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December 21, 1999

Sandra Thurman
National HIV Advisor

Washington DC

Dear Ms. Thurman,

With compliments from the Society for Family Health (affiliate of Population Services International in Zambia)!

We are grateful for your continued interest in and support to HIV-prevention in Africa! Since MAXIMUM condoms are all about protection, we hope that this umbrella will protect you well against the moody weather in Washington.

Sincerely Yours,



Nils Gade
Executive Director

Cc: Robert Clay, HPN Director, USAID Zambia
Karen Shelly, CTO, USAID Zambia
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December 20, 1999

Mrs. Sandra Thurman
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Dear Ms. Thurman:

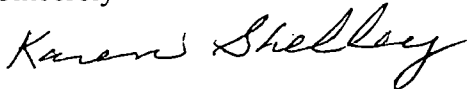
I am sending to you documents on the Orphans and Vulnerable Children at the request of Mr. Robert Clay, Director, PHN Office, USAID/Zambia, who is on R&R in the United States.

I would like to take this opportunity to thank you for your continued interest in Zambia, and hope you enjoy perusing through the documents listed below:

1. Situation Analysis of Orphans and Vulnerable Children in Zambia
1999 – Volume 1 Summary Report
2. Volume 2 Bibliography
3. Volume 3 Data Review
4. Volume 4 Institutional Reponse
5. Volume 5 Community Response
6. Volume 6 Practices of Care

Thank you once more for your interest.

Sincerely



Dr. Karen Shelley
Senior Technical Advisor – HIV/AIDS
Population, Health & Nutrition Office

Situation Analysis of Orphans and Vulnerable Children in Zambia 1999

Volume 1

SUMMARY REPORT



Government of the
Republic of Zambia

Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

SUMMARY REPORT

Joint USAID/UNICEF/SIDA/Study Fund Project

November, 1999

Acknowledgements

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.

The study was managed by a Steering Committee comprised of members from Government Ministries, international donors, and the UN. The members included: Ms. C. Barkworth (SRP), Dr. G. Bond (ZAMBART), Mr. M. Betts (UNICEF), Mr C. Chipeta (MOH), Mr. R. Clay (USAID), Mr. S. Dahlgren (UNICEF), Dr. J.K. Luma, (FHANIS), Ms. M. Masisani (MCDSS), Mr. P. McDermott (UNICEF), Dr. J.T. Milimo (PAG), Mr. L. Mwewa (CHIN), Ms. E. Mwila (Study Fund), Dr. Shelley (USAID), Mr. W.B. Sinkala (MOE), Dr R. Sunkunta (MoH).

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- Perceptions of Care: Dr. Gilbert Mudenda, Ms. Sharon Mulenga, Ms. Emma Mwanza, Mr. Philimon Ndubani, assisted by Mr. Mark Loudon

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Situation Analysis of Orphans and Vulnerable Children In Zambia Summary Report

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisations
CHIN	Children in Need
DMMU	Disaster Management Unit
PHANIS	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

Situation Analysis of Orphans and Vulnerable Children in Zambia Summary Report

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.ⁱ 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.

ⁱ 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 Povertyⁱⁱ

- 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.

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

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.

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.ⁱⁱⁱ

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.

ⁱⁱⁱ 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 family^{iv} 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:

Bakankala, bavubide; (the rich, well off)

These families are said to:

- 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

Bapina, balanda, basaukide; (poor, suffering)

These families are said to:

- 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

Inchusi, bapengele; (who suffer a lot), *bapina sana/bacete* (the very poor)

These families are said to:

- 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.

^{iv} 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:^v

- 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.

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.

^v Hunter, S., Williamson, J. "Children on the Brink."

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

Mobilisation suggests the need to generate consensus within communities that the problems among OVC are a shared responsibility and to catalyse collective action. Individual families, churches and other community members are doing the most but in most communities these efforts have not been mobilised into a collective response. Experiences from communities has shown that, with outside facilitation, people found there was more they could do to address the OVC problem when they began to address it as a shared community issue.

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 mobilisation^{vi} 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

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

- 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.

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 psycho-social 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 SPARK^{vii} 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.

^{vii} 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 K500^{viii} 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'.

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.

^{viii} In November 1999 US\$1=approximately K2500.

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.

