336098	100	389579	100
	All Poor	39415	73.7	252746	75.2	292184	75.0
	Not Poor	14066	26.3	83352	24.8	97395	25.0
Copperbelt	All	86203	100	637637	100	723840	100
	All Poor	56325	66.5	373655	58.6	430685	59.5
	Not Poor	28878	33.5	263982	41.4	293155	40.5
Eastern	All	56984	100	458096	100	515080	100
	All Poor	48265	84.7	379303	82.8	427516	83.0
	Not Poor	8719	15.3	78793	17.2	87564	17.0
Luapula	All	52193	100	311800	100	363993	100
	All Poor	47443	90.9	253182	81.2	300658	82.6
	Not Poor	4750	9.1	58618	18.8	63335	17.4
Lusaka	All	83764	100	394913	100	478677	100
	All Poor	37024	44.2	168628	42.7	205831	43.0
	Not Poor	46740	55.8	226285	57.3	272846	57.0
Northen	All	69396	100	505149	100	574545	100
	All Poor	61832	89.1	427861	84.7	489512	85.2
	Not Poor	7564	10.9	77288	15.3	85033	14.8
North-Western	All	24482	100	184133	100	208615	100
	All Poor	20198	82.5	148964	80.9	169187	81.1
	Not Poor	4284	17.5	35169	19.1	39428	18.9
Southern	All	79024	100	530776	100	609800	100
	All Poor	61086	77.3	408167	76.9	468936	76.9
	Not Poor	17938	22.7	122609	23.1	140864	23.1
Western	All	43411	100	202756	100	246167	100
	All Poor	37507	86.4	174978	86.3	212442	86.3
	Not Poor	5904	13.6	27778	13.7	33725	13.7

Appendix Table 9B: Percentage distribution of Persons 18years and below by Orphanhood
Province and Poverty Status

		Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	All	120066	100	352840	100	76515	100	3561358	100	4110296	100
	All Poor	92976	77.4	262965	74.5	54458	71.2	2585546	72.6	3996406	72.9
	Not Poor	27090	22.6	89875	25.5	22057	28.8	975812	27.4	1113890	27.1
Central	All	11869	100	36045	100	5567	100	336098	100	389579	100
	All Poor	8213	69.2	27214	75.5	3992	71.7	252746	75.2	292184	75.0
	Not Poor	3656	30.8	8831	24.5	1576	28.3	83352	24.8	97395	25.0
Copperbelt	All	15454	100	54720	100	16029	100	637637	100	723840	100
	All Poor	11235	72.7	35349	64.6	10740	67.0	373655	58.6	430685	59.5
	Not Poor	4219	27.3	19371	35.4	5290	33.0	263982	41.4	293155	40.5
Eastern	All	14007	100	37381	100	5596	100	458096	100	515080	100
	All Poor	12522	89.4	30802	82.4	4947	88.4	379303	82.8	427516	83.0
	Not Poor	1485	10.6	6579	17.6	649	11.6	78793	17.2	87564	17.0
Luapula	All	12238	100	32029	100	7925	100	311800	100	363993	100
	All Poor	11210	91.6	29435	91.9	6800	85.8	253182	81.2	300658	82.6
	Not Poor	1028	8.4	2594	8.1	1125	14.2	58618	18.8	63335	17.4
Lusaka	All	14908	100	53094	100	15761	100	394913	100	478677	100
	All Poor	5725	38.4	23202	43.7	8086	51.3	168628	42.7	205831	43.0
	Not Poor	9184	61.6	29892	56.3	7676	48.7	226285	57.3	272846	57.0
Northern	All	12906	100	49975	100	6515	100	505149	100	574545	100
	All Poor	10583	82.0	45678	91.4	5557	85.3	427861	84.7	489512	85.2
	Not Poor	2323	18.0	4298	8.6	958	14.7	77288	15.3	85033	14.8
North-Western	All	5719	100	17006	100	1757	100	184133	100	208615	100
	All Poor	5319	93.0	13401	78.8	1469	83.6	148964	80.9	169187	81.1
	Not Poor	400	7.0	3605	21.2	288	16.4	35169	19.1	39428	18.9
Southern	All	21013	100	47606	100	10298	100	530776	100	609800	100
	All Poor	17697	83.8	36419	76.5	6962	67.6	408167	76.9	468936	76.9
	Not Poor	3421	16.2	11187	23.5	3337	32.4	122609	23.1	140864	23.1
Western	All	11810	100	24588	100	7013	100	202756	100	246167	100
	All Poor	10452	88.5	21195	86.2	5863	83.6	174978	86.3	212442	86.3
	Not Poor	1358	11.5	3393	13.8	1150	16.4	27778	13.7	33725	13.7

Appendix Table 10A: Attendance rate by Age Group, orphans, and Rural/Urban for persons between 5 and 18 years old

		5yrs to 6yrs	7yrs to 13yrs	14 to 18yrs	19 to 22yrs
		Attenda- nce Rate	Attenda- nce Rate	Attenda- nce Rate	Attenda- nce Rate
Zambia	All	8	68	60	22
	All Orphans	8	68	53	22
	Not Orphans	8	68	61	22
Rural	All	6	62	56	9
	All Orphans	5	63	49	21
	Not Orphans	6	62	57	6
Urban	All	12	81	67	32
	All Orphans	14	78	59	22
	Not Orphans	12	81	69	37

Appendix Table 10B: Attendance rate by Age Group, orphans, and Province
for persons between 5 and 18 years old

		5yrs to 6yrs	7yrs to 13yrs	14 to 18yrs	19 to 22yrs
		Attenda- nce Rate	Attenda- nce Rate	Attenda- nce Rate	Attenda- nce Rate
Zambia	All	8	68	60	22
	All Orphans	8	68	53	22
	Not Orphans	8	68	61	22
Central	All	10	76	59	24
	All Orphans	10	69	58	47
	Not Orphans	10	78	59	17
Copperbelt	All	10	78	66	18
	All Orphans	12	74	57	14
	Not Orphans	9	79	68	19
Eastern	All	6	51	45	20
	All Orphans	16	57	45	0
	Not Orphans	5	50	45	25
Luapula	All	4	63	55	20
	All Orphans	3	57	49	86
	Not Orphans	4	64	56	16
Lusaka	All	10	78	63	25
	All Orphans	11	78	55	19
	Not Orphans	10	77	67	34
Northen	All	5	59	62	31
	All Orphans	10	60	48	100
	Not Orphans	4	59	66	16
North- Western	All	9	68	59	0
	All Orphans	18	75	48	0
	Not Orphans	8	67	63	0
Southern	All	10	72	64	18
	All Orphans	1	72	58	17
	Not Orphans	12	72	65	18
Western	All	7	67	54	53
	All Orphans	5	69	55	0
	Not Orphans	7	66	53	56

Appendix Table 10C: Attendance rate by Age Group, orphans, and Stratum for persons between 5 and 18 years old

		5yrs to 6yrs	7yrs to 13yrs	14 to 18yrs	19 to 22yrs
		Attenda- nce Rate	Attenda- nce Rate	Attenda- nce Rate	Attenda- nce Rate
Zambia	All	8	68	60	22
	All Orphans	8	68	53	22
	Not Orphans	8	68	61	22
Rural Small	All	6	62	56	7
Scale	All Orphans	5	63	49	8
	Not Orphans	6	64	57	7
Rural	All	10	80	69	11
Medium	All Orphans	10	81	66	28
Scale	Not Orphans	10	80	70	0
Rural Large	All	16	90	81	.
Scale	All Orphans	0	100	.	.
	Not Orphans	20	85	81	.
Rural Non	All	4	61	49	100
Agric	All Orphans	0	54	50	100
	Not Orphans	4	62	49	.
Urban Low	All	10	78	63	30
Cost	All Orphans	12	75	56	20
	Not Orphans	10	79	65	35
Urban	All	18	90	80	44
Medium Cost	All Orphans	24	91	73	43
	Not Orphans	16	90	82	45
Urban High	All	23	92	82	28
Cost	All Orphans	16	89	74	0
	Not Orphans	24	92	84	37

Appendix Table 11A: Percentage Distribution of population between 5 years and 18 years not currently attending school by orphanhood, Reason for Leaving/Never attending school, Zambia, 1996.

	All Orphans		Not Orphans		ALL	
	Persons	PCTN	Persons	PCTN	Persons	PCTN
Zambia	173634	100.0	823405	100.0	997039	100.0
Reason For Lvng/Never Attending School						
Working	638.0	0.4	7927.0	1.0	8565.0	0.9
Too Expensive	13663.0	7.9	65231.0	7.9	78894.0	7.9
School Too Far	2046.0	1.2	15387.0	1.9	17433.0	1.7
Not Selected/Fails/Couldnt get a place	22942.0	13.2	99613.0	12.1	122555	12.3
Pregnancy	3491.0	2.0	15514.0	1.9	19005.0	1.9
Completed Studies	1127.0	0.6	3990.0	0.5	5117.0	0.5
Got Married	785.0	0.5	4599.0	0.6	5384.0	0.5
No Need to continue school	13026.0	7.5	61279.0	7.4	74305.0	7.5
Expelled	.	.	1883.0	0.2	1883.0	0.2
Lack of Support	41174.0	23.7	87045.0	10.6	128219	12.9
Under-Age	54836.0	31.6	377179	45.8	432015	43.3
Illness/Injury/Disability	1875.0	1.1	10898.0	1.3	12773.0	1.3
Looking For Work	.	.	217.0	0.0	217.0	0.0
Other (Specified)	18031.0	10.4	72643.0	8.8	90674.0	9.1

Appendix Table 11B: Percentage Distribution of population between 5 years and 18 years not currently attending school by Reason for Leaving attending school, Zambia, 1996.

	All Orphans		Not Orphans		ALL	
	Persons	PCTN	Persons	PCTN	Persons	PCTN
Zambia	88730.0	100.0	282289	100.0	371019	100.0
Reason For Lvng/Never Attending School						
Working	26.0	0.0	220.0	0.1	246.0	0.1
Too Expensive	2497.0	2.8	10006.0	3.5	12503.0	3.4
School Too Far	2046.0	2.3	15387.0	5.5	17433.0	4.7
Not Selected/Fails/Couldnt get a place	18793.0	21.2	56923.0	20.2	75716.0	20.4
Pregnancy	3491.0	3.9	15514.0	5.5	19005.0	5.1
Completed Studies	1127.0	1.3	3990.0	1.4	5117.0	1.4
Got Married	785.0	0.9	4599.0	1.6	5384.0	1.5
No Need to continue school	13026.0	14.7	61279.0	21.7	74305.0	20.0
Expelled	.	.	1883.0	0.7	1883.0	0.5
Lack of Support	39983.0	45.1	78692.0	27.9	118675	32.0
Illness/Injury/Disability	291.0	0.3	2186.0	0.8	2477.0	0.7
Looking For Work	.	.	217.0	0.1	217.0	0.1
Other (Specified)	6665.0	7.5	31393.0	11.1	38058.0	10.3

Appendix Table 12A: Percentage Children (3 to 59 months old) who are stunted/not stunted by orphanhood and Rural/Urban, 1996

	Stunting				Number of children between 3 and 59 months
	Stunted		Not stunted		
	Proportion Orphaned		Proportion Orphaned		
	orphans	Non orphans	orphans	Non orphans	
All Zambia	56	49	44	51	843982
Rural	59	52	41	48	538258
Urban	52	43	48	57	305724

Appendix Table 12B: Percent distribution of children who are stunted/not stunted by orphanhood and rural/urban, 1996

	Stunting				Number of children between 3 and 59 months
	Stunted		Not stunted		
	Proportion Orphaned		Proportion Orphaned		
	orphans	Non orphans	orphans	Non orphans	
All Zambia	100	100	100	100	843982
Rural	55	69	48	60	538258
Urban	45	31	52	40	305724

APPENDIX

PRELIMINARY RESULTS OF THE 1998 SURVEY

Tables 3.1A to 3.5B, present results from the 1998 LCMS. The results, however, should be treated as preliminary. The figures are unweighted. The LCMS was not self-weighting. Some households had a higher chance of being selected than others. Normally, variable weights (known as *raising or expansion factors*) have to be used to prevent estimators being biased as a result. At the time of production of these tables, the calculation of weights for the survey had not been completed. However, the final results, after weighting, should not be very different from these, the sample size of over 16,000 households was big. The incidence of orphans should show a similar distribution as here.

Appendix Table 3.1A: Persons 18 years and below by Orphanhood by Age Group, sex, residence, province, Of All Types, 1998

	Proportion Orphaned				ALL	
	All Orphans		Not Orphans			
	Number	%	Number	%	Number	%
Age Group						
Less than 5	658	5	12113	95	12771	100
5 to 9	1886	13	12502	87	14388	100
10 to 14	2551	20	10204	80	12755	100
15 to 18	2559	25	7575	75	10134	100
Rural/Urban						
Rural	3603	15	21161	85	24764	100
Urban	4051	16	21233	84	25284	100
STRATUM						
Rural Small Scale	2609	15	15139	85	17748	100
Rural Medium Scale	502	13	3301	87	3803	100
Rural Large Scale	18	8	194	92	212	100
Rural Non Agric	474	16	2527	84	3001	100
Urban Low Cost	2651	16	13460	84	16111	100
Urban Medium Cost	872	15	4885	85	5757	100
Urban High Cost	528	15	2888	85	3416	100
PROVINCE						
Central	708	14	4287	86	4995	100
Copperbelt	1238	14	7642	86	8880	100
Eastern	661	14	4117	86	4778	100
Luapula	511	16	2741	84	3252	100
Lusaka	1521	17	7265	83	8786	100
Northern	701	13	4658	87	5359	100
North-Western	372	12	2759	88	3131	100
Southern	1331	18	6056	82	7387	100
Western	611	18	2869	82	3480	100
Male	3799	15	21168	85	24967	100
Female	3855	15	21226	85	25081	100
All Zambia	7654	15	42394	85	50048	100

Table 3.1A shows that the incidence of orphans in Zambia, in 1998, was high with 15 percent of persons 18 years of age or below having lost at least one parent. The older the person, the more likely he was to be an orphan. The incidence of orphans was about the same across all strata. Regionally, Western and Southern

provinces had the highest incidences of orphans. Eighteen percent of all persons 18 years old or below, in both provinces, were orphans. The two provinces are followed by Lusaka were 17 percent were orphans.

Appendix Table 3.1B: Persons 18 years and below by Orphanhood type, by Age Group, sex, residence, province, 1998

	ORPHAN								ALL	
	Mother Only dead		Father Only dead		Both Father and Mother Dead		Father and mother Alive			
	Number	%	Number	%	Number	%	Number	%	Number	%
Age Group										
Less than 5	140	1	464	4	54	0	12113	95	12771	100
5 to 9	376	3	1194	8	316	2	12502	87	14388	100
10 to 14	513	4	1517	12	521	4	10204	80	12755	100
15 to 18	514	5	1451	14	594	6	7575	75	10134	100
Rural/Urban										
Rural	763	3	2216	9	624	3	21161	85	24764	100
Urban	780	3	2410	10	861	3	21233	84	25284	100
STRATUM										
Rural Small Scale	544	3	1640	9	425	2	15139	85	17748	100
Rural Medium Scale	123	3	275	7	104	3	3301	87	3803	100
Rural Large Scale	5	2	12	6	1	0	194	92	212	100
Rural Non Agric	91	3	289	10	94	3	2527	84	3001	100
Urban Low Cost	475	3	1675	10	501	3	13460	84	16111	100
Urban Medium Cost	173	3	461	8	238	4	4885	85	5757	100
Urban High Cost	132	4	274	8	122	4	2888	85	3416	100
PROVINCE										
Central	124	2	450	9	134	3	4287	86	4995	100
Copperbelt	230	3	737	8	271	3	7642	86	8880	100
Eastern	111	2	423	9	127	3	4117	86	4778	100
Luapula	154	5	256	8	101	3	2741	84	3252	100
Lusaka	266	3	920	10	335	4	7265	83	8786	100
Northern	131	2	420	8	150	3	4658	87	5359	100
North-Western	85	3	226	7	61	2	2759	88	3131	100
Southern	286	4	832	11	213	3	6056	82	7387	100
Western	156	4	362	10	93	3	2869	82	3480	100
Male	752	3	2308	9	739	3	21168	85	24967	100
Female	791	3	2318	9	746	3	21226	85	25081	100
All Zambia	1543	3	4626	9	1485	3	42394	85	50048	100

Table 3.1B shows the incidence of poverty by type of orphans. The highest proportion of the orphans belong to the father-only-dead category. Nine percent of persons under 19 years of age are orphans who lost father only, compared to 3 percent for both the mother-only category and both parents category. The incidence of orphans show a pattern similar to the one in the first table.

Appendix Table 5A: Persons 18 years and below by Orphanhood rural/urban and relationship to head, 1998

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	Head	16	0.2	37	0.1	53	0.1
	Spouse	106	1.4	323	0.8	429	0.9
	Own child	3038	39.6	34038	79.7	37076	73.6
	Step child	274	3.6	610	1.4	884	1.8
	Grand child	1612	21.0	3923	9.2	5535	11.0
	Brother/Sister	557	7.3	798	1.9	1355	2.7
	Niece Nephew	1379	18.0	1788	4.2	3167	6.3
	Bro/sis in-law	321	4.2	507	1.2	828	1.6
	Parent	7	0.1	12	0.0	19	0.0
	Parent in law	10	0.1	25	0.1	35	0.1
	Other relative	289	3.8	493	1.2	782	1.6
	Maid/Nanny/Se- rvant	27	0.4	65	0.2	92	0.2
	Non relative	36	0.5	91	0.2	127	0.3
	Rural	Head	6	0.2	24	0.1	30	0.1
Spouse		58	1.6	213	1.0	271	1.1
Own child..		1336	37.0	16797	78.8	18133	72.7
Step child		155	4.3	367	1.7	522	2.1
Grand child		1046	29.0	2508	11.8	3554	14.3
Brother/Sister		238	6.6	265	1.2	503	2.0
Niece Nephew		497	13.8	672	3.2	1169	4.7
Bro/sis in-law		98	2.7	143	0.7	241	1.0
Parent		2	0.1	10	0.0	12	0.0
Parent in law		1	0.0	17	0.1	18	0.1
Other relative		152	4.2	251	1.2	403	1.6
Maid/Nanny/Se- rvant		8	0.2	12	0.1	20	0.1
Non relative		13	0.4	50	0.2	63	0.3
Urban		Head	10	0.2	13	0.1	23	0.1
	Spouse	48	1.2	110	0.5	158	0.6
	Own child	1702	41.9	17241	80.6	18943	74.5
	Step child	119	2.9	243	1.1	362	1.4
	Grand child	566	13.9	1415	6.6	1981	7.8
	Brother/Sister	319	7.9	533	2.5	852	3.3
	Niece Nephew	882	21.7	1116	5.2	1998	7.9
	Bro/sis in-law	223	5.5	364	1.7	587	2.3
	Parent	5	0.1	2	0.0	7	0.0
	Parent in law	9	0.2	8	0.0	17	0.1
	Other relative	137	3.4	242	1.1	379	1.5
	Maid/Nanny/Se- rvant	19	0.5	53	0.2	72	0.3
	Non relative	23	0.6	41	0.2	64	0.3

Table 5A shows the percentage distribution of orphans by relationship to head. Most persons of under 18 live in households headed by their parent. About 40 percent of the orphans live in households headed by their parent compared with about twice as many (80 percent) of the non orphans. Of the remaining orphans 21 percent live in households headed by a grand parent and 18 percent in households where the head is an uncle or aunt. In rural areas, a higher percentage (29%) live households headed by grand parents than uncles (14%). The converse is true in urban areas where more (22%) live with their uncles than their grand parents (14%).

Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

CHAPTER 4
INSTITUTIONAL RESPONSE

An Annotated Inventory of Selected Organisations
Addressing the Needs of Orphans in Zambia

Karen Doll Manda, Esnart Juunza
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Joint USAID/UNICEF/SIDA/ Study Fund Project

NOVEMBER, 1999

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SUMMARY REPORT

This report examines and analyses the Institutional Response to the Situation of Orphans in Zambia and was conducted by Professional Management Training Consultants (PMTTC), who contracted Karen Doll Manda, Team Leader, Esnart Juunza and Chipo Mweetwa to undertake the Institutional Response Analysis of the Situation Assessment of AIDS Orphans in Zambia. This report serves as one component of a larger Situation Analysis of Orphans in Zambia being managed by the Study Fund of the Social Recovery Project on behalf of UNICEF, SIDA and USAID, under the guidance of a Steering Committee which draws its membership from Government, NGOs, donors, UN agencies and researchers.

The other components of the larger study are as follows:

- Literature Review/ Annotated Bibliography
- Data Review
- Community Response (Participatory research)
- Assessment of Practices of Care

METHODOLOGY

The Response Analysis was conducted during a period from 1 July through 30 July. Given the late contracting of the Response Analysis compared to the other three teams, considerable efforts were made to interview as many institutions as possible during that time period. Time did not permit travel outside of Lusaka. In compensation for the lack of travel the team made efforts to telephone interview organisations outside of Lusaka, whenever possible.

At the beginning of the assessment 65 organisations were identified to interview. During this time the team successfully interviewed 55 of the targeted organisations. Appendix 1 lists the interviewed organisations and the organisations unsuccessfully contacted. In most cases, where the team could not complete an interview, the appropriate person to interview was out of town during the duration of the study. Information, including objectives and programme interventions, is provided on an additional 23 organisations. A total of 78 of organisations are profiled in this report. Contact information for 16 additional organisations is also provided.

The team interviewed donors, NGOs, religious institutions and government officials. The donor assessment was hindered by timing. Many programme officers were on annual leave during the period of this study. In most cases a programme officer at the institution spoke to the consultancy team but was not always the person most involved in the work related to orphans or children in need. Therefore, some information in the donor section contains limited detail.

The purpose of the study was not to evaluate various programmes, but rather to gather an inventory of various institutions and their efforts related to orphans and vulnerable children (O/VC). The qualitative research strove to uncover the various programme interventions employed by institutions, their experiences with these interventions, issues of sustainability, methods of monitoring and evaluation and perceptions of lessons learned and organisational structure. Appendix 2 provides the questionnaire guide for conducting interviews.

TARGET BENEFICIARIES

Various definitions of orphans exist, particularly in literature related to orphans. The cut-off age of an orphan, according to definition, can range between 15 to 18 years. Sometimes the definition requires that an orphan has lost both parents, while other definitions qualify a child to be an orphan after the loss of one parent. Additionally, there are frequently maternal and paternal orphan references, which further define an orphan as either having lost the mother or father. In some cases, a child may not be considered an orphan if he/she has lost the mother, but not the father. In general, this reference assumes that the father is the bread winner and as long as he is alive, the child may not have suffered a sudden decrease in living status.

Most institutions, (donor, NGO, religious institutions and government) interviewed during this study do not follow a strict definition, particularly if the organisation is working at the community level. Generally, the programme goal is to mobilise the community to generate a community based response and solution to the orphan situation. This community response usually requires that many institutions deal with children in need, rather than AIDS orphans exclusively. Under these circumstances the definition of an orphan is broadened considerably. Frequently, if the child is from a very low income family and has lost one parent, the child is eligible for participation in the programme. If the child is from a very low income household and has not lost either parent, then the child can also be eligible for inclusion in the programme.

Community workers are sensitive to creating a situation whereby fortunate is the child whose parents died from AIDS since they receive outside assistance with education, food, clothing and health care and the 'unfortunate' children, whose parents are both alive, do not receive outside help. Furthermore, this inclusionary approach is necessary in order to acquire the support of the community at large. In the early stages of orphan programmes, NGOs frequently erred in providing resources only for orphan children. Guardians and non-orphan children often felt resentful ultimately having a detriment to the overall goals of the NGO's programme. Some NGOs met with outright resistance and at times near sabotage to their programmes from others who were also in need, but not recipients of the programme's benefits. As a result, although an NGO's internal strategy may be to assist orphan children, the reality of the work on the ground necessitates that programmes include a larger target group of children in need.

Development workers do not wish to further stigmatise AIDS orphans by constantly separating them from other children through the NGO's programme efforts. AIDS remains a highly stigmatised illness in Zambia. AIDS orphans tend to experience unique emotional needs resulting from watching a parent(s) die a slow and agonizing death and experiencing shunning from the community.

INTERNATIONAL DONOR RESPONSE

In general, the donors do not have extensive, concentrated orphan or children-in-need programmes. They fund a few NGOs or religious institutions whose work is supported because it fits with the general donor programming or philanthropic policies and not necessarily because it is directed at children or orphans. The funding appears to be sporadic with little geographic or programme focus. The exceptions to this trend are USAID and UNICEF, both of whom have specific orphan programmes with defined strategies.

The donors, in general, all recognised the increasing need for support to orphan children in Zambia and the constantly and alarmingly increasing numbers of orphans. When prodded as to why they did not support orphan children through their programming efforts, almost all unanimously stated that they felt the Government should take the lead to develop a policy and a national framework. The donors are cautious as to appear to be directing the government in its development efforts. Most donors are willing to participate in an organised effort to dialogue with the government, donors and NGOs and feel that funds could be made available for programmes focusing on children in need, once a government lead is established. It appeared that many of the donors are waiting for a leader (whether from the government, donor or NGO community) to begin the dialogue and whoever initiates further dialogue will most likely have willing participants.

Many donors recognise that given the economy of Zambia, it is unreasonable to expect programmes assisting communities to run financially independent of donor support. The tax base of the country is not large enough to support large scale social services in the long run. In recognition of this reality, for most donors issues of sustainability are more related to programme sustainability—the successful management of the programme, developing programme interventions with an impact, community participation, etc. NGOs may benefit from additional dialogue with donors over the issues of sustainability and how it relates to their programming since many appear to be under the impression that financial sustainability is a required output of their efforts.

NGO RESPONSE

As in many countries, the NGO community is filling a role in a needed area where there is limited direct government resources. The NGO community is directing resources and programmes at orphans and children in need. The cornerstones of NGO orphan programming are community mobilisation (to foster community ownership and responsibility), education (namely community schools) and income generating activities.

Identification of Community Needs and Community Mobilisation

It is perhaps in the areas of mobilising the community to identify their needs and to develop a response that most NGOs have a comparative advantage, extensive expertise and a success rate. Gaining the trust and support of a community is slow work. Communities have experienced many broken promises by outsiders and frequently are cautious regarding new efforts. Many NGOs speak of the need to create relatively quick tangible outputs in order to maintain credibility within the community in order to continue long term programme efforts.

In general, the NGOs employ various participatory methodologies to motivate the communities to identify issues and to develop responses. In general, related to orphans most communities identify poverty as the main source of their problems. Issues stemming from poverty include: inability to provide education and health care and inadequate food and clothing.

After the issues are identified, the NGO works with the communities to develop responses, to link communities with outside resources and to provide training for community leaders and members. Most NGOs strive to create some sense of independence and self reliance within their catchment areas. Training will usually include leadership, business skills, monitoring and evaluation and subject areas such as nutrition, health care, AIDS education, etc. The links with outside resources are not limited to donors and other sources of funds. NGOs may work with District governments to develop cooperation between communities and government personnel.

Issues of Direct Assistance

Some NGOs provide direct assistance to orphans and their families in the form of food (received from multi or bi-lateral donors), clothing and school bursaries. Those organisations who provide food aid and other forms of direct assistance, in general, feel that given the poor economy of Zambia, their work is necessary. They give to the poorest of the poor and to those who have no other means to provide for themselves. However, it should be stated that during this study the mechanisms for channeling the forms of direct assistance to guardians and the orphans were not clarified

Other NGOs despise hand outs as a form of development and provide little to nothing of assistance which goes directly to an individual. It should be noted that most NGOs admit that it is almost impossible to operate without at some time during their work having to give something at no cost. When they provide something for the community it is usually under special and specific circumstances and they try to monopolise on the moment as much as possible. For example, a T-shirt may be provided in affiliation with a special day. That T-shirt will be printed with a message aimed at educating the general public on a particular issue.

Many NGOs operating within the same catchment area with opposing views on the issue of hand outs frequently clash over this issue. The NGOs for whom hand outs counter their general development philosophy argue that direct material assistance undermines all their efforts and hinders any form of community development. Some will even state the extreme that they may as well pull out of the community completely since their efforts are undermined. Sometimes the NGOs are able to resolve and compromise with each other. At times they have together reached creative compromises where each side alters their programme position to create harmony between programmes. In other cases, the NGO for whom direct assistance is taboo will move its programmes to a different community.

Education

Education is frequently identified by communities as one of the greatest needs of children. Parents and guardians are often unable to provide school fees, uniforms and books to send their children to a government school. As a result many children do not receive basic education.

Frequently NGOs assist communities to develop community schools as a means to provide education. Community schools condense the 7 year government curriculum into 4 years. In the past children who entered community schools (never having attended a government school) were older, than their government school counterparts, and the 4 year curriculum allowed them to finish the equivalent grade 7 at a similar age as their peers in government schools. Since larger numbers of families are unable to afford the required fees and uniforms for government schools, the age of children entering community schools appears to be becoming much younger than previously. As a result, children may remain in the same grade in a community school for an additional year(s) before moving on to the next level.

The teachers of community schools are frequently unskilled teachers who are members of the community and volunteers. The NGOs provide teacher training, frequently using the SPARK manual, developed by the Zambian Community Schools Secretariat. The manual provides teaching methodology, and outlines a syllabus including tips on teaching the material. Model lessons are included as well as techniques for monitoring student progress. A section also includes information to improve a teachers knowledge base.

The Zambian Community Schools Secretariat strives to monitor the quality of education provided in community schools. It was not apparent the manner in which they fulfill this task. Community schools frequently spring up with little coordination with a central body.

Based on this study, it was not always evident what happens to children after they complete the four years in the community school. Some may pass the Grade 7 exam. Questions regarding provisions to provide fees for these children were often met with vague responses or evaded completely. The reasons for this evasion are not clear, but it is suspected that the immediate needs of communities are tremendous and neither the NGO nor the community are able to plan extensively beyond the near future. The possibility also exists that either few children pass the exam or there is not sufficient money in the community to pay the examination fees.

The debate over the quality of education of the community schools and the promotion of community schools at the expense of government schools is real. A positive note to community schools is that it is a community initiative and a step towards self reliance. Most often the schools are desired by the community and supported by the NGO. From a community development perspective, the NGOs support the development of community schools often because they provide a tangible delivery to help them establish credibility and trust in the community and the community is demonstrating considerable unity and leadership, notable community development benchmarks.

Income Generation Activities (IGA)

In the issue of sustainability, NGOs working to mobilise communities recognise that the communities are dependent on funding, given the economy of Zambia and the high levels of poverty of most Zambians. However, most NGOs are attempting to assist the communities to develop some form of financial sustainability through the use of income generating activities.. Many IGAs include oil presses, chicken runs and gardening. In the rural areas, agriculture is a natural venture. The money is designated to provide for the orphans; frequently school fees and uniforms are listed.

It seems that tremendous efforts are expended on IGA, both in the community and the NGO. Generating income, through a business venture, is frequently not the comparative advantage or the expertise of an NGO. At times it seems that much effort, both within the community and the NGO, is exerted on the IGA, sometimes at the expense of their social projects.

This particular research did not endeavor to evaluate various income generating activities (IGA). However, when NGOs were asked to describe the specifics of the IGA, such as how the venture was decided, how much money it had earned, the consultants were often met with vague responses. Frequently the answer to a question regarding actual income generated was to state the intended uses of the money which often included school fees for the community's needy children. When probed further as to the number of children assisted through the IGA, the general response was that those figures were not yet recorded.

It seemed that decisions to begin a business are made without conducting the appropriate market assessment examining what the market can support or the skills of community members. In general, the nature of the IGA was copied from another community, without adequate analysis of the dynamics of an IGA success of that particular venture (or if that particular venture was indeed profit making.) NGOs and communities seem to lack fresh ideas for business ventures and would most likely benefit from training regarding conducting market assessments.

Many NGOs even seemed reluctant to call the IGA a business and appeared uncomfortable with that description. This avoidance of labeling the IGA as a business indicates a fundamental problem with many IGA activities currently being implemented. The NGO programme managers are adept at implementing projects, but lack business acumen and are not necessarily as capable of advising a community regarding successful business ventures. Both NGOs and communities could probably benefit from additional resources regarding business ventures and some quantitative analysis.

Additionally, many communities seem to be 'copying' each other when it comes to income generating activities. There seems to be a lack of fresh ideas. It is assumed that a proper market assessment would help introduce fresh ideas and assure a more pragmatic approach to the business venture.

Based upon questions asked during interviews, it seems that NGOs feel an extreme pressure, whether directly or indirectly specified from their funders to develop financial sustainability. This contradicts with the general impression of the donors given to the consultation team whereby the donors frequently stated that they recognised that social programmes could not be financially independent given the economy and lack of tax base for the government to provide social services.

An additional reason for the current trend to begin IGA is that very few donors are allocating significant funds for NGOs or communities to tap into to address their O/VC issues adequately. Through an IGA, however successful or unsuccessful, communities are attempting to address their financial needs without using outside assistance.

The danger lies that NGOs and communities are becoming extremely focused on raising money to support the orphans at the expense of their social programmes, which is the comparative advantage of most NGOs. Although developing self reliance is a supported act, caution needs to be exerted. First, the approach to developing a business must be more pragmatic. Second, the NGO or CBO should not exert most of its human resources on raising money at the expense of its needed social programme efforts.

Programme Sustainability

NGOs take fervent strides to mobilise the communities so that they are able to act for themselves, identify problems, access resources and develop solutions. In general, the NGOs work diligently to promote community independence, to build the capacity of communities through various forms of training and to create linkages with outside institutions. In this area NGOs seem to be quite successful and have learned various lessons to develop programme sustainability and to galvanize a community for action.

Psycho-Social Needs

Almost since the inception of programme efforts related to orphans, the psycho-social needs of AIDS orphans have been discussed. Most NGOs recognise the needs to help the children cope with grief over the loss of parents, deal with the separation of siblings and the stigma of AIDS. In some situations these emotional needs include being second class citizens in their homes and issues of physical, mental and sexual abuse.

The general trend to respond to this issue is to develop life skills training in community school curriculum. This subject covers various aspects of life for children from sex education to self confidence and self respect.

Many NGOs are increasingly realising that caregivers of orphans also have unique psycho-social needs. Their programme efforts now attempt to include caregivers by training them to assist the children to cope with grief, educating them on issues of abuse and providing coping skills for the caregivers to deal with the increased economic pressures of additional family members and the inability to provide adequately for their family in this difficult economy.

Health Needs

Based on this study it seems that few NGOs are addressing health needs of the children, although it is frequently identified by communities as an area of need. The NGOs may provide education related to nutrition and other common childhood illnesses, but it did not seem to be a common aspect of programme interventions nor a prime focus.

Most NGOs recognise the additional health care needs of children who are HIV+. It seemed that given the difficulties that communities have to openly discuss HIV/AIDS, this is an area where the NGOs are not directing their resources, perhaps because given the silence surrounding AIDS the discussion would become a hindrance to their overall efforts to develop trust in the communities. It is possible though, that in the future, after some of the other immediate needs of the community are met, that the NGOs would begin to branch into this area. This is an inference drawn from the discussions and was not mentioned directly.

HIV/AIDS Education Awareness

When asked most of the NGOs responded affirmatively to the question regarding the inclusion of HIV/AIDS awareness and education. However, when asked to provide an overview of their programming efforts and general strategy, HIV/AIDS education was seldom mentioned. It appears that the NGOs are overwhelmed by the sheer number of orphans and children in need in the communities and the tremendous immediate needs of the children and their families in which they operate that their foremost focus is on responding to that need. The prime cause for the orphan situation seems to have taken a secondary position and at times appears to be regarded as an after thought. It seems that there might be a delinkage between HIV/AIDS prevention and orphan care.

The exception to this situation is those few NGOs whose primary programme purpose combines HIV/AIDS awareness and orphan/vulnerable children care. Additionally, those NGOs and religious institutions which link home based care and O/VC interventions focus on AIDS prevention as a cornerstone of their programme interventions.

RELIGIOUS INSTITUTIONS

For the purpose of this report, a religious institution is limited to those umbrella type church related organisations and not the independent churches or missions affiliated with the church.

Perhaps the Catholic Secretariat provides the most coherent and organised religious institution response to orphans. Throughout Zambia, the various dioceses are involved in developing community responses to orphan care. These programmes have often developed in association with the home based care programmes. As the number of orphans has increased, the home based care programmes began to incorporate measures to address the concerns of orphans and the families caring for the orphans.

The approach of the Catholic dioceses is similar to that of the NGOs. They link community ownership and responses to the care for orphans. The Church strives to keep orphans in the community and will employ orphanages as a last resort. Community schools often develop in order to address the education needs of children. The Catholic church has experienced financial difficulties as overseas funding has decreased considerably and also engages communities in IGA.

Although other churches do not have as large an outreach or coordinated programme as the Catholic Secretariat, many are encouraging orphan care amongst their church membership. Frequently, the programmes attempt to provide food, clothing and education to orphaned children. The number of orphans reached can vary from 10 orphans to a few hundred. These programmes, although commendable attempts, in general seem to lack large scale funding and a focused programme effort. There is a definite need to build the capacity of church organisations to better strategise and implement projects.

Many of the churches are also developing income generating activities. They appear to face similar hurdles in this area as the NGOs. There seems to be a lack of pragmatism and business acumen in the development of the business venture and a dearth of new ideas.

The religious institutions have an advantage in that they have a ready made audience and have frequently already established credibility and trust. Many use the pulpit to foster community responsibility and a foundation of religious obligation to encourage a community response to the orphan problem. The churches are also able to easily identify needy families amongst their communities through the involvement of congregation members.

GOVERNMENT RESPONSE

The government seems to be limited in its programme efforts related to O/VC and appears to be slow to move beyond rhetoric. Although relevant Ministries have developed policies regarding children, the NGOs interviewed do not seem to be aware of the current policy environment, indicating the need to create routes to disseminate information from within the government to the outside. Budget shortages grossly limit the active role that government can directly take to impact the situation of vulnerable children in Zambia. Nevertheless, government can fill the important function to mobilise NGOs to respond to the needs of communities and to develop and provide the enabling policy environment to promote the needs of O/VC. Overall coordination of the various efforts regarding vulnerable children is desperately needed. Government could possibly fill this role.

It is not clear why the government has been slow in the past in responding to the looming O/VC issues. Positive efforts have been made in the formation of the Government Task Force on Orphans. The task force is comprised of the Permanent Secretaries of the Ministry of Youth, Sport and Child Development, Ministry of Community Development and Social Services, Ministry of Education, Ministry of Health and Ministry of Legal Affairs. Additionally, there is a technical committee comprised of various professionals from each of the ministries. The Task Force is a recent development, but is a positive step towards an increased concentrated government response to the O/VC issues.

Additionally, the Disaster Management and Mitigation Unit (DMMU) at the Office of the Vice President is critically examining that office's role in the care for vulnerable children. The DMMU should be included in future dialogue regarding an organised response to O/VC.

COMMUNITY CARE VS. INSTITUTIONALISATION

In general, most contact persons interviewed for this study overwhelmingly agree that community care is not only a better option than orphanages, but the best option based upon past experiences. Adult orphans who grew up in an institution frequently experience a type of dysfunction upon their return to the community. They have been raised void of Zambian rituals and often feel disassociated from their community. Furthermore, institutional care is expensive and often perceived to be a waste of resources in the long run.

However, at times there are no other solutions for the care of orphans than in an institution. Most orphanages take tremendous efforts to alleviate the potential future dysfunction through creative measures to include community participation in the raising of the children.

NATIONAL POLICY ISSUES

Very few NGOs directly involved with orphan and children in need are working on the national policy either directly or indirectly. In fact, when asked to comment on a national policy framework which would advance their work, the majority had very little response. This indicates two issues. First, the relevant government ministries have policies related to children's rights. It seems apparent that this information is not being disseminated out of the government to the NGOs. Secondly, the lack of response indicates that NGOs might not fully recognise the manner in which national policies could advance their work.

A handful of NGOs articulated the need for an improved national policy framework and placed the onus on the government, notably the Ministry of Community Development and Social Services, to develop the policy. The NGOs would like to be involved in the development of the policy framework since their community work would provide the appropriate benchmarks to assure that adequate and effective policies are developed.

LEGAL FRAMEWORK

The general perception amongst the NGOs and religious institutions is that most laws regarding children in Zambia are outdated and the lack of enforcement renders the laws practically non-existent.

Some NGOs and religious institutions have embarked on educating community members on various legal issues (despite the inadequacy of the laws and the lack of enforcement), primarily issues of abuse and property grabbing. In general, the goal is to decrease issues of property grabbing and abuse through providing information to communities regarding individual rights and where one can turn for assistance.

ADVOCACY FOR CHILDREN

Many NGOs indicated the need for a strong organisation which advocates for children. They want this organisation to keep children's issues in the public and government eye and to constantly promote care for the nation's children. They recognise that the comparative advantage of their institutions is in social work rather than advocacy. However, the perception of linking and networking with organisations involved in legal advocacy, such as the National Women's Lobby Group, seems to be absent. The team conducted interviews with a few advocacy groups. It was evident that these groups have not incorporated the rights of children into their advocacy work in a manner which

would properly represent the magnitude of the vulnerable children in Zambia or have an impact on the country's perceptions, as is the role of an advocacy institution.

FOOD AID

Food aid is perhaps one of the most controversial of community development efforts. For this survey both Programme Against Malnutrition (PAM) and World Food Programme (WFP) were interviewed. Given the high levels of poverty, one cannot easily argue that hunger is not an issue facing many Zambian families. Both PAM and WFP indicate that their efforts are minute compared to the need for food aid in Zambia.

The controversy exists between NGOs who strive to limit direct material assistance in order to promote self reliance and organisations such as PAM and WFP who appear to "just give food away." Both PAM and WFP remind the development community that food aid is designated for the poorest of the poor and is meant to be one component of a larger programme to promote development and independence. The perception is that somewhere a link is missing that employs food aid as a temporary intervention as part of a larger holistic effort development.

FP has worked with NGOs whose policy differs from theirs; both sides have compromised to develop a collaborative approach that meets the strategies of both organisations. In some incidences, WFP has allowed a nominal fee to be collected for the food aid with the understanding that the money collected will be channeled into the community.

MONITORING AND EVALUATION

The area of monitoring and evaluation is perhaps the most limited for almost all players (donor, NGO, religious institution and government) working to assist children in need. Most NGOs and donors readily share their monitoring and evaluation techniques which generally include quarterly and annual reports, as well as, site visits. Most institutions agree that monitoring and evaluation is a needed and effective tool to improve programme planning.

Effective community development NGOs stress the need for community involvement to develop a system for tracking progress. It is through this involvement that the community defines the success of a project and takes responsibility to ensure its success.

However, it appeared that few programmes have actually developed indicators to see if a project is having an impact or a system for regularly collecting qualitative and quantitative data. Very few NGOs were able to provide information regarding the number of children assisted, percentage of children in need assisted or any real indication of the impact the programme was having on the livelihoods of children. In the area of income generation little quantitative information was available regarding the amount of money generated from the activity. Only a handful of organisations have gathered long term data on the progress of children they have funded.

It seems that all institutions (donors, NGOs, religious institutions and government) could benefit from further dialogue, with each, sharing information and examples of good monitoring and evaluation techniques. More importantly it might be beneficial to gain some consensus on the goals of orphan and vulnerable children programming.

STREET CHILDREN

The issues of street children in urban areas is serious. In general, organisations working with street children attempt to provide food and clothing as well as education through community schools. They strive to provide either day or night shelters for the children. Although there is a mass of children who have no choice, but to live on the streets, there are many children who have run away from home because of issues of abuse at home or simply in search of food and money. Some organisations working with street children train social workers who provide outreach to the youth on the street. They attempt to gain the trust of the children. In time the social workers try to resolve the problems at home to encourage a return to the families.

It seems that at times the NGOs working directly on orphan and children in need and those working directly with street children are not collaborating effectively. At times, they almost seem to view each other's work as separate from their own. Many street children NGOs could provide valuable information to share with other NGOs regarding the primary causes of children ending up on the street and could assist other NGOs help prevent other children from leaving their homes. It does not appear that the NGOs are unwilling to collaborate, but rather that the magnitude of the problems facing children consume most of the programme managers time that they are unable to effectively begin collaboration.

Organisations working with street children are also in need of capacity building. Frequently, the founders of these organisations are themselves not necessarily professional NGO administrators, but rather people who have responded to a need in their communities. They have also experienced similar results with IGA activities as their counterparts working to mobilise communities to raise revenue to support the orphans.

COLLABORATION BETWEEN ORGANISATIONS

Very few organisations are collaborating with each other on the issue of O/VC. Organisations who find themselves operating in the same community may collaborate, but more often each organisation operates as a separate entity with individual projects rather than a coordinated programme.

