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

Geographical Area: Malawi
Key Words: Children, Orphans, HIV, AIDS, Community, Sustainability, Micro-credit
Location: Study Fund, Social Recovery Project, CSO, Lusaka

ABSTRACT

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

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

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

children from target families, and by encouraging recreational activities that will increase these children's social integration and allow those who have suffered losses to express their pent-up emotions in a positive way.

COPE has played a key role in advocacy on behalf of Malawi's orphans, feeding into the government's orphan care programme for 1996–1998 and participating in the national task force on orphans. It has also sensitised the business community and politicians to the problems of orphans in communities, one outcome being considerable support for its school scholarship component.

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

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

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

Geographical Area: Zimbabwe: Mashonaland
Key Words: Orphans, Foster Care, Commercial Farms
Location: Southern Africa AIDS Dissemination Service (SAfAIDS) and Commercial Farmers Union, Harare, Zimbabwe

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

The study team made use of individual and focus group interviews, focus group discussions, self administered questionnaires, records analysis, and case studies. More than

150 branch delegates of the Zimbabwe Commercial Farmers Union completed a questionnaire that probed their assessment of the AIDS situation and their attitudes to supporting foster-care on their farms. Household composition data were collected from ten selected farms in Mashonaland. On these same farms, focus group discussions were held with both male and female workers. Interviews were further held with key workers and groups of children. Farm owners were also interviewed both individually and in groups.

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

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

A major problem that emerged was that of instability among farm families. The children were almost entirely the woman's responsibility placing a heavy burden on her. It was also very difficult for paternal orphans to gain access to their father's employment-related benefits, and once the mother died, the children were in most cases left completely abandoned.

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

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

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

71. NYUMBANI ORPHANAGE, NAIROBI

Petito, M. L., 1996, Internet Report

Geographical Area: Kenya: Nairobi
Keywords: HIV, Children, Care, Orphanage
Location: http://www.nyumbani.com/

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

72. THE COPE PROGRAM IN MALAWI

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

Geographical Area: Malawi: Namwera and Mangochi
Key Words: HIV, AIDS, COPE, Community Mobilisation
Location: USAID

ABSTRACT
Malawi is among countries most severely affected by HIV/AIDS, the growing number of orphans being one of the epidemic's most apparent and troubling impacts. The health, development, education and social integration of orphaned children are already at serious risk. It is estimated that by the year 2000, 1.2 million children in Malawi, or over 27

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

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

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

Geographical Area: Malawi: Mangochi and Namwera
Key Words: HIV, AIDS, Vulnerable Community, Community-based, Orphans, Micro-enterprises
Location: UNICEF

ABSTRACT
Following upon a brief review of the current HIV/AIDS situation, and the growth in the number of orphans, the review notes that the COPE (Community-based Options for Protection and Empowerment) offers w window of hope through its systematic approach to mobilising the community to respond to the needs of orphaned and vulnerable children. The programme has led to the formation of village AIDS committees which are active in identifying orphans and other vulnerable groups in the communities. These village committees have also succeeded in raising funds to help meet the physical and psychological needs of orphans. The strength of the programme is that the communities feel responsible for the initiation and sustainability of their activities. The village committees act independently when identifying the most needy in their midst and in determining how these are to be assisted. To increase the scale of community-based

activities, such as those promoted by COPE in Malawi, the programme is prepared to offer training to other organisations and to link up with other groups active in the care of those suffering from the impact of HIV/AIDS.

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

74. FAMILY AIDS CARING TRUST (FACT)

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

Geographical Area: Zimbabwe: Mutare
Key Words: Family, AIDS, Home-Based Care, Volunteers
Location: Family AIDS Caring Trust, Mutare, Zimbabwe

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

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

Following upon this evaluation, and the injection of additional funds from an overseas charitable agency, the programme expanded dramatically in 1998. It became possible to mobilise large numbers of volunteers, to provide them with some training, and to maintain their morale and commitment. Home visits are now an established component of the care of many HIV/AIDS sufferers in Mutare. The community mobilisation of large numbers of volunteers appears to have contributed to reducing the stigma of receiving a home visit, and this in turn has led to an increase in the number of referrals by community members. The increase in scale has been accompanied by a very significant decline in unit costs. The data suggest that the costs of programmes which involve large numbers of volunteers may be cheaper than those which are institutionally based and rely on welfare service professional workers.