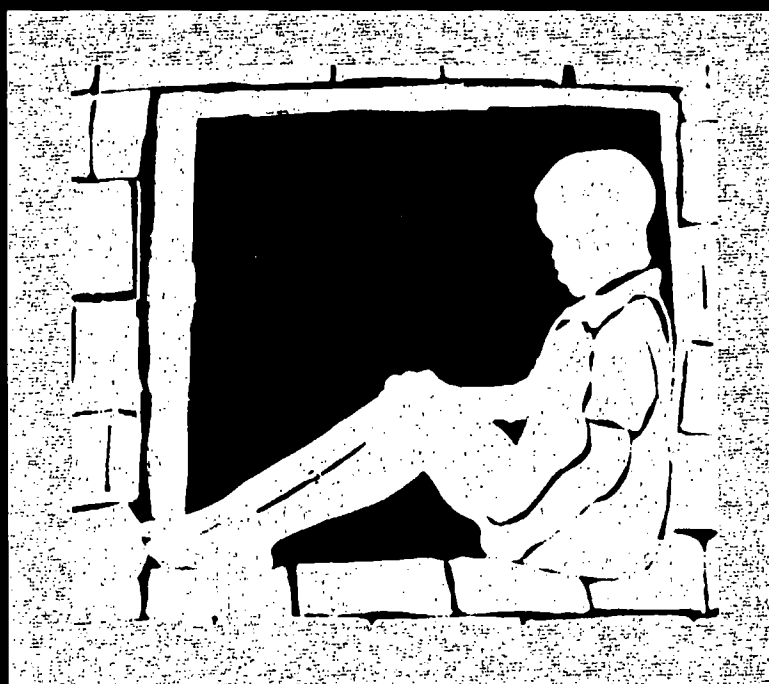
11.14 Further Research

- 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

Volume 2

BIBLIOGRAPHY



Government of the
Republic of Zambia

**AN ANNOTATED REVIEW OF LITERATURE
RELEVANT TO THE SITUATION OF ORPHANS
& VULNERABLE CHILDREN IN ZAMBIA**

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**An Annotated Review of Literature Relevant
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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 managed by the Study Fund, and the resources for the study were provided by UNICEF, USAID and SIDA, 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 generously facilitated their access to documents and information. 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
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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
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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
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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). 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

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

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 care-giver" (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.

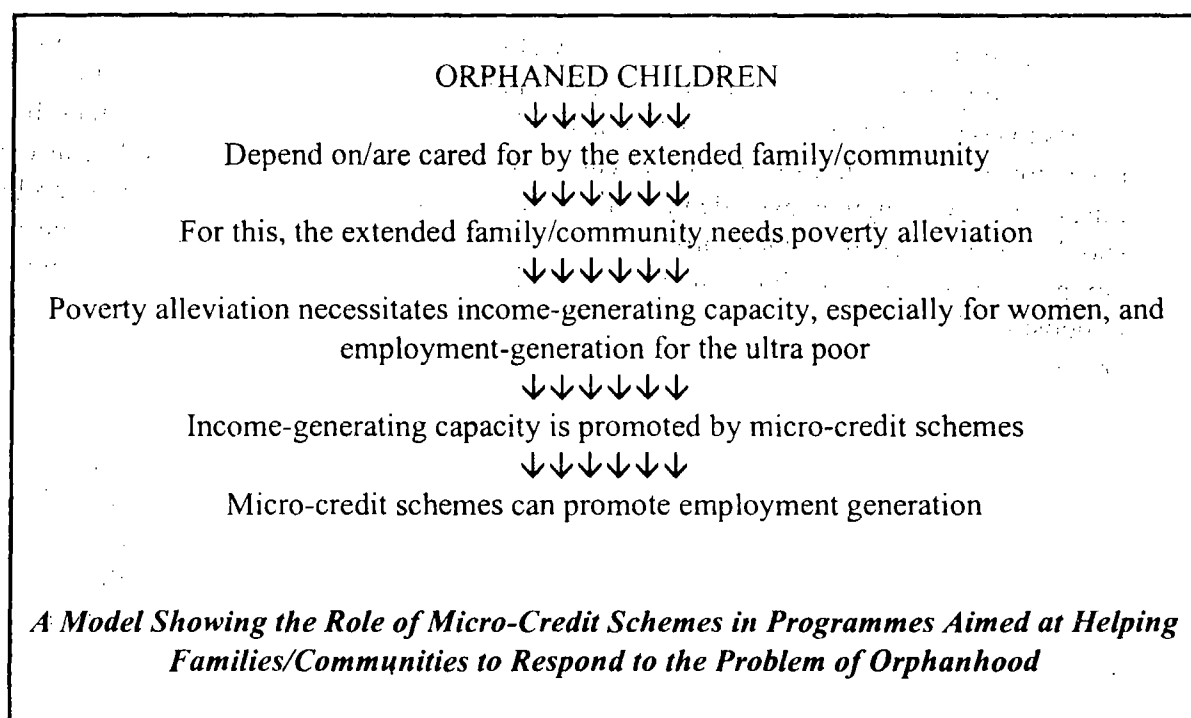
Because poverty, orphans and HIV/AIDS are almost inextricably intertwined, the most pressing problem experienced by the extended family and communities in their efforts to cope with the orphan situation is the day-to-day challenge of meeting their basic needs for food, clothing, shelter, health care, 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 Mwenzi 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-won 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

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 grassroot 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