The NGOs speak rather openly about clashes between NGOs over their individual philosophies of community development, fund raising issues, catchment areas, etc. It is difficult to assess the frequency, magnitude and impact of these clashes. It is evident that everyone working on orphan and vulnerable children issues could undoubtedly benefit from a forum which promotes collaboration, discussion of contradicting philosophies and endeavors to create a more coherent approach to interventions.

SCALING UP

The orphan and vulnerable children situation is increasing rather than abating. Numerous factors contribute to the difficulty of scaling up the interventions at appropriate levels to meet the growing need for O/VC interventions in Zambia.

- The current response of NGOs, religious institutions and donors is random with little coordination between institutions or geographic focus.
- Government involvement is severely limited at the present time. The lack of government presence is contributing to preventing the donor community from becoming seriously involved in O/VC.

- Dearth of adequate funding to address the magnitude of the issue seriously and at a large scale.
- There is little to no broad consensus on what O/VC programming should achieve.
- The use of proper analysis to evaluate the effectiveness of interventions is lacking; thus contributing to the delay of development of effective interventions.
- Institutions are overwhelmed responding to the immediate needs. It seems little effort is being made to critically analyse what is working or what is replicable, much less how to scale up efforts.

CONCLUSION/RECOMMENDATIONS

The following are recommendations based on the perceived strengths of current O/VC work and identified areas of weakness where improvement is needed.

Community Mobilisation

- Continue to focus on community development efforts and trust the community to best define its needs, internal resources and solutions. The community mobilisation response to O/VC problems, although time and initially resource consuming, is an appropriate intervention. Furthermore, given the mass numbers of O/VC generating community responses and solutions are most likely the only means to address the issue on any large scale.
- Continue to focus on children in need rather than orphans exclusively in order to continue to foster a community response and ownership.
- Although many NGOs are effective in mobilising communities, it is not always clear how that mobilisation trickles down to benefit children. Analysis to uncover the dynamics of interventions with impact would probably be beneficial to a wide audience of O/VC players.

O/VC Programme

- Foster the development of a coherent O/VC programme rather than the current amalgamation of individual projects. This is not meant to imply the development of one body overseeing nationwide interventions. The idea is to develop some unity and synergies between existing projects.
- The O/VC problem is a multi-faceted issue and should be dealt with at a multi-sectoral level.
- Develop a mechanism to improve collaboration between various O/VC players to regularly share information, resources, identify catchment areas, etc. This forum should also foster the creation of new ideas for programming, IGA, etc.
- Foster a consensus on goals of O/VC interventions and to develop a more clear vision, defined strategies and evaluation indicators.
- Include religious institutions in O/VC strategic planning and recognise their contribution to the solution.
- Lobby the government for a more visible and active role in O/VC. Both Disaster Mitigation and Management Unity at the Office of the Vice President and the Ministry of Community Development and Social Services are good starting points.
- Strengthen a current advocacy organisation to better advocate for the rights of children.

- Encourage dialogue with donor community at large, government, NGOs and religious institutions.
- Link HIV/AIDS education with O/VC programme efforts either through the NGOs carrying out O/VC programming or through other means. Explore further linkages with home based care programmes and HIV/AIDS education.

Capacity Building

- NGOs cannot effectively address the magnitude of the O/VC problem without adequate administrative support from their funding sources.
- Recognise that some NGOs and religious institutions need further capacity building to effectively administer their programmes (this is not limited to financial management.)
- Assist religious institutions to build their own capacity to better strategise O/VC interventions.

IGA

- Develop a more pragmatic approach to business ventures designed to raise revenue to support O/VC projects.
- Conduct proper market analysis and extend IGA training to include market research and general marketing skills and to move beyond bookkeeping.

Monitoring and Evaluation

- Place a strong focus on qualitative and quantitative evaluation techniques.
- Promote the development and sharing of monitoring and evaluation measures.

Education

- Encourage dialogue regarding alternative (to community schools) means to educate the children. (i.e. adaptation of long distance education techniques.)
- Critical analysis of the quality of education provided in the community schools and the additional merits beyond education of children is needed.

Distribution of Study

- Overwhelmingly, those persons interviewed for this study indicated a strong desire to receive this study (the four components.) The Steering Committee is strongly advised to either distribute this study to the organisations included in this component or to notify them that it is available.

INVENTORY OF INSTITUTIONS

The following pages contain an inventory of institutions interviewed as part of a Situation Analysis on AIDS Orphans in Zambia. The institutions are divided up into categories of International Donor, NGO, Religious Institution and Government. For the purpose of this study, the religious institutions are the umbrella type organisations and as opposed to independent churches with programmes or missions. Some independent church or mission projects are included under the NGO section.

Following the profile of interviewed institutions, additional information regarding some institutions can be found.

INTERNATIONAL DONOR RESPONSE

BRITISH HIGH COMMISSION

Contact Person: Grace Mpundu, Aid Assistant for Development
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Fax: 253-978
email: g-mpundu@dfid.gov.uk
status: International Donor

Background

The British High Commission¹ has a small grants scheme of 200,000 pounds to be used at the discretion of the High Commissioner. This year the focus is:

- to reduce the spread of HIV/AIDS
- to assist families affected by AIDS
- to protect the environment
- to improve the livelihood of the disadvantaged

The targeted beneficiaries of the fund are women, orphans and the disabled.

¹ Ms. Mpundu's schedule did not permit a face to face meeting. This information was provided over the telephone. Furthermore, she has only been employed at the Commission for the last month and graciously provided the information that she could.

CANADIAN INTERNATIONAL DEVELOPMENT AGENCY (CIDA)

Contact Person: Miyanda Kwambwa, Development Officer
Physical Address: 5199 United Nations Ave
Mailing Address: PO Box 31313, Lusaka
Telephone: 250-833
Fax: 254-176
Status: International Donor

The overall CIDA Zambia development programme has suffered as a result of CIDA switching from country focused programmes to regional focused programmes. Currently, CIDA Zambia is returning to country focused programmes. They are obligated to complete prior programmes before undertaking new programmes.

Currently, CIDA does not focus on orphans. They have supported various home based care efforts in the past in Lusaka, Cobberbelt, Livingstone and Monze and expect that orphan issues will most likely be incorporated into future phases.

CIDA has a Canada Fund for Local Initiatives (CFLI). There is a limit of Canadian \$40,000 per project. Preference is given to rural areas and community involvement is a required component of the project. Support should compliment CIDA's bilateral aid: environment, human rights, good governance, basic human needs (health, education and water sanitation), gender and poverty alleviation.

CIDA's Bilateral Aid

Zambia Social Sector Support is to support the social elements of ongoing macro-economic reform in health and education. The project provides required financial assistance to the Ministries of Health and Education and Science, Technical Education and Vocational Training.

Programme for Advancement of Girls' Education is designed to deliver quality primary education to all children, especially girls. It aims to enhance the capacity at all levels to reduce gender disparities in primary education enrollment, retention, completion and achievement.

Environmental Council of Zambia assists Zambia in protecting its environment as the basis for future human, social and economic development.

THE EUROPEAN UNION (EU)

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Mailing Address: PO Box 34871, Lusaka
Telephone: 250-711/179; 251-140; 252-336/343
Fax: 250-906
email: joan.pilcher@zam.eudel.com
Status: International Donor

The European Union (EU) does not have a specific programme related to orphans. They sponsor a few projects related to orphans.

Zambia Education Capacity Building Programme (ZECAB)

The Zambia Education Capacity Building Programme (ZECAB) is a five year programme which parallels the development of BESSIP and TESSIP. This programme is scheduled to begin this year.

The purpose of ZECAB is to:

- to promote efficient and effective management of education and training
- to promote the inclusion of marginalised children and youth in non-formal and formal education and training.

Recognising that a major deterrent to the participation in education of vulnerable youth is the payment of school fees and user costs, this programme will provide bursaries to children's families.

Under ZECAB 600,000 children between the ages of 6 and 13 who are not in school will be targeted. Specific categories of children to be supported under this scheme include orphans, girl children and children of the destitute. The main focus will be in rural areas and the girl child will receive the majority of the focus.

In 1999, small pilots will take place in Luapula Province (Samfya), Northern Province (Mpika) and Lusaka and Kitwe. The pilots will test the mechanisms for the operation of the scheme before it is expanded to support over 12,000 children from the year 2000.

ZECAB will also provide construction of some community schools, but the details are still in the planning stage.

Training for older children in income generating skills will most likely be a part of this project.

NGO Co-Financing

Ndola Diocese

The EU has provided past funding for the Ndola Diocese AIDS programme. A second five year phase is beginning for which orphans are a targeted component. This project is community driven and the orphans component has been identified and defined by the community.

The orphans project strives to find community solutions to the overwhelming problems faced as increasing numbers of children are orphaned. Furthermore, this programme recognises that 'children in need/distress' is a better terminology than orphan, since some orphaned children

are well looked after by relatives (and some are not) and that some children of chronically ill may be in need of support as well. This programme is expected to make links with other institutions targeting orphans.

The Ndola Diocese is well known for its collection of statistics related to AIDS. It is expected that they will also make equally diligent efforts to collect statistics on orphans. The project has worked out a monitoring system to collect quarterly information.

Mishikishi

The EU has also supported a small orphanage in Mishikishe.

Community Schools

The EU is beginning a programme in affiliation with Volunteer Services Overseas (VSO). A VSO volunteer will be affiliated with the community school at Bauleni Street Kids project and will work to improve the quality of the teaching skills and to develop fund raising skills and improve the management ability of the school. The EU will also provide some basic material.

THE EMBASSY OF FINLAND

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Fax:	254-981
email:	finemb@zamnetzm
Status:	International Donor

The Finnish Embassy does not have an orphan programme. They are beginning an HIV/AIDS programme related to education. This programme is primarily geared at AIDS awareness and the improvement of manuals for teachers and other behavior change materials.

The Finnish Embassy does have a small project fund available for grants up to USD10,000. In the past this money has been used to support various missionary activities geared towards children.

GTZ

Contact Person Gabriella Goetz
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Fax: 291-946
email: gtzpas@zamnet.zm
Status: International Donor

GTZ² has not worked in the sector related to orphans. In September, they hope to begin a project in Southern Province dealing with health. There will be two components: AIDS and gender. Additionally, they have an education programme for children where they attempt to train them for jobs in the informal sector.

IRISH AID

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email: iremb@zamnetzm
Status: International Donor

Irish Aid does not have a formal orphans/vulnerable children focus. Regarding AIDS, they focus on the prevention of transmission.

Since 1996, they have funded CINDI Kitwe and recently agreed to an additional three year funding phase. However, this will be the last funding provided to CINDI Kitwe primarily because Irish Aid does not wish to support any NGO long term.

The first phase funded capital items including administrative costs, which it is generally not the policy of Irish Aid to cover. The second phase is providing capacity building and includes attempting to improve resource mobilization and strategic planning.

Irish Aid monitors CINDI Kitwe through participation in quarterly meetings. These meetings have been opened to include all the various donors funding CINDI Kitwe. Irish Aid requires quarterly activity and financial reports and conducts field visits.

² Ms. Gabriella Goetz was unavailable for a meeting, due to home leave. Another person at GTZ provided this information over the telephone.

Irish Aid recognises the magnitude of the orphan problem, the dearth of resources as well as the fact that the problem is increasing as opposed to abating. Irish Aid wishes the government to take the lead in developing a plan for orphan care as well as the legal framework. Irish Aid perceives the need for orphan care but recognises the need for a national policy on both HIV/AIDS and children. They are willing to participate, but wish the government to lead.

Lessons Learned

- In general Irish Aid does not provide administrative costs to NGOs. They feel that CINDI Kitwe became dependent on Irish Aid.
- The multi-faceted problem of care of orphans must be addressed from a multi-sectoral point of view.

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

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Status: International Donor

JICA does not currently have an O/VC programme. They are beginning to explore the possible avenues for their participation in this area and are in the early stages of discussing their comparative advantage. The internal discussions were too preliminary to share for this study.

NORWEGIAN AGENCY FOR DEVELOPMENT (NORAD)

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NORAD³ does not officially have an orphans programme. However, they will support NGOs/CBOs working in this area which meet the general requirements for NORAD support who apply for assistance. This funding falls under the social services division within NORAD. NORAD funds both programme and administrative costs, recognizing that administrative costs are linked to the successful implementation of programme interventions. In the case of orphanages and street

kids, NORAD will also on a short term basis provide food for the children while the organisation develops its own means to feed its clients.

In the past, related to orphans and HIV/AIDS they have supported

1. Family Health Trust CINDI
2. Myumba Yanga orphanage for young girls.
3. A day care centre in Mbala through the Sisters of the Sacred Heart
4. Zambia Open Community Schools
5. Tasintha
6. Bauleni Street Kids
7. Home based care initiatives
8. On a small scale, the building of structures for street children

NORAD prefers to channel funds through umbrella organisations which in turn will disburse funds to smaller NGOs and CBOs.

NORAD would like to see a stronger government initiative regarding the situation of children in need in Zambia.

Lessons Learned

- NORAD encourages NGOs to engage in income generation activities, but not at the expense of that organisation carrying out its needed programme efforts.
- NORAD has learned that there is no short term support of orphanages. If a donor begins to provide food and medicine to an orphanage, because the need is so great, it must be prepared to continue the provision in the long term.

SWEDISH INTERNATIONAL DEVELOPMENT AGENCY (SIDA)

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Status:	International Donor

SIDA does not have an official orphans project per se. They are in the process of examining their comparative advantage in this area and exploring possible links with other institutions. Although funding has not been allocated for specific orphans activities small grants might be available in the future. In general SIDA looks to build capacities of local institutions.

³ Ms. Ferdinand kindly met with the consultation in absence of her colleague. She provided the information she could, but was not the most appropriate person at NORAD.

UNITED NATIONS CHILDREN'S FUND (UNICEF)

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Status: UN Agency

Background

UNICEF Zambia is a UN Agency aimed at helping underprivileged children settle in life through various interventions. It has a five-year programme of cooperation with GRZ and partners - the Master Plan of Operations - which is developed into Annual Plans of Action each year, an update of the activities they were involved during the previous year.

Related to orphans, UNICEF provides support through home based care, youth friendly health services and community schools. These are programmatic interventions that have a broader coverage than just orphans but having substantial relevance to orphans. These are undertaken through UNICEF's mainstream programmes namely Health and Education.

UNICEF's operations cover urban, peri-urban and rural areas in conjunction with other caregivers such as relevant NGOs, government departments and organisations.

Objectives

- To support and help orphans and underprivileged children in areas of education and health in collaboration with all other organisations that provide similar assistance.

Programme Interventions

UNICEF's interventions are undertaken through two mainstream programmes namely Health and Education

Health Programme

The Ministry of Health, through an office working with and situated at UNICEF, remains involved in the issue of orphans through the National AIDS programme in a number of ways. At a national level the ministry continues to advocate for the intensified action for O/VC.

Through the commissioning of periodic studies on the situation of women and children the ministry maintains official orphan estimates and uses this information to lobby for additional resources which are channelled to NGOs and CBOs.

At community level, home based care programmes provide an appropriate entry point for support to orphans. The provision of medical and food supplies is distributed in collaboration with local NGOs and CBOs and is coordinated by District Task Forces on HIV/AIDS.

Education Programme

The Education Department facilitates and supports learning opportunities in community schools where children in addition to basic skills such as reading and writing, are taught life skills to help them make informed decisions in their life after school. There are at present 250 community

schools in Zambia catering for over 30,000 orphaned and underprivileged children. The community school curriculum runs for four years instead of the seven years curriculum of government schools. In general children enter community schools between the age of nine (9) years and 12 years.

The following are the current activities being undertaken by UNICEF:

- Supports ICASA Round Table on orphans
- Undertaking the orphan study with partners – US-AID and Study Fund
- Providing technical support to GRZ Task force on orphans
- Supporting Phase II of Chikankata Community Based Support project
- Having discussions with churches on the orphan situation
- Plans to train child counselors
- Plans training with Police Victims Support Unit (VSU) on abused children.
- Providing support to CHIN
- Plans to support partners(VSU, MCDSS, YWCA) setting up a data base on child abuse
- Lobbying for inclusion of orphans in census 2000.

Monitoring and Evaluation

Monitoring and evaluation is normally done through the organisations receiving the support from UNICEF and through reports

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

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Programme Intervention

AIDS awareness and education are linked to USAID's orphans work. The foremost goal is to prevent HIV/AIDS. However, USAID recognises the magnitude of the AIDS epidemic on the nation's orphans and is committed to addressing the needs of the children in a community based response.

USAID does not hold to a rigid definition of an orphan, however, the funding for orphan interventions originate with the Displaced Children and Orphans Fun (DCOF) and the work of USAID Zambia must fall within the DCOF framework.

USAID's supported orphans interventions lie in Kitwe and Livingstone. Since many street kids in Lusaka originate from outside the capital, USAID hopes to slow the migration towards the capital through intervening in communities outside Lusaka. The ethos of the response in Kitwe and Livingstone centres around community ownership. The two sites employ a variety of interventions from community schools, income generation activities (IGA), community empowerment, etc.

USAID supports microcredit projects, distributes UNICEF education materials to community schools in its pilot districts, provides small grants to CBOs/NGOs and other applicants through PCI.

USAID is examining their role within the legal framework regarding children. It is felt that the enforcement of laws regarding children's rights is the primary problem in this area. However, they are exploring the possible options for their role in this area.

USAID frequently conducts internal reviews of its orphan programmes. They have developed monitoring and evaluation indicators for all their programmes within the mission. Although USAID has made large efforts to develop monitoring and evaluation tools, they recognise that more efforts are needed to continue to develop methods that assist them to effectively monitor their programmes.

Future Goals

USAID is critically examining the means to scale up their current small scale interventions. This analysis involves examining in which districts the model is most adaptable as well as where there is an absence of other programmes sponsored by other institutions. Under USAID's current health programme, they are considering expanding to 11 districts during a three year time frame. USAID is also in discussion with other donors to identify gaps in coverage and to define comparative advantages.

Currently USAID has an annual budget of US\$1 million for orphan issues. For the next fiscal year, they hope to have a budget of US\$1 to 2 million.

Additional Funds

Through the US Embassy, there are available self help funds. USAID has provided small grant support to the Fountain of Hope which targets street children, including orphans.

Lessons Learned

- The approach of empowering communities takes longer and initially may cost more but it is more sustainable in the long run.
- It is critical for orphans projects to be linked with other sectors. Education, agriculture, microcredit are just a few examples. Orphans activities cannot function effectively in isolation of these sectors.
- USAID has successfully encouraged the exchange of information between various communities in different provinces and also between district government and community members. This sharing of information contributes to the creation of a Zambian solution to the orphans problem and a sharing of lessons learned and creative solutions throughout the country.

WORLD FOOD PROGRAMME (WFP)

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Status: International Donor

World Food Programme (WFP) is in a four year planning phase which will end 2001. The budget is USD 31.9 million.

There are three core areas of WFP country assistance:

1. Urban Food for Work
2. Rural Food for Work
3. Supplementary Feeding

Additionally there are supplementary programmes: Micro Projects, Girl Child Education, Refugee Assistance and Disaster Management and Mitigation.

The overall goal is to raise the nutritional status of individuals.

Food For Work

The food for work programme targets beneficiaries in food insecure households. In urban areas those households are located in ungraded areas. The goals are to uplift the living conditions of households and to improve access to food security. This program accounts for less than 40% of WFP's budget.

In the past WFP promoted projects that built primarily roads. They are now in the process of reorienting their work towards a "food for assets." These assets include training in areas such as reproductive health, functional literacy and entrepreneurship.

This programme is administered through PUSH (Peri Urban Self Help). Community Development Workers together with Resident Development Committees select the beneficiaries of the programme. In general, characteristics of recipients include food insecure, often are female headed households, often are caring for the chronically ill and have lost employment.

In the past, WFP had a self selection process for their beneficiaries. WFP found that the people most in need did not necessarily come forward to receive assistance and the same people, almost indefinitely, received the food for work assistance.

Supplementary Feeding

The Supplementary Feeding Programme accounts for 50% of the budget. It is targeted at:

- Severely malnourished under five children who are hospitalised.
- Moderately malnourished under five children under clinical care.
- Pregnant and nursing women.
- TB patients
- Chronically ill (most of whom are HIV+)
- Orphans

There are two types of rations for the chronically ill. If the head of household is ill, then the family receives a family ration of food supplements. This includes mealy meal, pulses, cooking oil, dried skim milk. The patient receives heps (high energy protein supplement.) When the non-bread winner is ill, then the patient receives heps only.

WFP has undergone changes in the supplementary feeding programme. Project Concern International (PCI) began a food distribution programme in the Cobberbelt funded by the EU. However, they targeted poor households and the entire household receives food assistance despite whether the ill person is the head or not. WFP is adopting this approach in recognition that AIDS affects the entire family.

Additionally, PCI is charging a nominal fee. WFP is not able administratively to accept fees for the food. They have agreed that money can be collected for their food aid as long as the money is channeled back into the community through training, counseling, etc.

These approaches will probably be adopted throughout the country over time. Food distributors and recipients need to be trained and sensitised in the new methods and change of policy. There is no defined strategy to extend implement this programme nationwide, although WFP is certain that it will adapt new approaches throughout the nation.

NGOs

Fifty two NGOs throughout the country assist WFP with their food distribution programme related to home based care. Thirty five NGOs assist with the food distribution to orphans.

WFP stresses that food aid should be one component of a programme. They recognise that over time they have become associated with hand outs and destructive to independence. They feel that people have often lost sight that food aid is necessary, but should be viewed as a temporary intervention, while a community's capacity to provide for itself is rebuilt.

Lessons Learned

- WFP learned through experience that AIDS affects an entire household and food aid should go to the entire household and not to just the ill person.
- Orphans' nutritional needs go beyond heps; supplementary food packages often need to be provided.
- The demand for food aid is extremely high and increasing. Communities need to look beyond food aid and inward to themselves to provide and develop independence.
- Regarding the implementation of the food programme, WFP feels that its geographic spread might be too large and are conducting an assessment to see if they are having an impact in their catchment areas.

THE WORLD BANK

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The World Bank does not have a specific orphan project or policy. They have contributed money to BESSIP to be used as bursaries for needy children. This money is managed through the BESSIP Coordinator at Ministry of Education, Mrs. Barbara Chilangwa. Additionally, money is available to be directed towards the orphan situation. However, the money cannot be released until the GRZ develops a plan of action and a request for assistance regarding orphans.

The Social Sector Coordinator is interested to see orphans projects move forward and to explore a Bank response to the issue. The World Bank would like to see a government led initiative regarding orphans and children in need.

NGO RESPONSE

AFRICARE, ZAMBIA

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 Status: NGO

Background

Africare is a private, non-profit organisation working to improve rural livelihoods in Africa. With headquarters in Washington, DC, it has field offices in 27 African countries including Zambia. Since it was established 27 years ago, Africare has provided assistance in agriculture, water resource development, environment management, health and emergency humanitarian aid.

It has also supported programs in private-sector development and governance. In the United States Africare works mainly to foster understanding of African development through public education and promotional outreach.

Africare, Zambia was established in Zambia in 1978 and now has projects in four main sectors:

- *Agricultural* – small holder agricultural mechanisation promotion; Southern Province seed multiplication project; North Western Province agricultural extension and management project and the Eastern Province rural credit facility project.
- *Water* - dam rehabilitation project; rural water supply component; small holder irrigation and water use program.
- *Health* - Chongwe district family planning integration project, rehabilitation of strategic health sites project and USAID's Zambia Integrated Health Programme (ZIHP) .
- *Refugees* – Makeni Skills development and training centre project.

Objectives

To improve rural livelihoods in Africa.

Programme Intervention

The organisation does not have any direct orphan interventions. The recently introduced health component, the Reproductive Health Project funded by the Gates Foundation in the United States is part of a four country regional programme for Africare involving Zambia, Malawi, Zimbabwe and South Africa. The project which started this year is a three year project targeted at youth and will provide technical assistance and capacity building support to local NGOs. It will also focus on vulnerable youth groups which include orphans.

The other indirect intervention into orphans is the USAID ZIHP (Zambia Integrated Health Programme) component. The community partnership programme has direct implications for community based interventions into orphans and is critical to addressing the orphans situation

through a community based approach. The specific objective of Africare's Community Partnership component are to organise communities in formation of partnerships which will enable them solve their health problems; facilitate community linkages with DHMTs and health centres and facilitate community linkages with other development organisations thus ensuring a holistic approach to community development.

Lessons learned

- Participatory approaches, involving the people from the very beginning has produced excellent results
- Africare has been working in the very remote parts of Zambia and has therefore not experienced conflicts of interest with other organisations particularly relief organisations because few reach that far out. However where there are other organisations working in the same areas Africare has tried to collaborate with them with success.
- Offering the people what they want and need has been their best record of success. Africare is mainly involved in agriculture and agriculture is the mainstay of the rural people.

CARE

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Status: NGO

Background

CARE has many projects geared at community mobilisation and poverty alleviation. Two of its projects are related to children in need: Childhood Health Project and the Infant and Child Mortality Programme.

The childhood health project resulted from 4 PRA in 4 settlements in Lusaka: Chipata, Mtendere, George and Kanyama, and identified the inability to pay school fees as one community priority area. As a result CARE developed community schools and linked them with parent/guardian associations. The community schools are affiliated with the Zambia Community Schools Secretariat. This project began in 1996.

The Infant and Child Mortality Programme (ICMP) seeks to reduce the under five mortality rate through working with health care providers and parents to identify early symptoms of child illnesses. CARE works in Lusaka and the Cobberbelt in 15 clinics and targets 250,000 children.

Programme Interventions

Community Schools

The parent/guardian associations are involved in the monitoring and development of the schools. In addition they are involved in income generating schemes to help offset some of the cost of running the school. George compound has begun a pre-school and charges K3,500 per month. Other schemes include the sale of cooking oil and pop corn and a chicken run. However these are in the development phase.

CARE has developed a 6 week training course for teachers identified by the community. During the school holidays, the teachers must attend refresher courses. The curriculum includes Math, English, Nyanja, Life Skills, Art, Music, Environmental Studies and Social Studies. The curriculum is designed to help children cope with their loss and to function in society with basic skills.

Infant Child Mortality Programme (ICMP)

The ICMP has existed since August 1998. It works with district and community organisations in Lusaka and the Cobberbelt to improve the ability to identify risky disease symptoms and to seek appropriate training and treatment for the diseases. An important aspect of this programme is to work with parents and care givers of children to help them identify illness and to encourage them to seek proper medical treatment. They also focus on the health care providers to sensitise them to the needs of the parents. An example was given whereby a mother had been reluctant to take her children to the clinic because she was chastised for their illness which frequently resulted from conditions related to poverty. The staff of the clinic participated in training and this issue seems to have disappeared.

Legal Issues

Through CARE's PROSPECT (Programme of Support for Poverty Alleviation and Community Transformation) Community Gender Facilitators have been trained. They work to educate the community on issues of property grabbing, abuse of women and children and drunkenness. They are also trained to act as arbitrators in some disputes when they are requested to intervene by the community. This programme is in 11 compounds in Lusaka (Chipata, Chazanga, Kabanana Chaisa, Maripodi, Jack, George, Chunga, Matero, Mtendere, Kanyama, John, Laing, Chibolya, Mandevu and Malota) and in Malata compound in Livingstone. A Chipata compound evaluation showed that the facilitators had assisted in 23 cases in one month and resolved 17.

Income Generation

CARE's PULSE programme provides people with micro credit. In the past they tried to unsuccessfully target youth. Through this venture they learned that microcredit cannot be given to people who do not have some type of business, no matter how small. Those with a small business venture have demonstrated some basic business skills and saving of profit to invest in a business. CARE has found that people without businesses often have prior debts and the loan is used to pay the debt and not to develop a business venture.

Savings Scheme

CARE is in the infant stages of developing a savings programme. Since the project is rudimentary, CARE did not provide more information at the time of this study.

Monitoring and Evaluation

CARE draws on the experiences of CARE International's programmes throughout the world to develop best practice state of the art monitoring and evaluation indicators.

Lessons Learned

CARE throughout its many years of community mobilisation have learned many lessons.

- In relationship to the development of community schools, it is better at the inception of planning to incorporate plans for a permanent school shelter rather than begin with an improvised shelter. The temporary shelter caused delays in enrollment.
- The use of networking between other organisations, although creating a delay in forward movement of the project, is critical to its success.
- While implementing community schools, develop a programme to train teachers to train other teachers. This method is also helpful to monitor the progress of the school.
- Participatory assessments must start all the processes. Building community ownership and partnership are key.
- The capacity building process of a community must be linked with tangible benefits.
- CARE seldom offers incentives for participation in a project. If the project itself does not create interest and incentive, then the project is not worth doing.
- From a management perspective, CARE keeps tight controls over the fiscal management of its projects.

CHIKANKATA COMMUNITY BASED ORPHAN PROGRAMME

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Background

Chikankata Community based Orphan Programme is a pilot project which is funded by UNICEF. The project has been in existence since 1995 and is concerned with children who have lost both parents. The project supports children from 0 -17 years old.

Objectives

- To sensitise communities on the problems and care of children in need
- To provide training for orphans on survival, practical skills and assertiveness
- To provide information on the spread and prevention of HIV/AIDS to both children and parents

- To promote resource generating activities
- To establish a sense of responsibility among families within the communities towards care of under privileged children.

Programme Interventions

The project utilises members of the communities, who have formed committees. They identify children in need of support, draw up programmes to assist children and they take up responsibilities to look after the children.

Communities have organised and implemented income-generating projects to assist families who are looking after orphans. The project supports existing community shops, tailoring project, gardening and setting up of community committees and provides money for income generating activities.

Chikankata Health Services, provides staff who are specialists in various fields as follows:- social worker who carries out psycho social counseling, adult educator who trains parents on basic skills, nurse and clinical officer deal with health related issues.

The project utilises communities and gets to communities through village headmen; provides information on the spread and prevention of HIV/AIDS, Child Care and Children's rights.

Limitations

The project is a pilot study, which is limited to only two villages. Meanwhile, a lot of children in many villages are suffering without proper interventions.

Although the project intends to expand, the area is vast and the project does not have the human resource capacity to do so.

Lessons Learned

- Members of community's willingness to identify orphans and taking up responsibilities is quite amazing and they need to be encouraged.
- The project has assisted members of the community to mobilise their own resources and this has reduced the dependent syndrome.

CHILD CARE AND ADOPTION SOCIETY OF ZAMBIA

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Background

Child Care and Adoption Society was founded in June 1956 with a view of looking after under privileged children with the aim to find foster homes and eventually find adopting parents. The society has no fixed funders, although it gets a small annual grant from the government. Most of the money comes from individual donors.

The society has established offices and transit homes in Lusaka, Livingstone, Kabwe, Chililabombwe and Lukulu. The Lusaka office is the headquarters and has ten (10) members of staff among whom are:-

- Child Health Specialist;
- Child Nutritionist;
- Child Education Officer;
- An officer responsible for fostering;
- Child Development Officer;
- Child Welfare Officer; and
- Executive Secretary

The Society does not have an orphanage institution. All it has, are transit homes and in Lusaka, it runs a transit home which is manned by nurses on day and night duties.

Objectives

- To promote the interests of children in Zambia
- To promote the welfare of children
- To eliminate the plight of children and all social evils affecting the welfare of children
- To encourage and assist efforts through projects aimed at stabilising family life and which improves the social and physical environment of children.
- To work with government and other organisations
- To provide transit homes and arrange for fostering and adoption.

Programme Interventions

Child Care and Adoption Society of Zambia has striven to take care of the interest of the children in need. It has always maintained its motto of Children's place being in the natural home (Community) and not in institutions. Of course more and more parents have died and this has placed a burden on extended families, compounded with poor economic situation; hence placing of children in either foster parents or adoption has become increasingly difficult.

The interventions are organised and coordinated by the Lusaka Head Office. There is a national nutrition rehabilitation centre in Makeni. This centre has been assisted financially by World Food Programme and World Health Organisation. The programme is situated at Makeni Ecumenical Centre. Its aim is to rehabilitate malnourished children.

The centre takes on abandoned and abused children. It places them in a transit home until foster parents are found. If no parent comes forward to claim these children, the adoption arrangements are made and for those who cannot be placed in foster homes or adopted arrangements are made for them to be transferred to Kasisi Orphanage.

In the transit home, staff of different specialties looks after the children. While in the homes, the children get food, clothing and education. When placed in homes for fostering, then they are supported through their foster parents.

Although the Society has been working hand in hand with other organisations like Ministry of Youth and Sports, Ministry of Community Development and Ministry of Education, there has not been proper coordination of programmes for children in need.

Future Plans

There are plans to build a national office on a plot opposite Kamwala Secondary School. The building will consist of a day care centre, canteen, counseling rooms, children's home, nutrition centre, education and training room. In Chamba Valley a project is to be opened soon for income generating activities and nutritional purposes.

Monitoring and Evaluation

The Society works very closely with members of communities. In fact, Board members are all volunteers. They identify children in need, and parents who would like to foster or adopt children. The Board notices when there are problems with a child's foster or adopted arrangements. Staff from the office also visits these homes regularly and provides emotional and material support and to observe the children and their new parents.

CHILDREN IN NEED (CHIN)

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Status:	NGO

Objective

The goal of Children in Need (CHIN) is to enable NGOs, CBOs and government departments to be more effective in their work with children in need.

Background

Children In Need (CHIN) is comprised of 72 NGOs and CBOs working on issues of orphans and vulnerable children. These organisations pay a nominal membership fee. For the smaller NGOs and CBOs, CHIN serves as an umbrella organisation linking members to services, sources of funds, and training offered by various institutions. Some of CHIN's members are large internationally funded NGOs. These members do not necessarily need to be linked with donors, but benefit from other services offered by CHIN.

CHIN works to provide a network between its members, both large and small, to promote the exchange of information and the sharing of resources regarding O/VC in Zambia. CHIN feels that the promotion of this network is its important contribution to children.

CHIN began its work officially when it became a registered NGO in 1996, but operated 'unofficially' since 1993. During that time CHIN has slowly expanded its coverage in various provinces throughout Zambia. They have regional representation in the Copperbelt through the Link Association for the Relief of Children (LARC), in Livingstone through the Street Kids Association and in the Northern Province through the Kasama Street Kids Association.

Membership

In order to be a member of CHIN, the organization must be in operation longer than 6 months and pay the annual membership fee of K10,000.

Programme Activities

CHIN provides its members with a quarterly newsletter which profiles the situation of children in Zambia, various programme interventions of member organisations and information regarding conferences, workshops, training opportunities and resources.

CHIN has worked diligently to encourage its members to work together and is slowly seeing an exchange of information, networking amongst partners and increased interaction. CHIN also feels that it is a regional model for of a network on behalf of children. Additionally, CHIN feels that despite the dearth of funding available to work with needy children, it has successfully motivated its members to continue their work in this field and to work creatively with limited resources.

CHIN maintains a web site at www.chin.org.zm. This web site profiles each member organisation, provides a situation analysis of children in Zambia and provides other useful information. One of CHIN's members received funding from an outside source from contact made through the web site.

CHIN, with funding from USAID funded Project Concern International, has developed a training of trainers manual on the psycho-social needs of both children and care givers. The draft manual covers many issues of child development and issues with which children grapple while growing up and also gives some guidance to care providers who may be uncomfortable dealing with uncomfortable issues. The manual moves beyond coping with death and dying and tackles issues such as puberty, sexuality, social pressures and abuse. Trainers will use this manual to train community members.

CHIN is also slowly attempting to addresses policy issues. CHIN feels that strides have been made over recent years to bring children's issues into the forefront, but recognises that the work is not yet finished. CHIN attempts to increase the awareness of policy issues related to children through

listening to CHIN members and their policy needs and participation in the National Reference Group on Child Abuse.

Funding Sources

CHIN receives funding from UNICEF, Kindernothilfe and Taksvarrki r.y. Project Concern International has provided funding for special projects and Street Kids International has provided an intern.

CHRISTIAN CHILDREN'S FUND, ZAMBIA

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Status: NGO

Background

The Christian Children's Fund (CCF) was established in Zambia in 1983 to assist needy children through the CCF sponsorship programme. The sponsorship programme is a global sponsorship for the education and health of a child where a sponsor, from the North America and Europe 'adopts' a child and contributes a minimum of US\$21.00 per month towards a pool fund.

School fees and other requisites, primary health care and basic medical care are provided for from the pool fund. Furthermore individual sponsors may also send a gift to their sponsored child directly through the local project office. Once a child is enrolled for sponsorship that sponsorship continues until the child has left school – at secondary or college/university level.

One of CCF's successful projects is the Ng'ombe Family Helpers Project in Ng'ombe township where a school was constructed and has been transferred to the community but support for the community's children continues through the sponsorship programme not only for those at the school in Ng'ombe but for sponsorship to other schools, and colleges/university.

CCF operates mainly in rural and peri-urban areas and poor urban settlements. It has a sixteen member staff at its head office in Lusaka and an annual budget of US\$1.2million. The Headquarters are in the United States.

Objectives

To provide for the general welfare of a child by offering that child an opportunity to go to school, access to health and medical care and to live in an environment that will contribute to her/his well being and development.

Program Intervention

CCF interventions are directed at vulnerable children and this may include orphans. The main activity is the sponsorship programme. Although the programme is directed at vulnerable children in general, orphans get priority over non-orphans in the selection process because they are regarded as being more vulnerable.

Micro-enterprise - development schemes are loan schemes given to vulnerable groups to develop their economic capacity to qualify for credit elsewhere. It is aimed at developing their economic capacity to care for their children and dependents.

CCF also provides training in basic business management to the recipients of the loans and other community members to develop their entrepreneurial skills. In general the organisation provides training in other areas as well like leadership training in order to mobilise, develop and empower the community.

Non-sponsorship funds – these are funds used for specific needs such as boreholes for areas with acute water problems etc. They are one-time funds and are not on-going like the sponsorship funds.

CCF evaluates their programmes by looking at three impact indicators: literacy, malnutrition and mortality in the catchment areas operating in. It also uses eight process indicators which include enrollment in school for children between 0 – 15 years of age, malaria incidence, immunisation etc.

Future goals

To focus on AIDS orphans. This is already in the CCF Zambia plans.

Lessons learned

- CCF plays the role of facilitator in the development process and allows the community to define it's own needs and direction.
- Community empowerment is ensured with the education of it's children
- Collaboration with the community and Government at all levels of a project critical to it's success

FOUNTAIN OF HOPE

Contact Person Rogers Mwewa, Masiliso Masiliso
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Status NGO

Background

Fountain of Hope started in 1996, by a group of volunteers seeking to “do something” about the street kids in Lusaka. The same group of volunteers continue, without pay, to run this organisation for street child. Fountain of Hope also works with other indigent children, primarily from the blind centre in Kamwala. Currently, they offer services to approximately 500 children and feed about 150 in the evening. The children cook the food funded primarily by WFP.

Programme Interventions

Fountain of Hope provides an outreach programme for street children, primarily boys. It is not uncommon for the outreach volunteers to be on the streets as late as midnight. They talk to the boys, attempting over time to develop trust, helping them to believe that there are alternatives to the street. Fountain of Hope encourages the children to attend the community school they are constructing. (Currently teachers teach in an open roofed cement structure.) However, if the street children do not wish to attend school, the centre offers a place for them to stay during the day.

Most of the volunteers at Fountain of Hope have been trained by Kara Counseling to help the children cope with their circumstances. Outreach workers have found that as trust is established, the children often begin to confide why they are living on the streets. The Fountain of Hope also attempts to work with the family of guardian of the children to help ease the situation at home and to encourage the return of the child to home.

Since their inception, the City Council provided them with a small cramped office space. They are in the process of building class rooms, paid for by the US Embassy, and an ablution block, paid for by PCI. The Fountain of Hope hopes to eventually build a kitchen, hostel type setting to offer a safe place to sleep and an administrative office.

Fountain of Hope has overcome huge obstacles with little outside funding. The volunteer staff remains motivated despite the overwhelming and heart breaking situation in which many of these children live; despite not receiving any payment for their dedication; despite the increasing numbers of street children; despite the little training they have had to prepare them for their work.

Lessons Learned

- Perhaps the greatest lesson the Fountain of Hope has learned is to develop first the trust of the children and to respect the foundation for the children's hardened mistrust of people. It is only after trust is developed that the Fountain can begin to give these children hope.

KABWATA ORPHANAGE & TRANSIT CENTRE

Contact person: Mrs. Angela Miyanda, Director
Physical address: Burma Rd., next to ZESCO offices
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Telephone: 224059/70965
Status: NGO

Background

The orphanage was established in May 1998 by Mrs. Angela Miyanda as a personal response to the plight of orphaned children, especially those who have been abandoned by their extended family members. The centre currently has forty-two orphans all living there. Most of the children were abandoned by their families at the University Teaching Hospital as babies or sick children after their parents died, mostly from AIDS. Some have one living parent but who is unable to look after them, largely because they are terminally ill. Some were street children with no traceable family

who members of the community have brought to the centre. Five are refugee children whose parents died in refugee camps in Zambia and were brought to the centre by the UNHCR until their families in their countries can be traced.

Mrs. Miyanda acquired a disused and dilapidated Lusaka City Council building in Kabwata and with support from Canadian, United States and Netherlands missions in Zambia rehabilitated the existing structures and added new ones to cater for the growing demand for space. The centre now has dormitories, an administration block and a chicken run, which is not yet operational.

Objectives

To provide foster care for children without family to care for them, whether the family is alive or deceased, largely in response to the AIDS crises in the country.

Program Intervention

The centre provides foster care for single or double orphans who have been abandoned by family. The centre tries to provide this foster care in a loving, family environment where each child is an individual and not a number as is often so in the traditional orphanage.

Initially the centre was a response to the AIDS epidemic in the country where there was a growing number of orphaned children at the University Teaching Hospital who were abandoned by relatives after their mothers died – mostly from AIDS. The centre's emphasis has remained as an AIDS intervention although a number of street children have been brought to the centre by members of the public.

It was also intended as a 'transit home' where children without one could be taken in until a home was found for them. For most of these children however it has been difficult to find family or a foster home willing to take them in and they have therefore been adopted by the centre.

The older children are all placed in regular government schools, those in secondary school are in boarding schools.

Funding is from donations from the international community (for construction work), the organisations linkages abroad through Angels in Development, the church organisation with which the centre is affiliated, and local businesses like Shoprite, Nandos, Ovenfresh etc.

The emphasis is on the 'home' as opposed to the centre being an orphanage. The volunteers who work there are encouraged to develop personal relationships with the children and give them as much of a home environment as possible showing love and personal care.

Future goals

To generate their own income through a chicken business. The centre already propagates and sells potted plants.

Lessons learned

- The centre is run entirely by volunteers who came to the centre on their own accord. This ensures commitment, personal love and care and dedication to duty.
- Occasionally a token sum of money or food is given to the volunteers as a form of appreciation.

- Dedication and personal commitment is evidenced from the fact that almost all the volunteers have adopted/fostered a child from the centre.

KANYAMA SALVATION ARMY

Contact Person: Lt. Angela Hachitapika
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Telephone: 272-036
Status: NGO

Background

The Salvation Army Kanyama⁴ offers formal education to 270 children from their community. They have a nutritional feeding programme catering to 360 children and train 30 mothers in nutrition. They also have an under five clinic.

The Salvation Army has also conducted needs assessments to determine how they can best assist five families with 25 orphaned children. They have also intervened to assist in cases of property grabbing amongst members of their community.

KARA COUNSELING

Contact Person: John Imbwa
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18Km Mumbwa Road, Lusaka West
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Telephone: 233446/233562

Background

Kara Counseling Girls Programme has been in existence since 1996. The programme assists girls from the ages of 14-19. The programme focuses on girls because they are the more vulnerable groups in terms of abuse, early marriages and contracting HIV/AIDS. At the moment, the centre has 31 girls.

Danish-Church Aid funds the programme, which assists orphans in acquiring basic practical skills in various activities. The programme works hand in hand with CHIN, CINDI, Foundation of Hope, City of Hope and Community at large.

Programme intervention

Communities identify the children within their own localities. The programme takes girls aged 14-19, merely to equip them with basic skills so that they can become responsible citizens in future. The project has trained girls from Chawama, Misisi, John Laing, Bauleni and Garden Compounds.

⁴ The Kanyama Salvation Army was not interviewed. This information was gleaned from a document provided by the Christian Council of Zambia.

The programme offers practical skills to the girls in the following:-

- Tie and Dye
- Agriculture skills
- Construction work and Carpentry
- Knitting and Home Economics
- Basic Skills in assertiveness

At the end of the training programme, the girls are supported financially to start their own projects and the centre follows up on the girls to see how they get on with their projects.

The centre also supports those girls who are still in schools by providing transport money, schools fees.

Kara Counseling is well renowned for its campaign on HIV/AIDS issues; health education, including HIV/AIDS awareness is given to the girls.