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

Levine, C., No date shown

Geographical Area, United States of America: New York
Key Words: Orphans, Support Network
Location: http://fount.journalism.wise.edu/cpn/sections/family-intergen/stc/orphan-project.htm

ABSTRACT

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

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

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

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

SECTION VII

THE DEVELOPMENT OF POLICIES AND STRATEGIES

International Documents

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

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

Geographical Area: Global
Key Words: HIV, AIDS, Demography, Orphanhood, Fostering, Adoption, Family Structure, Intervention Strategies
Location: USAID, Lusaka

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

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

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

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

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

The report estimates that the impact of AIDS in Zambia will mean that by 2010 the total population will be 11.5 million, 4.2 million having been lost to the epidemic; the population growth rate will have fallen to 1.2 percent; life expectancy will be down to 30.3; and child mortality will stand at 202.1 per 1,000 live births. It is estimated that by 2000 the total number of maternal and double orphans will reach almost 750,000, more

than three-quarters of whom (78.4 percent) will be due to AIDS. To these must be added more than 900,000 paternal orphans, bringing the total number of orphans in 2000 to 1.657 million, a figure which will rise to 2.083 million by 2010.

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

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

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

Programmatic interventions that relate to one or more of these strategies include: (1) increasing family income and family services, and reducing household labour requirements; (2) identifying and increasing community support for the most vulnerable children and families; (3) ensuring adequate protection and care for children, including the protection of their property rights; (4) helping children and adolescents prepare to support themselves; and (5) optimising government support for the development of appropriate social resources, while paying careful attention to community ownership and partnerships with NGOs and CBOs.

The focus should be on interventions that seem to have better prospects of being effective at a reasonable cost and sustainable. Experience in the most affected countries shows that these include: community-based identification, monitoring and support of orphans and

other vulnerable children; community-based day care (sometimes integrating a daily meal); community-based interventions requiring shared labour, including child care and income-generating activities; women's credit and savings groups, including micro-credit schemes; training family members and support for in-home care of patients with AIDS; measures to reduce the time required for basic tasks carried out by women, so that they can have more time for income-generating activities, to care for the sick, or just to make daily life more manageable; coordination, information exchange, and data systems development by government and NGOs; and policy interventions to improve women and children's rights, access to resources, education and employment.

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

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

77. PROGRAMMING CONSULTATION ON CARE AND PROTECTION OF ORPHANS

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

Geographical Area: Eastern and Southern Africa
Key Words: Consultative, Orphans, HIV, AIDS, Best Practice
Location: UNICEF

ABSTRACT

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

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

Participants at the consultation strongly recommended a series of programme consultations to enable care-givers and service providers, governments, and other stake-holders to build on each others experience across countries. Multi-country consultations with stake-holders at all levels would help to define appropriate and strategic interventions, develop programme guidance, identify key programming issues, analyse lessons learned, assess the capacity of government and society to respond, and identify future needs.

During the consultation, participants identified key strategic interventions and actions for the management of the growing number of orphans. Among these was the fundamental guiding principle for orphan care that orphaned children remain within their communities in a family-like setting with an adult guardian or care-giver. Institutional care should be provided only on a temporary basis for children awaiting placement with the extended family, with a foster family, or through adoption. Long-term residential care should be seen as the very last resort for children with special needs. The participants further looked at the outstanding critical issues and the next steps to be taken. Several of these required further discussion with special attention from UNAIDS and UNICEF. Amongst these was the importance of emphasising and creating awareness of the need for counselling for both children and care-givers. It was also agreed that if civil society was to be strengthened to respond to the crisis, there was need for an improved social welfare response. Few government social welfare programmes in the region were able to support community responses for orphans and their care-givers. The inadequacy of government safety-nets was

also seen as putting additional pressure on the tightly stretched and thinly spread resources of communities.

The report concludes by emphasising the great contribution of the consultation to the dissemination of best practices and lessons learned. The discussions and debates had expanded the analytical framework for further programme development in the area of the care and protection of children. As a major guiding principle for programmes aimed at supporting children orphaned by AIDS, the consultation agreed that all programmes, including global and national plans of action, should aim at strengthening the capacity of the community to provide home care for the sick and a family-like environment for orphaned or abandoned children. Local knowledge and expertise should also be incorporated into the design and implementation of community-based responses.