KASISI HOME ORPHANAGE

Contact Person: Sister Mariola
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Status: NGO

Background

Kasisi Home for Orphans has existed since 1926 and more than 2,000 orphans have passed through the home. The institution is organised in such a way that orphans are divided into groups of ten and a 'mother' is charged with responsibility to raise the orphans simulating a home situation as much as possible. The mother is responsible for the children under her care through to College or University and not until the orphan has settled down in his/her life will the institution cease to discharge that responsibility. A Sister is in charge of thirty orphans (i.e. three groups of ten orphans) to supervise and ensure that the 'mothers' are fulfilling their responsibilities and that the children's problems are minimised as much as possible.

Kasisi Home for Orphans defines an orphan as a child who has lost a mother and there is nobody to take care of him/her. They believe the mother is the most important parent a child has and when she dies the child will be regarded as an orphan regardless of the fact that the father may still be alive. However, if the father insists that he is able to look after the child, Kasisi will not interfere, but will send help to the father, as needed.

If an orphan has relatives who are able to provide, Kasisi may leave the child with them but will still give help and ensure that the child is truly well looked after.

Orphans come from all parts of the country, both rural and urban, and from other parts of Africa, like Mozambique, the Congo Republic, Rwanda etc. also provides homes for refugee children.

Objectives

- To provide total medical care and school facilities to orphaned children from 1 day old to 20 years of age (University or College)
- To provide the orphaned children with a home atmosphere in the absence of parents
- To find families that can adopt some of the orphans, both in Zambia and abroad.
- To ensure that the orphaned children grow well and are given full care as non-orphaned children.

Programme Intervention

Kasisi provides direct financial help and school facilities to orphans who are in foster homes in communities. At the moment there are approximately 100 children with families in villages and compounds whom Kasisi provides with school fees, uniforms, shoes and medical care. They have experienced jealousy amongst parents and children who do not receive assistance. Kasisi strives to dialogue with the community to mitigate these feelings and negative repercussions on its programmes.

Upon admission to Kasisi, children are tested for HIV, but this knowledge is not passed on to the children. The administrators or the home are aware of children's status in order to meet proper medical and nutritional needs. It is estimated that 80% of the orphans coming to Kasisi now are HIV positive.

Kasisi conducts AIDS education and awareness to orphans. They counsel small ones on the right way to live as soon as they are old enough to understand. Those at secondary school are exposed to videos on AIDS and other AIDS materials. They are also counselled and sometimes sent to Kara Counseling Centre for further and more professional counselling.

Monitoring and Evaluation

The Social worker seconded to Kasisi by the MCDSS on projects like placing children in extended families and foster families does the monitoring by visiting these homes. Difficulties and problems are analysed and resolved with the help of Kasisi.

Organisation Structure

There are 60 members of staff and 12 Sisters at Kasisi Home of Orphans. These are assisted by trained nurses, teachers, pre-school teachers and other volunteers from abroad.

Accomplishments/Lessons Learned

- Work with orphans requires a lot of commitment and selfless service. Orphans and vulnerable children are very sensitive people and anyone choosing to work with them must understand their plight and treat them with compassion and care.

KEPA ZAMBIA

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Status: NGO

Background

Kepa Zambia is the Finnish NGO partnership programme in Zambia which provides linkages between Finnish and Zambian NGOs in development cooperation and provides development support to the country through local organisations. Kepa Helsinki (Finland) the mother body embraces about 190 Finnish NGOs working in development and other global concerns and has field offices in Mozambique, Zambia and Nicaragua and liaison offices in Tanzania, Uganda, and Brazil.

In Zambia Kepa was established in 1997 as the successor to the Finnish Volunteer Service which was a volunteer placement agency. Since its establishment Kepa has instigated six major partnership programmes between Zambian NGOs and their Finnish counterparts: four small enterprise development projects in Eastern Province in Chadiza, Chipata, Katete and Lundazi districts under the Eastern Province Women's Development Association (EPDWA); a Community Based Rehabilitation project for the mentally disabled under the Technical & Vocational Training Authority (TEVETA) and the Finnish Association on Mental Retardation (FAMR); the Zambia National Association for the Deaf (ZNAD) and the Finnish Association of the Deaf (FAD) project and the Environmental Conservation Association of Zambia (ECAZ) and the International Centre for Research on Agro Forestry (ICRAF) institutional capacity building support.

In addition to the partnership programmes between Zambian and Finnish NGOs Kepa Zambia also provides support to local NGOs working in cultural development such as the Kamoto Community Arts, civic organisations like the African Network on Human Rights and Development (AFRONET) and the Catholic Commission for Justice and Peace (CCJP) which is coordinating the Jubilee 2000 campaign in Zambia which is advocating for Third World debt cancellation.

Kepa also supports activities in gender and development, civic education and advocacy, community media and a wide range of developmental issues.

Support for orphans has been with the Kepa Helsinki affiliate Taksvarkki ry which has been supporting CINDI, Kitwe, Mapode, and CHIN. Taksvarkki ry is a developmental NGO in Helsinki with affiliates from trade unions, students and schoolchildren, peace movements and religious organisations amongst others. Taksvarkki fund raising campaigns include funds raised by schoolchildren who work for a day and donate their earnings to the organisation.

Objectives

One of Taksvarkki's key guiding principles is education "from school children to school children" and most of its projects are related to children and education.

Program Intervention

Taksvarkki's funding to Zambia for the year 1999 to 2000 has been for AIDS information work, web and other publishing work for CHIN; construction of a support centre for AIDS orphans for Mapode in Mtendere (US\$40,000) and support for the education and health care of AIDS orphans for CINDI Kitwe (US\$180,000).

CINDI Kitwe is considering adopting some of Taksvarkki's approaches such as schoolchildren fundraising campaigns in their efforts to become self supporting and move away from being entirely dependent on donor support.

Lessons Learned

- Kepa has access to considerable lessons learned from its Finnish organisations regarding alternative fund raising efforts, improving advocacy efforts and promoting efficient networking between partners.

MOVEMENT OF COMMUNITY ACTION FOR PREVENTION & PROTECTION OF YOUNG PEOPLE AGAINST POVERTY DESTITUTION, DISEASES & EXPLOITATION (MAPODE)

Contact person: Merab Kambamu Kiremire, Director/Initiator
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Status: CBO

Background

Mapode was formed in June 1997 as a response to the growing number of vulnerable people like street children, girl prostitutes, child headed households and orphans due to AIDS, widows and families living in abject poverty and unemployed youth. The driving force behind the project is the initiator Merab Kiremire's experience with the Tasintha Programme for women and children in prostitution which revealed that many of the people living in risky and hazardous situations such as those named above are driven into them by circumstances rather than by choice and that their living conditions inevitably impact on the community as a whole.

To counter this long term negative impact on the community requires prevention and protection measures that target the community as a whole. Mapode's approach therefore is a holistic approach that seeks to address as many of the contributing factors as possible. The centre in Mtendere therefore is a multi-service centre offering amongst others life saving skills training, support, care and economic empowerment for abused, abandoned and orphaned children (street children), training and economic empowerment for women, credit schemes, rehabilitation of child prostitutes, and extension programmes like AIDS education in schools, research into areas related to Mapode concerns and lobbying and advocacy for appropriate national policies and laws on youth.

It is run entirely by volunteers and caters for children, youths and women from both Mtendere and outside the township. A number of the street children living at the centre are from outside Lusaka.

Mapode has extensive international and regional linkages and has received a lot of financial and material support in its two years of existence from the international community in Zambia and other international NGOs.

The Mapode centre which was rebuilt from a dilapidated set of Lusaka City Council buildings has dormitories/ transit home for the street children, skills training blocks/workshops, a computer centre and others.

Objectives

Amongst Mapode's objectives is to support, care and empower HIV/AIDS orphans, empower economically women in difficult circumstances such as widows and advocate and lobby for youth friendly legislation, economic and social policies.

Program Intervention

Mapode has several interventions that relate directly and indirectly at orphans: the street children programme, girl prostitute rehabilitation programme, vulnerable women's skills training and credit schemes programme, life saving skills training programme for vulnerable children and youth. In fact all of Mapode's programmes impact on orphans one way or the other, particularly AIDS orphans.

Support, care and empowerment of AIDS orphans is the most direct intervention on orphans. These include orphans who are in homes with guardians or foster families. The centre established an informal school which these children and others from outside who can not afford to go to a regular government school attend and also assists in placing children in schools. The school currently caters for 420 children from pre-school, grade one and grade two. Efforts are being made to establish this as a community school. The children are given clothes when donations are received by the centre.

Street children programme. Under this programme street children are taken off the streets, placed into the centre, rehabilitated and re-integrated into society.

Widows programme is a preventive programme in which the widows are given basic business training and a loan in cash or kind to start a small business so that they can support the children in their care and thereby prevent street children.

Adolescent mothers programme – trains young mothers in vocational skills so that they can look after their children and avoid having more children who will become street children because their mothers will not be able to look after them. The programme also gives the young mothers training in reproductive health and AIDS so that they can avoid contracting AIDS and leaving orphans behind.

Girl prostitutes rehabilitation is also an effort at not only reducing AIDS but preventing girl orphans from going into prostitution in order to survive. The programme involves counseling, education in AIDS and reproductive health and training in a vocational skill.

Mapode works closely with MCDSS and MYSCD in all the programmes and is now trying to establish links with the Ministry of Education.

Lessons learned

- Mapode believes it is not possible to work in isolation from government and the community.
- The experience from the Tasintha programme showed that when a project is detached from the community it has a higher failure rate. Prostitutes rehabilitated at the Tasintha programme in the initial phase went back to prostitution after some time because they failed to integrate into society.
- Planning should involve the grassroots otherwise they do not take ownership of the programme.

MUSLIM CARE ORPHANAGE

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Status: NGO

Background

The Muslim Care Orphanage is an example of a private initiative carried out by a business family in Lusaka. The orphanage was established in October 1997 by two family members, Ahmed Badat and Ismail Badat, Lusaka businessmen. The Badats were initially moved by the hardships and even destitution that befell the orphans of some of their employees who died from AIDS. They directly supported the orphans and the caregivers initially but decided to establish the orphanage to provide better care for the children. Many of these children were looked after by aged grandmothers who were looking after numerous other children. The Badats wanted to establish a more personal care system for the children of their employees.

The orphanage is run on a family scale and based on a home/family model. It is small (a three bedroom house in Kamwala) with only twelve orphans currently. Until last month it catered only for boys, but now has two girls.

Objectives

To provide a 'family' and a home for the children where their basic needs for food, shelter, clothing, education and emotional support can be met; better opportunities to lead a normal life where this would have been difficult after the loss of their parents.

Program Intervention

The orphanage currently cares for twelve children from the age of six months to seventeen years. Children of school going age have been placed in regular government schools whilst those of pre-school and nursery school age are taught at the home by the orphanage's nursery school teacher. The nursery school facility currently only caters for the orphans at the centre.

The children's school fees and other educational requirements, their health care, board and lodging, clothing etc. are all taken care of by the Badats. In addition to providing for the children at the home, the Badats give a small allowance of K50,000 to each child's family per month.

The children live at the home and only go out for day visits on weekends to their families. The centre has tried to have the children spend longer periods, such as the school holidays, visiting their families but both the children and their families are reluctant. The children find life hard in the homes they came from and their families feel they have little to offer these children and there are better off at the orphanage. Many of these families are often large and already stretched. There appeared to be some reluctance on the part of the founder to allow the children to spend more time with their families. It was not fully clear what the reason for this was. It is, however, evident that these children have found a new 'home' where they live a much better life and find difficulty in fitting in back into their own communities.

The coordinator is a trained psychologist who has run a 'home-based' orphanage similar to this one in Tanzania. She conducts counseling for the children herself, particularly when the children are first brought to the centre as most have emotional problems as a result of the trauma of losing their parents.

The whole atmosphere at the centre is deliberately that of a 'home'. The children move freely around the home, the older boys assist with the household chores, including cooking. The coordinator lives with the children and is the mother-figure to them.

The owner also visits the centre several times in a week and eats with the children during their meal times. He is the father-figure, although he is Asian and the children are all indigenous black Zambian, with the exception of one girl who is Asian/Zambian.

Future goals

In order to make the centre self supporting there are plans to open the nursery school facilities to outsiders to generate an income.

Lessons learned

- Physical love and a home-based environment is the best alternative to a real home for children who have lost their home and their families.
- Children who are given a 'surrogate' home are better adjusted emotionally and psychologically than those who grow up in the traditional orphanage institutions.
- Keeping the centre small also fosters a family environment where each child can be treated as an individual rather than a number in an institution. It has been easier for the centre to cater for each child's individual emotional and psychological needs.
- The Muslim Orphanage is an example of how much individuals can do to help needy children in society and respond to the AIDS crises. Mr. Badat personally regards his initiative as a challenge to his equally wealthy Muslim brothers to also do something for society as demanded by Islamic teachings in the Holy Koran.

NATIONAL WOMEN'S LOBBY GROUP

Contact person: Agnes Kalungu-Banda, Executive Director
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Background

The National Women's Lobby Group was formed in July 1991 with the main objective of increasing women's participation in decision making at all levels. The Lobby Group lobbies for policies that are gender sensitive and protects children's rights.

The organisation is based in Lusaka but has chapters all over the country, at provincial and district level. It is however primarily urban based with no direct representation at rural or village level. It is a membership organisation with a small secretariat, a board and a general membership.

The organisations activities are carried out mainly by the general membership and coordinated by the secretariat.

Objectives

The organisation has no direct intervention into orphans but lobbies for the removal of policies detrimental to children's welfare. The Lobby Group acts as a link between organisations directly involved in children's interventions and the decision maker by lobbying on their behalf.

The general strategy therefore the organisation has adopted on children's rights is to lobby for more participation by women (and gender sensitive men) in decision making at local government and national government level to influence decisions related to children because children's issues are closer to their hearts.

Program Intervention

In order to increase participation by women in politics the organisation has established a campaign trust to provide financial assistance to women who wish to stand for local and general elections but have no financial backing. The Lobby Group made a major contribution to the 1998 local government elections through this fund and significantly increased the number of women candidates.

The organisation has also actively lobbied for the removal of gender bias in education; it played a major role in changing the content of the Zambian schools curricula to enforce attitude change in stereotyped gender roles. This is significant for the girl orphan as education consistently comes up as one of the orphans' greatest needs after food. If the orphaned child in general is disadvantaged when it comes to education then the girl orphan is even more disadvantaged.

The lobby group constantly and consistently tries to sensitize society on the sex roles and influence attitude change on those that disadvantage the girl child both with decision makers and the general public.

The organisations main activities are advocacy campaigns, gender sensitization training programmes and leadership training for women. It also undertakes research into gender issues.

It networks closely with other women's NGOs through the NGO-CC network providing advocacy and gender sensitisation support.

Lessons learned

- Networking has helped the lobby group reach a much wider constituency than they would have had working in isolation.
- Extending to the rural areas vital as the greatest needs are those of the rural women.
- The lobby group was initially and has continued to be perceived as an instrument of the opposition by the ruling political party – then UNIP and now MMD. Changing this perception has been a challenge but key to influencing change at decision making level.

NG'OMBE CHILD & FAMILY HELPER PROGRAMME

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Status: NGO

Background

The project began operating in Ng'ombe fourteen years ago as a Christian Children's Fund project offering health and educational support to needy children in the township. Although the focus is not necessarily on orphans the project gives priority to orphaned children when enrolling children to the sponsorship programme.

Objectives

To improve the general welfare of children of Ng'ombe township by providing access to education, health care services and nutrition.

Program Intervention

The main activity the project is involved in is the sponsorship programme in which a child in Ng'ombe is sponsored by a donor in the developed countries (mainly the in United States, Europe and Australia). This sponsorship goes towards a subsidy for education or trades/skills training, medical check-ups and follow-up treatment/primary health care and immunisations and supplementary feeding.

The project also undertakes health education, hygiene and HIV/AIDS..

Furthermore the project provides a family counselling service using trained counselors from within the community and the projects four full time social workers mainly for distressed children in Ng'ombe.

Micro-enterprise development was recently introduced by CCF to the project. Through this scheme, credit is given for community members to develop their business to a level where they have sufficient collateral to qualify for credit from lending institutions. To augment this the project provides training in basic business management.

Lessons learned

- Parents/family participation is vital in community development programmes.

PLAN INTERNATIONAL

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Status: NGO

Background

Plan International opened its programme in Zambia in 1995. It is a community based child focused NGO with an emphasis on early childhood development and basic education. Plan International operates mainly in the rural and peri-urban areas and currently has ongoing projects in Mazabuka and Chadiza.

Objectives

Plan International works at developing poor communities through the provision of access to food, water, health and sanitation, increased and secure incomes and ensuring early childhood development.

Program Intervention

Plan International sponsorship programme currently has 5,500 children enrolled in Mazabuka with priority for enrollment always given to orphans. Plan has built four clinics in Mazabuka, two school blocks and school furniture for ten schools. Additionally, they also have a water project in Mazabuka.

In addition to infrastructure Plan International undertakes community empowerment through training and support to income generation and food security activity. Plan International operates a savings and credit scheme where family groups are given credit on the basis of their savings. The savings serve as a guarantee for the grants.

New emphasis is on providing food security and income generation support to family groups as opposed to targeting communities as a whole to ensure benefits trickle down to the individual.

Lessons learned

- Participatory approaches to planning, implementation, monitoring and evaluation achieve better results.
- Targeting family groups are more effective than a more general community approach.

OXFAM GB IN ZAMBIA

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Status: NGO

Background

Oxfam is currently working in 73 countries worldwide with a focus on five key themes: governance, education, land, gender and economic imbalances.

Oxfam does not have direct interventions with orphans but works mainly with vulnerable groups in society to help alleviate poverty. Oxfam does not work directly with communities but works with a network of NGOs who work with communities.

The current five year plan for Oxfam Zambia, which began in January 1999, has three main components; the Copperbelt Programme for urban poor, Lusaka rural programme supporting NGOs involved in improving rural livelihoods, and the nationwide advocacy programme.

Objectives

The general objective of Oxfam is to alleviate poverty worldwide through the creation of an enabling environment where people can have access to basic human needs such as shelter, food, water, health care, education etc. and the right to self-determination, to realise basic human dignity.

Programme Intervention

The main criteria Oxfam uses to select their partners is the extent of the organisations work with vulnerable groups and in the current five year plan their work with rural communities. Many of Oxfam's partners have interventions for orphans.

Oxfam provides grants for development programmes, seed for food security and builds local capacity both within the partner organisation and the target community. Uppermost Oxfam supports advocacy on poverty issues.

Future goals

Oxfam is considering direct involvement it orphans and AIDS through collaboration with Harvest Help Zambia.

Lessons learned

- Oxfam has a holistic approach to development support. Many donors support specific activities and not administration resulting in organisations being unable to execute their programmes effectively, particularly in the rural areas.
- Many NGOs are faced with a serious transport problem and cannot reach out to the rural areas. Ironically a lot of donors have been calling out to NGOs to move into the rural areas.
- Oxfam does not support organisations with a track record of poor accountability.

PREVENTION AGAINST MALNUTRITION (PAM)

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Background

The Programme Against Malnutrition (PAM) was established by the Zambian government in April, 1992 through a Cabinet circular, with the support of the donor community, to look into improved food security in the country.

Objectives

PAM's primary objective is to prevent malnutrition in the country by contributing to increased nationwide food security/reducing food insecurity amongst vulnerable groups and improved nutrition.

Program Intervention

PAM has two main programme activities: disaster response and seed distribution/or drought rehabilitation.

Under the disaster response programme the organisation works with the Disaster Management & Mitigation Unit in the Office of the Vice President to respond to natural or man-made disasters distributing food relief with about 80 partner NGOs.

In the seed distribution programme the organisation works in crop diversification where they provide vulnerable communities with seed for roots, tubers and cereals. They also offer seed entrepreneurship providing farmers with training in seed multiplication and storage management.

PAM does not have a direct orphans intervention other than distribution of free food to orphanages as part of the food relief programme to vulnerable groups.

They recognise AIDS diminishes labour output by the infected and caregivers thereby reducing production and increasing food insecurity.

PAM is rural based but it helped establish the Help the Children Fund to cater for the urban vulnerable groups.

Areas where PAM has provided crop diversification and food relief activities have shown, according to their surveys higher economic activity than those areas where this has not been available. Certain areas in Southern Province are now growing a variety of foods for example. However, development NGOs, such as Oxfam, hold the position that the distribution of relief food contributes to people abandoning development projects or economic activity in preference for free food. PAM does not seem to be addressing these two conflicting positions nor making any efforts to resolve the conflict between themselves and development agencies.

PROJECT CONCERN INTERNATIONAL (PCI)

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Background

PCI has received USAID funding to develop the response to O/VC since January 1998. Although, the organizations work is relatively young, they have made great strides to mobilise communities to respond to the crisis of AIDS.

In 1998, Kitwe and Livingstone were chosen as the pilot projects to begin PCI's orphan response. Through various participatory devices, PCI mobilises the community to view the orphan issue as a community problem and to develop techniques to respond to the problem. PCI works closely with the Ministry of Community Development and Social Services, their implementing partner, to identify communities, CBOs, NGOs, churches, community leaders and others who can unite efforts to respond to AIDS orphans.

PCI's multi-sectoral approach utilises various players who have formed District Orphans and Vulnerable Children Committees as well as Community Orphans and Vulnerable Children Task Committees. The members of these committees work with the communities to define orphans, develop their response and address the issues. In general, the communities reach out to those children who have lost one or both parents, either from AIDS or other causes of death, as well as, those vulnerable children who may not be orphaned but live in extreme poverty. Some services target various age groups such as under five years, or from age five to fifteen. The peer education programme (anti-AIDS) targets youth from fifteen to eighteen years.

Objectives

To build the capacity of the communities to respond to the issues of O/VC.

Catchment Area

Although PCI's pilot projects took place in Kitwe and Livingstone, PCI supports NGOs throughout the country through the small grants programme. PCI provides small grant assistance to CBOs and NGOs working on AIDS related efforts.

In both pilot project communities, PCI's efforts are primarily peri-urban working with squatter settlements. Within Kitwe, PCI works with 8 communities and in Livingstone, they worked with five and recently extended their programme to three additional communities.

Programme Intervention

The core of PCI's work lies into two areas:

1. To mobilise the communities to address the issues of O/VC utilizing a multi-sectoral approach combining the efforts of district government offices, NGOs and CBOs and community members
2. To improve the national policy environment regarding the child

In general, the communities where PCI works identified poverty as the main cause of all problems. Stemming from poverty, education, health, food and psycho-social counseling and food are identified as the greatest needs of the orphans. The care givers of orphans struggle to provide food and education to the children they look after.

PCI strives to empower the communities to provide for themselves. They link community leaders and members with organizations who can provide assistance. These include donor funded projects, churches, NGOs, etc. PCI trains community members in the areas of teachers, business skills, income generation activities, fund raising monitoring and evaluation and psycho-social counseling.

PCI has provided small grants to CINDI in Lusaka, SEPO in Livingstone and LARC (Link Association for the Relief of Children) in Kitwe. These organisations distribute material goods to children and their families.

Community members in Kitwe independently formed community schools to attempt to meet the education needs of their children. When PCI learned of these commendable efforts, they provided assistance to train the teachers.

PCI funded CHIN (Children In Need) to develop a training manual to deal with the psycho-social needs of children and care givers. This manual is in draft form and available through CHIN.

On the policy front, PCI tries to facilitate the revision of various policy related to children. They funded meetings leading to the revision of the Juveniles Act, which was carried out by the Law and Development Commission. PCI participates in the Policy round table meetings and is a member of the Reference Group on Child Abuse.

PCI tries to help orphans to learn to financially support themselves through income generation activities and creating links with micro-credit projects. Additionally, PCI works with the care givers of orphans to provide training in income generation activities, education and cleanliness campaigns. AIDS education and prevention also lie at the heart of PCI's interventions. Primarily they use peer educators and drama groups to raise the awareness of and to encourage AIDS prevention.

Monitoring and Evaluation

PCI has worked with the communities to develop community based management information systems, which are developed by the communities and district committees. Information on each orphan is collected annually and entered into a computer system. The attempt is to track activities and impact on orphans throughout the life span of the programme.

Accomplishments/Lessons Learned

- PCI's programmes involve a variety of players (traditional birth attendants, churches, neighborhood health committees, business men/women, teachers, government officials) at the inception of the project. The project is then community owned and it is believed that this effort will contribute to the long term sustainability of the programme.
- Through constant communication and frequent visits with the community, PCI has gained the trust of the community and created an environment whereby the citizens look to provide for themselves rather than to create a system of dependency.
- Communities should have the strongest say and voice in all the activities and the monitoring and evaluation of the projects.

Organizational Structure

PCI has 26 staff members. The O/VC project coordinator works full time on the orphans activities. She is supported professionally by the other staff members working on monitoring and evaluation, small grants assistance, the country director and deputy country director. USAID is the primary funder. Last year, PCI operated with a budget of USD750,000.

RAY OF HOPE

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Background

Maramba Congregation, is a Church Organisation started supporting under privileged children through a programme called "Ray of Hope" in 1998. Communities identify the children and they are supported within their own communities. The project looks after children from both urban and peri-urban areas. Ray of Hope's project is limited to the children aged between 5-15 and is currently looking after ten (10) children. Ray of Hope covers a large area such as Maramba, Dambwa and Mwandu. These areas were allocated to the project by social welfare department.

Objectives

The organisation's objectives are:-

- To find homes for the children who are abandoned or have no one to look after them after the death of their parents.

- To provide food, clothes and money to those who are placed in homes
- To find schools for those who fail to find school places or stop due to the loss of parents and support them financially.
- To provide social service amenities e.g. taking children out to places like Maramba Cultural Village, Game Park, together with their adopted parents.

Programme Interventions

The staff is organised according to their qualifications. There are nurses who are also counsellors; teachers who assist in placing children in schools and a spiritual father who assists in spiritual support.

Ray of Hope finds homes for street children and those whose parents died (either both or one parent) provided the surviving parent has financial difficulties. However, this approach of taking on those who have at least one parent has attracted even those who do not need help.

The project may find it difficult to continue running due to financial constraints. However, they are embarking on soap production project and are hoping to go into mixed farming.

Lessons learned

- The issue of children in need is a big one and it requires proper organisation and coordination of programmes, which are aimed at assisting them.
- If communities are assisted, they can actually look after the children in need.

SOUTHERN AFRICAN AIDS TRAINING PROGRAMME (SAT)

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Background

The Southern African AIDS Training Programme (SAT) is funded by the Canadian Public Health Association and has existed for 5 years. In general SAT provides funding and technical support through direct small grants funding to NGOs. They work in AIDS areas related to advocacy for children and women's rights, HIV/AIDS prevention, home based care and counselling. Regarding children's issues their goal is to sensitise community regarding the rights of children, abuse of children and children's risk to HIV/AIDS and other STDs.

Programme Interventions

SAT provides small grants overall to 17 to 20 NGOs annually. A few projects are related to AIDS orphans.

- Livingstone Home Based Care Programme
- Sister of the Sacred Heart of Jesus and Mary in Ndola
- Harvest Help Project on AIDS in Siavonga

These three programmes all direct their efforts through the widows' associations and provide microcredit loans. The women's microcredit groups are all provided with business training and they are organised in the same manner as most micro credit projects. Women form groups and police each other's repayment efforts.

In Siavonga, in an effort to develop a form of sustainability, the members donate livestock. The profit from the sale of the livestock go into a special fund to pay for emergency needs in the community.

SAT also provides education to community members regarding abuse of children, property grabbing and the legal framework for both these issues. They strive to educate community members regarding their rights. They hope that their grass roots efforts will mobilise the community to call for national policies.

In the Ndola project, volunteers are trained on the psycho-social needs of children. They provide training and counselling to the care givers in order to help them cope with the burden of raising additional children and also to help the children cope with grief.

SAT provides grants for micro-credit to the YWCA and to the Zambia Red Cross. These loans are provided to street children. The children also receive business training as well as information on HIV/AIDS prevention.

Lessons Learned

- The need exists to combine HIV/AIDS education with interventions designed to cope with the impact of AIDS.
- SAT does not conduct external evaluations since the external evaluator often does not understand the delicate political and social frameworks within which the project operates.
- When mobilizing community volunteers, the project must take into account the mobility of community members and the frequent turnover rate. In this sense it is better to train more members locally rather than taking a select few for external training.

Street kids become more responsible citizens and more able to take care of themselves, with proper training (financial) and access to funds.

SEPO

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Background

SEPO, in existence since late 1997, aims to alleviate the suffering of the vulnerable children. The programme caters for 0 - 18 years that have lost both parents and no one comes forward to take responsibilities. Occasionally the project supports some children who have lost one parent provided the surviving parent is unable to support the child financially and materially. However, SEPO supports children within their own communities. Currently, the organisation is supporting 796 children.

Objectives

SEPO's objectives are:-

- To alleviate the suffering of orphans by assisting them through relatives
- To promote care within the community in order for children to have proper emotional and social care

Programme Interventions

SEPO operates in Livingstone and Kazungula Districts, which are urban, peri-urban and rural. The project has various staff including volunteers from NORAD and members of community.

The main activities of SEPO are to support children through their adopted/extended families in education, provision of food and clothes. The project also offers shelter to a few of them.

The project conducts some awareness training programmes on HIV/AIDS, Girl Child education, protection against property grabbing and child abuse.

For its activities, the project gets financial and technical assistance from NORAD, World Food Programme and United Nations and it has an annual budge of K76,000,000.00.

Lessons Learned

- There are a lot of orphans who need assistance in Livingstone. SEPO has very little capacity to support all children in need.
- Although SEPO works hand in hand with Care International, there is very little or no coordination among other projects which look after children in need in the area.
- Carrying out community education is very limited and there is need for well-organised community campaign awareness.
- It is best to leave children within their communities so that they can be emotionally and socially supported.

SOCIETY FOR WOMEN & AIDS IN ZAMBIA (SWAAZ)

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Background

The Society for Women & Aids in Zambia (SWAAZ) is the local affiliate of the Society for Women & Aids in Africa (SWAA), a regional body active in more than 35 countries in Africa. SWAA was set up in 1988 by a group of African women who felt that the impact of HIV/AIDS would have a devastating effect on women and children. The organisation was established in Zambia on World Aids Day, 1 December, 1989.

Country branches develop their own interventions depending on the situation obtaining in that country. An annual SWAA conference is held to review situations in each member country, exchange information on HIV/AIDS especially as it affects women and children and lessons learned from each programme.

In Zambia the local national branch SWAAZ has over 2,500 members country wide with branches in all the provinces, including at village level.

SWAAZ's main activities are education campaigns in HIV/AIDS, psycho-social counseling, community mobilisation and capacity building and skills training and income generating activities.

Objectives

SWAAZ's short term objectives include support to vulnerable groups like orphans and widows and education and economic empowerment of women to help them make informed decisions which could reduce their vulnerability to AIDS.

Program Intervention

The main intervention targeted at orphans are the four family support homes in Lusaka which were bought with Irish Aid support to serve as drop in centres for vulnerable children. The homes offer pre-school services for pre-school going children, trades training for adolescents and a meal a day for the orphans. It offers socio-psycho counseling for families affected by AIDS, and supports home care for the sick.

The centre has a unique feature to its IGA's. Unlike most programmes which operate their own IGA's in order to raise funds for their interventions the SWAAZ homes offer facilities to entrepreneurs to carry out their activities using their facilities e.g. the carpentry, tailoring etc. and 20 – 50% of the profits go back to the centre and the rest goes to the individual entrepreneur.

The skills training is offered to members of the community who then may operate from the centre or outside. Those operating from the centres are given further training periodically to improve their skill.

The IGA's are also conducted in other branches all over the country - in Luapula Province there is a fishing project, in Southern Province there are mostly agricultural projects and in North-western province there is a tailoring project manufacturing school uniforms.

Community mobilisation is being done using the Community Preventive Teams (CPT) concept where members of a community including community leaders from business, church, political and traditional leadership, participate in identifying their own problems, developing their own strategies and participating in interventions to prevent and control AIDS. Training in the CPT concept is conducted by teams from Chikankata Mission hospital. Areas where the CPT method has been used have recorded higher response and results than those where it has not been used.

The organisation has only two full time paid staff at the secretariat who coordinate the activities whilst the rest of participants are volunteers.

Of its approximately K500million annual budget most of it is supported by international agencies like NORAD, PCI, UNICEF, WHO, WFP and the EC. The IGA's throughout the country raise money mainly for orphan support, although most of the feeding is supported by WFP.

Lessons learned

- Volunteers sometimes don't understand the concept of volunteerism, especially those not occupied in formal or informal employment. There is a general lack of commitment and the expectation to be rewarded for any efforts made.
- Working with the grassroots has produced quicker results as they are easier to mobilise because of the social structures that hold them together. Chilonga in rural Southern Province has an orphan support programme and pre-school which operates from a village hut for example.
- Economically empowering women lessens their dependability on men, improving their social status and ability to make their own decisions. In addition SWAAZ not only offers training in AIDS education but also negotiation and communication skills to further strengthen a woman's position.
- You achieve more in networking than in working in isolation.

WORLD VISION INTERNATIONAL (WVI)

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Background

World Vision International (WVI) has been in operation in Zambia since 1981 with offices in all provinces. They are involved in helping underprivileged people, including orphans, in urban

and rural communities to lead as normal and fulfilled a life as possible by encouraging the establishment of and managing community based projects for self sustainability.

WVI sponsors orphans and underprivileged children until the age of 14 years and can operate in an area/community for more than ten years during which years they ensure that systems are set for continued self-sustainability. Orphans and children identified by the community as requiring support get direct support from WVI while the community as a whole also benefits through projects aimed at the community at large.

Objectives

To see that the underprivileged and disadvantaged receive help for them to lead a normal and fulfilled life.

Programme Intervention

WVI has observed that the greatest needs of orphans are parental love, acceptance, education, clothing and food and that those of the caregivers are basically financial support, counseling and food. WVI meets some of these needs, such as education, health and clothing.

World Vision also supports the communities through teaching them, the orphans and other disadvantaged children agricultural skills so that they can be self reliant when WVI is no longer supporting them.

WVI has experienced difficulties with foster parents and refusals to cooperate and to participate in community projects. Primarily this results from feelings of frustration and inadequacy to provide for their own children. WVI provides care and support for orphan children which the parents often cannot provide for themselves. Orphans complain of negligence by their caregivers. Constant dialogue is always attempted to alleviate this problem, sometimes with success and sometimes without.

WVI utilises volunteers whom they train how to network in their communities. They also provide caregivers with training in general knowledge on children's relationships in a home and on how to administer resources they receive from WVI.

Lessons Learned

The following are some of the things the World Vision has learned from its operations in Zambia:

- It is advisable to begin with a small budget and then increase as the project develops. This helps to develop community support and foster independence as opposed to dependence.
- People who receive funds lack financial management skills and training is necessary.
- Some politicians lack knowledge of NGOs' work. Dialogue with them to alert them the development efforts of NGOs in their areas.
- Many community development projects are difficult to embark on due to the levels of poverty of the people who must also have an input.
- Sometimes some NGOs working in the same area find it difficult to work as a team sometimes due to rigid financial and operational policies.
- NGOs need to have a uniform way of approaching issues especially if they are working in similar areas.

ZAMBIA COMMUNITY SCHOOLS SECRETARIAT (ZCSS)

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Background

The Zambia Community Schools Secretariat (ZCSS), which has been in existence since 1997, is acting as an umbrella body for affiliated community schools, and represents them in various forums. It assumes the function of 'spokesperson' on behalf of community schools to government and donor agencies.

The Secretariat has 4 members of staff, with no fixed annual budget as all assistance is obtained through unsolicited funds or in kind.

Objectives

To see that orphans and underprivileged children also receive proper education.

Catchment Area

ZCSS encourages its community school affiliates to enroll and help AIDS and non-AIDS orphans until they are able to fend for themselves. More than 20% of pupils enrolled in community schools in both urban and rural catchment areas are orphans.

Programme Intervention

Most teachers in community schools are untrained and serve on volunteer basis. Teachers are given special training in how to teach in community schools. This curriculum, SPARK, was developed by ZCSS with assistance from UNICEF. The SPARK manual provides guidance for the teachers on how to teach and outlines a syllabus including how to teach the material. Model lessons are included as well as techniques for monitoring student progress. A section also includes information to improve a teachers knowledge base.

ZCSS has taught and encouraged Community Schools to write project proposals to support small fund raising projects in order to develop self reliance. ZCSS encourages the communities to develop income-generating activities to assist with the costs of school, while churches and other caregivers support the orphans through supply of food, clothing, some school fees and health care.

Orphans are often made to work more than children of their foster parents or guardians as if to "buy or pay for their board and lodge". This has led the Secretariat to engage in training the foster parents or guardians on how to handle orphans. The Secretariat gives transformational training to caregivers to help them look after the orphans properly.

ZCSS is seriously considering giving orphans some basic technical skills to help them support themselves when they are out of school.

ZCSS encourages community schools to provide AIDS education and awareness. Some schools currently engage in such activities.

Monitoring and Evaluation

ZCSS is starting to establish a data based management information system to monitor and evaluate as to whether the community schools syllabus is in line with the Ministry of Education syllabi.

Accomplishments/Lessons Learned

- ZCSS's programmes involve using volunteer teachers who may not always have the required teacher qualifications. They have, however, put a policy which requires that the untrained teachers should be sent for training in basic teaching methods and child psychology.
- The community is very involved in identifying people who are willing to volunteer as teachers. The community involvement is an effort to make them understand that community schools are their own projects which they must continually support.

ZAMBIA OPEN COMMUNITY SCHOOLS (ZOCS)

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Background

The Zambia Open Community Schools (ZOCS), established in 1992, is an umbrella body supporting a total of 26 community schools – 22 in the urban area and 4 in the rural area—with a total of 103 teachers.

About 50% of children supported by ZOCS are orphans while the rest are comprised of underprivileged children. Most catchment areas are the densely populated areas such as Chibolya Compound of Lusaka. ZOCS has at present four community schools in Lusaka rural areas – in Makangwe near Chilanga, Chifwema, Chilumbila and Chainda.

The major donors are NORAD, Irish Aid, UNICEF, and the British Council.

Objectives:

- To give basic education to orphans and other underprivileged children so that they are able to read, write and express themselves with a view to being self reliant later in their lives.
- To encourage behavioral change through child to child health education so that the children themselves are able to teach other children acceptable and safe morals.
- To give skills to the orphans after four years of basic education in fields such as tailoring, carpentry, cookery, child care etc.

Programme Intervention

The children are put into community schools under the sponsorship of ZOCS and other donors. The difficulty of sponsorship, however, arises when an orphaned child qualifies to enter grade 8 in a Government school, since the community schools only provide education equivalent to grade 7.

When a child passes the examinations for grade 8, ZOCS may assist in obtaining bursaries from donor agencies and other sympathetic organisations.

Teachers are given the SPARK training. (See ZCSS). In addition, ZOCS teachers receive life skills training in order to help them assist the orphans to cope with their grief and other emotional issues these children face.

ZOCS provides AIDS education, mostly to orphans who are in the final level, level 4, of the primary school education. They are planning to give caregivers as well this kind of training.

ZOCS gives foster parents transformational training to help assure that orphans receive similar care to the biological children and to help the parents cope with the added burdens of more children. Four parents per community receive one year's trainer training in how to look after orphans and train others in their own communities. ZOCS also intends to start leadership and supervisory training for caregivers to help them in the leadership of future community based projects.

ZOCS realizes that the task of helping orphans is not for one organisation alone and so they work hand in hand with all other organisations that offer similar help to orphans.

Monitoring and Evaluation

Teachers are often inspected and their performance is monitored through assessments of their delivery, preparation of lesson plans, schemes of work etc.

The school children too are assessed in the same way as children in government schools.

Accomplishments/Lessons Learned

ZOCS has learned:

- That the Government should visibly spearhead programmes dealing with the welfare of orphans.
- That community participation is very difficult to obtain as some members of the community, especially those who do not have orphans, do not always see the benefits they can get from projects aimed at orphans.
- That it is extremely important that all churches participate actively in helping orphans.

ZAMBIA RED CROSS SOCIETY (ZRCS)

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Background

The Red Cross movement globally is involved in the provision of humanitarian services such as disaster relief, health and social programmes in addition to the traditional role of providing paramedical services in war time or disasters, accidents etc. The Zambia Red Cross Society (ZRCS) also works with street children and runs a transit home for homeless children and a vocational skills training centre in Garden compound. It was set up four years ago.

Objectives

To help those who suffer without discrimination and thus contribute to peace in the world.
(International Red Cross definition)

Program Intervention

The transit home in Garden compound for homeless children takes in street children some of whom are orphaned. Some of these children are boarders whilst some come to the centre during the day but return home in the evening. These 'day attendants' are mostly children who are neglected by their parents.

Community school – the centre operates an informal school offering grades one to seven. In addition they sponsor entry into a government school and for secondary school.

Vocational skills – such as tailoring, carpentry etc. are offered to children no longer in school to empower them economically.

Health - the centre also offers free screening annually to the children at the centre and pays for medical schemes at various clinics when required. First aid is offered at the centre itself. In addition health education is given by the centre's clinical officer and health educator in personal hygiene, STD/AIDS, drug and alcohol abuse etc.

STD/AIDS is an important part of the health education programme at the centre because it has been found that children in that area and many other compounds in the city are sexually active as early as nine years of age. There is also a very high rate of drug and alcohol abuse amongst adolescents.

Recreation – to keep the children occupied the centre has a number of sporting facilities, netball, football, table tennis, drama etc.

Income generating activities - CIDA-SAT are supporting a project offering small loans in three phases to entrepreneurs over the age of 17 years. The scheme offers start-up capital and qualification to the next phase is on the basis of full repayment of the loan. After disbursement of the second

loan qualification to the third phase is also upon repayment of the second loan. Pay back has been very successful, up to 98%.

The centre also offers counselling services to street children.

Future goals

Focus on AIDS as a man made disaster.

Lessons learned

- Focus on AIDS has for a long time been on statistics rather than consequences and interventions. The International Committee of the Red Cross (ICRC) has now recognised HIV/AIDS as a disaster especially the consequence of orphans. The ICRC is holding a conference in Harare, Zimbabwe in August, 1999 to look at this issue.
- ZRCS will develop its own strategies for dealing with the orphans epidemic in Zambia as a national disaster after the Harare conference.
- ZRCS will rely on early warning indicators to respond more rapidly to slow onset disasters like AIDS. The earlier a disaster is dealt with the easier it is to manage the problem.

RELIGIOUS INSTITUTION RESPONSE

ANGLICAN CHURCH: LUSAKA DIOCESE

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Background

Anglican Street Children's Project was established in 1996 to look after the interest of all children found in the streets irrespective of whether both parents are alive or not. As a church organisation, they felt that there was need to provide love and security to under privileged children.

The organisation has a multi-sectoral approach in utilising community to identify the children in need, acts as foster parents and eventually permanent parents, when there are no relatives for the children.

The organisation looks after children aged between 7-21 years. Currently the institution has twenty-two (22) children. Of the twenty-two, twelve (12) are supported within the communities, while ten (10) are accommodated at the centre. Those accommodated at the centre are being fed and trained in basic practical skills.

Financial support is from donations from different people, primarily church members in Zambia and abroad.

Objectives

- To reduce the number of street children
- To train them in various survival skills
- To provide shelter
- To support some of them within their own communities

Programme Intervention

The institution accommodates, feeds and provides clothes for the vulnerable children. The project also provides basic skills in tailoring, homecraft, carpentry, auto-mechanics, auto electrical, radio and TV maintenance. At the end of their training, the children are assisted financially to go and start their own businesses.

For the twelve (12) children who are based in community, the centre together with members of community found volunteers to look after the children. The families are assisted financially to help in buying food, clothes and sending them to schools.

Monitoring and Evaluation

At the centre the housemother and the psycho-social counsellor, monitor and evaluate the activities of the children. In the community the counsellor and community members monitor and evaluate the care of the children, maintenance and achievement of the projects for those who have been trained and assisted financially.

Lessons Learned

- Although the church runs the programme, there is active community participation. The children who are picked from the streets can actually be molded into responsible citizens provided they have shelter, food, love, clothing and above all, afford them with basic education and practical skills.

THE CATHOLIC SECRETARIAT

Contact Person Sr. Ellen Mann, Health Desk Coordinator
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Background

Most of the 10 diocese (Ndola, Monze, Lusaka, Livingstone, Solwezi, Mansa, Chipata, Kasama, and Mbala/Mpika) of the Catholic Secretariat have orphans programmes. Ndola, Monze, Lusaka, Livingstone, Solwezi have coordinated programmes through their dioceses. In the remaining diocese, individual parishes frequently have programmes; but the efforts are not necessarily coordinated at a diocese level.

The Catholic Secretariat is undergoing some structural reforms. This structure is being encouraged throughout all the dioceses. The secretariat is divided into two main areas: development and health. AIDS, home based care and Youth Alive will fall under the responsibilities of the health desk. They are debating amongst themselves under which category, development or health orphans should be placed, recognizing the need for a multi-sectoral focus. It is unclear whether there will be a separate desk handling the orphan/vulnerable children programming.

Programme Interventions

Each diocese or parish develops its own programme related to orphans. The prevailing principle is always a community driven programme which fosters community response and self reliance.

Orphans programmes often work to waive school fees, provide clothing, food and health care for needy children. In the schools they have formed sub-committees to help monitor the progress of orphans. Someone is appointed to watch for behavior changes, sudden changes in academics and for other warning signs of abuse. If needed and possible, the child is often moved to a different household.

The Catholic Secretariat frequently support community schools. They recognise the validity of the debate regarding the support of community schools at the potential expense of a government school. As government schools collapse, frequently pressure is placed on the catholic church to take over their pre-independence role to provide education. However, the church, as fewer of its staff are expats, face declining overseas funding to support their work. They feel that community schools are a community response and assist to foster self reliance.

Emotional support to families is provided through Christian Communities, comprised of members of the church who minister religious leadership and organize church members. Through the Christian Communities, parents and children can continue to feel part of an extended family. Additionally,

counsellors have been trained through Kara Counselling. Although in the past, these people were trained primarily to help the chronically ill cope, there is now recognition that coping skills need to be provided for the care givers of orphans as well as the children.

Numerous congregations have various income generation activities. Notable programmes include: Garden Compound in Lusaka, Chikuni, Chikinkata and Katondwe. In each case the community developed the activity. In some cases vegetables are grown and sold. At times maize is grown, but stored. When the families' supplies diminish, people use the stored harvested maize. In this sense, the communities have created food banks. In Luanshya, a plot of land was acquired from the city council. Families have been given plots for their own use. They manage the land, the harvest and the sale of the produce.

Each diocese has a Justice and Peace Commission. The Catholic Secretariat has produced booklets on the rights of the child and of women and holds numerous training courses.

The Ndola Diocese is well known for its extensive data collection related to HIV/AIDS. Other diocese are beginning to emulate the Ndola example in their own programmes.

Lessons Learned

- The Catholic Secretariat has experienced long term problems from children who received institutionalized care in orphanages. These children grew up void of Zambian customs and traditions. As adults, they often feel isolated from their peers when they return to the communities. The Catholic Secretariat strives to keep children in the communities as much as is possible.
- In the past, they gave direct support to orphans providing clothing, school fees, etc. Foster parents, unable to afford these items for their own children, grew resentful. Now the churches work on issues of development for the community at large and do not just focus on orphans.

CHRISTIAN COUNCIL OF ZAMBIA (CCZ)

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Background

The Christian Council of Zambia(CCZ) is comprised of 18 churches in Zambia. The Women's Department of CCZ, which has been in existence since 1994, has formed an Orphan and Vulnerable Children Care (O/V) Programme. The primary goal of this programme is to encourage and to facilitate member churches to practically and effectively respond to the ever increasing problem of O/V by entering into programmes in their communities which will protect, educate, empower and prepare orphaned and vulnerable children for responsible adulthood.

They aim to reach and help 2,000 orphans by the year 2000 and encourage all churches to be involved in providing food, education, parental care and shelter to orphaned children.

Objectives

- To seek out the orphans and vulnerable children (O/VC) in our churches and communities
- To provide the necessary basic requirements and provisions for their livelihood
- To provide basic education
- To provide the foster parenting role
- To create a firm foundation by teaching the Word of God

The O/VC programme has in addition planned to:

- Offer the necessary training and technical advice wherever and whenever it is needed
- Monitor and evaluate the progress of programmes in the churches
- Research and document information as it relates to all areas of O/VC work in churches
- Provide the network that churches need to pull their work together for impact and also to enhance and strengthen the work by sharing the successes and failures and to learn from each other.
- Network with other organisations that are also involved in similar work.

Programme Intervention

CCZ is an umbrella body overseeing the other member churches and encouraging them to look after the orphans. It also takes an active part in ensuring that the programme succeeds.

CCZ believes that orphans in rural areas are better off than those in town because in rural areas, they have relatives who take care of them. Urban orphans tend to be more abandoned. CCZ has therefore concentrated in urban areas, particularly in Lusaka where they have treated the programme as a pilot project.

During 1999, CCZ intends to work with the following churches: St. Paul's, Kabwata, Matero (UCZ); Kabwata, Mtendere and St. Columbus (Presbyterian); Kanyama and Kabwata (Salvation Army); Bethel, Matero, Kanyama (AME Church) and Mtendere (CCAP); Kamwala and Lilanda (RCZ).

CCZ lobbies churches to take on the orphan issues in their community. CCZ provides training in participatory methodologies, psycho-social skills and resource mobilisation skills. CCZ assists the churches to begin orphan and vulnerable children programmes and supervises the implementation of these programmes. They also provide some monitoring and evaluation.

CCZ encourages relatives to provide shelter for the orphans because that provides a home environment. Orphanages do not provide the required individual attention and contribute to a sense of dysfunction when the child returns as an adult to the local environment.

At the beginning of the programme CCZ was very active in providing food, clothing, and school fees to the orphans but later decided to hand over this responsibility to the churches who are nearer in location to the orphans. CCZ is encouraging churches to feed, clothe and educate the orphans found in their localities.

In most churches there are seminars and training sessions on the dangers of AIDS; and there are home based counsellors who are trained in how to take care of orphans. These in turn are supposed to train others as well.

The churches are willing to help the orphans but are limited by lack of financial resources. CCZ feels that this is squarely a Government responsibility and that the Government should play a more active and leading role in this project. It further believes that the Government should strengthen the laws concerning orphans and widows to include stiffer punishments on all those who grab property and leave the orphans and widows in very difficult situations.

Monitoring and Evaluation

This is done through monthly reports from various targeted churches. The reports include number of foster parents, number of orphans, programmes being undertaken, what kind of skills are being offered to orphans and also how the churches get funding for their activities.

Accomplishments/Lessons Learned

CCZ has observed:

- that the Government should be more active and begin to fund efforts being made.
- that the problem of children who are orphaned through AIDS is a serious long lasting problem.
- that NGOs should coordinate their efforts and rather than competing against each other.

CHURCHES MEDICAL ASSOCIATION OF ZAMBIA (CMAZ)

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Status: Religious Institution

Background

The Churches Medical Association of Zambia (CMAZ) was created in 1970 as an umbrella organisation representing church administered or mission health institutions in Zambia. It has 90 affiliates representing 16 different denominations and church organisations. Of the 90 affiliates 30 are hospitals and 60 are rural health centres. Collectively these institutions comprise 50% of formal health service in the rural areas and 30% of the total national health care.

Some of the services provided by member institutions include curative and preventive medical services; training of nurses, midwives and laboratory assistants; community mobilisation and disaster response.

CMAZ is governed by a Council comprising representatives from all member institutions. The council elects an executive committee which supervises the Association and the Secretariat and Advisory Committees which advise and provide other forms of assistance to CMAZ. The Secretariat is the main implementing organ, assisting member institutions in the development of health programmes.

There are three main programmes at CMAZ: Primary Health Care, AIDS/STD and Primary Eyecare. The HIV/AIDS activities include education, home based care, counselling/testing, STD control, blood screening and more recently Orphan Support.

The Orphan Support component was born out of the home based care (HBC) programme when the patients that the institutions were supporting in their HBC died and left orphaned children. As the problem grew the extended family system was unable to cope with the increasing number of orphans and many turned back to the health institutions for support.

It is therefore closely linked to the HBC programme. Financial support for the entire AIDS programme for the last six years has been from DANIDA the Danish development agency through DANCHURCHAID, a church aid organisation in Denmark.

Objectives

The AIDS Programme has a number of objectives which include developing orphan care programmes which like the HBC programme is home based keeping the orphan with the extended family system. Other objectives are to prevent HIV infection, promote home care, provide training, strengthen STD/TB control and promote evaluation and research.

Program Intervention

The Orphan Support component at the Secretariat was set up in 1993 although member institutions had already started their own interventions as a response to the growing problem resulting largely from AIDS.

The main intervention at the Secretariat is the Education Fund which was set up four years ago. The fund which currently has an annual allocation of US\$4,000, is disbursed to member institutions with orphans support programmes for school fees to selected orphans whose families are unable to afford to pay for them.

Requests from the fund are usually made either by member institution's HBC's or orphans support programmes or a school within the institutions catchment area. CMAZ has however recognised that the current allocation is grossly inadequate given the enormous demand for support.

The general strategy the association has for orphans support is to support one or two orphans in a family, often the oldest with the hope that once they are independent they will take care of their siblings. This also reduces on dependency on the association.

As a result the association does not have an age limit for orphans support limiting support instead to school going or college/university going orphans.

In addition to the education fund CMAZ also mobilizes donations of clothing, books and other school requisites for distribution to the orphans programmes, largely from outside the country.

The organisation's definition of orphan is a child that has lost one parent. This definition was made on the basis of the origin of their orphans support programme, the HBC's where the surviving parent of an AIDS patient that died was often sick themselves and unable to care for the children.

As an integral part of the AIDS programme CMAZ undertakes AIDS education and awareness programmes, using drama in the rural setting and training programmes in psycho social counseling for health personnel including doctors and clinical workers.

CMAZ really plays the role of facilitator distributing resources to its member institutions, providing technical support and coordinating between the association and the Ministry of Health/Central Board of Health. The CMAZ AIDS programme closely follows MOH guidelines set by the National Aids Control Programme.

The implementers are the institutions who manage the interventions themselves.

Lessons learned

- CMAZ has been able to reach remote areas of the country through the mission health centres, providing support to orphans there where Government and other NGOs have not been able to reach.
- CMAZ were the pioneers of the Home Care concept which was conceived in 1986 and initiated by Chikankata Mission Hospital. The concept has now been adopted by Government as part of the integral health care programme. The orphans support programme follows the same concept.
- Collaboration with Government has yielded better results, the association complements rather than competes with government, avoiding duplication and ensuring more effective utilisation of resources.
- Collaboration with other NGOs has also yielded more positive results than working in isolation.

EVANGELICAL FELLOWSHIP OF ZAMBIA (EFZ)

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Status:	Religious Institution

Background

Evangelical Fellowship of Zambia (EFZ) is an umbrella organisation for 72 evangelical churches in Zambia. They participate in the Interfaith Network and have been working on HIV/AIDS issues since 1996.

Programme Interventions

They help their church members to define the most critical needs in the community related to AIDS orphans. In general, poverty is the underlying cause. EFZ is just beginning its efforts towards orphans and have written a few proposals. They have mobilised church members to make a few donations of clothing and have distributed these to the poor.

EFZ has run sensitisation workshops in various communities throughout Zambia for church women. These run from 2 to 3 days and strive to unite the community to better address the impact of AIDS. They cover HIV/AIDS (its cause and prevention and social impact), helps the community define orphan, examines issues of volunteers and training in home based care, counseling, respect of confidential issues and spiritual guidance. EFZ has received small grants for these workshops from PCI and the National AIDS, TB and Leprosy Control Programme.

As part of the Interfaith Network, EFZ has joined its colleagues to state that reforms of laws for women and children are necessary. EFZ feels that government and NGOs should together take the lead to develop a national response and plan of action for children in need. NGOs, resulting from their grass roots work, can provide the necessary information to move towards the legal reforms and a national policy.

Lessons Learned

- Despite all the information regarding HIV/AIDS and the attempts to disseminate that information, in the rural areas the need remains great to continue the education and to dispel various myths related to HIV.

KABWATA PRESBYTERIAN CHURCH (KBC)

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Background

The Kabwata Presbyterian Church (KBC)⁵ has assigned a member of the congregation to sensitise the members on issues of orphans and has organised for a weekly testimony by an orphan during church services. They have identified 11 orphans within their community to provide financial and moral support. Five orphans have been provided with free places at the church school.

Long term plans include to empower families through skills training and to foster strong networking structures with other programmes.

⁵ The Kabwata Presbyterian Church was not interviewed. This information was gleaned from a document provided by the Christian Council of Zambia.

LUTHERAN CHURCH OF CENTRAL AFRICA (CENTRAL AFRICA MEDICAL MISSION)

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Background

The Lutheran Central Africa Medical Mission is part of the Lutheran Church of Central Africa providing medical and health care support to the mission and the local community. In Mwembezi the mission has a clinic which was set up 36 years ago catering for the local community there providing curative and preventive care, health education focusing on AIDS education and AIDS orphans and training of health workers (volunteers), traditional birth attendants etc.

The clinic and the training and education services are largely supported by the Wisconsin Lutheran Women's Mission Society in the United States, which sends an expatriate nurse, drugs, medical supplies and equipment.

The education component of the missions work was only recently developed, especially in relation to orphans and has therefore not yet been clearly defined.

Objectives

To provide basic education and skills to orphans and care within the extended family system

Program Intervention

The missions orphan interventions are not yet fully developed. Much of the work is currently health education and psycho/social counseling. The mission has initiated a project proposal for the actual orphans support programme in one of the communities in Mwembezi. The community was to develop agricultural projects and use the proceeds for support orphans in their community, mainly school fees.

On an individual level the mission brings the plight of orphans requesting assistance to its church members who on an individual level make some contributions towards the request.

The mission does contribute clothing, food (supplementary feeding) and some school requisites when these can be sources from the Lutheran network abroad.

NDOLA DIOCESE OF CATHOLIC CHURCH

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Status: Religious Institution

Background

Kansenshi Orphanage came into existence four (4) years ago with the financial assistance of different European organisations. The institution cares for children who lost one or both parents provided they are below 18 years of age.

Interventions

Communities identify the children in need and take them to the centre for shelter, food, clothes and education.

The centre provides emotional support through talking to them and praying for them. The institution has professional staff who takes care of their health and social issues.

Lessons Learned

- The problem of orphans is big and requires proper collaboration and coordination by all stakeholders.
- Looking after orphans is very expensive and requires a lot of money. Donated money has its own guidelines on how to use it, and not according to the needs of the children.

REFORMED CHURCH IN ZAMBIA

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Status: Religious Institution

Background

The Reformed Church (formerly the Dutch Reformed Church) has a Projects and Development Department whose purpose is to respond to the growing social needs of the congregation and undertake activities in education, health and nutrition and small enterprise development. The Department has two branches Lusaka and Eastern Province. In general, the Church focus is on vulnerable children, with a priority given to orphans.

Objectives

- To provide for orphans in the church education, healthcare and other emotional and materials support.
- To keep orphans within the extended family system.
- To empower communities through income generating activities so that they are able to care for orphans other needy children in society.

Program Intervention

The Lusaka Women's Network /Reformed Church Orphanage Group provides assistance to orphans in the catchment areas where a Reformed church is located. This is accomplished by incidental material support to orphans left by family members, donations of school uniforms, school fees, clothing, food or money to the extended family supporting them.

These donations are largely solicited from the membership in the church itself. The church tries to place the orphans within the extended family as far as possible but there have been cases where this has not been possible because the children were abandoned by their families and church members have adopted them as foster parents.

The Reformed Church has set up what they call 'Reformed Open Community Schools' which provide education for children whose families are unable to send to regular schools. They operate like other community schools providing an accelerated curricula.

The church provides incidental support for school, many in rural areas, requisites like books, pens etc. and have made donations of bicycles (over 100) for the workers in these schools. The Reformed Church has assisted over 300,000 children in these schools and although there is no data to indicate how many were orphans, the church gives priority to orphans for support.

In the income generation arena the church has provided agricultural skills training and start up capital mainly for small scale farmers. The skills training which is also done for other sectors has been with the support of the United Nations International Labour Organisation (ILO) and the Christian Council of Zambia.

The Church provides health education primarily in the rural areas where volunteers are provided with training and medical kits for the treatment of diseases like malaria, diarrhea etc. Bicycles have also been supplied to the community health workers. The community health workers also offer nutrition education to the community.

The church receives financial and material support mainly from the Reformed World Relief Committee in the United States, the Reformed Church in Netherlands and the Tear Fund in Australia. They network closely with the Christian Council of Zambia and the Lutheran World Federation.

Future goals

The church has recognised the growing problem of orphans in Zambia, especially AIDS orphans. They conducted a snap survey in 30 townships in Lusaka, where there is a Reformed Church. The findings proved that they need to develop a more structured approach to dealing with the problem, but at this time there is no definite planned strategy.

Lessons learned

- The Reformed Church previously ran orphanages in the Eastern Province but decided that institutional care is not the best intervention for orphans. Its costly and removes children from the family system to an artificial environment.
- Community involvement from the planning stage in any intervention is critical for better community participation at implementation stage. Constant consultations also provide for better results.
- Networking is important. The church has had experiences with organisations providing similar services in their catchment areas such as the Luangwa Integrated Programme where each organisation has worked in isolation, competing with others in the areas and wanting to claim ownership and individual success for projects involving the same communities.

GOVERNMENT RESPONSE

OFFICE OF THE VICE PRESIDENT—DISASTER MANAGEMENT & MITIGATION UNIT (DMMU)

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Background

The Disaster Management & Mitigation Unit (DMMU) located in the Vice Presidents' office was established in 1997 with UNDP and WFP support as part of the United Nations worldwide campaign on reduction of disasters. Prior to that disaster management was dealt with by a unit called the Contingency Planning Unit which was set up in 1966 and abolished in 1992. The DMMU has a lean secretariat with only three technical staff - the national coordinator/director, a systems analyst, and a sociologist; and three support staff. The regional offices in Choma, Copperbelt, and Lusaka are each manned by a technical person.

The unit plays a coordinating role between all key players in a disaster – drought, fires, floods, accidents, water hyacinth, pestilences, epidemics (including AIDS) etc.

It is governed by a National Disaster & Relief Committee at Cabinet chaired by the Vice President, comprising 12 ministries represented by the respective ministers. Under the cabinet committee is a Technical Committee which is chaired by the Permanent Secretary in the VP's office and comprising permanent secretaries and some technocrats of the 12 ministries represented in the cabinet committee; representatives from the private sector, NGOs, media, international organisations (including UNDP and WFP). The technical committee has sub-committees for health, water and sanitation, finance etc. represented at provincial, district and village levels. The DMMU secretariat coordinates all these levels.

Execution is done by contracted agencies such as PAM, CMAZ, ADRA (Adventist Church), World Vision International, CARE, Zambia Red Cross Society etc.

Objectives

To forecast, manage and mitigate disasters in the country, natural or man made.

Program Intervention

The unit does not have any interventions with orphans specifically besides distribution of food to orphanages when it is available, but their cardinal role of managing and mitigating disasters including man made disasters such as AIDS orphans makes it a critical office in current efforts to develop national strategies for the management of the AIDS and orphans epidemic.

At present the significant interventions relating to orphans are the distribution of free food to orphanages, vulnerable groups which include children, disabled persons, the aged etc. in collaboration with MCSDD.

Future goals

To focus more attention on slow onset disasters like AIDS. To develop more accurate and responsive mechanisms for determining disasters (early warning systems) which can provide indicators of a looming slow onset disaster, especially man made disasters.

Lessons learned

- The DMMU director, Jones Mwanza, conceded that the problem of street children is a looming national disaster which his unit intends to focus greater attention on, especially in view of the AIDS epidemic. He acknowledged that countries like Brazil which have declared the problem of street children a national disaster are moving ahead of Zambia which has an equally serious problem.
- He indicated that his unit would like to focus its attention on collecting and analyzing data on orphans and street children in order to develop national strategies for dealing with the problem.

MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES (MCDSS)

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Background

The Department of Social Welfare, within the Ministry of Community Development and Social Services (MCDSS), was established to provide statutory and non statutory services to families and children through foster care and adoption. The Department helps obtain grants for underprivileged parents and children (which include orphans) through Public Welfare Assistance Scheme.

Objectives:

To assist families and individuals (both adults and children) reduce their destitution and help them lead better lives.

Catchment Area

The Department of Social Welfare has offices in all districts throughout the country, in urban, peri-urban and rural areas. The Department works with all children who are needy such as children of the blind, destitute and street children.

In 1998 the Department worked with a total of 3,641 orphans. These were both AIDS and non-AIDS orphans.

Programme Intervention

The Department of Social Welfare provides grants from the government for school requirements, food, clothing, and health care to orphans and other needy children. The department also provides allowances to foster parents.

Children who are in Children's Homes receive grants from the Department of Social Welfare to enable them have proper diet while others are placed under Adoption and Foster Care where they are afforded a chance to be loved and looked after in a family situation.

The Department also provides counseling services to help children cope with death and loss of their parents. And where there are no relatives to take care of them, orphans may be placed in Children's Homes but this is the last resort as the Department believes that children grow better in a foster home situation and encourages that as much as possible.

The Department works in harmony with all organisations that deal with orphans and street children. Its field officers also work closely with the extended families in assisting orphans and needy children.

Monitoring and Evaluation

The Department does the monitoring through formal monthly, quarterly and annual reports from Districts to the provinces and finally to the Headquarters. There is also physical monitoring through tours and workshops.

Organisational Structure

The Department of Social Welfare is a Government department. There are about 172 professional workers in the Department and, as said already, the Department has its presence in each district, and province where some specific officers are assigned to deal with orphans.

Accomplishments/Lessons Learned

- The Department has learned that the enormous problem of orphans cannot be dealt with by Government alone; everyone in the nation, including NGOs and the church should be involved. The Catholic Church has already got actively involved in helping the orphans and so other church organisations should also be involved.

MINISTRY OF EDUCATION

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Background

The 1996 Ministry of Education of Education national policy affirms that the Ministry will take positive action to ensure that the education system caters satisfactorily for the poor and vulnerable children including orphans.

Currently a bursary scheme has been set up for vulnerable children in secondary boarding schools and is allocated per province according to the number of boarding schools in the area. K19 million has been disbursed for 1999.

The Ministry through the Basic Education Sub-Sector Investment Programme (BESSIP) intends to establish a bursary scheme targeted towards the poor under the equity and gender component of the programme.

Catchment Area

Schools have been asked to identify needy, orphaned pupils who can benefit from the bursary. In many schools committees have been set up to look into the issues of orphans and other needy children

Programme Intervention

Plans are underway to develop a department to spearhead specific orphan programmes. Schools have been asked to identify needy children and PTAs and Boards are requested to pay for these children and grants are sent to them for reimbursement.

Schools provide AIDS education and awareness to orphans; there are full time and trained counselors who handle all the workshops. There are Anti AIDS Clubs to support the counseling and other AIDS workshop.

MOE states that it has not failed to look after the educational needs of the orphans but recognises that the responsibility is enormous and Government cannot manage it alone. The help offered by NGOs and other institutions is very welcome. MOE eagerly supports community schools because they are making the burden of educating orphans lighter.

MINISTRY OF HEALTH - THE NATIONAL AIDS CONTROL PROGRAMME (NACP)

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 Status: Government

Background

The National AIDS Control Programme (NACP) is a wing of the Ministry of Health assigned to look after the interests of underprivileged children and orphans(especially those whose parents died due to AIDS since some of these children might also be HIV positive).

Due to the magnitude of the AIDS problem, plans are awaiting approval by Cabinet to turn the NACP into a National AIDS Council and Secretariat (NACS) and delinking it from the Ministry of Health.

Objectives

The NACP's aims are to

- lessen or reduce the transmission of HIV/AIDS
- lessen the impact of HIV/AIDS

Programme Intervention

Attempts to reduce the transmission of HIV/AIDS is done through:

- advocating for behavioral change in all men, women and children.
- informing, educating and constant communication regarding HIV/AIDS.
- promotion of safe sex.
- effective treatment of STDs.
- promotion of voluntary counseling and testing (VCT).
- involvement of other ministries and NGOs (multi-sectoral approach)

Attempts to lessening the Impact of HIV/AIDS are channeled through the Zambia National AIDS Network (ZNAN) whose responsibility is to coordinate and monitor the activities of all NGO dealing with HIV/AIDS

The Ministry of Health (MOH) gives financial and technical support to all NGOs working in the area of orphans. MOH believes that orphanages are expensive to maintain and serve primarily as a delinkage between the orphan and the community to which he/she will return to as adults. MOH encourages support while the orphan is in the community. Medical care for orphans is free up to 5 years of age but when they are under Home Based Care Services medical services are free throughout up to the age of 21 years.

MOH also gives financial support to and teaches caregivers Home Based Care so that they know how to handle orphans in their areas.

This year's budget standing at USD100,000, is being used to support NGOs and also to train orphans in skills that they will use for self-sustainability. Some of the funds come from UNDP, UNICEF, UNAIDS, SIDA, USAID, DFID and World Food Programme (WFP)

The NACP makes use of caregivers in the community, training them on how to take care of the sick, and how to train others as well in their community. The orphans, along with other pupils in schools are provided with AIDS education through Anti-AIDS Clubs.

NACP is of the opinion that there should be a deliberate policy that should categorically state that no child should be declared an orphan and declare that all orphans should have free access to education and medical services up to the age of 21.

Monitoring and Evaluation

NACP has mid-term reviews where experts from all over the world come to evaluate what MOH and other NGOs are doing regarding the prevention of HIV/AIDS. The last review was done in 1997 and the next one is due in 2001.

The Zambia AIDS Network also keeps an eye on how NGOs manage the problem of HIV/AIDS.

Accomplishments/Lessons Learned

- NACP expresses the feeling that since the problem of orphans is a dynamic one, combating it requires serious and committed efforts by all involved.
- It is important to go into the field to witness first hand the seriousness of the situation and innovations to cope with it.

**MINISTRY OF SPORT YOUTH AND CHILD DEVELOPMENT -
DEPARTMENT OF CHILD AFFAIRS**

Contact Person: Mr. John Zulu
Physical Address: Freedom Way
Telephone/Fax: 234947
Mailing Address: P.O. Box 31281 Lusaka
Status: Government

Background

The Department of Child Affairs (DCA) is a Government department under the Ministry of Sport, Youth and Child Development. It is charged with the responsibility of coordinating, monitoring and evaluating the work of the National Programme of Action for Children and that of other implementors of the Convention on the Rights of the Child.

The DCA works with other ministries such as Ministry of Education(MOE), Ministry of Community Development and Social Services(MCDSS), Ministry of Labour (MOL) Ministry of Local Government and Housing (MLGH), Ministry of Home Affairs (MHA) and Ministry of Legal Affairs (MLA). The Department also works with Children in Need (CHIN).

The National Child Policy, approved in August 1994, states that the overall aim is “to improve the standard of living in general and the quality of life for the Zambian child.” This includes reducing infant and maternal mortality rates and reducing fertility rates; provision of universal primary education by 2000; reduction of adult literacy; expansion of early childhood care; reducing malnutrition; increasing access to clean water and sanitation; reducing the number of street children; provision of support to disabled and orphaned children and the reduction of child abuse.

Objectives

- To formulate policies relating to children’s issues
- To advocate on behalf of children (orphans and other vulnerable children)

Programme Intervention

The DCA strongly believes that all children, including orphans, should be in the care of communities, i.e. relatives, because that gives them a sense of belonging, warmth of love and social acceptance. Orphanages and other institutions that keep orphans should only be transit homes or the last resort.

The DCA with its collaborating partners encourage communities to keep the orphans found among them. Its overall budget, like for 1999, is K1.1 billion (most of it coming from UNICEF and some of it from the Government). A third of this money is designated for use in children’s programmes

although it is not disbursed directly to the orphans or their caregivers but is channeled through NGOs and other institutions as a group.

The DCA through the Government has established 15 centres throughout the country where various skills are taught to the children.

All the volunteers that come to help come through NGOs and CBOs. The DCA helps to train them in psycho-social counseling to effectively help the orphans. They are also trained as trainers to train street educators and community leaders. Further, both orphans and caregivers are provided with AIDS education and awareness.

The DCA feels that a policy on how to effectively support families who cannot support orphans and their children who run to the street needs to be made.

Monitoring and Evaluation

This is done through quarterly and annual reports sent from provinces. The reports contain successes and cause of failures in executing planned yearly programmes. But as a more effective way of monitoring on the spot visits are also carried out so that problems experienced in running the programmes are immediately resolved.

Accomplishments/Lessons Learned

The DCA has learned

- that orphans often suffer from marginalisation and discrimination wherever they are and that NGOs and caregivers need to be properly trained to help these children overcome this.
- that child development is not for the Government alone but for many players.
- that there needs to be consultations among all cooperating partners; consensus in planning is necessary
- that the HIV/AIDS problem cannot be resolved without unlimited commitment and priority attention given to it. Organisations should not take helping orphans as a commercial venture but as an exercise that should help these underprivileged children lead a normal life. The development of the country through helping the orphaned citizens should be paramount in the minds of all caregivers.

SUSTAINABLE LUSAKA PROGRAMME

Contact person: Francis M Muwowo, Project Manager
Physical address: Lusaka City Council, Civic Centre – New Wing, Independence Ave.
Mailing address: c/o UNDP P O Box 31966, Lusaka
Telephone: 251482
Fax: 251475
E-mail: slp@zamnet.zm
Status: Local Government Project

Background

The Sustainable Lusaka Programme (SLP) is a Lusaka City Council project which was set up in January, 1998 as part of the Sustainable Cities Programme (SCP) being implemented globally by the United Nations Centre for Human Settlements (UNCHS-Habitat). The SCP facilitates strengthening and improvement of planning and management capacities of municipalities and their partners in the public, private and community sectors.

The SLP's focus in attaining the sustainable growth and development of Lusaka is through the integration of environmental planning and management of project implementation activities at community level directed initially at disadvantaged communities in order to alleviate poverty and enhance overall economic development.

With this focus on disadvantaged communities the three themes of the SLP process are capacity building (at individual, community and city level), enterprise promotion and development management and co-ordination.

The specific focus on disadvantaged communities in the SLP programme is the most relevant to orphans. By providing opportunities for communities with high poverty levels to initiate activities for poverty alleviation through sustainable activities of environment improvement, the programme strengthens the communities capacity to address the orphans problem.

Program Intervention

Capacity building: The SLP identifies individuals within the community to be trained as potential entrepreneurs in prioritised environmental issues. These individuals are offered relevant training. NGOs, CBOs, RDCs etc. are strengthened to act as facilitators whilst at city level the council is strengthened to develop an improved city development management and co-ordination framework. Enterprise, such as the creation of small scale businesses in environmental areas like waste disposal, water vending etc., are promoted.

Lessons learned

- Community participation from the planning through to implementation, monitoring and evaluation and community ownership is vital for the success of any community based project.
- Township upgrading programmes of some townships in Lusaka for instance were not done with community participation nor with municipality involvement. As a result facilities which were erected such as roads, lighting etc. deteriorated because there were firstly not a priority to the communities themselves therefore vandalism etc. was high and they were not maintained by the council because they were not as far as the council was concerned their responsibility – they were the responsibility of national and not local government.

PROFILE OF ADDITIONAL ORGANISATIONS

The information on the ensuing organisations has been taken from the CHIN website (www.chin.org.zm). Organisations with programme efforts most directly related to orphans and vulnerable children were selected to be included in this section.

AGAPAO CHILDREN'S MINISTRY

Contact Person: Fred Mumba, Ministry Director
Mailing Address: PO Box 410124, Kasama
Physical Address: Luwingu Rd, near Luwingu bus stop

Goals and Objectives

- To provide basic education to children
- To afford parents an opportunity to do their work better
- To expand children's world view
- To foster character development
- To make parents aware of the necessity of providing basic education to children
- To prevent malnutrition by hosting seminars on child care
- To evangelise to children
- To impart Christian knowledge so that Zambia will be a better Christian nation

Activities

- Seminars for Sunday school teachers
- Short courses for Sunday school teachers
- Good news clubs for children on Saturdays
- Parties and video shows for children
- Evangelism

Target

Children aged 3 to 10

ANGLICAN STREET PROJECT

Contact Person: Feliz Mwale
Mailing Address: PO Box 50244, Lusaka
Physical Address: Waddington Centre, corner of Nationalists and Burma Rd.

Goals and Objectives

- To reduce the influx of homeless children on the streets of Lusaka, especially girl children who are exposed to sexual abuse and left on the streets
- To provide clothing and health care to these disadvantaged children for a healthy upbringing

- To provide an opportunity for children to become useful citizens of our society by providing them with education and training skills thus empowering them to effectively compete with others and improve their quality of life
- To provide the safety of a home to the young and rescue them from possible abuse
- To provide a residential environment that encourages relationships based on mutual trust and understanding, which is lacking on the streets
- To rehabilitate children who have had traumatic experiences through Christian and psycho-social counseling and restore their self-confidence so that they can positively respond to the environment around them.

Activities

- Skills training
- Education
- Residential home
- Recreation
- Counselling, transit home

Target Population

Street children and orphans

ASSOCIATION FOR RESTORATION OF ORPHANS AND STREET CHILDREN (AROS)

Contact Person: Bwalya Mutale
Address: PO Box 72507, Ndola
Profund House, 9th Floor
Tel: 02-621-288

Goals and Objectives

- To provide educational support and enhance development of orphans and street children
- To provide skills training and projects for economic development and self-reliance
- To raise awareness and promote children's rights in schools and communities
- To provide food, clothes and shelter as initial steps to rehabilitate orphans and street children
- To provide counselling to street children and orphans for positive change of character
- To raise awareness in youths about the dangers and negative effects of HIV/AIDS on families and communities and encourage sexual abstinence as the best preventative method
- To curb the increase of street children by working with government, NGOs and other agencies
- To lobby the legislature to enact laws which protect children's rights and introduce stiffer penalties for violators of these rights
- To research into the problems and situations of orphans and street children
- To warn youths against drug abuse and help those already in it
- To develop and motivate youth to take part in recreational activities

Activities

- Integrating orphans and street children in formal education institutions and community schools
- Teaching skills to orphans and street children and involving them in income-generating projects to earn money through proper methods
- Teaching orphans and street children about their rights and forming children's rights clubs
- Provision of food, clothes and shelter
- Counselling and teaching
- Removal of children from the streets and placement in schools and employment
- Lobbying for legal reforms
- Probing into the suffering of orphans and street children

Special Skills

- Orphan care
- Psycho-social counselling
- Capacity building

Target

Orphans and street children

BETHANY HOME AND STUDY CENTRE

Contact person: James Narrah Kundara, Director of Programmes
Address: 55/24 Chiulu, Garden Compound, Lusaka
Tel: 223-086
Fax: 226-260

Goals and Objectives

- To provide orphans, abused children and widows, especially in peri-urban and rural areas with health care, shelter, adequate food and adequate clothing.
- To provide basic education and practical skills such as farming, tailoring, carpentry, welding, bricklaying and domestic and modern skills.
- To increase awareness about the plight of beneficiaries through local and international workshops
- To cooperate with other NGOs, government bodies and church organisations working with needy children.

Activities

- Pre-school, grade 1 classes, tailoring for older girls and widows, welding for older boys and widowers, shelter for the homeless children, home based care programmes, counselling

Target

Orphans and widows

CARE FOR CHILDREN IN NEED ORGANISATION (CAFOCHIN)

Contact Person Innocent Chilupula, Coordinator
Address; PO Box 530251, Lundazi
 Baha'i Orphan Education Centre, Yakhobe Village, Chief Magodi, Lundazi
 North
Tel: 064-80152 c/o Mrs. Christine Banda

Goal and Objectives

The overall objective is to provide basic services to children in need of a better future and human dignity within their communities.

The specific goals are:

- To identify and address the problems faced by the children by developing an outreach programme and training volunteers within the catchment areas of the CBHC programme
- To increase awareness about various problems and the children's existing talents, through dissemination, workshops and Village and Women Nutrition Club Meetings
- To assist children in need to access services such as education and health care
- To provide universal access to safe drinking water and basic education
- To reduce adult illiteracy especially female illiteracy and to promote gender awareness
- To protect children from the dangers of sexual abuse, drugs and alcohol
- To establish and develop means of generating income, e.g. tailoring, carpentry, leather work and agriculture
- To educate the community about HIV/AIDS prevention and home-based care

Activities

- Counselling for guardians of orphans
- Child protection and development awareness in women's clubs and villages, government departments and private companies
- Health education programme on HIV/AIDS/STDs, mental health, family planning/spacing, immunization, breast feeding ORS (in consultation with Luacachin)
- Gender in development and health care education in villages, nutrition clubs and families

Special Skills

- Fundraising and management
- AIDS counseling
- Health care services

- Gender and sustainable development
- Environment education
- Food security
- Spiritual enrichment
- Community participation and involvement

Target

Orphans, street children, disable illiterate children

CHEBA ORPHANS CENTRE

Contact Person: Reuben Kabindama, Director
Mailing address: PO Box 60312, Livingstone
tel: 03-321-836
fax: 03-321-836

Goals and Objectives

- To care for O/VC and those children living with HIV/AIDS in their own homes by providing food, clothing and shelter to those who need it, helping them get health services and looking for interested donors
- To empower O/VC with life skills, by supporting them to complete their education, training them in skills such as carpentry and bricklaying and educating them for behavior change
- To offer counselling services
- To carry out income generation activities

Activities

- Garden
- Education for Life
- Friday meetings by committee to review progress
- Education for children
- Home visits

Target

Orphans and vulnerable children

COPPERBELT HEALTH EDUCATION PROJECT (CHEP)

Contact Person: Dr. Lynn Walker
Address: P O Box 23567, Kitwe
Physical Address: 8 Diamond Drive
Tel: (02) 229512/230234
Fax: (02) 222723
email: chep@zamnet.zm

Goals and Objectives

- To help people break the cycle of poverty, ignorance and disease through the development of knowledge, values and life skills that enable creativity, responsibility and healthy lifestyles
- To help form and maintain behaviour patterns, attitudes and lifestyles that deter transmission of preventable diseases, especially STDs and HIV, and reduce the prevalence of TB
- To help develop care and support systems for those infected and/or affected, including survivors, and thus reduce the personal and social impact of chronic illness
- To develop the skills of staff and co-workers to conduct and facilitate programmes
- To promote concerted effort in the control of preventable diseases, including HIV/AIDS, and in the development of appropriate care and support systems, by networking, cooperating and collaborating with like-minded organisations at local, national, regional and international levels
- To sustain a conducive and welcoming work environment, enabling improved administration, more efficient and effective preparation and implementation of programmes, as well as space for discussion with visitors, counseling, study, reflection, analysis of data, and report writing

Activities

- Out of school youth including income generation
- Child to child
- Community and peer education
- Women's programmes including commercial sex workers and alternative income generation
- Training in pastoral counseling skills
- IEC for all specific target groups
- Mass media work, including TV, radio, billboards, commercial shows, posters picture codes, booklets and leaflets, market place and street drama
- Research
- Monitoring and evaluation
- Psycho-social counselling skills training
- Home-based care

CHILDREN IN DISTRESS PROJECT (CINDI-FHT)

Contact Person: John Musanje, Manager
Address: Private Bag E243, Lusaka
Plot No. 5232 Makishi Rd.
Telephone (01) 223589
Fax (01) 222834

Goals and Objectives

- To provide for basic needs of children in distress
- To facilitate and promote community participation in order to ensure sustainability in meeting the needs of children
- To advocate for the welfare and rights of children in distress in order to raise awareness and mobilise the support of government and other organisations
- To provide psycho-social support to guardians
- To collaborate and network with relevant organisations in order to enhance support to CINDIs and referrals to other agencies

Activities

- Enumeration of orphans
- Needs assessment of orphans
- Training of orphans and widows
- Provision of seed money for income-generating activities
- Provision of food supplements and counseling services
- Facilitation of workshops
- Report writing
- Community mobilisation

Special Skills

- Facilitation of workshops
- Report writing
- Community mobilisation

Materials Published

CINDI Guidelines
CINDI Brochure

Target

Orphans and widows/guardians

CHITSIME ASSOCIATION

Contact Person: Stephen Chanda Mwape
Address P O Box 35601, Lusaka
Telephone (01) 238865
Fax: (01) 235516

Goals and Objectives

- To provide training for transformation and other training to youths and adults, especially widows
- To provide basic education for children in need, and to provide opportunities for youth and adult literacy
- To provide nursing and pastoral care for the chronically ill
- To provide life-skills training opportunities for youths and others
- To support income-generating projects

Activities

- Training youth, workers, and adults in Training for Transformation
- Educational services for children in need
- Care for the chronically ill
- Pastoral care for youth and adults
- Feeding programme for malnourished children
- Literacy programme for youth and adults
- Life-skills training for youth

Target

Orphans, street kids, malnourished children

CHRISTIAN SOCIAL SERVICE ORGANISATION

Contact Person Rev. Alex Fundafunda, Chairperson
Address P/B RW 280X, Lusaka
Gemini House No. 20
Telephone (01) 2311201
Fax: (01) 224443

Goals and Objectives

- To empower Zambian families with survival skills
- To encourage income-generating activities
- To ensure child survival and healthy development
- To establish community centers in extremely poor areas of Zambia, so that we can offer basic and skills education, provide community health education (thereby reducing the health

- costs of the families as well as malnutrition levels), and assist widows and orphans
- To establish cooperatives and credit unions to assist small-scale business people with microfinance

Activities

- Cairo Road Credit Union microfinance project
- Drop-in and basic education class for child vendors (suspended)
- Management, resource acquisition and advice for a lady in Chilenje who feeds orphans weekly

Special Skills

Social work, family counseling, basic education methodologies (teaching materials preparation, teaching methods, project management)

Target

Nuclear family; emphasis on women and children

CITY OF HOPE (SALESIAN SISTERS)

Contact Person: Sr. Ryszarda Piejko; Sr. Agness Nkosa

Address P O Box 31151, Lusaka
Plot No. 558/F 401a Makeni

Telephone (01) 274914

Fax: (01) 274914

E-MAIL afmproj@zamnet.zm

Goals and Objectives

- To bring hope
- To help girls develop adequate coping and social skills through a gradual human, psychological, educational and technical formation
- To give neglected girls the information, education and training they need to be self-reliant
- To offer the “girl at risk” the possibility of having a better future
- To develop girls’ dignity through professional qualifications and human Christian formation

Activities

- Open community school for girls 9-17 years old
- Two-year vocational training course, including home management, tailoring, agriculture and personal development
- One-year course in typewriting for girls who have completed formal schooling
- Accommodation for over 40 girls, most of whom have been referred by the Department of Social Welfare, and most of whom are orphans

Special Skills

Preventative education

Target

Girls at risk

Development Aid from People to People (DAPP) Children's Town

Contact Person	Mr. Moses Zulu, Project Manager
Address	P O Box 37661, Lusaka Malambanyama Village, Chibombo District, Central Province
Telephone	(05) 222332
Fax:	(05) 222332
E-MAIL	childaid@zamnet.zm

Goals and Objectives

- To get street children off the streets and into a safe, stable and loving environment
- To educate disadvantaged rural children who are at risk of never going to school
- To nurture and rehabilitate children coming from abusive situations
- To impart the practical skills children will need to lead independent and productive lives
- To give children a primary school education and a good start in life
- To give children a chance to play and discover the world around them
- To teach children to have dreams to believe in themselves, to take responsibility for their own lives and to work towards a bright future for themselves and their communities

Activities

The programme lasts five years, during which time the children have a half day of skills every day and a half day of academics. They also play sports and participate in cultural activities such as drama, dance, music and choir. At the moment, there are 80 boarders and 128 day scholars.