Documents about Zambia

78. PROCEEDINGS OF THE ROUNDTABLE ON STREET AND ORPHANED CHILDREN

Nyiti, F., & Mwewa, L. K., 1996, Report

Geographical Area: Zambia
Key Words: Street Children, Orphans, Children
Location: Children in Need Network (CHIN), Lusaka

ABSTRACT
In 1996, the Children in Need Network (CHIN), a secretariat that had been formed to maximise networking among CBOs and NGOs working in the area of child welfare, convened a roundtable to examine the growing national problem of street children and orphans and how best government departments could come forward with programmes that would help alleviate the hardships faced by these children. The roundtable also considered the findings from a training needs survey that CHIN had carried out in 1996. Participants were drawn from NGOs, church bodies, relevant government ministries, ILO, and UNICEF.

Noting that the problem of orphans and street children cannot be addressed by just a handful of organisations, the roundtable agreed that responsibility lay with the entire civil society to participate in preventing and alleviating the effects of the orphan and street children problems. It considered that constituency funding could be used to cater for some

of the needs of these children. It recommended that guardians who abandon their children should be made to face the law and that churches should draw the attention of their members to the plight of street children and orphans. So that a more comprehensive picture might be developed regarding orphans and street children in the country, organisations working with these children were requested to send regularly updated statistical information to CHIN. The roundtable also emphasised the need for clear guidelines and policies, especially in relation to the legal protection of children.

79. HIV/AIDS ORPHANS AND NGOs IN ZAMBIA: STRATEGY DEVELOPMENT FOR USAID (ZAMBIA) MISSION PROGRAMMING FOR FAMILY AND COMMUNITY CARE OF CHILDREN AFFECTED BY HIV/AIDS

Hunter, S. and Donahue, J., June 1997, Research Report, USAID

Geographical Area: Zambia
Key Words: Family, Community, Care, Children, HIV, AIDS
Location: USAID, Lusaka

ABSTRACT

The HIV/AIDS epidemic in Zambia is one of the worst in Sub-Saharan Africa. Data from the 1994 national seroprevalence survey estimated overall urban infection levels at 28.2 percent among women of child-bearing age and rural infection rates of 12.9 percent in the same population. This study looks at the rates of orphaning and points out that the household survey data suggests that the higher NASTLP estimate of 1.8 million orphaned children, or the United States Census Bureau estimate of 1.6 million, better represent the current reality in Zambia.

At the level of social needs and services, the study notes that findings from other countries have demonstrated that children under five who are maternal or double orphans run a higher risk of sickness and are less likely to get immunisations, while paternal orphans of school-going age are at greater risk of lack of education. Double orphans are potentially the most vulnerable, but maternal orphans left with little or no resources following the death of their father also face serious disadvantages. The study reviews orphan living arrangements and indicates that most families expect care for orphans to be provided within the immediate family. The needs of orphans are threefold: (1) the needs of households in poverty—food, shelter, bedding and clothing; (2) the general needs of children under age 15—health, schooling; and (3) the needs of children aged 15 and above for access to work.

Households rely extensively on the labour of children aged 5–11 for cleaning, food preparation, child care for siblings, gathering food and firewood, carrying water, and

farming tasks. Two to three times more girls than boys are required to do household chores, with the exception of farming activities, gathering and chopping firewood, tending livestock and hunting. Few young children attend to the sick (6 percent of boys and 8 percent of girls), although rural children are twice as likely as urban children to help in this area.

If the proportion of households with orphans has increased rapidly since the beginning of the decade, so also has the community response. NGO, CBO and governmental assistance programmes for families and children affected by AIDS are probably more numerous in Zambia than in any neighbouring country. In this area, Zambia is a leader whose experiences challenge other countries to action.

This study also looks at co-ordination networks, the integration of income-generation with health interventions, and government responses.

80. STRATEGY FOR THE DEVELOPMENT OF USAID PROGRAM OF ASSISTANCE TO HIV/AIDS ORPHANED AND VULNERABLE CHILDREN IN ZAMBIA

Nampanya-Serpell, N., August 1997, Consultancy Report to PCI (Zambia)

Geographical Area: Zambia
Key Words: HIV, AIDS, Orphans, Vulnerable Children, NGOs, CBOs
Location: USAID, Lusaka

ABSTRACT

The problems experienced by orphans who are not AIDS-infected have been well documented in a number of studies that have been carried out in Zambia. Surveys in urban and rural Zambia have brought to light the critical needs of orphaned children for food, health and educational services, emotional support, counselling services, and legal protection against child abuse. Factors that put the orphaned child's well-being at risk were mainly poverty in the care-giving families, educational problems, health—physical and psychological—and the absence of explicit government policies and guidelines on a number of child-related issues.