Target

Street children, orphans and other disadvantaged children

HOUSEHOLDS IN DISTRESS

Contact Person Bridget Syamalevwe, Director of Education
Address P O Box 70284, NDOLA
 Plot 5656, Chinika House, Chinika Road
Telephone (02) 640290
Fax: (02) 222723

Special Skills

Training of community/peer group leaders in life skills

Target

Teachers, women, children and orphans

INTERDENOMINATIONAL COUNCIL ON AIDS

Contact Person Esther Kabaso, Secretary; Rev. Moses Chibuye, President
Address P O Box 23271, KITWE
Telephone (02) 246021/246555
Fax: (02) 246071

Goals and Objectives

- To bring together all Christian denominations in Zambia and get them involved in the education of their communities about AIDS and its related effects
- To establish and run an orphanage for children whose parents have died as a result of AIDS related causes (ARC)
- To start a home-based care programme through which AIDS-affected children will receive material, financial and spiritual support
- To provide support to already-existing orphanages in Zambia
- To encourage research for a cure for AIDS
- To provide spiritual, social, psychological and physical ministry to HIV/AIDS patients
- To collaborate with other groups with similar objectives, such as CHEP, National AIDS Committee and other anti-AIDS groups in Zambia and abroad

Activities

- Visits to churches and preaching the Good News
- Home-based care centre for HIV/AIDS victims
- Assistance to school-going orphans

Target

Street kids, orphaned children, widows and widowers

KWASHA MUKWENU WOMEN'S GROUP

Contact Person Patricia M. Ngoma
Address c/o St. Mary's Catholic Church, P.O. Box 33243, Lusaka
Matero
Telephone (01) 247585

Goals and Objectives

- To act as caretakers to orphaned children, especially those whose parents have died of AIDS
- To fight for orphans' and children's rights
- To teach orphans life skills and vocational skills to enable them to be better citizens who can solve problems and earn a living
- To provide for orphans' basic needs

Activities

- Baking scones, tie-dyeing clothing for sale
- Education
- Health schemes V
- vocational skills training
- Food for needy families

Special Skills

Dealing with communities

Target

Orphans below 18 years of age

LINK ASSOCIATION FOR THE RELIEF OF CHILDREN (LARC)

Contact Person Maria Mercedes Rossi, Acting Chairperson
Address P O Box 70244, NDOLA
Catholic Diocese of Ndola
Telephone (02) 613146
E-MAIL healdept@zamnet.zm

Goals and Objectives

- To coordinate and establish contacts with NGOs, community groups, individuals assisting orphans and children in distress in order to network throughout the Copperbelt Province
- To act as a liaison body with government and partners dealing with children in distress and orphans
- To link with CHIN at national level

Activities

- Sharing of experiences through meetings
- Centralised and updated register for all assisted and not assisted children in distress and orphans
- Information centre
- Quarterly report forms
- Promotion and facilitation of surveys
- Advocacy for the rights of children
- Fundraising assistance for participants

Materials Published

Manifesto of LARC

Open letter on school uniforms and fees

Target

Orphans and children in distress

LIVINGSTONE STREET CHILDREN ASSOCIATION

Contact Person George Sipwapwa, Director
Address P O Box 60487, LIVINGSTONE
 Linda Community Development Centre
Telephone (03) 320292/321175

Goals and Objectives

- To expand early childhood care, education and development activities with emphasis on community-based interventions
- To provide access to complete primary education cycle and to ensure gender equity
- To promote and provide basic needs, survival means and protection of the rights, mental and physical development of all the street children reached
- To initiate, implement and design programmes with and for street children
- To initiate, implement and accomplish other actions or activities concerning children in Livingstone or elsewhere in Zambia, and to take full account of their interests without any form of discrimination
- To impart knowledge and skills for the street children for improvement of their quality of life
- To identify, reach and integrate children into locally and nationally initiated programmes

Activities

- Basic education, skills training, counseling, health education, family life education, HIV/AIDS education, alcohol and drug abuse education campaign, school integration job opportunities, outreach, recreation, sports activities, drama and poetry, daycare centre
- Future activities: feeding programmes, medical care, legal aid, refuge/transit home
- Child development centre

Target

Street children and other groups

NISSI CARE CENTRES

Contact Person Mrs. E. Kabamba, Executive Director
 Address P O Box 72016, NDOLA
 Plot No. 3343/M
 Telephone c/o Pastor George Bwenpe, (02) 612168

Goals and Objectives

- To provide a warm and loving environment for orphans and displaced young people
- To minister to the physical and spiritual needs of the people under the care of the ministry
- To restore the self-value and worth of young people by introducing them to the love of God through Christ Jesus
- To build and run homes and various training facilities in order to achieve the above
- To raise funds through donations, endowments, and other biblically-permissible fund-raising activities
- To rehabilitate displaced youth in order to equip them for a productive life

Activities

- Introducing displaced youth to the full Gospel of Jesus Christ and encouraging those who believe to be faithful disciples
- Teaching displaced youth income-generating skills such as carpentry, farming, pottery, dress-making, tailoring, dyeing, bakery, needlework, crafts, etc.
- Helping youth to recognise and develop their talents
- Counselling to those with specific individual problems
- Logistical and in some cases financial support to families or individuals who are willing to adopt orphans or foster maladjusted youth and children

Target

Orphans and widows

NTUMENI HOME-BASED CARE AND COMMUNITY SCHOOL

Contact Person Goliat Moyo, Coordinator
Address P O Box 16, CHONGWE
 Muyoba Village

Goals and Objectives

- To enhance community development through encouraging community participation and responsibility for health care
- To provide better-integrated care for the physical, psychological and spiritual needs of the chronically ill, especially focusing on HIV/AIDS patients and their families
- To prevent the spread of HIV/AIDS through promotion of awareness of HIV/AIDS infection and control
- To provide basic education to orphans, focusing on girl children
- To strengthen and support community initiatives and resources for tackling problems arising from HIV/AIDS
- To improve the nutritional status of patients and their families

Activities

- Registration of 267 orphans, 553 patients, 98 widows and 215 pupils
- Voluntary participation involving home-based care group members in project planning, decision-making, and work responsibilities
- Training to enhance the capacities of volunteers and health workers
- Encouragement of behaviour change in the community
- Nursing and basic home-based medical care
- Continuing appropriate support for survivors
- Pastoral care and spiritual support
- Personal and community health promotion and basic education to orphans, focusing on girl children

Target

Chronically ill patients, orphans, widows, the underprivileged, girl children

SENANGA HOME BASED CARE/SMART

Contact Person Sr. Charles Lungu
Address P O Box 920017, SENANGA
Telephone (07) 230167

Goals and Objectives

- To create and strengthen home-based care at the community level
- To raise awareness and understanding of care for HIV/AIDS patients

- To educate community volunteers about HIV/AIDS and home-based care
- To reach out to children on the streets and provide for their basic needs

Activities

- Visits to homes and hospitals
- Care for sick and orphans especially in homes and day care centre
- Provision of uniforms and school fees for double orphans
- Community school
- Feeding centre

Special Skills

Nurse, midwife, health educator diploma from Leeds Polytechnic

Target

Sick people, street children, orphans and women

SISTERS OF THE SACRED HEART

Contact Person	Sr. Mary Costello, Regional Superior
Address	P O Box 35601, Lusaka Plot 108, Kabwata Site and Service
Telephone	(01) 238865
Fax:	(01) 235576

Goals and Objectives

- To support households in distress
- To promote behaviour change for HIV/AIDS prevention
- To identify, assess, and help towards intervention for children with special educational needs

Activities

- Home-based care for the chronically ill
- Pastoral care
- Care for orphans and widows
- Support for units for special education
- Professional training and capacity building courses

Special Skills

- Special education training (for deaf and learning disabled)
- Leadership training
- Training for capacity building

Target

Households in distress: chronically ill, orphans, widows, children with disabilities, youth

SUPPORT ORPHAN FOUNDATION

Contact Person Gertrude Chola, Director
Address P O Box 40111, MUFULIRA
Telephone (02) 412000/412666

Goals and Objectives

- To educate orphans about HIV/AIDS
- To assist orphans with their education
- To provide orphans with food and material assistance
- To provide counseling
- To empower orphans with skills to sustain themselves
- To trace orphans and return them to schools
- To care for and support orphans at home

Activities

- Enumeration
- Educational assistance
- Skills giving
- Home based care and support
- Food, material assistance
- Counseling
- School replacement

Special Skills

- Nursing
- Counselling
- Family health

Target

Orphans

ZAMBIA CHILDREN EDUCATION FOUNDATION (ZACEF)

Contact Person Annie Sampa-Kamwendo, Chairperson
Address P O Box 31852, Lusaka
c/o Psychology Dept., UNZA, Great East Road Campus
Telephone (01) 292008
Fax: (01) 253952

Goals and Objectives

- To identify and address the problems facing children in schools through development of an outreach programme
- To cooperate with the government and other organisations working with and for the children, to uphold the rights of the child as contained in the UN Convention on the Rights of the Child, to which Zambia is a signatory
- To advocate for equal formal education opportunities for boys and girls through civic education
- To integrate the community especially the children's families into the programme development plan
- To formulate long-term strategies to mobilise resources so as to initiate and sustain various projects and programmes
- To promote and provide basic needs to vulnerable children
- To provide counseling

Activities

- Gathering both qualitative and quantitative data to determine the plight of children in various schools and communities
- Embracing locals into school committees that will be formed to create an enabling school environment for the children by identifying needy children, rendering help as may be necessary (material/finance/counseling) and initiating and managing locally sustainable projects aimed at improving the welfare of the children in those communities
- Overseeing all projects of all school committees
- Advancing research reports to the government and other relevant organisations involved in the formation of policies which will uphold the rights of the child
- Maintaining close contacts with both local and international organisations working for the welfare of the children

Special Skills

- Research
- Project management
- Counseling
- Child psychology
- Dealing with communities

Target

5- to 18-year-olds (especially school-going children)

ZAMBIA ORPHANS AND WIDOWS ASSOCIATION (ZOWA)

Contact Person Rev. Kasoma Mwansa, Director
Address P O Box 73715, NDOLA
 Room 909, Provident House
Telephone (02) 610433/5

Goals and Objectives

- To provide for the financial, material, psychological, social and physical needs of orphans and widows
- To provide education and skills training support and placement
- To encourage self-reliance and economic empowerment through income-generating projects
- To stimulate government, private and public interests to support ZOWA and to seek representation on any bodies concerned with the welfare of orphans and widows in Zambia
- To bring awareness to Zambian society about the rights of orphans and widows, which must be upheld in Zambia and abroad
- To carry out objective research into the problems of orphans and widows in Zambia
- To provide food and nutrition to needy orphans
- To provide access to medical services and hygiene

Activities

- Integration of orphans into primary and secondary schools
- Counseling and guidance with love to enhance normal development
- Food distribution to orphans and widows in the community centres
- Enlightenment of orphans and widows on the importance of rights
- Dialogue with government to improve laws that affect orphans and widows
- Stimulation of Social Welfare Ministry to pay for medical services for orphans and widows
- Daily involvement of orphans and widows in income-generating ventures to earn money
- Farming for food production and self-reliance
- Recreational activities

Target

Orphans and widows

ADDITIONAL INSTITUTIONS

The following is a list of additional institutions, which were not contacted for this study. Many of these are orphanages.

Malo Achikulupilio (Mother Theresa's Sisters)

Sister Snedheda
PO Box 320180, Lusaka
Mtendere
Tel: 261-379

Harold's Apostolic Mission Church

Pastor Tembo
PO Box 90218, Luanshya

Makeni Ecumenical Center

Tracy Hamuluwa
Kalwelwe Settlement Village
PO Box 50255, Kabwe Rural
Tel: 272-853
Fax: 272-437

New Beginning Christian Orphanage

Pastor and Mrs. Malama
PO Box 34452, Lusaka
Tel: 281-178
Fax: 295-164

Union Medica Missionaria Italian (UMMI)

Dr. Nazario Bevilacqua
Mishikishi Mission Hospital
PO Box 250118, Ndola
Tel: 02-680-436
mpress@zamnet.zm

Orphans for Each Other

Sara Muyunda
c/o Diana Zulu
PO Box 31421, Lusaka

Childcare and Adoption Society—Ndola Branch

Mr. Kevin Shone, Chair
Sarah Longa, Child Care Officer
73 Chintu Ave., Kansenshi, Ndola
Tel: 02-650-291/777
Fax: 02-650-130

Christ Ministries

Mrs. Christine Vicky Mataka
Kaonga Residential Area
PO Box 670574, Mazabuka
631 Cha Cha Cha Rd
Tel: 032-30142

Community Mission Way to Jesus
Rev Weluzani Jere Mission
Kafubu Bock Children's Home
Farm Nu 4172 Kafubu Dam West Farms
PO Box 90147/90138, Luanshya

The Children's Home
Hillwood Farm
PO Box 50
Ikelenge, Mwinilunga

St. Columba's Presbyterian Church
Rev. Robert Higgs
Addis Ababa Dr. And Nangwenya Rd.
PO Box 31004, Lusaka
cell: 70-30-39
tel: 253-547
fax: 231-120/224-170
stcol@zamnet.zm

Kwasha Mukwenu
St. Mary's Catholic Church
Matero, Lusaka

Family in Christ
PO Box 670186, Mazabuka
032-30719

Namianga
PO Box 620022, Kalomo

St. Martin's
PO Box 20394, Kitwe
tel: 02-222-619

Falconer Children Home
Ppo Box 140075
Kabulamena, Kabompo
(Northwestern Province)

St. Kizito Catholic Mission
PO Box 82
Siavonga

APPENDIX 1: ORGANISATIONS INTERVIEWED

1. British High Commission
2. CIDA
3. The European Union (EU)
4. The Embassy of Finland
5. GTZ
6. Irish Aid
7. JICA
8. NORAD
9. SIDA
10. UNICEF
11. USAID
12. World Food Programme (WFP)
13. The World Bank
14. Africare, Zambia
15. Anglican Church: Lusaka Diocese
16. CARE
17. Chikankata Community Based Orphan Programme
18. Child Care and Adoption Society of Zambia
19. Children In Need (CHIN)
20. Christian Children's Fund
21. Christian Council of Zambia (CCZ)
22. Churches Medical Association of Zambia (CMAZ)
23. Evangelical Fellowship of Zambia (EFZ)
24. Fountain of Hope
25. Kabwata Orphanage & Transit Centre
26. Kara Counseling
27. Kasisi Home Orphanage
28. Kepa Zambia
29. Lutheran Church of Central Africa
30. MAPODE
31. Muslim Care Orphanage
32. National Women's Lobby Group
33. Ndola Diocese of Catholic Church
34. Ng'ombe Child & Family Helper Programme
35. Oxfam GB in Zambia
36. Plan International
37. Prevention Against Malnutrition (PAM)
38. Project Concern International (PCI)
39. Ray of Hope

40. Reformed Church in Zambia
41. Religious Institution Response
42. SEPO
43. SWAAZ
44. SAT
45. The Catholic Secretariat
46. World Vision International (WVI)
47. Zambia Community Schools Secretariat (ZCSS)
48. Zambia Open Community Schools (ZOCS)
49. Zambia Red Cross Society (ZRCS)
50. Office of the Vice President
51. MCDSS
52. Ministry of Education
53. MOH
54. MSYCD - Department of Child Affairs
55. Sustainable Lusaka Programme

ORGANISATIONS UNSUCCESSFULLY CONTACTED

1. CBOH
2. CINDI, Family Health Trust
3. District O/VC Committee (Kitwe)
4. District O/VC Committee (Livingstone)
5. Home of Joy
6. Kara Counseling
7. Link Association for the Relief of Children (LARC)
8. Zambia Law and Development Commission
9. Danish Embassy
10. Netherlands Embassy

APPENDIX 2: QUESTIONNAIRE

Situation Analysis of Orphans in Zambia Response Analysis

Background of Organisation

1. Name of Organization
2. Physical Address of Organisation
3. Telephone/fax
4. Mailing Address
5. Status: NGO Private GRZ Donor Other
6. Name of person interviewed

Objectives/Strategy

7. In a few sentences how do you describe the essence of the work you do?
8. Objectives of organization (related to orphans)
9. General strategy of organization (related to orphans). What do you hope to achieve in your work

Organizational Structure?

10. How many staff members? How many working on orphan issues?
11. How is your staff organized?
12. What is the size of your annual budget?
13. How much of the budget is programmatic?
14. What are your primary fund sources?
15. How long have you existed?

Population

16. How does your organisation define orphans?
17. Why do you centre your work primarily around this definition?
18. Is there an age limit to an orphan?
19. Do you work with non-AIDS orphans?
 1. How many orphans do you work with? Approximate percentage of orphans do you reach?
 2. How many orphans in your catchment area are not assisted through your organization? Why? Are there other services through another organization available for these children?

Catchment Area

3. What is your catchment area(s)?
4. Primarily urban, peri-urban or rural?
5. Any unique attributes of catchment area?

Programme Intervention

6. What are the greatest needs of orphans?
7. What are the greatest needs of the caregivers of the orphans?
8. What activities, programme interventions does your organisation undertake to meet these needs?
9. What type of barriers do orphans face to go to school? How do you assist in this manner?
10. Do you provide material assistance to orphans to assist with food, clothing, school fees, health care? What are your experiences with this type of service?
11. What types of legal issues do you deal with regarding orphans? (Inheritance, abuse) How do you assist orphans to deal with these?
12. What types of programme activities do you do to help children cope with loss of parents, siblings, death, change in the lives etc.?
13. How does your programme assist children learn to financially support themselves?
14. Are orphans isolated (from other non-orphan children) in your project?
15. If there are no parental figures or relatives, how does the programme provide this need? (Orphanages)
16. How do you utilize the social structures within your catchment area? What has been the reaction of or the impact on the extended family system or the community in the assistance of orphans (Community involvement. Does programme enhance or undermine existing social structures and coping ability)
17. Do you use volunteers? In what capacity? Are they trained? How? What?
18. What type of training/support do you provide caregivers of orphans? (non-material (food/clothing for children) support, coping abilities to deal with additional burdens of more children)
19. Do you provide AIDS education and awareness to orphans and their care providers?
20. Do you liaise with other organizations providing similar services? What have your experiences been?
21. What type of national policies would aid your work with orphans? Are you working to help develop policies?

Sustainability/M&E

22. What type of monitoring and evaluation do you do? How often? Community involvement?
23. What limitation to your projects sustainability are there? How are you attempting to overcome them?
24. After your organisation leaves, what problems might the community encounter in your absence?
25. What major programmatic (non-monetary) obstacles have you overcome and how?
26. What do you feel are your organization's best practices or lessons learned?

Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

CHAPTER 5
COMMUNITY RESPONSE

A Qualitative Assessment of
Community Response to High Levels
of Orphanhood from 12 sites in Zambia

Participatory Assessment Group

Joint USAID/UNICEF/SIDA/ Study Fund Project

NOVEMBER, 1999

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1. INTRODUCTION

This study forms part of, and contributes to, the “Situation Analysis of Orphans in Zambia.” The overall aim of the study is to understand the current situation of orphaned children in Zambia. This part of the study looks at the situation of orphans from the point of view of the communities and the orphans themselves. Understanding the perceptions of these will strengthen and improve strategies which aim to address the needs of communities dealing with orphans.

The objectives of the study were to:

- a) “attempt to understand the perceptions of families and communities regarding the problems of supporting orphans;
- b) investigate the coping and adaptive strategies employed by both rural and urban communities;
- c) assess the perceptions of communities on the effectiveness of the assistance they receive; and
- d) assess the community perceptions of solutions to the problems of orphans;
- e) explore the impact of other issues such as descent and inheritance systems, gender of parents and orphans and migration on the problem of orphans.”

1.1 Study Methods Used

Qualitative participatory research methods have been used because they capture best community perceptions and views. They allow communities and individuals to freely generate information and triangulate it without overdue solicitation from the researcher. At the same time, and as will be seen in the rest of this report, these methods generate statistical data which is often associated with quantitative surveys.

After the initial courtesy call and self introduction by the research team to the community leaders, the first Participatory Learning and Action (PLA) also referred to as PRA (Participatory Rapid/Rural Appraisal) tool used was the mapping exercise. 36 such exercises were done; 14 by groups of women, 12 by groups of men, 4 by groups of female youths, 3 by groups of male youths, one mixed group of youths and two mixed groups of adult women and men.

The 36 mapping exercises generated information on:

- incidence of households keeping orphans
- number of dependants in the households
- gender and age characteristics of heads of households which keep orphans
- wealth/poverty status of households keeping orphans; and
- identified key informants for further interviewing in semi-structured interviews (SSIs) and case studies.

The focus group discussions (FGDs), which followed each mapping exercise, generated further information on:

- relationship between the orphan(s) and the head of the household
- access to social services
- households’ priorities and problems

A well-being/wealth ranking exercise then followed. This revealed the socio-economic or wealth/poverty status of households keeping orphans. The accompanying FGD probed further into the life of orphans and the difficulties they encounter in accessing services, especially if they are kept in poor households. More key informants were identified for further interviews and case studies.

Using pairwise ranking exercises the problems and concerns which had been identified in the above research exercises were now listed and ranked. A total of 36 pairwise ranking exercises were done in the course of fieldwork.

The 36 FGDs which followed pairwise ranking exercises and the three FGDs with key informants (teachers, social welfare officers and leaders of non-governmental organisations (NGOs) and community based organisations (CBOs)) which were not associated with PLA visual exercises did the following:

- identified coping and adaptive strategies which orphans, households keeping orphans and communities adopt in the face of the problems identified and ranked in previous PLA exercises;
- sought community perceptions on the strategies identified above; and
- solicited solutions to the problems

Institutional analyses were done in all the study communities. These identified institutions which support orphans and assessed community perceptions of solutions to the problems of orphans provided by these institutions.

121 case studies/SSIs were done with key informants who were identified in previous PLA exercises. The informants included:

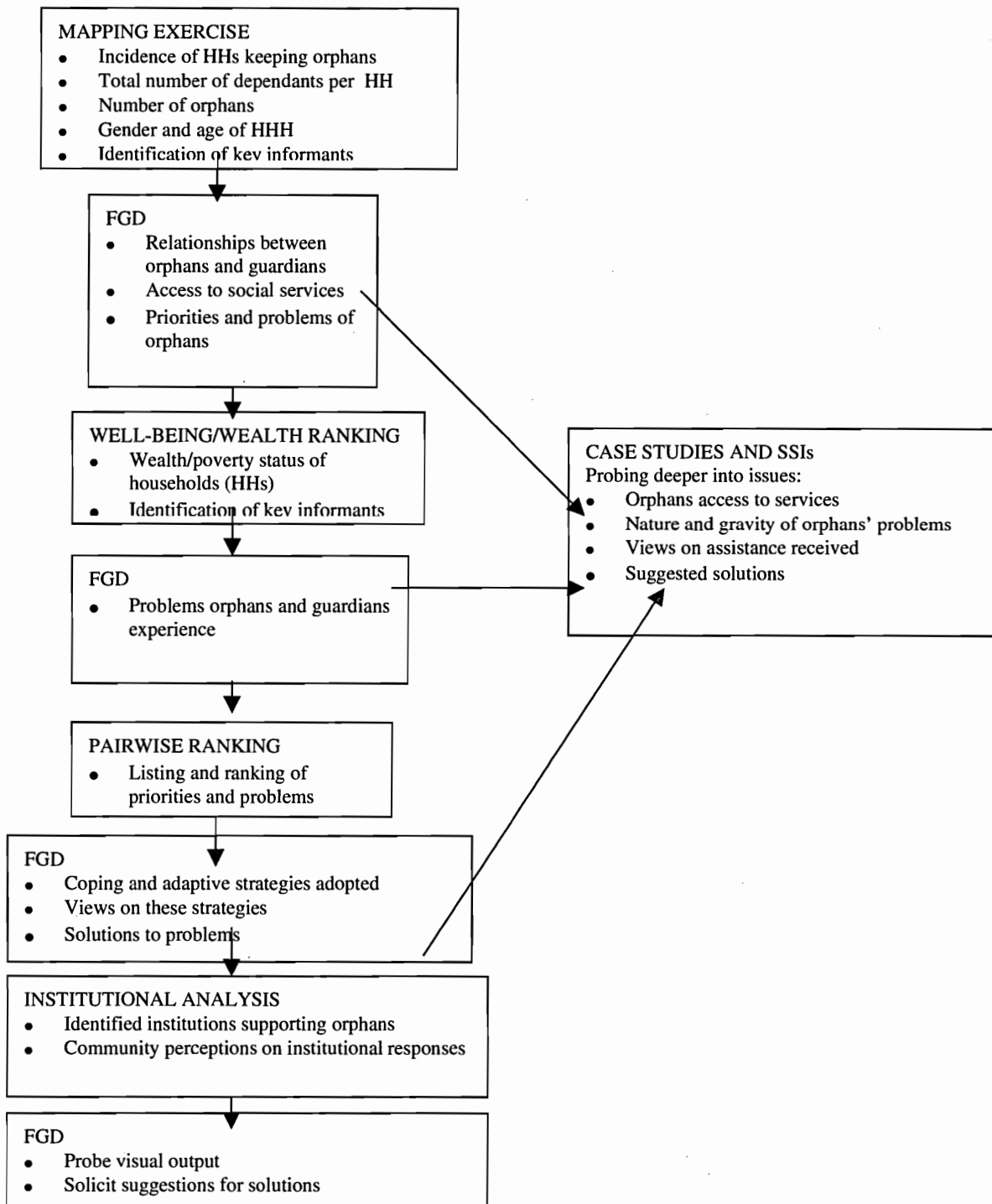
- school heads and teachers
- social welfare workers
- health workers
- community leaders (chiefs, village heads in rural areas and members of Residents Development Committees (RDCs) in urban areas)
- heads and/or representatives of churches, NGOs and Community Based Organisations (CBOs) assisting orphans in the various communities
- guardians of orphans (19 females and 6 males)
- orphans themselves (14 girls and 13 boys); and
- “on-lookers,” i.e. ordinary community members who are not keeping any orphans. These are here referred to as non-orphan guardians.

The case studies and SSIs generated information on the actual lifestyles of the orphans, that is to say:

- orphans’ access to food, shelter, health, clothing, education, sanitation, and so on;
- the way the different key informants (i.e. community leaders, social workers, teachers, orphans themselves, etc.) perceive the problems they face; and
- suggested solutions to orphans’ problems.

BOX 1: RESEARCH FRAMEWORK

What has been described above is reproduced in diagram form below:



1.2 Research Sample

Twelve different communities, six rural and six urban have been studied.

While Zambia's rural population is slightly bigger than the urban one, data show that there are more orphans in urban areas than in the rural ones. The 50/50 allocation of the study communities was, therefore, deemed appropriate.

1.2.1 Urban Communities

The following urban communities were selected: two in Kitwe, i.e. Race Course and Mulenga compounds; Kiawama compound in Solwezi, Makululu in Kabwe, Matrilio compound in Kapiri Mposhi and Ntindi, Nakonde's big township. The criteria used in selecting these communities were the prevalence of very high poverty levels. It was decided to take two very poor communities from Kitwe, one of the three biggest cities of Zambia, two communities from provincial headquarters, i.e. Kabwe and Solwezi, and two from district headquarters, i.e. Kapiri Mposhi and Nakonde. The latter is also a border town.

1.2.2 Rural Communities

It was assumed that descent and inheritance systems may have an effect on the plight of the orphan. It was further thought that orphans in areas where there has been a large exodus of males will have different experiences than those where males have not abandoned their original homes. Polygamous homes are also expected to have different experiences of the orphan phenomenon from those of monogamous families. Based on these assumptions, the following six rural sites were selected:

- two from the patrilineal and polygamous Namwanga of Isoka in Northern Province where children (sons to be more exact) inherit from their father(s)
- two from the strong matrilineal monogamous systems of the Bemba and Lala. Besides being matrilineal, these groups have experienced large male migrations. These were Chinsali and Serenje
- two communities in southern Zambia, which has a very strong matrilineal inheritance system which is combined with high incidence of polygamy, Sinazongwe and Monze east were selected.

Table 1 identified the names of the communities studied and the districts and provinces these communities are located.

Table 1: Study communities their rural/urban status and the districts and provinces they are located in

Community	rural/urban	district	province
Chewe	Rural	Chinsali	Northern
Chikuni	Rural	Monze	Southern
Chintankwa	Rural	Serenje	Central
Katongo	Rural	Isoka	Northern
Kiawama	Urban	Solwezi	North-Western
Makululu	Urban	Kabwe	Central
Matrilio	Urban	Kapiri Mposhi	Central
Mulenga	Urban	Kitwe	Copperbelt
Ntindi	Urban	Nakonde	Northern
Ntipo	Rural	Isoka	Northern
Race Course	Urban	Kitwe	Copperbelt
Sinazongwe	Rural	Sinazongwe	Southern

A total of 704 people (321 men and 383 women) participated in generating the data discussed in the following pages. While the majority of these people (608) participated in different focus group discussions (FGDs) 96 were interviewed singly; these provided case studies either as orphans (14 girls, 13 boys), orphans guardians (19 women, 6 men) non-orphan guardians i.e. ordinary community members (2 women, 10 men) or as other key informants (13 women and 19 men). Key informants consisted of school teachers, social welfare officers, and leaders of NGOs and Community Based Organisations (CBOs) and churches which assist orphans in the study communities.

There were a total of 39 FGDs, 16 consisting of adult women, 13 men 3 female youths, 3 male youths, one mixed group of youths and 3 groups of other key informants. The above information is reproduced in table form below. The figure in brackets represents the number of groups. Plus (+1) means a mixed group of males and females.

Table 2: Number of people interviewed by type of research exercise

	FOCUS GROUPS/PLAs		CASE STUDIES/SSIs					TOTAL
	Adults	Youths	Key informants	Orphans	Guardians	Non-Guardians	Key informants	
Female	181 (16)	45 (3+1)	9 (1)	14	19	2	13	383
Male	197 (13)	61 (3)	15 (2)	13	6	10	19	321
Total	478	106	24	27	25	12	32	704

NOTE: *Non-Orphan guardians are heads or co-heads of households which do not keep orphans.*

1.3 Research Team and Research Organisations

A team of ten researchers from the Participatory Assessment Group (PAG) undertook the qualitative study. The team met for 5 days in Kabwe to brief itself on the exercise. The briefing consisted of two days of theoretical work in which the purpose of the study and the research tools that were going to be used were thoroughly discussed. The team then divided itself into two and went out to do practical work in the field for another two days. On the fifth day the whole team reconvened to discuss its field experiences and to finalise the research instruments.

It was at this stage that the two sub-teams went out to conduct fieldwork.

1.4 Report Organisation

This report follows the sequence of research exercises done in the field. Thus the first section explores issues that were dealt in the mapping exercises, that is, numbers and location of orphans, the latter's relationships with household heads, and the latter's gender and wealth/poverty characteristics.

The following section deals with wealth/poverty status of households which keep orphans.

Coping strategies are discussed in the subsequent section. This is followed by a discussion of the institutions which render support to the orphans and stakeholders' perception of the assistance given by these institutions.

1.5 Who is an Orphan

Before drawing a social map, twelve female informants in Chintankwa, Serenje, discussed and agreed that an orphan is a "*mulanda*, i.e. a vulnerable or suffering child because he/she has no parents. Either one or both parents are dead."

"Orphans are here; this is due to one or both parents dying," a male respondent of Kabwe, Indeed, without consciously defining the concept orphan all the people talked to regarded a child who has lost either, or both, parents an orphan. The child who qualifies to be an orphan in respondents' eyes is one who is not yet able, because of tender age, to support her/himself economically.

The above is the concept or definitions of orphan adopted in this report.

2. FINDINGS

2.1 Characteristics of Households

In order to put into their proper context and fully grasp the main issues of this study, a brief discussion of the numbers of orphans and of households keeping them, the gender, age cohort and wealth/poverty characteristics and status of orphan guardians, the proportion of orphans to the total number of dependants whom guardians keep and the relationships between the orphans and their guardians is first made.

The 36 mapping exercises and the group discussions which followed them generated the data being discussed and analysed below. This means that the data on numbers of households (HHs) keeping orphans, wealth/poverty status of these HHs, gender and age characteristics of household heads (HHHs) keeping orphans and the relationships between orphans and their guardians were generated from the 535 households discussed in the 36 mapping exercises in twelve study sites, located in 10 different districts.

A social map drawn by 16 women in Chintankwa, Serenje, is reproduced below. It shows the following:

- Out of the 10 households (HHs), 4 are headed by women. 2 of these women are over 60 years of age. 2 of the 6 male heads of households (HHHs) are also over 60 years, the rest are below 45.
- There is an average of 5.4 dependants living in each of the female headed households and 7.1 in male headed households.
- There is an average of 8.7 dependants in households headed by people (male and female) aged 60 and above, and only 5.5 in households headed by people below the age of 60.
- 6 of the 8 HHs (75%) keeping orphans belong to the category of the “inchushi” (those who suffer a lot or “bapina sana,” the very poor).
- The 6 households keep a total of 13 orphans, the majority of whom (84.6%) go to school. The latter is located very short distances from the orphans’ homes
- 3 of the 4 female headed households keep 8 of the 13 orphans (61.5%) found in the community.

The map reproduced below was drawn by a group of 12 women in Matrilio, Kapiri Mposhi:

The map shows 44 household units, 13 of these (29.5%) are headed by women. 2 of the 30 male heads of households are youths. 4 of the 13 female headed households are headed by youths. This makes a total of 6 child headed households.

11 of the 44 households i.e (25%) keep a total of 37 orphans. Households keeping orphans hardly keep other dependants. For out of the 44 dependants the 11 households (HHs) keep 33, (84.1%) are orphans. 6 of these households are child headed. These keep between 2 and 5 orphan siblings each. The 6 households keep a total of 21 orphans. This means 56.8 per cent, that is more than half of the orphans kept in Matrilio compound, are kept in child headed households.

3 of the 28 adult male headed households keep a total of 11 orphans while 2 of the 11 households headed by adult women keep 5 orphans. The orphans are the only dependants being kept by the child and the two female headed households.

Tables 3-6 reproduced below bring out similar information with regards all the 12 study communities. Where two communities were visited in one district (Kitwe and Isoka) the information from the two communities are aggregated together.

Table 3: Gender and age cohort¹ characteristics of households studied by site

DISTRICT	HOUSEHOLDS				EHH			TOTALS	NO. OF ORPHANS	% OF HHs KEEPING ORPHANS
	DHH	FHH	SMHH	CHH	DHH	FHH	SMHH			
1. Chinsali (Rural)	24	11	0	0	7	5	0	47	36	40
2. Isoka (Rural)	63	21	3	0	4	8	0	99	137	34
3. Kabwe (Urban)	24	18	3	3	0	1	0	49	29	27
4. Kapiri-Mposhi (Urban)	20	10	2	6	1	0	0	44	61	36
5. Kitwe (Urban)	74	35	2	7	3	0	0	121	53	51
6. Monze (Rural)	27	20	0	1	11	4	-	63	139	78
7. Nakonde (Urban)	9	4	1	1	1	9	0	25	40	52
8. Serenje (Rural)	8	8	1	0	8	4	0	29	77	55
9. Sinazongwe (rural)	18	4	0	0	4	1	0	27	52	82
10. Solwezi (urban)	14	12	1	1	2	1	0	31	69	45
TOTAL	281	116	13	19	41	33	0	535	693	44

KEY:

DHH	-	Double Headed Household i.e. man and wife
FHH	-	Female Headed Household
SMHH	-	Single Male Headed Household
CHH	-	Child Headed Household
EHH	-	Elderly Headed Household
HH	-	Household
Mot	-	Mother
Fat	-	Father
Gran	-	Grand Parent
Sib	-	Sibling, i.e. brother or sister

Relevant Information from the Table

The 535 Households Surveyed

The information which was generated from the 36 mapping exercises which were drawn in the course of fieldwork covered a total of 535 households (HH), 322 (60.2%) of these were double parent headed households (DHH); 33.2% were headed by women, 22% of whom are aged 60 years and above. 19 of (3.6) of the HHs are headed by children and only 2.5% by single males.

There are more single women headed HHs than those headed by men: 176 FHH compared to only 13 SMHH. In fact in places where polygamy is very prevalent like Sinazongwe and Monze, SMHH are almost non-existent.

¹ Three age cohorts are being considered here, namely, those below 19 years of age who constitute the CHHs, those who are 60 years old and above, the elderly headed households (EHHs) and the rest, i.e. between 19-60 years old.

Child headed households are predominantly an urban phenomenon. This is because the extended family is still strong enough in rural areas. Adults here take care of orphans left behind by their deceased relatives.

Out of the 535 households (HHs) discussed in the course of fieldwork, 235, i.e. 44 per cent, keep orphans. On average the incidence of households keeping orphans is higher in the two Southern Province districts of Monze (78%) and Sinazongwe (82%) than the rest of the study districts. Serenje comes third; in fact one of the two study sites in Serenje district was chosen precisely because a previous PAG study, i.e. Beneficiary Assessment V, observed that some of the villages in this district were inhabited almost exclusively by women, many of whom kept orphans.

The high incidence of orphans, especially half orphans, per HH in the two Southern Province Districts may be causally related to the equally high incidence of polygamy. Many spouses, especially males, die, leaving half orphans while many of their widows remarry as second or third wives and continue to keep their children from the first marriage.

The fact that incidences of households keeping orphans are relatively low in urban areas (27% in Kabwe, 36% in Kapiri, 52% in Kitwe and 56% in Nakonde) should not mask the very big numbers of orphans in these areas. Many of the urban children who lose one or both of their parents are taken to the rural areas by their relatives, so the present study found out. Thus respondents in the patrilineal communities of Isoka told the research team that they often "bring back to the village" from town children/orphans left by their deceased male relatives.

A total of 693 orphans, 325 girls and 368 boys, are being kept by the communities visited. This means that on average each sampled HH keeps about 1.3 orphans. Solwezi, Monze, Sinazongwe and Serenje have more orphans per HH than the other districts.

There are more boy - than girl - orphans to the proportion of 53 boys to 47 girls. This is a reversal of the overall population figures for Zambia which show more women than men.

The numbers of orphans indicated for each district is more of a function of the size of the research population in the district and less of the actual incidence of orphans.

Almost half (44.6%) of the households keeping orphans are double headed households, i.e. the orphans are kept in a full household which has a father and mother/husband and wife.

The second largest category of households keeping orphans is that headed by women below the age of 60 years. This type constitutes 31.5 per cent of all the households which keep orphans. The third category of households keeping orphans is that of household headed by elderly women (17.9%). This is followed by child headed households (4.4%) and lastly by single male headed households.

Wealth Status of Households Keeping Orphans

Three distinctive wealth/well-being categories of orphan guardians were identified by the respondents. These were;

I. *Bakankala, bavubide*; i.e. the rich "who are well off." These:

- have plenty of food to eat
- good houses with iron sheet roof
- keep many goats and in some cases cattle

- manage to send their children to school
- afford health costs for their HHs
- hire the poor to work on their fields
- have a lot of money

II. *bapina, balanda, basaukide* - (poor, suffering) These:

- have some food to last them much of the year
- live in properly built and thatched houses
- keep some chickens and goats
- make money by selling beer
- send their children to school and clinic
- own some farm implements, particularly the hoe
- wear nice clothes
- some keep orphans

III. "*Inchusi*", "*bapengele*" (who suffer a lot), "*bapina sana/bacete*" - the very poor

- These eat one meal in a day at best, and sometimes go for days without food
- They live in small poor houses
- Own no livestock or farm implements
- They go from house to house begging and borrowing
- Cannot afford education and health costs
- Many of them are widows and elderly
- They keep orphans

Table 4 shows the number of households keeping orphans and their wealth/poverty status. This information was gotten from 5 of the 10 study districts only.

Table 4: Percentage of households keeping orphans by wealth/poverty status in 5 districts

DISTRICT	WEALTH/POVERTY STATUS		
	VERY POOR	POOR	RICH
Chinsali	68.4	31.6	0.0
Monze	73.0	19.0	8.0
Nakonde	100.0	0.0	0.0
Serenje	50.0	43.8	6.2
Sinazongwe	81.5	19.8	3.7
TOTAL	74.5	20.6	4.9

It is clear from the table that the predominant majority of the households (74.5%) which keep orphans belong to the "very poor" category. This is to be expected given the fact that the largest category of heads of households which keep orphans are old grand parents (see table 6 below). Child headed households as well as the majority of the FHH also belong to this category

Orphans as Percentage of Dependants

Table 5 below shows the number of dependants and of orphans which the 535 sampled households keep. It also shows the percentage of orphans to the total number of dependants.

Table 5: Numbers and percentage of orphans to total Number of dependants kept by the 535 sampled hhs

DISTRICT	NO. OF DEPENDANTS IN HH	NO. OF ORPHANS IN HH			% OF ORPHANS TO
		F	M	Total	
Chinsali	53	13	23	36	68
Isoka	298	66	71	137	46
Kabwe	57	21	8	29	51
Kapiri Mposhi	105	25	36	61	58
Kitwe	158	24	29	53	34
Monze	296	62	77	139	47
Nakonde	72	17	23	40	56
Serenje	171	43	34	77	45
Solwezi	144	22	36	52	36
Sinazongwe	158	32	37	69	44
TOTAL	1,439	325	368	693	48

The orphans being kept by the households constituted 48 per cent of the total number of dependants kept by the households. Dependants here refers to biological children of heads of HHs, the orphans and other young people HHs may be keeping. The high percentage of orphans being kept by household is partly explained by the fact that some households, particularly those headed by children and to an extent the FHHs keep no other dependants except orphans.

Table 6: Relationships between orphans and their guardians

DISTRICT	RELATIONSHIP				
	Mot	Fat	Gran	Uncle/Aunt	Sib
Chinsali	3	1	1	4	4
Isoka	6	1	15	2	0
Kapiri Mposhi	5	1	2	4	1
Kitwe	6	0		4	7
Nakonde	1	1	9	1	0
Serenje	5	1	4	1	0
Sinazongwe	3	1	3	3	1
TOTAL	24	6	59	19	13

The largest category of people who keep orphans, (48.8%) is that of grand parents, followed by mothers in the case of half orphans, (19.8%) then uncles, (15.7%), siblings of the orphans (mainly CHHs), (10.7%) and lastly single male parents (5%). Out of the 74 elderly people (60 years old and above) who keep orphans, 44.6 per cent are single old women, (55.4%) are old couples. No single old man was found to keep orphans.

2.2 Most Common Problems

A total of 36 pairwise rankings were done in the 12 study communities. These exercises listed, ranked and discussed 14 different problems. Some of these were mentioned and discussed at length by almost all the groups, others by only a few.

The 36 ranking exercises were done by groups of men, women and youths. Some of these kept orphans, others did not. Being poor communities, most of the problems are experienced by whole community, i.e. including non-orphans and non-orphan guardians. However, the question the various groups were asked was the problems faced when supporting orphans. The ranking exercises were complemented by personal testimonies and case studies with the orphans themselves, their guardians and staff from institutions which assist them.

Inadequate food, poor access to health care, and clothing and unaffordability of education were identified as priority problems in all the study sites. In depth interviews and case studies concurred with the ranking exercises and also revealed one problem which is peculiar to orphans, that is, exclusion, lack of love and discrimination.

Discrimination Against Orphans

“The feeling of being excluded is what really pains me most as an orphan” so said a Kitwe male orphan.

The issue appears and was described in several forms, namely:

- Worry and sadness orphans experience
- “misungile” the (unfavourable) manner orphans are kept
- absence of love on the part of orphan guardians
- outright discrimination

Discrimination against, or lack of love for, orphans is manifested in several ways:

- being sent (by guardians) to carry out unpleased chores
- little access to food, education, clothing and bedding
- orphans permanently worried

“Orphans lack parental love. As a result orphans are ever worried... an orphan child does not go to school, has no clothes, not even food. The child gets worried and may even fall sick,” an FGD in Serenje.

A non orphan-guardian in Monze added:

“... orphans lack love and parental care. They are ridiculed. Their guardians say cruel things to them like ‘how can you ask me for that?, Do you think I can dig your father from the grave to get it for you?’ The informant continued: “how can you say such a thing to a child”

A pairwise ranking exercise done by 13 women of Ntipo village in Isoka district is here reproduced. The top-five and most frequently mentioned problems, namely; hunger/food, health, education, clothing and bedding, are listed, ranked and discussed.

These problems actually affect all the children, orphan and non-orphan, and indeed all the community members since exclusively poor communities were visited and studied. What is special about the orphans is the issue of lack of love, exclusion or discrimination which came out only in 11 of the 36

pairwise ranking exercises but was dealt with at great lengths in the one to one interviews and case studies with non-orphan guardians and the orphans themselves.

Visual 1: Pairwise ranking of problems done by 13 women of ntipo village, Isoka district

PROBLEMS	EDUCATION	HOSPITAL	BEDDINGS	CLOTHING	HUNGER	SCORE	RANK
Hunger	Hunger	Hunger	Hunger	Hunger	X	4	1
Clothing	Education	Hospital	Bedding	X	X	0	5
Bedding	Education	Hospital	X	X	X	1	4
Hospital	Hospital	X	X	X	X	3	2
Education	X	X	X	X	X	2	3

The following is the discussion which accompanied the drawing:

Hunger and Education

“The biggest problem here is hunger. A child cannot go to school when he is hunger. Some children actually refuse to go to school when they are hungry.”

Education and Clothing

“School is the bigger source of worry. Here children are allowed to go to school without proper uniforms. We are facing great problems in trying to educate our children.”

Education and Bedding

“Education is more expensive. With bedding we can get by.”

Education and Health

“Limited access to health facilities is regarded as a bigger problem than those related to education. For when a child is ill at school, they are sent back home so that we can take them to the hospital. We, therefore, cannot send a child to school when it is ill.”

Hospital and Hunger

“Hunger is the one!, even at the hopsital they require you to be full (to have eaten) before they can attend to you.”

Hospital and Clothing

“Hospital is the bigger problem. Because one can go to the hopsital even if clad in rags.”

Hospital and Bedding

“It is still the hospital. When you are ill you want to feel better and you will need medical attention. One can have no proper beddings and still get by.”

Bedding and Hunger

“If we have eaten we can even share a rug with our children. But the primary thing is to have something down in the stomach.”

Clothing and Bedding

“Blankets are expensive. At least with clothing one can even do a bit of piece works, get a bit of money and go and buy salaula (second hand clothing). But where can one get the money to buy blankets?”

Clothing and Hunger

“Hunger is more problematic. Because if I have clothes but I am hungry, I will sell the clothes so I can have something to eat”.

The table below shows the number of times the 7 top priorities/problems were mentioned.

Table 7: Number of times each problem was identified

HARDSHIP	Chinsali	Isoka	Kabwe	Kapiri Mposhi	Kitwe	Monze	Nakonde	Serenje	Sinazongwe	Solwezi	Total
1.Inadequate food	4	7	4	2	4	4	2	3	2	3	35
2.Health	3	6	4	2	5	3	2	3	2	3	33
3.Clothing	4	5	4	3	4	4	2	3	2	2	31
4.Educational costs	4	5	4	2	3	4	2	3	2	1	30
5.Bedding	2	3	2	-	3	3	1	1	2	2	19
6.Discrimination 1	2	1	-	2	2	1	2	-	-	-	11
7.Poor Shelter	-	1	1	1	3	-	-	-	-	-	7

SOURCE: Field data

Inadequate food, caused mainly by poor farming in rural areas and job losses in urban communities was identified in all but one of the 36 ranking exercises. Poor access to health, clothing, education, bedding and shelter as well as discrimination are the other major problems which were identified.

2.3 Priorities

While table 7 above shows the number of times each of the 7 major problems were identified, table 8 below shows number of times each of these problems was ranked as number 1, 2, 3, and so on. This shows the perceived gravity of the various problems. The list in this table is enlarged in order to show two other problems which were rarely identified but which came up at the top of the list the very few times they were mentioned. These are water and money. Education which was ranked after clothing in terms of frequency of mention came up towards the top of the list, that is numbers 1 and 2 problem while poor clothing was mentioned more often but only as numbers 4 and 5.

Table 8: Problems identified as priorities

PROBLEM	INDICATED AS NUMBERS					
	ONE	TWO	THREE	FOUR	FIVE	TOTAL
Inadequate food	21	7	6	1	-	35
Health	2	12	14	5	-	33
Education	3	10	12	3	2	30
Clothing	-	-	2	15	15	32
Water	4	1	-	-	-	5
Bedding	-	2	4	13	-	19
Discrimination	1	2	6	-	2	11
Money	2	2	-	-	-	4
Shelter	-	1	2	3	1	7

Inadequate food supply is identified as the biggest and most acute problem orphans and their guardians experience. Health and education were of equal importance. Water and money were also identified by some groups as problems numbers one or two. Lack of love and proper care for orphans, referred to as discrimination in this report, also scored fairly heavily in the first three columns indicating more severity than even lack of clothing and shelter.

More needs to be said on the issue here are referred to as discrimination. As stated earlier, most of the households in the study communities are poor and hence have problems in accessing food, shelter, clothing and health and educational services. In addition to this, orphans:

- do not have reliable guardians to provide them with even the very little that non-orphans often have access to. This came out most clearly in cases of FHHs keeping orphans;
- many orphans are kept by old and very poor people who cannot afford what ordinary households give their children; and lastly
- the very little that there is in the household is often not shared with the orphan. For example, the orphan may be sent to collect firewood; in his absence the bit of food there is given out to the non-orphan children. A Kabwe male orphan summarised it in the following words:

“We (orphans) do not mind not having enough food or clothing. After all everybody else is in this situation because of poverty. What we mind is being regarded different by the rest of the family,” lamented a school dropout in Kabwe.

Rural/Urban Differences

No obvious differences were found between difficulties and problems rural and urban orphans and their guardians meet. The seven biggest problems have to do with the most basic needs of human life, regardless of whether one is in a rural or urban environment.

The following section deals with each of the four major problems identified by the communities as affecting orphans and reproduces the coping strategies people adopt with regards each problem.

FOOD

Description of the Problem

In the rural areas, the food problem is described as low production of maize, the staple food due to lack of fertilisers. The high costs of fertilisers make most of the orphan guardians fail to purchase it resulting into little food production to feed the growing family due to the keeping of orphans on top of their own children. As a result, there is hunger in most households which keep the orphans.

In the urban areas, the problem was described in terms of inability to purchase food due to the high costs.

“My husband passed away in 1985, and I was left behind with 6 children. I do sell some charcoal at the market but the profit I make is just too little to enable me buy food which is too expensive to feed all these children,” said a widow in Race Course, Kitwe.

Commenting on the problems orphans experience, a Monze non-orphan guardian said;

“... People die from AIDS. Because of this many children have been left without care and support. Orphans have the following problems.

Education...

Food: Most young orphans suffer from malnutrition due to lack of food and many die due to lack of food and proper care”

Ill-treatment of orphans compounds their problems, especially those related to food. A female head of a household in Serenje gave testimony to this in the following words:

“Our parents both died in 1995. When this happened our relatives ran away from us. I was then 18 years old, with not so many ideas and strength. Their action took us by surprise because we thought that being our relatives they would care for us. Life was not easy at all. When my relatives cooked food they used to hide it from us. Sometimes they would invite us to eat but then make all sorts of ugly remarks behind our backs....

Our parents had a big farm over there but it was taken from us by our relatives. So we had nowhere to grow food. ... my young brothers and sisters became beggars; they would walk from house to house asking for food.

This type of story has been repeated many times in all the 10 study districts, sometimes compelling a tear of sorrow from the listening researcher.

Household and Community Coping Strategies

Reducing the number of meals per day is the most often adopted mechanism aimed at coping with inadequate food supplies.

“To survive, families are resorting to eating just one meal (the evening one) a day” a male non-orphan guardian in Kitwe.

Able bodied household members including orphans do piecework in order to raise money to buy food. This is particularly the case in urban areas where it was reported most.

“To meet their food requirements, usually most do piece work, such as bricklaying, digging toilets, carrying luggage between TAZARA and town and they receive K500 per load” (a Kapiri Mposhi informant).

In rural areas;

“...We work, fetch firewood, sell it and buy cassava,” a female informant from Katongo, Isoka

Other coping strategies are:

“Selling cassava leaves, and firewood and also doing piece work in order to raise money to buy maize,” a female informant of Ntipa, Isoka.

Her colleague in the FGD added:

“We buy small packets of mealie meal (maize flour) called ‘pamela’ (weighing about 1.5 kilogramme).

EDUCATION

Description of the Problem

As many as 30 different groups identified access to education as a major problem which orphans experience. Unaffordable school costs are what constitutes the problem. Focus group discussions which followed mapping exercises, and in some cases the maps themselves indicated that many orphans do not go to school. The social map drawn in Sinazongwe and reproduced below, shows that as many as 18 orphans, i.e. 39.1 per cent out of the 46 orphans found in the study community did not attend school. The FGD which followed the mapping exercise revealed that only 9 per cent of the non-orphans did not attend school.

The following are verbatim translations of statements made by orphans and orphan guardians on the issue:

The major problem is the demand by schools of things like cement especially for grade ones. Apart from money (K500) schools demand a packet of cement from each child at enrolment. This commodity is costly, therefore, as a measure we do not enrol them," complained one man with another adding that the situation applies to even non-orphan children, FGD with 10 Kapiri Mposhi men.

"My name is Gloria. I am 15 years old. We are six in the family. The first born is 20 years old, she is female and stopped school in grade 12, the second is a boy aged 17, he too stopped school in Grade 7, the third is myself. I stopped school in grade 6. After me is my young brother aged 12; he too does not go to school anymore, he stopped school in grade 5 recently because of lack of money. Then the last two girls one is aged 11 and is in grade 3 and last but not least is a grade 1 girl child. The last two girls do go to school with great suffering. My father passed away in 1995, when he was alive, we all used to go to school," an Isoka girl orphan.

The following is the testimony of a 70 years old guardian of four (4) orphans.

"I am looking after four orphans who are my grand children. Their parents died four years ago. The eldest is only 15 years. Their mother was never married but had these children. She was sick for a long time until she died. Ever since these children were brought to me, I have been suffering. As you can see I am too old to look after them properly. I cannot cultivate, I have only a small farming space and the food does not last the whole year.

"Only two of these children attend school and to get school fees I go through thick and thin. I sell roasted groundnuts for K50 a plate till I rise the money. I struggle to buy soap for them as well, anyway mostly we do not use soap."

Discrimination against orphans also takes place in the area of education.

A male head of a household which does not keep orphans had this to say on the subject:

"It would be wrong for me to conclude that those orphans staying with uncles, brothers etc., fail to meet their educational requirement due to segregation within the homestead by their surviving relatives. However, the disparity that exists between the orphans and other children born of the guardian suggests this. It is common for children of the surviving guardian to meet all school requirement whilst the orphan fails," a Sinazongwe informant.

A school head added the following:

"Our records show that most of the orphan children stopping school are those coming from poor families. They feel frustrated especially if they are being chased from school. In fact this makes them realise that they are orphans. It makes them even remember their parents. This dampens their morale at school." A school head at Katongo, Isoka.

Educating orphans is regarded very highly:

Education is the most important service one can offer to the orphan because if you educate one you have wiped out all his/her problems for the rest of his/her life" a Chinsali informant.

Coping Strategies

Dropping out of school altogether. This is the most often adopted course of action.

“We teachers often find time to talk to some of the children who appear to be very quiet in class. When you dig deep, you find that the child is being affected by many problems. The child would explain that the up-keeping at home is not alright. They would say that if they make a small mistake they are shouted at or even beaten.

“Sometimes they are not even given any food. The end result of all the above is poor school performance of most orphans and those coming from poor families. And if they fail only once, then that is the end of their school career,” a teacher in Isoka

Another strategy is to:

“sell the little that we grow in order to educate some of the children, not all of them because it is expensive. Sometimes we just tell them to stop school,” a Kitwe female respondent.

Echoing these sentiments a Chinsali orphan gave her own story:

“My name is Lucy, I am 17 years old. My father died a long time ago. My mother died in 1996. We are six sisters, I am staying with my grand-mother. The problem I face as an orphan is lack of sponsorship. Look, this is holiday time and I have not managed to sell anything to raise my school fees.” A Chinsali female orphan.

HEALTH

Description of the Problem

The majority of the orphans and their guardians cannot afford to access health services because of the latter's high costs. This was the major issue for which as many as 33 different groups of informants identified health as a problem and 2 groups ranked it as problem number one while 12 groups ranked it second. This is despite the very clear government policy on exempting those who cannot genuinely pay for health costs in government health facilities. Distance to health centres was also reported to be a problem, especially in rural areas.

Semi-structured interviews and case studies confirmed this.

A Solwezi young man, head of the household had this to say;

My name is Edgar. I am 23 years old.... I am keeping my three young brothers,... Our mother died in August 1993; dad died in July 1994.

They are a lot of problems we face as orphans...,The other problem is medical fees. If any one of us falls sick I find it difficult to do anything because by that time I may have no money. It is a very big problem keeping your friend (brother) at home while he is ill .You can't take him to the hospital because you don't have money to pay for his medical scheme and for the prescribed medicine”.

Coping Strategies

Four different coping strategies were mentioned, namely;

i) Traditional medicine and healers

“The clinic is another problem orphans face. To find a bicycle to take a sick child to the clinic is a very big problem. Orphans suffer a lot, they end up drinking bitter traditional medicine because they lack love. People who keep them would rather provide traditional medicine to an orphan child than taking him to the clinic,” case study with a non-orphan guardian in Serenje.

A Kapiri Mposhi informant said:

“In some cases we go to traditional healers because they can treat you or the orphan first (i.e. before you pay) and then ask you to work for them you have no money to pay.”

“When I have stomach problems my grand father plucks leaves of that tree (pointing at a big tree near the house), he boils them and gives me to drink. When I drink this medicine I feel much better,; an Isoka school going orphan...”

ii) Buying medicines from grocery shops

“Most people cannot afford health services at the clinic. Usually orphans rely on buying chloroquine and panadol from shop,” a Kapiri Mposhi male.

Expiry dates and correct dosages of drugs bought from grocery shops are generally not known and taken into account when taking such medicines. This jeopardises the healing process and the whole health status of patients (researchers’ view).

iii) Just do nothing when ill

“Many orphans and their guardians do not do anything when ill. “They just wait for God to act,” i.e. just wait for death or indeed healing, so stated an Isoka resident.

iv) Borrowing money from neighbours and relatives

“When a child is sick, we normally borrow money from our friends to ensure that we go to the hospital, otherwise the child would die said one old lady in Nakonde ... but sometimes there is no where to borrow and so we don’t even go there,” argued another.

CLOTHING AND SCHOOL UNIFORMS

Description of the Problem

The problem of clothing characterised mainly by having ‘few’ dirty and/or tattered clothes was not perceived as big a major problem as food or health by orphans, their guardians, and other participants. Table 8 indicates that in most cases during the ranking exercises it was either ranked fourth or fifth.

The problem of school uniforms was more severe in urban than in rural areas. Consequently more orphans drop out of school in these schools. In most rural schools pupils attend classes without school uniforms. A head teacher at Singonya Middle Basic School, Chikuni, confirmed this adding that as a school they feared that most pupils would drop out if wearing of uniforms was enforced.

The following is a testimony from a Monze district boy orphan. It touches on other aspects of education as well.

My father passed away in 1991. Between that time and 1997 I was staying with my mother before she left for her village in Mumbwa. I now stay with my elder brother who is married with three children.

I am in grade 8 at Chikuni and receive education assistance such as books and fees for the Catholic Priests. My brother has no income and therefore cannot meet the whole cost of two of his school going children and mine.

The major problem I face is that of uniforms and school shoes. As I am talking I have no shoes and usually borrow canvas from friends to attend classes although they sometimes don't allow me to use them."

"If someone is in a position to assist us let them give us some clothing," implored Yvonne, a 16 year old orphan of Kitwe.

Coping Strategies

The proliferation of dealers in second hand clothes (salaula) has eased the burden of clothing. An FGD by 13 women in Isoka compared bedding and clothing and noted that blankets were more expensive than clothes. Second hand inexpensive clothes are readily available in the area.

Other the strategies adopted to mitigate the problem of clothing are:

- Wearing the same, often tattered, clothes over and over. The orphans who can access soap, wash the clothes every so often
- Orphan guardians and their children donating old clothes to orphans; and
- Exchange of food items with clothes

3. SOLUTIONS TO PROBLEMS

3.1 Households and Communities' own Solutions

The following solutions were proposed by different research groups and individuals on the various problems which they experience:

Inadequate Food Supplies

Rural areas

- Improve agricultural production – This was seen mainly in terms of making fertilisers more accessible. Others shifted back to the Slush and Burn system of cultivation (chitemene).

Urban areas

- Creation of more employment opportunities
- Making credit accessible to intending small scale entrepreneurs
- Establish income generating activities, especially farming ventures near urban centres

Access to Health and Education

- Employment generation to enable people to participate in the cost sharing schemes
- Improve agricultural production for the same reason
- Strict adherence to regulations which exempt the very poor to pay medical fees
- Skills training to the orphans to enable them generate their own income.

Clothing

Revamping the economy, in particular the agricultural sector.

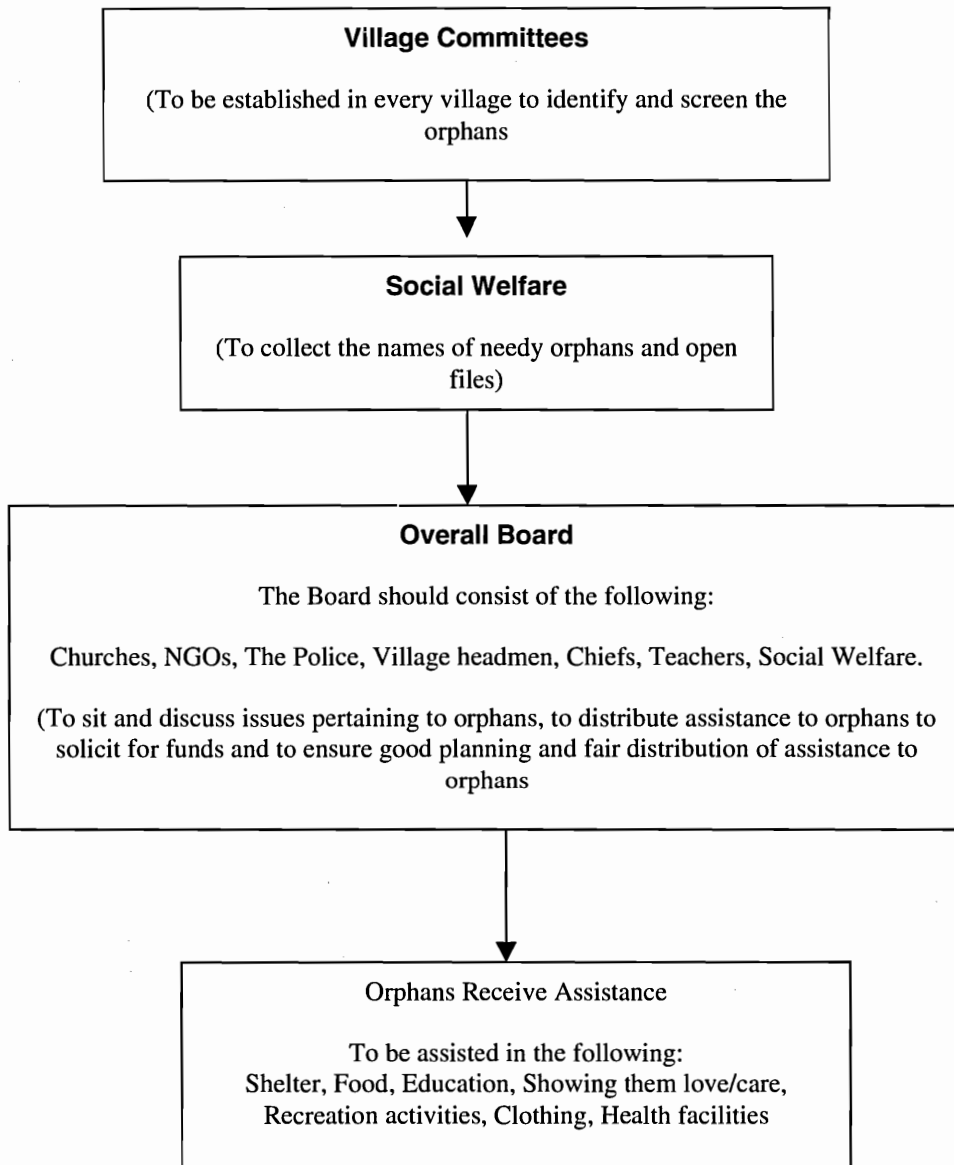
Shelter

Same as in clothing above. Skills training was also suggested by a group of 10 men of Matrileo in Kapiri Mposhi.

The 10-man group in Kapiri Mposhi above drew the table reproduced below in which they suggest solutions to various problems.

PROBLEM	SOLUTIONS	
	COMMUNITY LEVEL	HOUSEHOLD LEVEL
Food	Employment: creation of employment opportunities to enable household heads earn an income	Employment: Creation of employment opportunities to enable household access incomes to be able to buy food
Health	Clinic: construction of a clinic as opposed to a district hospital now present. A clinic would be more affordable than the district hospital	Employment: Once in employment, family members would easily afford the cost of health services at the clinic
Shelter	Creation of orphanages to house orphans aged between 1 and 16 years. Once there, they would be taught classroom lessons and life skills to enable them live a decent life once they 'graduate	-
Dressing	- -	
School	Through orphanages they would learn basic education to enable them become literate.	

A focus group discussion of teachers at Chinsali Day Basic School proposed the formation of Transition Houses for the needy in which the orphans would receive special care and attention. The organisation would look as follows:



Funding

The funds to accomplish this goal should come from:

1. Constituency Development Fund. The MP should give part of the money to the orphanhood programme and he/she should be monitored by the Board.
2. Other funds to come from well-wishers
3. Money deducted towards PAYE at least 2 months per year should cater for the orphan problem.

3.2 Institution which Assist Orphans and Community Perceptions of the Assistance Rendered

19 different institutions were known by the respondents to be working among orphans in the 10 districts. The majority of these institutions (14) operate in only one district each while World Vision International and the government department of Social Welfare were reported in three districts each and the Catholic Church in 8 districts. The Residents Development Committee (RDC) and Member of Parliament (MP) were reported in two districts each. These institutions provide such basic requirements as food, shelter, clothing and assist with meeting health and school costs.

Except for ATECO in Kabwe and a women's club in Kapiri Mposhi which are really local community based organisations, the rest are Lusaka based; indeed some have their headquarters outside Zambia.

There are relatively few institutions which assist communities with regards the orphan problem in the 12 study sites. A 1996 study entitled **Identification of the Most Vulnerable** identified 30 different institutions which were assisting vulnerable people in only 10 study sites. A more recent study, July 1999, entitled **Consultations With the Poor** found as many as 42 different institutions assisting the poor in 12 different study locations. The relatively fewer institutions identified in this study is largely due to the smaller focus of the study. The present study is focusing only on orphans while the previous ones looked at all the poor and all the vulnerable groups which included many more categories than just the orphans.

Table 9 below lists these organisations together with the districts they are working in.

Table 9: The 19 institutions assisting orphans in the study sites

INSTITUTION	C H I N S A L I	S O K W A	K A B W E	K A P W I R E	K I T W E	M O N Z E	N A K O N D E	S E R E N J E	S O L W E Z I	S I N A Z O N G W E
1. ATECO			√							
2. Catholic Church	√	√	√	√	√	√			√	√
3. CINDI						√				
4. Councillor				√						
5. Hope Foundation				√						
6. Homecraft Centre					√					
7. FAWEZA				√						
8. Lobby Group				√						
9. Member of Parliament			√	√						
10. Orphan Vulnerable Children					√					
11. PUSH				√						
12. Resident Development Committee				√	√					
13. Social Welfare	√	√					√			
14. Tasinta				√						
15. World Vision International		√				√				√
16. Women's Club				√						
17. United Church of Zambia	√									
18. Zambia People Living with AIDS				√						
19. Mindolo					√					

Kapiri Mposhi has the biggest number of organisations working with orphans.

Community Perceptions of the Support given by the Institutions

The institutional ranking matrix reproduced below shows community perceptions of the various institutions and their effectiveness in Kapiri Mposhi. The figures given are not scores but rankings. This means that the smaller the figure the more valued the institution is with regards the special aspect being discussed. Thus the Resident Development Committee (RDC) was given a "1" on both effectiveness and trust because the community trusted it most and thought it was the most effective. However, having no financial resources it was ranked 3rd in terms of support.

Kapiri mposhi, matrilio compound, institutional analysis

RANKING THE CRITERIA			
INSTITUTION	SUPPORT	EFFECTIVENESS	TRUST
1.Member of Parliament	4	3	-
2.Councillor	5	4	-
3.Buchushi Women's Club	-	-	2
4.FAWEZA	-	-	-
5.Hope Foundation	1	2	3
6.Tasinta	2	-	4
7.RDC 4	3	1	1

The following are the explanations of the ranking exercise:

On Support

- In the Matrilio community the Hope Foundation is ranked as number one on support. It was said to have assisted the people in Kapiri Mposhi because it has adopted the maternity ward of the health centre and even donated napkins to the orphans born in this clinic.
- “The institution that follows is Tasinta. It has supported the community by offering skills to orphans who tend to become prostitutes by teaching them how to sew and bake though we have only one machine.”
- RDC is ranked third on support. This has done quiet a lot being the organisation which deals with the community. It has supported the community and orphans because they are directly involved and orphans guardians mostly go to the chairman to ask for food to feed the orphans.
- The Member of Parliament (MP) and Councillor came last when ranking because “ever since they were elected they have not shown up, yet they had promised to support the community and orphans.”
- The Buchushi women's club and FAWEZA have not done anything in terms of supporting the orphans.

On Effectiveness (i.e. assistance given is reasonable (big) and appreciated).

- “The RDC is number one where effectiveness is concerned because they are based within the community and whenever orphans and widows need something they surely go there fast.”

- Tasinta¹ also is effective because it has shown up and assisted at our clinic.
- The MP and councillor have no effect on orphans and widows.
- Buchushi women's club, FAWEZA² and Tasinta have done nothing. We have not seen their effectiveness yet.

On Trust

- “The RDC is ranked number one on trust because we really trust them. They see how orphans and orphan guardians suffer. So whatever the RDC says we know it is true, we really trust them. They have organised the whole community by cleaning the roads, the surroundings and even the toilets.”
- “We trust Buchushi women's club also because we surely see for ourselves what is happening, we cannot rely on people who stay away and cannot see what problems the community is facing.”
- “Hope Foundation and Tasinta are trusted also because they have done one or two things for our community.”
- “The MP, Councillor and FAWEZA have not done anything so we do not trust them at all.”
- “The Hope Foundation, RDC, Tasinta and Buchushi women's club are the only institutions which are known to have done one or two things in Matrilio compound; they also assist orphans.”

The institutional analysis reproduced below was drawn by a group of men in Katongo village, Isoka.

Visual 2: Institutional analysis for katongo village, isoka – done by a group of men

INSTITUTION	FOOD	OPENNESS	CLOTHING	DISCRIMINATION	PARTICIPATION
Social Welfare	0/10	3/10	3/10	3/10	0/10
Churches (Catholic)	5/10	10/10	10/10	0/10	10/10
World Vision International	0/10	0/10	0/10	9/10	0/10

¹ Tasinta literally means “we have changed,” i.e. changed our ways of life, i.e. stopped being prostitutes.

² FAWEZA means forum for African Women Educationlists, Zambia Chapter

In term of providing food, the Catholic Church, through its Home Based Care, was ranked highest. The other two organisations, namely, World Vision International (WVI) and the department of Social Welfare were not seen as providing food to orphans. This was confirmed by two other ranking exercises. Besides food the Church also provides clothing to the orphans. Here, it was given a full 10 marks. The other two organisations scored little in this regard. In terms of approach, the group of men thought that the said church was open and allowed the community to participate in its orphan related activities. The others do not. Instead they discriminate and assist their friends and relatives only.

“As for the Catholics they are more open because they even go to schools and villages to see and find the vulnerable,” said another group of youths.

The view by the male analysts of Katongo that Social Welfare and World Vision do not provide food to orphans was shared by other respondents in other districts including the Social Welfare officials themselves and the programme manager at World Vision International in Sinazongwe.

“The assistance we give towards education is dependent on the child’s commitment to learning. At primary school we provide all the basics such as school uniforms and fees. At secondary level we prioritise and provide what would enable a child to learn. However, demand for assistance is never fully responded to due to limited resources,” stated the Social Welfare officer (SWO) of Sinazongwe district. The department of Social Welfare also provides food to orphans through its Public Welfare Assistance Scheme (PWAS). Much of this assistance is not being targeted at orphans.

As opposed to Social Welfare, World Vision International (WVI) aims at empowering the children and guardians economically. The following quote from the Sinazongwe WVI programme manager spells out current thinking and direction of the organisation.

“WVI offers spiritual and physical support such as erection of infrastructures for pupils to learn in (school). We also provide boreholes to ensure that clean water is consumed by the community. In addition, we give out clothing such as uniforms to school going children. However, I do not favour this idea of providing items to children as it removes power from the guardians. In likemanner, giving food is not a good solution although it is done. In my view, the best solution is to empower them economically, taking into consideration the available resources such as land and the lake which the district has. By so doing, they will be able to provide their own food. For example instead of giving them a bag of mealie meal you provide more inputs to enable them produce food to sustain themselves. Another way is to provide them with facilities to let them use the water for fishing or irrigation. This in my view has a long lasting positive effect. We in WV?I are considering assisting the community in this direction by providing it with resources to make them stand on their own,” Programme Manager, WVI, Sinazongwe.

A focus group of 16 women in Sinazongwe identified and assessed the support the following institutions provide to orphans: Department of Social Welfare, World Vision International (WVI),

World Food Programme (WFP) and the Programme Against Malnutrition (PAM). Both PAM and WFP provide food to households which keep orphans. WVI provides assistance in purchasing uniforms and paying school fees; it provides shoes, blankets, soya beans and cooking oil. WVI also gives grants to build shelter for orphans.

The visual below ranks group's perception of the amount of support the four institutions provide. The higher the score the more appreciated the assistance given and vice versa.

Visual 3: Scoring and ranking of the support given to orphans by four institutions working in chief sinazongwe's area, Done by 16 women

INSTITUTION	SCORE	RANK
2. World Vision	6	1
3. Department of Social Welfare	3	3
4. World Food Programme	4	2
5. PAM	2	4

WVI was ranked first because it helps orphans and indeed everybody else in the community. It provides a wide range of assistance than the other three institutions.

"The Department of Social Welfare is number 3 because they refuse to register orphans who need assistance. Even though WFP is no longer helping us, we place them above Social Welfare (i.e. No. 2) because their previous assistance was greater than that of Social Welfare. Pam is no longer helping; this is why they come last."

A focus group discussion of 10 women at Sinazongwe Basic School compared World Vision with Social Welfare and felt that the former was doing a more commendable job of assisting orphans than the latter. "World Vision International sponsors a child completely, that is, provides school fees while other requirements such as clothes, health costs are also met. Social Welfare also assists but concentrates on the aged, and not orphans," observed one participant.

The Catholic church renders various types of assistance to the orphans such as food, recreation, education, etc. For example a drop-in-centre has been established at Solwezi Parish where orphans are given 'basic' education and lunch. At Chikuni Hospital in Monze district, the church works in collaboration with Children in Distress (CINDI) in assisting the orphans from surrounding villages with school requirements and food (Also see Case study No. 5 below).

The following were the comments of a head teacher at one primary school in Monze regarding the help pupils receive from CINDI and initiated by the Catholic Church.

“The 63 orphans that the school still has, have not dropped out of school due to the help they receive from the CINDI programme. 15 of the orphans (grade 7, a class of 41 pupils) had their examination fees of K6,400 each paid by CINDI. For classes between Grade 1 and 6 CINDI has paid the school fees of K1,500 per pupil on behalf of 40 orphans. However, other user fees of K2,000 have not yet been paid by these pupils. As a school, we have not been strict on uniforms for fear that many would leave school. Further, we give them sufficient time to source money for the same reason,” Head teacher, Singonya Middle Basic School.

The major problem faced by these institutions has been failure to meet the ever increasing demand by orphans for assistance. For example, funding by government of the Social Welfare department has been irregular and inadequate. Besides there is the absence of transport in some districts.

“Funding from the government is scanty. We are supposed to receive an allocation of K1.9 million, but we rarely get this at once. As a consequence we are unable to fully support all categories of the needy at once.” Social Welfare Officer, Sinazongwe.

3.3 Other Views on the Assistance given to Orphans by Institutions

- Adequacy of assistance

In view of the inadequate financial resources at the disposal of the various institutions supporting orphans the assistance given is generally insufficient.

Thus the department of Social Welfare in Isoka was said to assist orphans with their education but only for one or two school terms, what about the rest of the school life? NGOs, churches and CBOs are doing a very commendable job which regrettably only reaches a few people.

In several case studies, several informants expressed ignorance of institutions helping orphans in communities although these Such institutions were identified and ranked by FGDs. This shows that the assistance does not reach everyone.

- Mode of rendering assistance

The idea of institutions isolating orphans from the rest of the families in which they live was heavily criticised. This tends to improve the quality of life of the orphans while that of the rest of the family’s dependants remain the same. In turn this contributes to the deep sense of isolation and exclusion on the part of the orphans. Some informants pointed out that this only adds to the psychological problems and torment of exclusion which orphans experience. For by being enabled to go to school, health centre or to access good clothing, the orphan is made very conspicuously different from the other children of the household.

Selection criteria and procedures of recipients of this assistance was discussed at some length. Some institutions, especially the churches were recommended for involving communities in the process. Others were condemned for the discrimination they exhibit in favour of their relatives and friends.

Below are brief discussions on some institutions which provide assistance to orphans.

1. ATECO, Kabwe

ATECO is a Non-Governmental Organisation (NGO) based some 14 kilometres south of Kabwe town. Its vision and goals are to educate, accommodate, feed, clothe and provide pastoral services to vulnerable children; including orphans. While it is not run by any particular church, it is based on deep christian principles, namely; the desire to see the many helpless children recover “the image of God.”

The NGO is funded by Kabwe farming community, local business people and politicians and well-wishers from abroad.

ATECO estimates that out of the 75,000 people in Kabwe town, 35,000 (46.7%) are children. Out of this number 15,000 (42.8%) are orphans. The magnitude of the orphan problem in Kabwe is seen from the fact that 250 (67.5%) of the children at Makula Open School in Makululu (Kabwe’s study site) are orphans.

It is these children that ATECO attempts to assist. It is currently keeping 26 orphans and street kids, i.e. 17 boys and 9 girls. ATECO provides food, accommodation, clothing and education to these children.

The biggest problem ATECO faces is “absence of reliable sources of funding” (donations). Thus it needs to recruit and train one school principal (head) and three teachers in order to provide quality services to the orphans. This requires some US \$540 and they do not have it. It has received some donation from Barclays Bank, Kabwe branch, which they have used to settle electricity bills. Bigger sums of money (US \$2,800) have come in from benefactors abroad which have enabled the institution to pay rentals and purchase learning materials. Times of Zambia provides the centre with two newspapers a day. Local businessmen and politicians have pledged some sums of money.

While ATECO greatly appreciates all the above donations and pledges, they prefer to have a situation whereby the orphans themselves will be productive and cater for their own needs. Following this line of thought, and with some external assistance ATECO has started to cultivate a small field of 5 acres of maize.

“Sustainable schemes are far better than clothing and food handouts... Wherever possible these, including money handouts, should be discouraged”, an ATECO senior worker.

2. Association of Widows and Orphans (AWO), Kapiri Mposhi

Background

Some Kapiri Mposhi local residents noted that dozens of very needy destitutes were going to their local church asking for assistance in terms of food, clothing, shelter and so on. The church was unable to assist them because they were too many.

Among those looking for assistance were orphans and widows.

“What pained us most were the young (female) orphans who had turned into sexual workers so as to feed themselves.”
AWO spokesman.

A Kapiri Mposhi resident went further and talked to some of the female orphans who told them:

“Our guardians send us out to make money through prostitution,” same source.

As if this was not enough;

“Because she cannot manage to feed children, the widow too ends up in prostitution.

It was these facts which led a few individuals to try to do something about the situation. They first went to the local parish priest to share and get ideas. They contacted several other individuals and organised themselves into an NGO.

Once formed the NGO went back to meet the orphans and widows who operate at night and talk to them in order to get a better picture of their (orphans and widows) situation.

The NGO has come up with the idea of obtaining a piece of land on which to settle the affected destitutes where they will be able to raise their livelihoods. It is now fund raising to enable it to start a farming venture, both crop and livestock production. The Constituency Development Fund, donations from well-wishers and other fund raising activities have been identified as the main sources of the funding.

The NGO once it starts to function, it is hoped, will assist several widows and orphans to live a ‘normal’ life from proceeds of the proposed farm.

3. Mindolo Ecumenical Foundation

Among the many activities the foundation is carrying out is the hardly heard of skills training of destitute children most of whom are either orphans or street kids or both. Several such destitutes have formed a group after they had received some training in carpentry at Mindolo. They make furniture which they sell along the Kitwe – Chingola road, just opposite the road leading into Mindolo. Their furniture is deemed to be of such a good quality that Supreme Furnishers has approached them with a proposal to be buying from them. Fearing that they might lose out in the Supreme Furnisher deal, the youths have rejected the offer preferring to do their own selling.

The impact of their involvement in the training they received has been tremendous and positive on the former destitutes. One exclaimed:

“I am now able to keep and feed my older brother who is a university graduate. All he knows is to speak and write English. He cannot earn a living?”

The above comment from a former destitute of Race Course compound is a testimony of how much value is attached to the carpentry skills training received from the Mindolo Ecumenical Foundation. Several such young people are now able to lead a decent life as opposed from the type of life they used to live as street kids.

4. Ntindi Church in Nakonde

The following is a statement by a church pastor in Nakonde which spells out what a local church is doing regarding the problem of orphans.

“I am a Zambian and a Namwanga by tribe. My parents stay in Mbeya (Tanzania) where my father is also serving as a reverend. I came here in Nakonde in 1995 after completing my course as a pastor. I was born here in Nakonde and I stayed here up to 1980 when my father was transferred to Mbeya. When I finished my high school, I went to a religious college because I wanted to become a pastor.

Since 1995 when I came back to Nakonde, cases of AIDS have been going up and a lot of people are dying. Just at my church, we have got funerals every week. The end result of these funerals is that a lot of orphans are being left behind.

a) We publicly announce in church every Sunday appealing to well-wishers to donate anything they fell could be of any help to the orphans. And the response has been very good; people are donating food-stuffs, clothes and even money which we are giving to the orphans. We have a list of orphans in our church whom we are trying to assist.

b) From the harvest of the church field we have got some money with which to help the very poor and the orphans. Last school term, we managed to pay school fees of 5 orphans at Nakonde Basic School. These were 2 boys and 3 girls doing their grade 7.

As a church, we feel that we should be more involved in dealing with this orphan problem but our limiting factor are the resources which we do not have. As a church, we do realise that there are a lot of problems that these orphans are facing.

5. Home Based Care, Monze

“Among other things that the Home Based Care in Chikuni, Monze district, is doing is to look after the many orphans left behind by parents who die out of HIV/AIDS. Here is a literal translation of the account given by the person in charge of the orphans section of the Home Based Care (HBC). Other sections look after the counselling and educational needs of HIV/AIDS patients.”

“In 1996 I was given K1,000,000 by the Catholics so that I could assist these orphans. I gave the orphans food, clothes, blankets and bought them school shoes, uniforms, books and even paid for their fees. When many people heard what I was doing they came in big numbers to register. In 1996 the number went up to 350 orphans. This was a big number and money was not enough. Luckily enough, I had another allocation of K200,000 from the Catholics and with this money I just supported them on education and food.”

“The number continued increasing and now we have 200,000 orphans. I support 77 orphans on education alone. At the moment I have 4 orphans (girls) who completed school and I arranged for them to enter the Nursing School at Monze Hospital. Another sister helped us and gave K500,000 to orphans, which I used for food only.

Apart from food and education which I tackle, most orphans also have other problems like:

a) Shelter

- “Some orphans live in rented houses and when they fail to pay for accommodation they become destitutes.

b) Medical Care

- We have lost quite a number of orphans because of the introduction of medical fees; orphans have no money to pay and they just stay at home even when they are sick and die there. Some come here and we assist them but many just die in their homes. I have 15 families headed by orphans. They keep themselves and many die due to lack of money for medical fees.

c) Child Abuse

- Girl children or orphans are abused by guardians. When the aunt is away doing business the uncle abuses the child and many end up getting pregnant and may be this man is already HIV positive and he passes it on to this poor child.
- .8 orphans are badly abused by their guardians and they ask me whether I can find a room where I can keep them but I cannot do this because I do not have proper funders.”

4. CONCLUSIONS

The ever increasing number of orphans is placing a very big burden and worry on communities and on households which keep them. The biggest problem is inadequate food supplies. The majority of the people (77%) who keep orphans in both rural and urban areas are poor and hence do not have the resources to feed, educate, clothe and ensure the health of the orphans.

Coping strategies which they adopt are far from being satisfactory. Indeed some of them are vices like stealing and prostitution.

Lasting solutions are beyond the economic means available at household and community levels. External assistance is both inadequate and more importantly uncoordinated, and sometimes erratic.

One lasting solution to the problem would be to attack it from its roots, that is, its causes. The study has deliberately not gone into exploring the perceived causes of the orphanhood situation; this would have detracted attention from its main objective. This has been to explore community perceptions on problems orphans experience, coping strategies adopted, solutions to the problems and their views on the external assistance in order to manage and live with the orphans.

Coordination of activities aimed at assisting orphans on the part of all agencies and stakeholders will go a long way in solving many of the problems that orphans and their guardians face. These agencies and stakeholders should include communities and households keeping orphans, the various NGOs and CBOs and all development agencies, i.e. government departments, NGOs, the private sector and donors which provide assistance to orphans.

The economy needs to improve and grow in order to enable even the very poor, many of whom keep orphans, to adequately look after them.

Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

CHAPTER 6
PRACTICES OF CARE

Assessment of Practices for the
Care and Support of Orphans

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1. INTRODUCTION

Readers requiring an executive summary are referred to the conclusions and recommendations on pages 13–16.

The Assessment of Practices for the Care and Support of Orphans, which is the subject of this report, forms one component of a Situation Analysis of Orphans in Zambia, commissioned by the Study Fund of the Social Recovery Project on behalf of UNICEF, SIDA and USAID. Other components of the study are reported separately.

This report is structured as follows:

- 1.1. A compilation of the information gathered from the 13 projects visited, emphasising strengths and weaknesses, categorised as follows:
 - Identification of orphans and other vulnerable children
 - Community-based fundraising
 - Income generating activities
 - Agricultural programmes
 - Educational programmes
 - Skills training for orphans
 - Counselling and psychological support for orphans
 - Institutional care of orphans
 - Community “mobilisation” on orphans
- 1.2. This compilation is followed by the team’s
 - Conclusions, and
 - Recommendations
- 1.3. For readers wishing to know more about the individual projects visited, or about the context in which the above observations or conclusions were made, a series of Field Reports is appended, summarising the information gathered for each project according to the following headings:
 - Background
 - Project
 - Lessons learned

The choice of projects to be assessed was made by the research team in consultation with the Steering Committee. The choice of projects was designed to give the team as broad a perspective as possible on interventions for orphans and vulnerable children, other than formal orphanages which were deliberately excluded.

The location of the projects visited was as follows:

Lusaka Province	<ul style="list-style-type: none"> • Bauleni Street Kids Agricultural Training Centre • City of Hope
Central Province Copperbelt	<ul style="list-style-type: none"> • Buyantanshi Christian Open Community School • CINDI Kitwe • OVC Programme – Kitwe (PCI)
Southern Province	<ul style="list-style-type: none"> • CINDI Kalomo • OVC Programme – Livingstone (PCI) • Chikankata Community-Based Orphan Support Programme
Eastern Province	<ul style="list-style-type: none"> • Minga Orphan Project • Kanyanga Orphan Project
Western Province	<ul style="list-style-type: none"> • Kaoma St Martin Cheshire Community Care Centre • Mongu Mary Immaculate Nutrition Centre • Sioma Women’s Group

2. IDENTIFICATION OF ORPHANS AND OTHER VULNERABLE CHILDREN

2.1. For planning and enumeration purposes:

Many communities maintain registers of orphaned children (single or double) with or without an additional list of “vulnerable” children. The criteria for vulnerable children vary from those who are dressed in ragged clothes and “look unhappy” or whose parents are considered to be particularly poor, to those who show symptoms of malnutrition or stunting.

Often these registers are compiled by community committees (eg OVC) while elsewhere the counting of orphans may be performed with input from local traditional leaders, along with the counting of widows and monitoring of malnutrition (eg Kanyanga). Often social maps are prepared by the community as part of the Participatory Learning and Action (PLA) process, showing how many orphans are in each house (eg OVC, Minga).

The register is maintained to confirm eligibility for assistance such as bursaries, admission to community schools or food-aid. In many cases registers are not complete or are out of date due to a “lack of capacity”. This may indicate a lack of motivation within the committee, an inability to keep up with the mounting numbers of orphans, the lack of appropriate tools (such as forms) or a concern that counting children leads to unrealistic expectations of help (at least one branch of CINDI Kalomo, Minga).

In one case (Chikankata) the enumeration of orphans is conducted by the local community every two years, as a management tool to assist with their planning. The value of this was proven by their most recent census, which demonstrated a 56% increase in orphans, and led to various decisions being taken such as the need to expand their gardens and tuckshop.

The type of information recorded on each child varies widely between projects. Some projects use detailed information from the register to differentiate benefits according to

perceived need (eg more assistance to double orphans). The use of a form can be very useful in assisting the community to assemble this data, but the effort involved in collecting detailed information every month can be onerous. In the case of the OVC programmes, the forms are returned to PCI, whereas at Minga and Chikankata the information is used as a management tool locally.

Orphans are sometimes identified by institutions such as the YWCA, Victims Support Unit, Department of Social Welfare, churches, health institutions or traditional leaders, for the purposes of referral to orphanages or other forms of care, such as City of Hope.

STRENGTH: the process of registering orphans or OVCs serves as a useful (if imperfect) mechanism for assessing the scale of need in a particular community, for ensuring the benefits reach the correct children, and for building awareness and support for orphan programmes.

WEAKNESS: because of the range of methods and criteria employed in counting orphans and vulnerable children, the research team believes the data emerging from these “registers” has limited, if any, value as a means of assessing the extent of orphan-hood in Zambia.

2.2. As project beneficiaries:

Some projects assist any child who has lost one or both parents, regardless of their level of need (CINDI Kitwe), while others link eligibility to the children’s (or guardians’) perceived level of need, whether their children are orphaned or simply “vulnerable” (OVC). One project (Minga) assists only families made up entirely of double orphans, mostly living with grandmothers. Families where orphans are living with other children who are not orphaned are not eligible for help, unless their guardian is terminally ill.

WEAKNESS: some systems are more vulnerable to abuse, such as guardians presenting themselves as poorer than they really are. In general the more involved the community becomes in determining eligibility (and in the funding of benefits), the lower the level of abuse.

STRENGTH: because the benefits offered are significant for a poor community, individuals involved in deciding who receives those benefits may find themselves in an awkward position. In several cases (Minga, Kaoma) this has been resolved by submitting names to an adjudicator outside the village.

WEAKNESS: in Kitwe, registration is definitely a “meal ticket” as the family does not have to demonstrate poverty, and the same orphan is eligible for material assistance from several programmes (CINDI, PUSH, home-based care).

3. COMMUNITY-BASED FUNDRAISING

3.1. Membership fees

One model is based on collecting an annual fee from members, who then have a voice in the activities and decision-making of the branch (CINDI). Fees vary from K500 (Kalomo) to K10 000 (Kitwe) per year. This model may be likened to a Rotary Club, where members constitute a “club” for the benefit of others. Once constituted, the “club” engages in further fundraising, and lays down criteria for the distribution and use of funds.

In another model all members of the community are automatically eligible for election to a community committee, and no fee is required (OVC). However, this model places more emphasis on door-to-door collections. It is perhaps a moot point which method has the greater potential – a fixed sum from a small group of people, or “whatever you can afford” from an entire community.

On the other hand, there are significant non-financial implications to these models – for example the perception that the first model excludes from the decision-making process anyone who can’t afford to join the “club”. Each has significant implications for the level of community “ownership” of the project.

3.2. Fundraising activities

All the projects reviewed engage in conventional fundraising activities such as soliciting donations from businesses and grants from funders, holding jumble-sales, open days and fundraising walks. One project (PCI Kitwe/St Anthonys) applies a levy to stalls in the local market.

WEAKNESS: Most of these fundraising activities take place in impoverished communities, and produce very little income.

STRENGTH: Conventional fundraising activities (as opposed to income generating activities) create awareness within the community – of both orphans and HIV/AIDS – and build enthusiasm and commitment among volunteers.

4. INCOME GENERATING ACTIVITIES (IGAS)

Almost all of the projects reviewed (except City of Hope) had undertaken IGAs to raise funds to assist orphans, or OVCs, or guardians, in various ways. It must be emphasised that these IGAs are invariably crucial to the success of the orphan intervention. In many cases the effort expended on these IGAs is quite out of proportion to the minimal returns achieved – occasionally exceeding the effort devoted to the orphans themselves.

The following observations were made by the research team:

- 4.1. The choice of the IGA, and its management, are almost always left to members of the community, on the basis (according to the facilitators) that “they know what will work” and that “this ensures they ‘own’ the project”. It was the view of the research team, however, that communities lack the skills and experience to identify viable projects, or to manage them effectively.

This was underscored by the two successful IGAs visited – Minga Tuckshop, which currently has K15m (\$6 000) in reserves, K7m (\$2 800) in stock and has allocated K5m (\$2 000) for orphans over the past six months, and Kanyanga agricultural project, which produces 65 bags of maize per hectare. Both feature skilled, paid management and close supervision by people who are successful in their own right. In Kanyanga, intensive and ongoing extension work was also critical.

The opposite was experienced in CINDI Kalomo, where a number of branch chairmen reported (at their quarterly meeting) the results of their IGAs. Most were either losing

money or dormant, while a few seasonal activities (such as milling or oil-pressing) had made modest profits – of less than K100 000 (\$40) during their season. What was evident, however, is that these projects represented a huge investment of time and energy on the part of many people, for a negligible return. It was also clear that discussion of income generating activities, rather than orphaned children, dominated their thinking at both branch and regional levels.

In terms of establishing IGAs, it is ironic that communities are often denied access to the most abundant and best-placed resources – such as land, forests and water. These assets belong to the state, and are usually not made available to the neighbouring communities. The result is that communities are obliged to support community initiatives through self-imposed “taxes” on the little they have, such as basic foodstuffs.

In summary:

- “Ownership” does not depend on creating or running a project, but on being consulted and informed about it, and by benefiting fairly from it. A community can still “own” a project when it is managed by a professional.
- Business and agricultural development are specialised skills. Projects which are conceived and managed without these skills run a high risk of failure.

4.2. Many IGAs in Livingstone and Kitwe are funded by grants provided from PCI’s Innovation Grant Fund. These grants are made on the basis of applications from community OVC committees, adjudicated by a review committee made up of people involved in social welfare, and administered by an NGO with an interest in children (CINDI, Sepo or LARC). None of these structures was established to develop or run income generating activities, and all are manifestly lacking in the expertise required.

The funder’s expertise is illustrated by a letter approving a grant for an IGA, which says: “The decision to fund this project is based on the commitment you have shown in improving the welfare of the children in your area.” The writer goes on to ask when the project will be implemented, how it will be run, who will be doing the work, who the market will be, and what profit is expected.

In a similar vein, it became clear that successful projects always had high levels of technical support or extension work (Kanyanga), while many projects were aware that they need expert inputs. Yet we learned that technical advisors for IGAs are often identified by (and from within) the communities themselves, and often do not add to the cost of the project.

Communities engaging in IGAs without skilled guidance are, in effect, being “set up to fail.” When the inevitable happens, their important work with orphans and vulnerable children will be threatened, their confidence and credibility impaired, and their limited reserves of hope depleted.

STRENGTH: Many projects identified a need for expert advice or feasibility studies during the planning of IGAs, or were aware that they lacked essential information to plan or run a successful project.

- 4.3. Many organised responses to the “orphan problem” emerge from an exercise such as Participatory Learning and Action (PLA). This exercise is designed to identify problems and solutions unique to each community, and to ensure maximum community support and participation in the solution. The research team came to believe, however, that the facilitators of PLA exercises may, consciously or unconsciously, lead the decision-making in the direction they believe to be best for the community – which is particularly dangerous when their own knowledge is shaky.

This belief was supported by the fact that the community responses were highly stereotyped, demonstrating very little originality or appropriateness to local circumstances and reflecting the limited information available to the community. For example hammer-mills were purchased but stood idle for want of maize to grind, maize was planted but did not grow because no provision was made for fertiliser, and tuck-shops were set up in areas already adequately served.

There is evidence that communities compare notes and establish that a particular funder or agency supports a certain kind of enterprise, which they will then propose. The net effect is that communities feel obliged to choose from a “shopping list” of standard responses to their unique needs.

WEAKNESS: In many cases the same agency facilitates the decision-making process, provides funds and technical advice, and evaluates the results. This limits diversity and magnifies any weaknesses within that agency. A strong case could be made for a separation of the community mobilisation process, IGA conceptualisation and design, funding, technical support, and project evaluation.

- 4.4. Income generation and social relief (“handouts”) are fundamentally incompatible activities. The provision of handouts undermines the motivation needed to make income generating activities work.

However, in most of the projects reviewed, the line between income generating activities and social relief was hard to find. In several cases committees were trying to raise funds to pay school fees for deserving children knowing that, if they failed, the school would admit the children anyway. Needless to say, the IGAs were failing.

Unfortunately, faced with diminishing income, these schools are cutting back on teaching materials, so the quality of education for all their pupils – both fee-paying and “informally sponsored” – is deteriorating. An exception is Minga, where all children are required to pay their school-fees. If their guardians are unable to pay, they may be helped individually.

STRENGTH: Income generating activities typically succeed where they benefit participants in proportion to their investment of effort or money.

WEAKNESS: Handouts are, by definition, benefits with no investment of effort or money. IGAs will not succeed where the alternative is a handout.

5. AGRICULTURAL PROGRAMMES

Access to land is critical when it comes to supporting orphans in a rural setting. When representatives of Minga Orphan Project met with 54 local headmen to discuss issues relating to orphans, the headmen pledged to assist widows, grandmothers and orphans by reviewing their allocation of land, to ensure it was sufficiently productive to support them.

However, the research team found a clear distinction between the success of agricultural projects conducted in the presence of food-aid (CINDI Kitwe), and those where a good harvest represented survival or even relative prosperity (Kanyanga).

In CINDI Kitwe the yields from “orphan gardens” cultivated by the community are much lower than neighbouring fields cultivated by individuals for their own benefit. It is clear that if food aid were withdrawn, the “orphan gardens” would be completely inadequate to make up the shortfall. The principal benefit of these gardens, however is the socialisation of participants and the exposure of children to agricultural skills.

In most urban areas, small plots of land are planted with maize or other crops even though there is no chance that the produce could sustain a household. An exception is Bauleni, where a large piece of land has been set aside for agricultural use, and is well managed. At City of Hope crops are grown as part of a skills training programme, and some of the produce is sold by participants to pay for examination fees.

One example where a community garden is succeeding is found within one of the communities of Chikankata. Here the produce from a thriving garden and fishpond is used to benefit the aged, widows and orphans. The project is supervised by a Prevention & Care Team, lead by a headman, but is run by a manager.

Kaoma is in the process of acquiring a farm to be run on a commercial basis. The proceeds from farming operations will be used for the day-to-day costs of the centre. The team was particularly encouraged by Kaoma’s confidence in the viability of well-run farming operations, at a time when many other projects are not taking agriculture seriously as a means of producing income to run rural interventions.

WEAKNESS: Collectively managed agricultural projects appear to have limited income potential unless management is delegated to a skilled and paid person.

STRENGTH: Communal gardens can be a very valuable training ground for children, who may need agricultural skills before they reach adulthood, and for interaction between members of the community.

6. EDUCATIONAL PROGRAMMES

The main problem with educating orphans seems to be affordability, and most orphan or OVC interventions seek to address the cost, rather than the quality, of education – although quality is often influenced in the process.

School fees, and the stipulation of uniforms, are set by the management committee of a school, not by the government. School fees pay for school requisites such as books and maintenance. Teachers’

salaries are paid by the government, while consumables such as exercise books and pencils are provided, if at all, by parents. Typical school fees in the lower grades range from K2 000 to K6 000 (\$1.00–\$3.00) per year, while a girl's school dress usually costs K15 000 (\$6.00).

The research team identified three main strategies adopted by communities to provide access to schooling for orphans:

6.1. Advocacy

CINDI Kitwe persuaded the District Education Officer to waive school fees for all orphans in the district in the 1996/7 financial year. However, this agreement has lapsed, and many schools are now insisting on fees again. CINDI is now helping with school fees and even subsidising school uniforms, where school management committees insist on them.

At Chimwemwe school the policy of free entry for orphans has been maintained, and 400 out of 1 500 pupils are non-paying orphans. At Kakolo, where fees are being enforced, many children are no longer going to school. At Mwambashi, the school is no longer fully enrolled after re-introducing fees for orphans, who are now going to a nearby open community school.

Even where no blanket agreements are negotiated, various orphan projects around Zambia intervene with local school committees to waive fees or school uniforms for orphans or other children in especially difficult circumstances. However, where children are allowed to attend school without paying fees, this undermines the parents who are paying, and places the viability of the school in jeopardy.

6.2. Bursaries

It is significant that the Zambian government has a facility to pay school fees for needy children through the Public Welfare Assistance Scheme (PWAS). However, this scheme is badly under-funded, and is unable to help more than a tiny proportion of those who need it. The result is that communities have had no choice but to fill the void, as best they can, through localised bursary schemes such as those developed by CINDI and others.

CINDI Kalomo sets out to subsidise 50% of the school fees of registered orphans in their areas. In some cases they will pay 100% of the fees, or even sponsor orphans to go to high-school. Registers usually take into account the guardian's income, to ensure assistance reaches the children who need it. The Minga orphan project's only activity is to pay 100% of schooling costs for double orphans. They identify families which comprise only double orphans and a guardian, and assist as many of those families as they can.

6.3. Open Community Schools (OCS)

It is worth recording that community schools were established as a mechanism to provide basic education for children who were unable to enter school at the usual age of seven, and were now "too old". By compressing six grades into three years the idea was to help a child "catch up" by Grade 7. By mobilising voluntary teachers, the schools were able to offer free admission. These original schools are affiliated to an NGO called Zambia Open Community Schools (ZOCS).

However, in recent years a number of new open schools have been established and registered with the Zambia Community Schools Secretariat, which do not necessarily maintain the

same standards as those affiliated to ZOCS. Many of these schools have come to be seen as “parallel schools for poor children and orphans”, which receive no funding from government. This represents an abuse of a good community initiative by the government.

STRENGTHS:

- Children can attend school without paying fees, or wearing uniforms, while holding classes in “shifts” for different levels (grades) means that pupils can attend to other obligations, such as chores.
- Children can “catch up” with formal schooling by grade 7 (although low educational standards in many schools, and poverty, dictate that not many actually transfer to formal schools).
- The inclusion of life-skills subjects like behaviour change and HIV education in the curriculum has proven to be very popular.
- The schools represent a tangible activity which community groups, such as Community OVC Committees, can do to benefit orphans, and the schools serve to keep hope alive for orphans, parents and communities.
- At least one project (Buyantanshi) makes use of retired teachers and conforms to the government’s primary school syllabus.

WEAKNESSES:

- Although some community schools produce good results, many do not. With the exception of very brief (typically one week) in-service training, teachers have no formal grounding, and teach from rudimentary “teachers guides”.
- The fact that the teachers are volunteers means their attendance can be erratic, either through flagging motivation or because they need to do casual work elsewhere to survive.
- The research group has serious reservations about the sustainability of the OCS model. Voluntary teachers will leave if offered better prospects, and many schools “borrow” buildings which may be required for other purposes.
- It is doubtful that the OCS model can co-exist with the formal education system indefinitely. Warning signs include pupils leaving government schools (which depend on fee-income to maintain their quality of education) for open schools, which are being set up nearby. The authorities cannot impose standards on community schools, because they do not fund them.
- Various risks attach to setting up an “alternative education system for the poor”, including stigmatisation of children and teachers, discreditation of the education authorities in the eyes of the public, and complacency on the part of the authorities in meeting their obligations to educate the nation’s children.

It was the view of the research group that a plan is needed to integrate community and government schools, bringing together the best qualities of each, so that all Zambian children have access to good quality education.

7. SKILLS TRAINING

Communal income generating activities (IGAs) as presently practised in many orphan-related initiatives may well be a poor source of income, but they are often a very good training ground both for adults and children. Skills imparted are not limited to IGAs (such as agriculture, commerce and manufacturing) but include socialisation, communication, community mobilisation, HIV awareness, conduct of meetings, management and record keeping.

Some projects offer skills training programmes for their own sake, rather than for income generation. Examples visited included City of Hope (which offered agriculture, tailoring and catering) and Bauleni (agriculture). Chikankata offers two levels of skills training – life-skills (eg human rights, assertiveness) – and practical skills such as carpentry and tailoring. Trainees are drawn from surrounding communities.

8. COUNSELLING AND PSYCHOLOGICAL SUPPORT

Training in counselling forms part of many orphan-related initiatives, such as the development of OVC committees and training of community workers. CINDI Kitwe trains “counselling committees” which provide emotional support where it is needed.

The most valuable source of psychological support is that which is given “informally” by family and community. The existence and scope of this care is easily overlooked even within the community, which may be unaware that its members have a moral obligation to support each other. This is especially true in urban areas. There may also be a tendency to believe that emotional support is valueless unless provided by an “expert”.

Stories relating to discrimination against orphans abound, both among planners and within communities. A common story concerns guardians who pay for their own children to go school, or give them uniforms, while the orphans in their care get no uniforms, or do not go to school at all. However, when asked for specific examples, most respondents could only give one or two, if any. This led to a concern among the research team that discrimination against orphans may be far less prevalent than is generally believed, and that this perception may even be self-fulfilling.

Where cases were identified, the team was led to believe these had as much to do with the guardians’ attitude towards the orphans as it did with poverty, especially as all schools are willing to make special arrangements such as payment in instalments. For example we heard of several cases where affluent families refused to take in the children of deceased relatives, sending them instead to other members of the family in impoverished rural areas. While it is difficult to estimate how widespread these practices are without specific research, it seems likely that discrimination against orphans is more prevalent in urban than in rural areas.

Orphans often need to be self reliant earlier than other children. This usually means involving children who are orphans, or who are at risk of being orphaned, in income generating activities from an early age. There is a fine line between abusing children by forcing them to become breadwinners, and fostering a sense of responsibility, and useful skills, by involving them in activities such as agriculture or commerce.

Stigma against orphans is often linked to the use of labels such as “street kids” or “paupers”. Bauleni Street Kids Agricultural Training Centre is planning to change its name, because “street kids” are

jeered by other children, while orphans who are not attending school are not stigmatised. The title was originally adopted to satisfy a funder, who wished to support an initiative for street children.

Buyantanshi Christian Open Community School has been nicknamed *Kabulanda* by the local people, meaning “the place of paupers”. Children at this school go to extraordinary lengths to buy uniforms for themselves, to demonstrate that they are not paupers. In the impoverished community of Minga, the only children wearing uniforms are orphans – who take pride in their outfits as proof that “somebody cares for me”.

A particularly worrying realisation for the research team was that, although all languages in Zambia have a word for “orphan,” it would not traditionally be used – or even thought of – for an orphan living with an adult relative. In such a case the child would quite naturally refer to an aunt and uncle as his or her mother and father, and the adult would think of the child as their own. However, because many projects now provide benefits specifically for orphans, guardians are starting to differentiate between their own birth-children and those of their deceased siblings.

The team is of the view that the use of the term “orphan” is doing more harm than good by contributing significantly to the stigma and abuse experienced by these children. At the same time, we feel no useful purpose is served by differentiating orphans from other vulnerable children, unless they have no adult relatives to care for them.

9. HIV/AIDS EDUCATION AND AWARENESS

Most orphan intervention projects have an HIV/AIDS awareness component, which reaches various target groups including the orphans themselves.

CINDI Kitwe receive funding from Irish Aid for HIV/AIDS awareness and the training of counsellors. In the OVC project in Livingstone, Sepo are responsible for this function. The YWCA provide “youth-friendly” facilities at clinics in Livingstone and do reproductive-health work with the youth. HIV/AIDS awareness also forms part of many home-based care programmes, such as that delivered by the AIDS management team at Kanyanga.

The issue of identifying and monitoring HIV positive individuals is hedged about with euphemisms and confidentiality in most communities. The research team found many communities will make a show of avoiding the identification of infected people.

Confidentiality is not always strictly respected. In one project information on the HIV status of people tested at the local clinic is passed on to the chairperson of an AIDS counselling group, but withheld from the patient, on the questionable premise that ignorance helps the individual concerned to “maintain their quality of life”. Once AIDS begins to manifest itself, the committee would inform the person and give them emotional support.

In Kanyanga, we found a relatively high number of people submitting themselves for testing, preparatory to marriage or re-marriage. We learned that 50% of those tested were positive.

10. INSTITUTIONAL CARE OF ORPHANS

It was agreed by the Steering Committee that the research team would not visit formal orphanages. However, three of the projects reviewed offered residential care for orphans, namely

- City of Hope, for girls;
- Kaoma, for infants; and
- Bauleni for street kids, although the residential facility remains unused because there are no street kids in Bauleni.

These projects are not “orphanages”, although we found it difficult to articulate the precise differences. However, the team agreed the following characteristics were significant and desirable:

- openness of the project to the local community – eg: by including a community school or church – which meant children in residence did not feel cut off from society, and the community remained in touch with the people and activities inside the institution;
- a perception that the children were not permanent residents (or, worse, the “property”) of the institution, but had families or social ties outside, manifested as “going home” for holidays (City of Hope) or having regular family visitors (Kaoma).

The team was very impressed by the level of care given to the girls at City of Hope. Some of these girls come from horrific backgrounds, and yet they were bright and articulate, which we ascribed to the love and personal attention given by the sisters and staff. However, there is limited involvement by the community in the running of the organisation – which is perhaps understandable when one considers they are located in an area of agricultural smallholdings, rather than a residential compound.

Kaoma is very different. Firstly, it is run by the community itself, and secondly it cares only for infants whose mothers have died while they are still breast-feeding. Formula feeding is almost unheard of in this community, due to expense, lack of clean water and lack of access to formula, and these children would certainly die unless a relative could be found to breast-feed. The infants are returned to their extended families at approximately the age of three.

WEAKNESS: The team doubts the City of Hope model can be scaled up, or replicated in the absence of the dedicated care of the Salesian sisters, or people with a similar calling.

WEAKNESS: There was some concern as to the level of preparation of the children leaving Kaoma for the responsibilities they will face in their extended families. In the community children of this age might be instructed to wave chickens away from maize, to prepare them for more significant chores as they get older, whereas in Kaoma they had no duties, no matter how token.

11. COMMUNITY MOBILISATION ON ORPHANS

The team took issue with the term “mobilisation”. The word implies the community is sitting around, waiting to be “mobilised” by an outsider to deal with their orphans. In the experience of the consultants, most communities are fully aware of the crisis facing their children, and are doing as much as they can with the limited skills and resources at their disposal, to resolve it.

There is no doubt, however, that specialists can play a valuable role in helping communities to focus their energies more appropriately, and to link them to useful resources. We believe it would be better to refer to the role of these specialists as “facilitation”, and the resulting activities as a “strategy” or “campaign”.

The team identified the following phases in an orphan campaign:

11.1. Planning

Most of the projects studied had made use of external facilitators during their planning phase. Unfortunately, these facilitators came from agencies which offer funding and/or technical advice to projects. As a result communities (and possibly facilitators) were conditioned to expect a certain outcome (“those people do community schools”) and an ongoing relationship (“they give you money to start a business to raise money for the school”).

The team believes it would be better for facilitators to be drawn from organisations which do not support or fund projects, and to make their neutrality clear from the outset. This would encourage a freer exchange of ideas, and promote “ownership” by the community of their chosen strategy.

However, facilitators could offer to link communities to agencies who provide funding and technical assistance for whatever activity they plan. The facilitators could also assist in a regular (annual or bi-annual) review process, where their neutrality would be invaluable in establishing whether the communities’ goals are being met.

Specialist facilitators – who do nothing else – are likely to make a better job of this critical activity than someone who is also required to provide technical assistance to a range of projects, evaluate and administer funding and attend dozens of community meetings.

The team identified Kaoma as an example where the community has maintained control of the project, even though a number of funders have been involved by ensuring each donor is involved only in a specific way. It may also be significant that their founding meeting was advertised more than a week in advance, and that the broad community attended and participated.

11.2. Organisational structure

While committees are by far the most common organisational structure controlling orphan initiatives, there are some interesting exceptions and variations on the theme. The exceptions were the church-driven projects, City of Hope and Mongu Nutrition. Both are run by members of the clergy (in the case of Mongu, the priest in charge is referred to as the “proprietor”) with minimal involvement by the community. Both are efficient, but have limited value in terms of replication or scaling up.

In terms of variations on the committee theme, some are characterised by a top-down style of sharing information with the communities they serve (eg CINDI Kitwe) while others demonstrate more community ownership through a bottom-up approach (eg Chikankata). The directive or top-down approach tends to be more efficient, and therefore more popular with funders. Indeed, some committees are not really “community-based” at all, but maintain this illusion to satisfy their sponsors.

The quest for efficiency and community involvement place opposing demands on the organisational structure. Those projects which have best reconciled these demands are those which have separated their policy-making body from their executive structure (Minga, Kanyanga). In this system, a community-based committee appoints people with proven expertise to run their activities, instructing them to report back regularly.

WEAKNESS: A particular concern with committees is that they tend to absorb much of their own energy on “busy-work” – like getting people to attend meetings, taking detailed minutes etc – rather than “useful work”. This is often forced on them by outside agencies such as funders or government. In at least one case (Minga), donors would be rejected by the committee if they sought to impose what the committee believed to be unnecessarily onerous demands in terms of reporting.

WEAKNESS: Another concern is an apparent lack of succession planning in many controlling structures. One manifestation of this weakness is where a key person, such as a bookkeeper or manager, is the only person who knows how their critical activity is performed. Another is where all the members of a committee reach the end of their tenure at the same time, resulting in most or all of the new members having no experience. Both point to a serious lack of management skills within the committee, threatening the entire organisation.

11.3. Networking

Most of the projects surveyed exhibited a high level of networking skills, often working closely with other NGOs, churches, government departments and a range of funders. In some cases (eg Kaoma, OVC Livingstone) a conscious effort was made to set up a comprehensive network of local stakeholders, to ensure the broadest possible base of support.

Sometimes, however, networking can create problems – for example in one district (Kabwe) a foreign donor offered to work with the local office of the Department of Social Welfare, only to find that the Ministry cut back on the funding to that office.

12. CONCLUSIONS

The research team reached consensus on the following issues:

- 12.1. The development of orphan interventions:
 - 12.1.1. Communities remain in the front-line of care for orphans. Any significant intervention must be rooted in the community.
 - 12.1.2. A key weakness in developing effective community-based responses is the lack of grassroots access to information and skills.
 - 12.1.3. Communities are acutely aware of their lack of information, and very open to ideas and assistance.
 - 12.1.4. Community “mobilisation” (ie: planning process) is a positive step, but not an end in itself.
 - 12.1.5. The quality (eg skill, neutrality) of facilitation during the planning process is absolutely critical to the long-term success of the project.

12.1.6. Many existing projects are seriously flawed by

- the poor quality of facilitation during the planning phase,
- the “baggage” carried by a facilitator by virtue of his or her involvement with a funder, or other projects,
- the extension of the role of a facilitator into a funder and/or technical advisor.

12.1.7. Projects are further flawed by the use of the term “orphans” rather than “vulnerable children” as a criterion for support.

12.1.8. Communities repeatedly affirm that the issue of vulnerable children is, to a large extent, a manifestation of poverty.

12.1.9. Most facilitators, advisers and funders of orphan interventions are well versed in child-welfare, but ill equipped to combat poverty.

12.2. Scale-ability:

12.2.1. When it comes to community projects, “small is beautiful”, allowing participants to identify more closely with a project’s activities.

12.2.2. Clusters of small projects, addressing specific needs in local areas, allow for better solutions, and a more efficient use of resources.

12.3. Sustainability:

12.3.1. While community ownership and social acceptability are desirable attributes, they are not necessarily linked to sustainability.

12.3.2. True sustainability depends largely on economic feasibility (ie: an analysis of product, price, promotion and place/distribution).

12.3.3. This needs to be supported by good governance and a fair distribution of benefits (including non-financial rewards).

12.4. Replicability:

12.4.1. There are significant dangers attached to attempting to replicate entire projects, since “one size does not fit all”.

12.4.2. Specific aspects of projects may, indeed, be replicable elsewhere, but they should be seen as components rather than solutions.

12.5. Lead time:

12.5.1. Projects which have the support of the community invariably start slowly – it is better to lose time during the initial stages than to lose community support.

12.5.2. It is important to build on what already exists – for example home-based care programmes, or government personnel.

12.5.3. Expansion should be done in phases to ensure sustainability.

12.5.4. Broad-based support requires the involvement of various stakeholders rather than a dominant party.

12.6. Volunteers:

- 12.6.1. The running of projects by volunteers, while demonstrating social commitment, can be a significant weakness of the project, particularly where the volunteers lack the skills, experience or time needed.
- 12.6.2. Reliance on volunteers drawn from impoverished communities can easily deepen the poverty of those involved.

12.7. The role of government:

- 12.7.1. Government is an important stakeholder, which is often well placed to play a co-ordinating and networking role.
- 12.7.2. Government can provide a useful source of technical and human resources, already paid for by the taxpayer, which are accessible in most parts of the country.
- 12.7.3. Using these resources builds confidence within both government and communities in their ability to help themselves.
- 12.7.4. Lack of government involvement creates voids which are often filled by outside agencies, thus creating rather than reducing dependency.

12.8. The role of funders:

- 12.8.1. Grants are often used inefficiently, with much of the money being spent on management structures and procedures, not interventions.
- 12.8.2. Funders often appear to be unaware of (or even unconcerned about) the real needs of the community, or the activities of other roleplayers.
- 12.8.3. Impoverished communities often feel obliged to revise their own views to suit the perceived requirements of a potential funder.
- 12.8.4. Donors seem to prefer large, uniform interventions, where communities work best within small, highly diversified programmes.
- 12.8.5. Funders usually compartmentalise their funding, making it inaccessible to complex programmes which don't fit their categories.
- 12.8.6. The administrators of funds earmarked for specific activities seem to not talk to each other, either between or within organisations.
- 12.8.7. Donor funding sometimes replaces government funding, leaving a community no better off financially, but now dependent on an organisation over which they have no influence.

13. RECOMMENDATIONS:

13.1. Project planning and implementation:

- 13.1.1. The term "orphan" should not be used as a description of a project, or criterion for benefits, unless there is a clear reason for doing so.

- 13.1.2. The use of volunteers in place of paid staff needs to be carefully considered.
- 13.1.3. The existence and scope of psycho-social support given to children and caregivers by family and community should not be overlooked.
- 13.1.4. HIV/AIDS education and prevention should continue to be an integral part of all projects.
- 13.1.5. Data collection by and for communities needs to be standardised along simple, functional lines, and implemented across the board.
- 13.2. Institutional care of orphans, while not the best option, is sometimes unavoidable. Support should be given to centres that are appropriate to children with special needs (eg new-born babies or girls at risk), but placement in these centres should not be seen as permanent.
- 13.3. Communities should be given access to a “toolkit” or cluster of high-quality services and resources so they can effectively help themselves, including:
 - 13.3.1. Expert and impartial facilitation of community planning exercises, and periodic voluntary review of projects;
 - 13.3.2. Access to up-to-date information, funding and skills from an impartial source (eg: via a resource bureau – see 13.4);
 - 13.3.3. Access to technical support on interventions, as well as on their own structures, without having to relinquish “ownership”.

This approach will ensure control remains in community hands, and donor funds are used for interventions, not administration.
- 13.4. This “toolkit” could be provided through an independent resource bureau which:
 - 13.4.1. Actively and continuously harvests information on donors, technical support services, projects, useful literature, legislation etc;
 - 13.4.2. Makes this information available, without charge, to communities, development agencies, government and specialists (eg facilitators);
 - 13.4.3. Provides access to this information at local and district level.
- 13.5. Income generation:
 - 13.5.1. Income generating activities are business ventures, and should be treated as such.
 - 13.5.2. The evaluation of income generating projects should be based on commercial feasibility.
 - 13.5.3. To ensure success, IGAs should be professionally managed.
 - 13.5.4. Agriculture should be treated as a serious IGA, not a social activity.
 - 13.5.5. Agricultural projects call for high levels of initial investment, of both funds and expertise, if they are to succeed.
 - 13.5.6. Both agricultural and commercial activities call for extensive and sustained extension services.

13.5.7. Government should give communities unencumbered access to natural resources.

13.6. Education and skills training:

13.6.1. Care should be exercised that open community schools do not proliferate as a parallel school system for orphans and the poor.

13.6.2. Government bursaries should be available for children who cannot afford to pay for school fees and requisites.

13.6.3. Interventions to provide skills to children to make them self reliant should not wait until the child is an orphan.

13.7. Government involvement:

13.7.1. Government should be involved in as many projects as possible, preferably through local or district offices.

13.7.2. Ideally these offices should form a partnership with the community, and provide inputs such as technical expertise, administrative support and, wherever possible, funding.

13.7.3. However, in common with donors, government should avoid imposing their will or their bureaucracy on the community.

13.8. Funders should publicise the value of funding for beneficial interventions only, not for internal overheads or grant administration and management.

APPENDICES

14. FIELD REPORT: BAULENI STREET KIDS AGRICULTURAL TRAINING CENTRE

14.1. Background

The planning for the Bauleni Street Kids Agricultural Training Centre started in 1996 as a tripartite venture involving the French Embassy, the Zambian Government and the Archdiocese of Lusaka. The project was aimed at needy children living in Bauleni Compound, east of Lusaka.

Bauleni is a shanty township with an estimated population of 62,000. The compound is densely populated and divided into 12 administrative zones. The Catholic Church has divided the township into 10 Small Christian Communities. The number of orphans is estimated to be more than 600.

The township has one clinic. It has neither wards nor a maternity section and all serious cases have to be referred to Chilenje Clinic or University Teaching Hospital. The poor cannot afford to use the basic health facilities at the clinic and the situation is made worse by the high prevalence of HIV/AIDS, which is a major contributing factor to the increasing number of orphans.

Bauleni is a very poor community. Very few residents are in employment. Bauleni seems to attract those people who have been pushed out of the formal economy. The major forms of subsistence are rain-fed agriculture, vending, piece-work, alms and rentals. The general infrastructure is poor. The roads are in a state of disrepair; there is only one borehole providing safe drinking water, and most of the houses are not fit for human habitation.

14.2. The Project

The Bauleni Street Kids Agricultural Training Centre seems to be only major self-help initiative in the compound. Construction started at the beginning of 1997 and was wholly funded by the French Embassy, with local people providing some labour. The buildings were completed in March 1998 and the Centre was officially opened in May 1998.

The Centre comprises six major components:

- the Open Community School,
- the Special Needs Unit and Home Based Teaching Programme
- the Agricultural Training Centre and Farm,
- Street Kids Hostel,
- the Home Based Care, and
- support facilities

The Open Community School has an intake of 500 pupils doing levels 1–4 (grades 1–7). About 40% are orphans. The Special Needs Unit has 62 pupils, 50 of whom are orphans. In addition 15 children are on a Home Based Teaching Programme.

The Agricultural Training Centre and Farm serves two functions. The first is to provide children in the school with practical training in agriculture and related studies. The second is to generate income for the Centre. This component is made up of a layer unit, broiler unit, pig unit, garden unit, cash- and subsistence-crop unit, ram press, roller mill, and Meadow Feeds plot rental.

The Street Kids Hostel has facilities for 40 children, although this component is not yet functional. The French Embassy wanted to sponsor a facility for street kids while the community needed a facility for vulnerable children. The Centre was built, and named, according to the donor's wishes – even though there are no street children in Bauleni. As a result, the hostel is not being used, and the Centre has gained the undeserved stigma of streetism.

The Home Based Care section started in 1995 at the parish but is now housed at the Centre. It has 44 volunteers in 10 Small Christian Communities looking after the chronically sick. The project also helps a number of widows and orphans not in the school.

Finally, there are support facilities such as playing grounds, a kitchen, staff houses, and a library.

The project has a four-tier management structure:

- the Advisory Board;
- the Management Board;
- Executive Committee; and
- Management.

Apart from two representatives of the Resident's Development Committee, most members of the different management structures represent various functions of the centre. The representatives from the RDC are chosen by the Residents' Forum (36 members with a 15 person committee). The various structures meet regularly to evaluate performance. The Management Board meets monthly, and the Executive Committee weekly.

The Ministry of Education pays the salaries for government teachers while those of other members of staff come from donations. The wages of people employed in the various production units is paid from income generated by the projects. Sponsoring organisations pay technical assistance personnel and the Catholic Church pays for its staff members. The local community members also provide labour contributions especially in the kitchen and the cleaning of the surroundings.

14.3. Useful Lessons

There are a number of important lessons from Bauleni:

14.3.1. A project that intends to get local community involvement starts rather slowly. It is better to lose valuable time to get the support of the community than to sacrifice their involvement for the sake of expediency.

14.3.2. Community involvement and "ownership" of the project does not necessarily mean community management. The management team should be made up of professionals who are given the responsibility of running the project according to the overall objectives of the project but under the supervision of a broad-based and representative board.

14.3.3. All income generating activities should be planned and managed by professionals and should generate sufficient income to ensure both the viability of the IGA and the sustainability of the project. Poor and disadvantaged people cannot be expected to conceive, plan and manage commercially viable enterprises.

- 14.3.4. A community-based project should not entirely depend on volunteers. Most of the voluntary work should be confined to the supervisory functions or one-off casual labour. Specialists should be paid living wages either on secondment or paid by some income generating business activity.
- 14.3.5. A community project should not become dependent on a single donor, who may be more concerned with their own goals than the community's. The solution is to broaden their base of stakeholders – as Bauleni have done, with other donors and the government departments – with each being involved only in a specific aspect of the project.
- 14.3.6. It is important to build on what already exists and to plan expansion in a phased manner. The Centre has evolved from what was already there but has added on new components, to ensure the sustainability of the institution.
- 14.3.7. Clean surroundings, a sense of service and dedicated leadership serve to boost the morale of everyone involved.

15. FIELD REPORT: CITY OF HOPE

15.1. Background

City of Hope (CoH) is a residential centre for “girls at risk”. The centre is run by the Salesian Sisters of St John Bosco on a 13 hectare site at Makeni in Lusaka.

The idea of establishing a centre to cater for the growing numbers of girls at risk, most of whom are orphans, was first mooted in 1993 and CoH was opened in 1995.

The main aim of CoH is to provide support to girls at risk because of difficult family and other social circumstances.

The centre assists the girls in three main areas:

- residential home;
- basic education; and
- skills training.

The specific objectives of CoH are, therefore:

- to provide a home to orphans and other vulnerable girls;
- to ensure sustenance of the girls through food and clothing;
- to provide basic education;
- to provide survival skills; and
- to offer moral and spiritual guidance.

15.2. The Project

Five Salesian sisters run CoH and they constitute the management team. The project was started with financial support from the Catholic church, local and international donors. Although substantial amounts of money have so far been invested in the centre, the current running costs are estimated to be \$1000 per month, excluding donations of food and other materials. The sisters augment the supplies of food by growing vegetables and keeping goats.

A number of organisations have worked with CoH in this endeavour, including the Ministry of Community Development and Social Services (MCDSS), Young Womens Christian Association (YWCA), Children In Need (CHIN), Zambia Open Community Schools (ZOCS) and the Zambia Police through the Victim Support Unit (VSU). Most of these organisations identify and refer girls to CoH. The girls are then registered with the MCDSS.

There are 40 girls in residence, 400 girls in the open community school and 20 in skills training. The five sisters are assisted by local staff and volunteers. The centre employs 2 attendants, 14 teachers (2 for skills training and 12 for primary schooling - levels 1-4) and 2 volunteers. The community school teachers, although started as volunteers, are paid by ZOCS.

The centre has 12 rondawels which serve as classrooms. The majority of the 400 girls in school come from the surrounding densely populated shanty compounds of Chawama, John Lang and John Howard. Most of the girls are aged 9-17 years and have been deprived of formal schooling due to poverty or circumstances such as orphanage.

A Parent Teachers Association (PTA) was recently constituted for the community school. However, there seems to be a general feeling among most parents that the sisters are doing a good job and should be left to do everything.

The skills training offers a two year vocational training in agriculture, tailoring, home management and typing. The girls grow their own vegetables which they sell to raise funds for examinations.

The 40 girls in residence come from different parts of Zambia, with one girl coming from a neighbouring country. Most come from difficult family situations and have been physically and psychologically traumatised. The orphans would also have been deprived of adequate parental and moral guidance. Some of the girls were street kids.

The centre therefore has to play a significant role both as a provider of shelter and to try and correct personality disorders that may have resulted from the girls' past experiences. At CoH the girls follow a prescribed timetable as a way of training and instilling a sense of responsibility. They also work in the vegetable gardens.

The girls feel privileged as the centre offers them a better "home" than home. There is a volunteer elderly woman (grandmother) who visits the centre every week to teach the girls (especially those that have come of age) how to conduct themselves as women.

The involvement of the community in the running of the centre generally is limited. There are various reasons for this, including:

- the competence of the sisters (the community appears content to leave the management in their hands);
- the fact that the centre is located in an agricultural area, some distance from the nearest residential compound;
- the management committee is made up of people from the Church, rather than the broad community.

Financial disclosure is limited, but this appears to be because nobody has asked for this information, not because the sisters are reluctant to reveal their income and expenditure.

15.3. Useful lessons

- 15.3.1. The centre has a solid management structure where responsibilities are clearly defined and shared among the Salesian sisters. The success of the centre rests heavily on the commitment of the sisters to the best interests of the girls in their care.
- 15.3.2. The high sense of vocation, especially among the community school teachers and the hostel attendants, is strongly rooted in religious conviction, and tested by their willingness to work for little or no payment.
- 15.3.3. The viability of the centre depends heavily on the ability of the sisters to secure donations from within the church, both locally and internationally, and to keep operating costs to an absolute minimum.
- 15.3.4. The centre has sufficient land to expand, and they are aware that there is a need to take in more girls, but they are concerned about their ability to raise more funds for operating costs.
- 15.3.5. For reasons given above, the community do not “own” the centre. This does not impact adversely on the running of CoH but it does mean this model could not be easily replicated as a community-driven project.

16. FIELD REPORT: BUYANTANSI COMMUNITY SCHOOLS

16.1. Background

Buyantanshi Open Community Schools (BOCCS) was an initiative by a missionary couple to help needy people in Kabwe. Initially they channeled funds from a private life-trust fund through the local office of the social welfare department. However the central government’s allocation to this local office was reduced, apparently as a result of this private funding. As a result the couple redirected their life-trust funds through the church and the idea of starting BOCCS was conceived.

BOCCS applied for membership with the Zambia Community Schools Secretariat (ZCCS) to have a legal base for operating the schools. The first of the seven centers opened in May 1998 under the leadership of the missionary couple working with the Christian Community Churches in Zambia.

16.2. The project

The Open Community Schools are situated in seven compounds in Kabwe, namely Buyantanshi, Katondo, Kawama, Makululu, Kaputula, Ngungu and Waya. These schools use existing infrastructure such as churches or disused bars (pub). In one location the project has bought an old bar while in another, buildings were donated by World Vision to the community, who voted that the school should use the premises.

BOCCS’ objective is to provide education from the nursery age through primary and secondary education, to orphans and youths who are deprived of any form of basic education. Priority is given to girls, orphans and underprivileged children, whose guardians or parents do not have the means to send them to school due to lack of financial resources to pay for school fees and uniforms.

Minimal fees are charged, ranging from K500 (US\$0.20) for double orphans to K1 500 (US\$0.60) for under-privileged children. Scholars in grades 8 and 9 are required to pay K5 000 (US\$2.00). If children cannot pay they are not excluded from admission. There is no requirement for uniforms.

Unlike most community schools, which follow the SPARK manual, these schools follow the approved government syllabus from the Ministry of Education. The teachers are volunteers from within the communities. There are two categories of teachers – those that are trained retired teachers and the grade 12 school leavers who undergo short-term training.

Both categories receive an allowance from the project. BOCCS has employed a total of 54 staff including the supervisor, deputy supervisor, senior teacher and six teachers-in-charge. Altogether the schools accommodate nearly 1 400 pupils. Statistics for each school are shown in the attached table.

In three of the centers, double orphans (about 250) and teachers are given a meal of nshima (thick maize porridge) and relish each day during school term. In this regard the project has employed 10 cooks. Occasionally the double orphans receive clothes that are donated from Germany. In the cold season this year, all the double orphans will receive a blanket each.

Among the double orphans some – especially those in the care of grand parents – have sponsors in Germany. These orphans receive monthly rations of 25kg maize-meal, 2,5L cooking oil, a packet of washing detergent and two tablets of bath soap.

BOCCS are run by a school board comprising:

- Buyantanshi Christian Center/Christian Community Church leadership
- Director of Life Trust (one missionary) as chairman of the board
- Chief Settlement Officer from Council
- Chief Community Development Officer from Council (to coordinate Residents Development Committees)
- District Education Officer
- The Coordinator (the other missionary)
- The Deputy Coordinator
- School Supervisor (ex-officio)

16.3. Useful lessons

16.3.1. The use of retired teachers (who receive an allowance) and the fact that the schools follow the normal government syllabus, means the children are assured of a quality education.

16.3.2. BOCCS' liberal approach to fees and their food programme ensures many children who would otherwise stay home and starve are able to receive, and benefit from, their schooling.

16.3.3. This does, however, raise questions about dependency-creation and sustainability, which is underlined by the local nick-name for the school, which is *Kabulanda* – meaning “place of paupers”.

16.3.4. There was no community participation (needs analysis and identification of solutions) in the formation of BOCCS and, as a result, the perception is that the project – however

welcome – is “owned” by the missionaries. It was mentioned that efforts are being by the RDCs to mobilise communities

16.3.5. While local people are involved in the running of the school, they are not fully informed about financial issues or involved in fund raising. They are simply on the receiving end. There was a clear difference of opinion on sustainability, with the missionaries believing the project could continue if they left, while members of the community were sure it would close down.

16.3.6. The practice of paying community members such as cooks and cleaners means others are unwilling to become involved without payment of some sort. To change this scenario would require a lot of sensitisation of all communities.

Name of school	Number of teachers	No. of double orphans	No. of single orphans	No. of needy children	No. of children
Buyantanshi	20; 11 trained, 9 untrained	102; 52 boys, 50 girls	82; 39 boys, 43 girls	164; 96 boys, 68 girls	348
Natuseko	8; 4 trained, 4 untrained	31; 11 boys, 20 girls	33; 18 boys, 15 girls	174; 88 boys, 86 girls	299
Katondo	6; 2 trained, 4 untrained	84; 50 boys, 34 girls	54; 30 boys, 24 girls	119; 53 boys, 66 girls	257
Makululu	4; 2 trained, 2 untrained	16; 6 boys, 10 girls	65; 39 boys, 26 girls	122; 69 boys, 53 girls	203
Ngungu	2 – both untrained	8; 3 boys, 5 girls	20; 10 boys, 10 girls	16; 11 boys, 5 girls	44
Waya	4; 2 trained, 2 untrained	14; 10 boys, 4 girls	15; 8 boys, 7 girls	55; 30 boys, 25 girls	84
Kawama	5; 1 trained, 4 untrained	48; 22 boys, 26 girls	33; 18 boys, 15 girls	31; 16 girls, 15 boys	112
TOTAL	49	303	302	521	1 347

17. FIELD REPORT: CINDI KITWE

17.1. Background

CINDI is an acronym for Children in Distress. The initial planning for their programme began in 1993 through a network of churches involved in home-based care, and sprang from their concern for children left after the death of one or both parents. The churches collected data through their neighbourhood networks on the number of orphans. They registered with Family Health Trust who assisted with a constitution and provided extensive technical advice. The first social welfare services began in 1994. They currently assist nearly 12 000 single and double orphans.

Their catchment area is the Kitwe District, with 11 designated programme areas including urban, peri-urban and one rural site. Many people in the catchment area work in the informal sector, for example selling vegetable and household commodities that have been repacked

in small amounts. Most households have access to a small plot of land for cultivation during the rainy season. The main source of income is in-kind payment from the Food for Work Programmes. At the rural site the people engage in subsistence agriculture and sell fresh vegetables.

Health clinics are scattered throughout the catchment area. However, many people are far from a clinic, so transport is a major expense beyond the direct medical costs. These two expenses act as a barrier to medical care for many.

17.2. The Project

CINDI's objectives are:

- to identify and monitor the status of orphans in Kitwe,
- to provide social relief support to orphans,
- to assist orphans meet some of their educational requirements,
- to assist orphans with access to medical facilities,
- to advocate on behalf of orphans, and
- to provide HIV/AIDS education to all stakeholders.

Their programme interventions include education, agriculture, income generation and an extensive social relief programme.

Their education activities include:

- advocacy on behalf of orphans to have them exempt from school fees,
- provision of subsidised uniforms and school requisites to community committees,
- bursaries for a small number of post secondary education places, and
- payment of school examination fees for all children in their programme.

The project began by using an existing home-based-care structure for data collection and setting up community committees. To enhance the service delivery skills of the communities, in-service training on HIV, child abuse and psycho-social support was held. All distribution of educational requisites, agricultural inputs and social welfare is done through these local committees.

Local committees receive some agricultural inputs to augment community donations for their "orphan gardens". The point of these gardens is to provide orphans with skills through working in the fields; to give orphans, guardians and care givers a chance to interact; and, in a small way, to supplement the food grants.

Pupils are monitored by teacher-CINDI committees in local schools. In some instances where CINDI negotiated an exemption from school fees enrolment increased, but when this exemption lapsed, enrolment and/or attendance dropped.

The largest activity within the CINDI is their social relief programme. Basic foodstuffs are distributed monthly to all households caring for orphans. A clinic is open several times a week to attend to orphans needing medical care. In outlying areas, local committees raise funds for to send orphans needing help to the nearest clinic.

CINDI is run by a board which sets policy. Their general membership is a body of individuals who pay an annual membership fee. Local committees send representatives to the district annual general meeting, collect data, manage social relief distribution, offer moral support to orphans and care givers, and organise activities such as gardening and income generation.

The programme is well funded by donors. However, the long term sustainability of the project is not yet well defined. Considering the high level of intervention with the community at large, there is an obvious and urgent need to ensure there is no lapse in funding before sustainability is achieved.

CINDI aims to be financially self-sustaining. Their approach is for community members to make contributions for start-up capital and/or seeds for gardening. Although this plan is in place, little investment by CINDI or communities has taken place. Their board is in the process of preparing a strategic plan that will enable them to meet their project vision which is to have:

- some orphans stand on their own and sustain themselves,
- capacity building of volunteers and care givers,
- income generating activities to sustain operations and commitments to clients.

17.3. Useful Lessons

17.3.1. The project has a very streamlined administration with clearly defined financial control, organisation at community level, rationalised staffing and regular monitoring systems. The top-down approach, coupled with good management, ensures that goods and services reach the clients.

17.3.2. The role of community committees needs to be clearly defined –lack of clarity about duties and responsibilities leads to inefficiencies and possible failure. If the committees are given too much work to do, they tend to select those activities which offer short-term benefits, rather than sustainable returns.

17.3.3. Income generating activities (IGAs) do not work in the presence of social relief programmes (“handouts”). At best, those involved keep up the IGAs as “window dressing” to please the donor. At worst, IGAs absorb material and human resources which should have been used to benefit society, and persuade the communities that they are incapable of helping themselves.

17.3.4. Income generating activities should be planned and managed with sufficient business expertise and resources so that they can generate enough income to have a real impact in the project.

17.3.5. Group agricultural projects are known to be more social than productive. While social activities may have some value, the rewards from a successful farming venture are far greater. To be productive, agricultural activities need significant investments in planning, training, capital inputs and management skills.

17.3.6. CINDI’s extensive network of community committees offers a unique opportunity to give orphans and their families access to information and contacts – such as planning, training and technical expertise.

- 17.3.7. The supply of free food, education and health care by donor agencies cannot be sustained indefinitely. However, the sudden withdrawal of these benefits would have reverberations way beyond the CINDI and its direct beneficiaries.
- 17.3.8. The *carte blanche* provision of goods and services to all orphans in the catchment area – regardless of their personal circumstances – is not an appropriate use of resources.

18. FIELD REPORT: OVC PROGRAMME – KITWE

18.1. Background

The Orphans and Vulnerable Children (OVC) programme in Kitwe District is a community-based programme facilitated by the Social Welfare Department of the Ministry of Community Development and Social Services, supported by Project Concern International (PCI).

The programme operates in eight compounds in Kitwe where the most vulnerable communities are found. These are: St Anthony, Chipata, Kamakonde, Kamatipa, Itimpi, Malembeka, Mulenga, and Musonda. The study team was able to visit only four of these communities. From the records, we believe that the sites visited were representative of the other areas where the programme is in operation.

All the communities visited were typical of shanty townships on the Copperbelt. Unlike the mine or council townships, these compounds are unplanned and attract people who cannot pay high rents. The quality of housing is poor and people do not have services such as piped water, water borne sanitation and electricity. Many residents earn a living from petty trade, sale of charcoal, firewood and illicit beer. Those in employment are in low-paying jobs such as piece-workers, security guards, office-orderlies or domestic servants. Extreme poverty is endemic.

The townships vary in size, population and service provision. For example, Kamatipa has a population of 28 000 while in St Anthony the population is less than 5 000. Due to their location near the city, most services such as schools and clinics are available within walking distance. However, owing to dire poverty, these services are not affordable to a large number of people living in these townships.

It was noted that the townships had different administrative structures. Some were subdivided into zones while others were not. In those with zones, each had its own local leadership structures. In those without zones, the local leadership was made up of leaders from various organisations represented in those communities, such as churches, political parties, councillors or NGOs.

18.2. The Project

The programme was initiated by PCI, who commissioned a participatory learning and action (PLA) exercise involving various NGOs and CBOs. The Department of Social Welfare was used as a focal point for this activity. This led to the formation of the Kitwe District

Orphan and Vulnerable Children Committee (DOVCC) with broad based representation from organisations working with orphans and vulnerable children. The Department undertook to provide secretarial services to the DOVCC.

The objectives of the DOVCC were stated as follows:

- To examine all aspects of the problem of orphans and vulnerable children in the district.
- To develop, implement and monitor district level responses to orphans and vulnerable children.
- To mobilise local resources and access international support for orphans and vulnerable children.
- To work closely with communities doing or not doing orphans and vulnerable children activities.
- To be a forum for partnership between different NGOs, churches, private companies and individual for mutual support.

The Department of Social Welfare together with PCI and the DOVCC identified four communities where further PLAs were conducted. The communities selected were: St Anthony, Chipata, Kamatipa and Mulenga. The PLAs in these communities culminated in the formation of Community Orphan and Vulnerable Children Committees (COVCCs). It should be noted that the PLA exercises merely formalised interventions that were already, albeit in a very rudimentary way, being done by the communities. Later another four communities were added, after PLA exercises.

The COVCCs have their own structures. These include the general membership, a community council, the board and the executive committee. In addition, there are facilitators and sub-committees in each community.

Facilitators are defined as a body of trained personnel whose aim is to bring community awareness on the OVC problems and the need for joint participation. The work of the facilitator is “to co-ordinate, monitor, educate and encourage the community programmes, progress taking place and render a report to the higher authorities and shall therefore work tirelessly hand in hand with all the committees.”

The sub-committees vary according to the number of activities undertaken by the community. For example, the St Anthony’s COVCC has five sub-committees: health, nutrition, counselling, fundraising, and community school.

18.3. Useful Lessons

- 18.3.1. The PLA exercise is an important catalyst in highlighting the problems that the community is faced with, and for brainstorming possible interventions. However, there is also the danger of fostering despondence if increasing awareness is not accompanied by workable solutions to the problems.
- 18.3.2. The use of a government department as a forum for all stakeholders to focus on a problem (the “task force” approach) is highly commendable. However, the task force should not be turned into an institution, especially if their goal is to empower communities to solve their own problems. Institutionalising a task force (especially if it is in turn attached to a donor) can easily create the impression that local initiatives are subordinate to “higher authorities”.

- 18.3.3. Complete dependence on volunteers for problems that are of a long-term nature is not sustainable. In fact, such a practice deepens the poverty situation of volunteers and discourages those in the community who are in a better position to give.
- 18.3.4. It became very obvious that income-generating activities should be separated from skills training projects. A small vegetable garden, however well tended, cannot meet the financial requirements of an open school.
- 18.3.5. Serious long-term problems cannot be solved by relying on the generosity of those who have little to give. Serious problems require a radically new way of doing things. They require huge investments in skills and financial resources.

19. FIELD REPORT: CINDI KALOMO

19.1. Background

CINDI Kalomo started in 1992 as an initiative by teachers at Chonga primary school to help orphans who could not pay their school fees. Initially the teachers contributed to a fund from their own salaries, calling themselves the Kalomo Orphan Care Programme. As the number of orphans increased the teachers sought assistance from UNICEF who, in turn, referred them to the Family Health Trust (FHT), an NGO established in 1987 to address the impact of HIV/AIDS in Zambia.

FHT agreed to support them if they changed the organisation's name to CINDI, adopted an HIV/AIDS related approach in line with other projects operating under FHT's umbrella – such as the Anti AIDS Project (AAP), Children in Distress (CINDI) and Lusaka Home Based Care (LHBC) – and included local health functionaries on their project committee. These stipulations led to a difference of approach and by the following year the teachers had pulled out of the programme.

19.2. The project

The goal of CINDI Kalomo is to improve the care of distressed children under the age of 20 who have lost one or both parents. The project provides direct support to orphans according to criteria approved by FHT. Those who qualify for direct support are:

- Orphans living with aged persons, 55 years for women and 65 year for men,
- Orphans living with chronically ill single parents,
- Orphans living with single female headed households
- Double orphans living on their own.

The direct support takes the form of paying part (usually 50%) of the school fees for qualifying children. Occasionally assistance is also given for uniforms or medical costs. The support is largely funded by NORAD through FHT, and currently supports about 3 000 orphans.

In addition to providing direct support to orphans, the project also helps in capacity building by providing various training sessions and workshops for members who are involved in CINDI activities.

CINDI aims to be self-funding by running income generating activities (IGAs). These include hammer-mills (to grind maize), tuck-shops (informal stores) and oil presses (making cooking oil). Occasionally community members engage in fundraising activities such as sponsored walks. These events also serve to raise awareness of HIV/AIDS and the orphan issue

Organisationally, CINDI is made up of members who pay an annual membership fee (usually K500 or US\$0.20). Paid-up members are entitled to vote or stand for election to the various committees. The organisation has a District Committee made up of the chairpersons and treasurers from the nine branches, which extend from Chikumi in Monze in the north, to Mukuni in Livingstone in the south. Each branch has several sub-branches (giving 42 in all) which in turn have elected committees.

At provincial level the project is managed by a Co-ordinator assisted by a Community Development Officer, both of whom are based in Kalomo. They are the only salaried employees of the project.

Orphans are identified, registered and categorised according to need by community members. However, communities tend to register only as many orphans as they can support, for fear of creating expectations, so the numbers are of limited value in assessing the extent of orphan-hood in those areas.

BRANCHES AND ORPHANS REGISTERED:

Branch	Orphans registered
Nsalali	250
Chikuni	350
Kancomba	100
Choonga	215
Kaloma Central	669
Livingstone	350
Choma	55
Mukuni	125
Zimba	700
TOTAL	2 814

19.3. Useful lessons:

19.3.1. The project has established a framework to empower communities to support orphans in their midst. The children are kept within familiar social structures, rather than placed in institutions.

- 19.3.2. The committee structure has exposed community members to certain organisational skills such as programme planning, development and implementation, although at a very modest level.
- 19.3.3. Community involvement in CINDI's projects is not broad-based. The paid-up member system means relatively few people within the community are involved in policy-making and management. This raises issues of responsibility (what influence do non-members have in a project which affects their children?) and sustainability (what happens when experienced people move out or burn out?)
- 19.3.4. Although a strategy for self-help through IGAs has been established, extreme poverty and a lack of business skills makes it very difficult for them to succeed. Even projects which are regarded as successful are producing negligible returns in relation to the donor capital and human resources invested in them, while many other IGAs are dormant or showing losses.
- 19.3.5. The fact that the IGAs are managed by unpaid volunteers drawn from within impoverished communities means they are vulnerable to pilferage, and the close-knit nature of these communities makes it difficult for neighbours to act against the perpetrators. At least one project simply became dormant, because the committee was unable to act against their own chairperson.
- 19.3.6. Various references were made to dwindling support for the CINDI committees, which was attributed to a lack of commitment to "the orphans". However, this is more likely to be a manifestation of a growing disillusionment with a strategy (to become self-sufficient through IGAs) which is clearly not working, and a fear of what will happen if and when the funders pull out.

20. FIELD REPORT: OVC PROGRAMME – LIVINGSTONE

20.1. Background

The OVC programme was introduced in Livingstone in January 1998. It followed a community planning exercise initiated by Project Concern International (PCI) under the auspices of the Ministry of Community Development and Social Services (ie: social welfare department).

The exercise began in December 1997 by taking an inventory of organisations working with orphans and vulnerable children (OVCs) in Livingstone. A total of 40 people drawn from community based organisations (CBOs) non governmental organisations (NGOs), communities and district HIV/AIDS task force were invited to participate in a participatory learning and action (PLA) exercise. This exercise is designed to identify common goals and strategies.

The participants were then divided into groups of eight people each, to go into five compounds, to assist the communities in turn to identify the main needs of OVCs and to come up with action plans to address them. In each case the main need identified was for the education of these children, and the strategy was to establish an open community school and to embark on income generating activities (IGAs) to fund them.

20.2. The project

The OVC programme is overseen by a district OVC committee (DOVCC) which comprises representatives from NGOs, churches, government departments and private sector organisations. The secretariat is the district social welfare office.

At community level the OVC programme is overseen by Community OVC Committees (COVCCs) which are made up of representatives from CBOs such as neighbourhood health committees (NHC) and residents' development committees (RDC). These committees have formed sub-committees for activities such as education, counselling and projects (ie: income generating activities).

The Livingstone OVC programme is currently operational in five compounds namely Malota, Sakubita, Nakatindi, Linda and Zambezi Sawmills, most of which are peri-urban. In each area the COVCCs have set up community schools, which charge no school fees and rely on voluntary teachers.

More detail is given in the following table:

Compound	Population	OVCs	Activities undertaken
Malota	15 000	597 orphans 430 vulnerable	Community school with six volunteer teachers; football/net ball; drama group for health education
Sakubita	3 000	40 orphans 64 vulnerable	Community school and pre-school with four volunteer teachers; football/net teams; tuck shop for income generation
Nakatindi	11 760	124 orphans 300 vulnerable	Community school built by community; income generation through knitting; health education through drama
Linda	5 280	45 orphans 120 vulnerable	Community school; football/net ball; and drama group for health education
Zambezi Sawmills	2 500	107 orphans 125 vulnerable	Community school with four volunteer teachers and two paid untrained teachers; football/net ball; income generation through sale of charcoal and firewood, knitting; counselling and drama group dealing with youth reproductive health education

20.3. Useful lessons

20.3.1. The involvement of the Department of Social Welfare encourages other roleplayers to take the process seriously, keeps the government in touch with community activities, and helps with sustainability (eg: by providing secretarial services).

20.3.2. The creation of the DOVCC has enabled various actors to co-ordinate their work with communities, and to introduce new methods – for example CARE PROSPECT to train communities in livelihood improvement issues.

20.3.3. While “community mobilisation” exercises like PLA are a useful social planning tool, they can also create false confidence that the resulting strategies will succeed, in spite of the limited knowledge- and skills-bases of participants. If the strategies fail, this has serious

implications for the confidence of these communities, both in themselves and in the institutional actors involved.

- 20.3.4. It is doubtful that the community schools are sustainable in the long term. The teachers are not paid and see their work as a stepping stone to paid careers, there are little or no teaching aids or learning materials, and the IGAs which are designed to fund these things are unlikely to do so. The research team did not have an opportunity to explore what impact the setting up five community schools is having on local government schools, nor the implications for local children if the community schools were to collapse.
- 20.3.5. Although the planning process is supposed to foster a sense of “ownership” by the community, the involvement of PCI at every level (planning, funding, training, technical assistance, monitoring) means the community do not feel they are in control of the programme, or responsible for its success.
- 20.3.6. The quality of inputs at various stages of community projects (eg: planning, implementation, evaluation) is critical to the outcome of the project:
- The facilitators of the planning and evaluation processes should be impartial. Obviously it is not possible for the organisation which provides funding and technical assistance to be impartial.
 - In the case of interventions, in-depth planning and support skills are vital. Eg: income generating activities should be supported by a feasibility study, adequate training, funding and extension work.
 - It is highly desirable to involve different donors in different activities, so that the communities do not feel dependent on one organisation. None of these qualities was evident at OVC Livingstone.

21. FIELD REPORT: CHIKANKATA COMMUNITY BASED ORPHAN SUPPORT PROGRAMME

21.1. Background -

The Community Based Orphan Support Programme (CBOSP) at Chikankata Salvation Army Mission Hospital, was started in 1995 as a component of the Community Based Support Care Unit of the hospital. The other components are Community Counselling and Community Based Rehabilitation.

The CBOSP is under the supervision of a Children In Need (CHIN) Coordinator based at the hospital. CBOSP works through local level committees called CHIN committees and is currently working in five communities with a total of 1183 registered orphans, of whom about 70% are double orphans.

The programme has five specific objectives:

- Create awareness among community members about the problems of orphans;
- Facilitate income generating activities (IGAs) by CHIN committees at local level;
- Conduct HIV/AIDS prevention activities among children, especially those who are vulnerable;

- Provide survival skills for orphans; and
- Facilitate the link between local communities with agencies outside of the area that are interested in issues of orphans.

Chikankata Community Based Orphan Support Project operates within the catchment of the hospital. The catchment population for Chikankata hospital is 65 000. The CBOSP works in five communities, each consisting of about 15 villages under a village headman.

The main source of household income is agriculture. The main crops are maize, millet, sun flower and cotton. These crops are grown for both domestic consumption and sale (maize, millet, cotton, sunflower). Yields differ according to the households' abilities. It was reported that some households were already experiencing hunger as their yields were not good this year.

Chikankata hospital serves as a referral centre for three health centres. HIV/AIDS is prevalent and deaths from AIDS are the main cause of orphanhood. However HIV/AIDS rates are not available as testing is not routinely done at Chikankata hospital. Although in the past ritual cleansing of surviving spouses was responsible for the transmission of HIV, this is no longer the case as ritual cleansing through sexual contact is being abandoned for safer ways of cleansing.

Orphans and other vulnerable children are cared for in the extended families, mostly by their surviving mothers and grandparents. In many instances the property of the fathers is shared among relatives leaving orphans without any means of subsistence. However, the fact that most orphans are cared for in the families mitigate against severe alienation of the orphans and allow use of their dead parents' property.

Some communities are taking the initiative to sustain their vulnerable members through, mostly, gardening. These initiatives were found even in those communities that did not have CHIN committees but have Prevention and Care Teams (PCTs). The driving force behind these initiatives was reported to be pressure arising from orphanhood, widowhood and old age. PCTs lay firm ground for the formation and subsequent success of CHIN committees as they endeavoured to tackle the many community problems.

21.2. The Project

The programme is coordinated by a CHIN Coordinator at the hospital. In the five communities where the programme was implemented, local CHIN committees were formed. These local committees consist of 24 members from different sectors of the community, such as school teachers, Community Health Workers (CHW) and village headmen. Each village is represented on the CHIN committee and there is gender balance. At Ngangula Community, there were 12 men and 12 women.

The CBOSP was started with funding from UNICEF at an initial cost of K90 million (US\$ 36 000). This amount was used to set up the programme and maintain it for two years. UNICEF has continued funding the programme and the current budget is K66 million (US\$ 26 000) which is expected to cover the period 1999 to 2001. The other programme inputs consists of very small amounts of funds from within the hospital, hospital paid up staff and local level volunteers,

The programme has three distinct elements: community mobilisation and information; capacity creation through IGAs; and monitoring (identification and registration) of orphans.

The initial funding was used mainly to rehabilitate primary schools in two communities. In these schools orphans are exempt from paying fees apart from school requisites such as books and uniforms. The programme also reaches a small number of vulnerable children whose parents are extremely poor, chronically ill or are mentally or physically disabled.

Part of the funding was also used for training CHIN committees, training of orphans in life skills and training of school teachers in Child to Child project. The local CHIN committees are working through community members to target individuals and households. They identify orphans and vulnerable children and decide who to assist. The CHIN committee members (known locally as “care-givers”) are given training in community education; advocacy in situations of child abuse; family education and counselling.

The programme works very closely with the CHIN Secretariat in Lusaka, District Social Welfare Officer in Mazabuka, UNICEF, the Ministry of Education through the Child to Child Project and local primary schools.

21.3. Useful lessons

- 21.3.1. Chikankata has an association with local communities dating back to the 1930s. The CBOSP capitalised on this relationship to foster community acceptance of new ideas such as change of some negative cultural values. The local chiefs and headmen were consulted and involved in the orphans programmes.
- 21.3.2. The planning process was done very carefully without promising much. This allowed the communities to take full charge of the orphan programme. What was interesting was the fact that the local community did not see themselves as an appendage of the hospital. During the discussions with local CHIN members, very rarely did they mention the hospital.
- 21.3.3. Although most of the funds come from UNICEF, there is evidence that the programme could continue if funding were discontinued. The programme has a very small staff who are paid by the hospital, so their involvement is viewed as part of their regular work. The hospital has IGAs which could sustain the programme. At community level, so far only two communities have received funding from UNICEF. The other three, although struggling on their own, have made strides towards assisting orphans.
- 21.3.4. Income generation through agriculture at the hospital and in the communities is working very well.

22. FIELD REPORT: MINGA ORPHAN PROJECT

22.1. Background

Minga Orphan Project is located at Minga Mission in the Eastern Province, 40 kilometres west of Petauke. This rural project serves a catchment area of 100 square kilometres and a population of 60 000. Minga Hospital has four rural health centres and 15 health posts serving over 600 outpatients a day.

The project began with a survey of orphans in 1992. Through a process of consultation with communities, mission and hospital staff and traditional leaders it was agreed to provide formal education for orphans with little or no support. Community orphan committees were established (modelled after church and home-based care interventions) which included headmen, church women's groups, teachers and religious leaders. To support these activities, donations were sought from local business and individuals. Orphan Sunday was used by all denominations to collect donations.

The main ethnic group in the area are the Nsenga who are matrilineal. This being the case, upon the death of the parents, the children are returned to the mother's traditional home to be looked after by the mother's family. In many cases the children are left with the maternal grandmother. However, few if any possessions and property will be handed to the grandmother with the children. It is not unusual for the grandmother to be guardian of all the children of her deceased daughters.

The residents are mostly subsistence farmers who do not normally grow enough food to satisfy their own needs. There is usually some sort of food relief every year before the new crops can be harvested. The 1997-98 growing season was not good, so many families will have little to take them through to the next season. This cycle appears to repeat itself yearly.

22.2. The Project

In response to this situation the Minga Orphan Project (MOP) was established. Their objective is to help the growing number of orphans in their area to attend school. Their constitution defines orphans as the poorest children, being double orphans or having a remaining parent who is seriously ill, and families who are completely unable to send the children to school without the assistance of the MOP.

An inter-denominational and community-based central committee selects the families whose children will receive bursaries. The committee is guided by family-assessments carried out by the local orphan committees. However, the committee does not invite family-assessments unless it has places to fill. This year there may not be any new families helped, as those already in the programme have more children reaching school-going age than leaving school. Currently there are 150 families in the project with 700 children, of whom half are of school-going age.

To the dismay of the volunteers, more girls than boys drop out of school – with 34 in secondary school only five are girls. One-sixth of the children leave the programme each year, through movement, deaths or drop outs. The programme pays for school fees, uniforms, pencils and exercise books. In 1997 they purchased a bale of clothes for the children in the programme and still have some clothes left over.

To support the families' educational needs, a tuck shop was established. The building was built with a loan from Chipata Diocese which has been paid back. The tuck shop is managed by an employee and supervised closely by the central committee. This successful income generating activity (IGA) supports the school requisites of the children enrolled in the programme. The central committee purchases goods in bulk, monitors stock and keeps an inventory worth more than K7 million (US\$2 800) and a K15 million (US\$6 000) reserve. The latter is earmarked for a second income generating project, yet to be decided, and has been saved from small donations from local and outside well-wishers. Minga's constitution states that the first IGA must support over 100 orphans for two consecutive years before a second project can be embarked upon. The tuck shop currently makes a profit of over K1 million (US\$400) per annum which provides the funds for the pupils currently enrolled in the programme.

A field officer is employed by the project. He provides liaison between the stakeholders, being the central committee, community committees, schools and families, and carries out the day-to-day administration of the project.

In 1998 the project arranged awareness meetings for the 54 headmen in the area. Through a participatory exercise access to land for orphans and their care givers, exhausted land, and lack of adequate shelter were identified as areas where headmen could be influential in the improvement of orphans' lives. Since these meetings, needy families in eight areas have increased access to productive land.

The field officers provide quarterly reports to the central committee. As all committee members are volunteers and are involved in other activities such as employment or farming, they have limited time to devote to outside activities. To this end the committee works toward streamlining its dealings with families and its IGAs. In terms of funding, they are not interested in donor funding with conditions attached, but are looking for a second sustainable IGA which would sustain the project's activities. They do not propose to change the present focus of activities.

If they were to start again they would have asked for more investment from the community from the beginning such as donations and time so that ownership would be felt more at the community level. There was too much dependence outside of the local communities for the initial work, and the central committee is investigating ways of getting local communities more actively involved. This would reduce the burden on the voluntary central committee, and ensure the benefits reach the right children.

22.3. Useful lessons

- 22.3.1. Beginning the project at mission level, even though the community was involved, has caused the project to be identified as a mission project. The project now faces the challenge of increasing the role of the community. The central committee feels they used too many outside resources to start up.
- 22.3.2. This project is managed by volunteers that have their own livelihoods. These community leaders are able to offer management skills to run the project within the objectives set in the constitution.

- 22.3.3. The employment of skilled persons to manage the IGA on business lines is critical to its success. It is also important that the business is kept completely separate from the project's social relief activities.
- 22.3.4. The real involvement of local leaders with a definite role, not just a courtesy invitation, can impact beyond the project activities such as the improvement of housing and land access to orphans and their families.
- 22.3.5. It is important to plan and implement one aspect of the programme before embarking on the next. For the Minga project, this is even defined in the constitution to guard against growing too fast and jeopardising the first activities whether they be in social welfare or IGAs.
- 22.3.6. Big is not necessarily beautiful. The project must be able to judge the limits of time and resources to run a successful project. Minga is not interested in large outside donations as neither the time nor the infrastructure is available to satisfy the needs of a donor. A one-off request for a specific input for long term income generation could, however, be appropriate.

23. FIELD REPORT: KANYANGA ORPHAN PROJECT

23.1. Background

Kanyanga Orphan Project (KOP) is situated some 40 km north of Lundazi district in the Eastern Province. The project forms part of the service delivery of the Kanyanga Zonal Health Centre. It is run by the centre's AIDS Management team and has two components which impact directly on the wellbeing of orphans – a nutrition centre and an intensive agricultural extension service to households caring for orphans.

Kanyanga Orphan Project has four main objectives:

- To establish Income Generating Activities (IGAs) for vulnerable orphans (mostly AIDS orphans) and caregivers;
- To facilitate the establishment of IGAs by mothers widowed by AIDS and other caregivers (especially grandmothers) who have no means of caring for orphans;
- To provide vulnerable caregivers with tools, seeds, chemicals, in order to enable them start agricultural IGAs; and
- To provide some training to orphans, widows and other caregivers in agriculture (in legume and cotton production, processing and marketing).

Kanyanga Zonal Health Centre caters for a population of 12 527 people. The main form of subsistence is agriculture. However the term "peasant farmer" cannot be generally applied as many people are growing some cash crops and appear to be well resourced and economically better off.

The majority of the population are Tumbuka speaking, and follow a patrilineal and virilocal pattern of family and residential arrangements. This has great advantages for orphan placement and care. The orphans and the surviving spouse(s) often remain on the dead man's land and keep most of the household property left behind by him.

Conversely, most households are polygamous, which has grave implications for HIV/AIDS. One village lost three polygamous household heads leaving over 30 orphans and some of the wives as AIDS patients.

23.2. The project

The project was started in 1997 after the realisation that AIDS deaths were taking a high toll on the local community. At that time the AIDS Management Team at Kanyanga Zonal Health Centre, responsible for Home Based Care (HBC), decided to include orphan interventions in their programme of activities. A building was secured through donations for a nutrition centre and the centre started attending to under-nourished orphans.

The agricultural component began with the distribution of seeds to orphans and widows through the HBC programme. Initially the project used the Community Health Worker to supervise the agricultural activities but this did not work well. Consequently, the AIDS Management Team employed an agriculturist and used an existing nutritionist to provide intensive agricultural and nutritional services to households with orphans.

Functionally, the AIDS Management Team, the Nutrition Centre and the agricultural component of the orphan intervention are tightly integrated within the health centre. Strong collaboration between KOP and the Department of Social Welfare is evident, with the department offering welfare services such as paying school fees for some orphans in areas that are not reached by KOP.

The KOP targets households rather than individual orphans. Orphans are defined as a child who has lost one or both parents. All the orphans reached by the project live within household and are cared for by a surviving spouse or an extended family member. The project is reaching five families who are receiving agricultural inputs. In this area there was a grandfather looking after orphans, a rare phenomenon in many parts of Zambia. This seemed to be associated with the patrilineal nature of social organisation.

At a social level, the label of "orphan" is not usually applied except for the purposes of responding to questions of biological parentage. For example, an infant was an orphan when its mother died during birth or shortly after. At the nutrition centre a baby is an orphan from age 0-6 months and thereafter its just a baby who is perhaps malnourished or was in the orphan feeding programme. Children are integrated into the family system.

23.3. Useful lessons

- 23.3.1. The KOP approach uses an existing structure (home based care) to respond to a new need, rather than creating parallel structures as we are seeing in education with open community schools.
- 23.3.2. Also, the KOP offers an holistic approach to orphans as opposed to a single service. For example if a family cannot support the education of their orphans, money is made available from the project's agricultural activities for school fees.
- 23.3.3. The institutional support of these households through the local mission, health centre, Department of Social Welfare, agricultural extension and the participation of local headmen provides an integrated approach to resolving orphan problems.

- 23.3.4. Economic prospects and opportunities are linked to community efforts, to the land and to the care and preparation of the orphans for the future. For older orphans, economic opportunities lie in their own hands.
- 23.3.5. Replicability in other areas may be possible, but it is doubtful that the project could be scaled up effectively. Inhibitory factors are the capacity of staff, and the need to work in sympathy existing community coping strategies.
- 23.3.6. The project is fully integrated into village life. For example, a one hectare field has been made available by village headmen. Villagers work in the project field on a rotational basis or may donate food for malnourished children and orphaned infants instead. Involving headmen means the project does not ignore traditional responses, while making the response a part of the beneficiaries' lives means it should be sustainable in the long term.
- 23.3.7. Project sustainability is enhanced by the fact that very little came from outside the area. Apart from initial start-up funding from Canada of K7 million (US\$ 2 800) most of the inputs are local. The Canadian funds were used for agricultural activities including the wages for the project agriculturist. Funds generated from the project field and vegetable garden are going into a revolving fund to ensure sustainability of the programme.

24. FIELD REPORT: KAOMA SAINT MARTIN CHESHIRE COMMUNITY CARE CENTRE

24.1. Background

Kaoma Saint Martin Cheshire Community Care Centre, commonly known as Kaoma Cheshire Home, grew out of a need to care for infants left when mothers died while or shortly after giving birth. Many of the mothers were of ill health before giving birth and thought to have been affected by HIV/AIDS related illnesses. From 1986 the babies were placed with families in their local communities, but long distances between the foster homes made it very difficult to provide milk and to monitor the babies. As a consequence many were often ill and many died. Many were thought to be HIV positive although testing was not done.

Kaoma is located in the Kaoma District in the Western Province of Zambia. It has the usual government offices and departments under the supervision of the district secretary at the district headquarters. The Kaoma District Hospital is the referral health institution for the district with many outlying clinics and community health posts in its catchment area. The prevalence of HIV/AIDS is high. The orphan population is the highest in Zambia. There is a military barracks outside the town.

In the town people are in formal employment such as nurses, police officers, teachers and civil servants. In the centre of town there are small entrepreneurial activities as found all over Zambia. Most of the outlying population are peasant farmers who keep cattle and work small agricultural holdings with some cash crops. Although most families are extremely poor they are generally able to grow just enough food to carry them through from one agricultural season to the next.

24.2. The Project

The planning for Kaoma Cheshire Home began in 1991 with a public community meeting where a steering committee was elected. People from all walks of life attended the meeting. The steering committee was mandated to develop a plan of action to care for baby orphans.

First land was acquired and then a grant was secured from Irish Aid to build a dormitory. The first babies came to the centre in 1993. Since that time other buildings have been constructed with the help of donors and the community. These included an ablution block, kitchen, offices, laundry, and day room.

In late 1998 a 540 metre wall fence was constructed (for the safety of the children) using more than 800 volunteer days. Inter-denominational church groups made cement blocks and carried water to finish the wall in three months.

The babies are referred by the district social welfare office, the health institutions, community members and traditional leaders. Referrals from villages must be supported by a letter of verification from the local traditional leader. A relative living within the vicinity must be identified to take responsibility for the baby. This includes weekly visits, in kind or monetary payments for care at the centre and looking after the child if admitted in the hospital.

Children are discharged when they are between two and three years. It has been difficult for the staff to “let go” upon discharge when the child is not fully accepted at home or the home is very poor with the family barely able to look after themselves. Of seven children discharged in December 1998, reports confirm the deaths of three. This may be because the children’s health was already compromised at or soon after birth, or there was a lack of a clean water supply at their new homes, or the change of diet made them susceptible to illness and death.

The centre has links with the local hospital, the district social welfare office, churches, Project Against Malnutrition, government offices, traders and the military. The committee makes a concerted effort to include a wide range of institutions and individuals in their activities to keep the local community aware of the orphans and to have the community take some responsibility for the centre. The affiliation to Cheshire Homes has made it possible for the home to access information and funding from the mother body in England.

The greatest challenge the committee faces is to ensure financial security. To date they have acquired six modest rental properties, keep a small herd of cattle, and have a kitchen garden. Funding is available to purchase land for a commercial farming venture. A guest house is also being considered. Running costs are in place for the next eighteen months.

24.3. Useful lessons

24.3.1. The high level of organisation of the Kaoma community could serve as a model to similar small communities, but the project could be disrupted by a constant flow of visitors seeking guidance.

24.3.2. The project has no plans to grow, as they feel they have already reached and surpassed their limits.

- 24.3.3. Staff are tempted to keep infants at the centre beyond their third birthdays when they have concerns about the desirability of the home environment to which the children are to be returned.
- 24.3.4. The older the child is when he or she is returned, the greater their chance of survival. However, infants at the centre are not prepared for the token responsibilities which children of three or older are expected to manage, which could lead to alienation within the family.
- 24.3.5. The timing of the return of the child to a relative's home is also important – in December there is less food available than in February or March.
- 24.3.6. All financial information is vested in the treasurer, which inhibits planning and represents a threat to the organisation should the treasurer leave.
- 24.3.7. A diversified investment strategy such as that contemplated by the committee may ensure sustainability, but there are concerns about their ability to manage such a portfolio.

25. FIELD REPORT: MONGU NUTRITION GROUP

25.1. Background

The Roman Catholic Church established the Mongu Nutrition Group (MNG) some 29 years ago in Mongu District, Western Province. Their overall objective was to improve the health and nutrition status of vulnerable rural communities in the district.

The MNG operates in the remote areas of the district where health and agricultural extension services from government departments are not easily accessed. Mongu is one of the seven districts which make up Western Province, where 87% of the population live in rural areas.

Western Province has the highest number of orphans per capita in Zambia, and is one of the country's poorest provinces in terms of the incidence, depth and severity of poverty, with low levels of agricultural production and disposable income. The communities serviced by the MNG are in the most remote and therefore worst-off parts of the district, with little access to amenities such as health and education, nutrition, maternal and child health services, water and sanitation. By extension, it may be assumed that there is a greater number of vulnerable children in this area.

25.2. The project

MNG is one of the few projects in the district addressing problems which are typical of rural poor communities. Its intervention is made up of various activities, some of which perform a social welfare function while others generate income and subsidise the provision of welfare services. The major activities are as follows:

- 25.2.1. A maternal child health-nutrition outreach programme, comprising a team of four who visit 13 stations every month. The team consists of a nutritionist, education specialist, social worker and nurse. During visits they carry out the following activities for orphans and the aged:

- growth monitoring and follow-up of orphans;
- immunisation, ante-natal and post-natal clinics;
- treatment of health problems;
- provision of supplementary food;
- health and nutrition education;
- family planning; and
- small charitable grants from a fund of K100 000 (US\$ 40) a month.

25.2.2. A rice promotion programme, including a loan scheme to assist farmers with inputs and equipment, an extension service for rice-growers in selected areas, and a guaranteed market for rice producers by buying rice at a “fair price” – usually above the market price.

25.2.3. A milling section, operating two rice mills and one hammer-mill for maize. This section is mainly for income generation. A farm shop sells implements and inputs such as cement, stock-feed, beans and groundnuts.

25.2.4. The project operates six rural shops and there are plans to open two more. They sell groceries and farm-related requisites. The shops make a small profit but are seen as a service to the disadvantaged communities.

25.2.5. A transport section which hires out a 30-ton truck mainly for transporting cattle and timber. The section also has two tractors and a speedboat for hire. These are purely income-generating activities.

25.2.6. A craft-shop which buys Lozi crafts from the villagers for re-sale in Mongu or Lusaka. While this trade brings some income to the project, it also provides a market for rural people who cannot sell their products in the villages.

25.2.7. The MNG is the implementing agency of the Western Province Feeder Road Rehabilitation Project sponsored by the Royal Netherlands Embassy. This is a labour-intensive project designed to boost the local economies. While the MNG earns good money from this agency work, it is expected that the District Feeder Road Trust will take over the implementation, after which the MNG will become a contractor in Mongu District.

In terms of structure, the MNG is a church-run service organisation with a clientele who are non-members. It is also a hierarchical organisation with the Bishop of Mongu as the overall head, with a priest serving as the ‘proprietor’ of the project. The day-to-day administration is done by a (lay) Coordinator, assisted by departmental heads.

The Coordinator is changed every four years. The research team was informed that each incumbent has a free hand in determining the direction of the project according to his/her inclination and very often without consulting the departmental heads. This practice has tended to impose a recurring learning-curve on the project every time a new Coordinator is appointed.

The project has benefited from a number of grants and donations from different organisations. At the moment, the project is able to cover most of its running costs from the various income generating activities. However, these activities do not yet generate enough income to meet the replacement costs of major capital items.

25.3. Useful lessons

- 25.3.1. Rural development projects designed to uplift poor and vulnerable groups can also contribute to alleviating the problems which face orphans and vulnerable children. The reason these children are “vulnerable” is mainly due to the poverty of their guardians.
- 25.3.2. The use of government personnel drastically reduces project costs and the likelihood of project failure if technical assistance or external financial support are withdrawn. They represent a local pool of expertise and linkages, which is paid for by the government.
- 25.3.3. Social welfare oriented interventions are best sustained within a broad mix of income-generating activities, especially when some of these activities are directed at providing a market for various rural products. However, both welfare and income generating activities work best where clear distinctions are made between them.
- 25.3.4. Organisational structures that are rigid and non-participatory tend to lose out on the benefits of institutional memory, lessons from past mistakes and achievements as well as the valuable contributions that could come from middle management.
- 25.3.5. Health personnel and interventions are critical in the identification and care of orphans and vulnerable children.

26. FIELD REPORT: SIOMA WOMEN’S GROUP

26.1. Background

Sioma Women’s Group (SWG) is a small group who undertook a poultry project to generate income to support vulnerable women so they could look after their families – especially after the death of a spouse. The group was initiated by Catholic Sisters based at Sioma Mission, most of whom work in the Mission Hospital. In addition to health care, the hospital operates a small charity, which supports orphans.

Sioma is in Shangombo District, about 70 kilometres away from Senanga on the Senanga-Sesheke road, about 130 kilometres from Sesheke. It is bounded by the Zambezi River to the east, and the Silowana Plain to the west. Apart from the Sioma Mission and hospital, there is a secondary school with about 200 pupils and a small settlement. The area is very remote and the majority of the people derive their livelihood from cattle-keeping, fishing and some agriculture.

26.2. The project

Initially the SWG thought of producing eggs for sale from village chickens. Each member contributed chickens to the club until they had 30 chickens altogether, which they kept in a communal chicken-run in a disused domestic science training centre, some distance from their homes.

Unfortunately some of the chickens were stolen and, by the time the number had dropped to 17, the women decided it was time to remove the birds from the communal chicken-run and return them to the care of individual members.

However, in order to encourage the women to continue their collective venture, the Catholic Diocese gave them a loan of K1.5 million (US\$600) to build a more secure chicken run, and to stock it with more chickens. They were told the money had to be spent on the chicken project, and not any other income generating activity.

At the time of our visit, the structure was partially complete but the women were not very keen to buy more chickens, as they are certain these would be stolen and they would be left with a substantial debt, which they could not repay.

26.3. Useful lessons

From this short experience, several useful lessons emerged regarding income-generating activities and community mobilisation.

26.3.1. Income generating activities do not necessarily require a communally-owned business venture. The women could easily continue with their poultry project without needing to keep their chickens in a communal run. In this setting, it is clearly better not to keep all your eggs in one basket.

26.3.2. When embarking on an income-generating activity, it is important to seek the counsel of people who know something about the business – and not merely the joy of working together as a group. By the time the loan was made, nearly 50% of the startup capital had already flown the coop.

26.3.3. What impoverished people need most is not debt, but ideas and skills. Credit is only appropriate when it can be justified on sound business lines. In other circumstances, it poses real risks of killing the goose (or chicken) which lays the golden egg.

27. THE AUTHORS

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Zambia is experiencing a crisis of massive proportions due to AIDS, poverty and dwindling economic strength. Nearly three quarters of the Zambian people live in poverty. The HIV/AIDS epidemic is drastically impacting on the demographic, social and economic landscape in Zambia. Currently, the sero-prevalence rate hovers around 20%, which means one out of every five adult Zambians is infected with HIV.

Children are a particularly vulnerable group among those affected by the AIDS crisis and increasing poverty. Many children have lost/are losing one or both parents due to AIDS and other circumstances. Increasingly children, both orphans and others, are not attending school, receiving proper nutrition or accessing health care. In addition the number of children in high risk situations, such as street children, is increasing.

Currently, illness and poverty are placing great burdens on care givers and traditional family structures. Furthermore, the orphan generation will certainly grow for the next ten to twenty years, even if HIV/AIDS transmission was halted today. Zambia must identify ways of responding to this significant social and demographic shift as a matter of urgency.

Because of the growing problem, the Study Fund of the Social Recovery Project proposed a situation analysis of orphans in Zambia in March 1999. UNICEF and USAID saw this as an opportunity to create a comprehensive tool for a national concerted effort to help orphans and other vulnerable children – an effort which would identify ‘best practices’ at the local level and be useful for policy makers. Via consultations with government and other partners the elements of this situation analysis evolved.

This study undertaken by a range of local consultants marks the most comprehensive effort to date to develop an understanding of the challenges faced by orphans and vulnerable children (OVC) in Zambia. This understanding is necessary in order to design responses on the same scale as the disaster, and to break the “conspiracy of silence” that, for too long, has shrouded the future of Zambia’s most vulnerable children.