There are several NGOs, CBOs and UN institutions which have initiated programmes, projects and various orphans-related activities or which have advocated for the rights of these vulnerable children. The potential of NGOs and CBOs in offering appropriate services that help orphaned children is high. What is needed is focused technical and financial assistance to support them in developing effective and sustainable programmes.

The current involvement of Project Concern International (PCI) in HIV/AIDS issues is the strengthening of District Health Management Teams (DHMT), NGOs, and CBOs to plan, implement, monitor and evaluate HIV/AIDS programmes and activities at district level. To date, PCI's assistance, which has been concentrated in Livingstone, Lusaka, Nchelenge, Ndola and Kitwe, has focused on behavioural change communication, condom use, STD management and control, voluntary counselling and testing, and home-based-care.

A number of sector and organisation-specific recommendations are made regarding what sort of help and assistance PCI and USAID could render to a set of cooperating organisations in connection with their area of focus. Programmes and activities presented are aimed at building on the comparative advantage, specialisation, willingness and commitment of the NGOs, CBOs, and institution to initiate activities for orphans and vulnerable children as soon as possible and to continue with those programmes in the longer term.

Responding to the need identified by cooperating partners for networking workshops, the report recommends that such meetings should be concerned with identifying the common concerns of NGOs and CBOs working with HIV/AIDS-affected children; identifying gaps in the current information and service provision for orphans and vulnerable children, exchanging experiences on how to deal with common problems, identifying common barriers and constraints to good practices, examining government policies and guidelines, and identifying available training and learning materials as well as best practices that could be shared between one NGO and another.

81. CONSULTATIVE ROUND-TABLE MEETING ON POLICY ISSUES AFFECTING ORPHANS AND VULNERABLE CHILDREN'S WELFARE IN ZAMBIA

Lubilo, M. & Sitwala, M., 1998, Report for Department of Social Welfare (Ministry of Community Development and Social Services) & PCI, Lusaka

Geographical Area: Zambia
Key Words: Orphans, Vulnerable Children
Location: Project Concern International (PCI), Lusaka

ABSTRACT
In partnership with the Department of Social Welfare (DSW) in the Ministry of Community Development and Social Services, Project Concern International (PCI) is implementing a programme to assist orphans and vulnerable children (OVC). The goal of the programme is to contribute towards improved welfare of AIDS orphans and vulnerable children in Zambia. One of the objectives under this goal is to contribute towards improved

child welfare policies and regulations in Zambia. As a first step towards achieving this, it was necessary to review the key policies and legislation that affect the welfare of children in the country. To this end, PCI and DSW organised a one day consultative round-table meeting on critical policy issues affecting the welfare of OVC in Zambia.

The round-table's objectives were to discuss the existing policies/legislation affecting the general welfare of children, identify critical issues from all sectors, prioritise critical issues that need attention, and make recommendations covering research, policy and the review of legislation relating to the child.

The presentations and discussions highlighted some of the problems and issues that currently affect orphans. The most urgent problems which orphaned children experience immediately after the death of their parent(s) are loss of social and emotional nurturance, and uncertainty about physical care, shelter, status in the family and home, and financial support. Due to high levels of awareness of HIV/AIDS and its implications on communities, families and children, levels of stigmatisation are believed to have reduced. It was indicated that services currently targeting OVC are reaching only about ten percent of the total number of AIDS orphans (a large percentage of whom are rural based). A number of initiatives have been put in place in response to the many challenges and problems facing orphans. Community-based care was strongly recommended as the most practical approach. It was also recommended that the six major pieces of legislation affecting children be reviewed and harmonised. In its general recommendations, the round-table also called for the introduction of a standard definition of a child in Zambia, and for an enumeration of orphans and vulnerable children. It further called for an integrated approach at household level that would provide effective home-based care for the sick while simultaneously addressing the needs of OVC. Stressing the need for increased support to OVC at all levels, it underlined the need to strengthen the role of NGOs and CBOs to ensure that such support was effective.

82. SITUATION OF THE ORPHANS IN ZAMBIA. A POSSIBLE ANSWER

LARC (Link Association for Relief of Children), 1999, Unpublished Assessment

Geographical Area: Zambia
Key Words: Orphans, Orphanage, Foster Care, Adoption, Extended Family
Location: LARC (Link Association for Relief of Children), Ndola

ABSTRACT
The paper assesses the situation of orphans in Zambia, acknowledging that it is a growing problem which has worsened with the advent of HIV/AIDS. It also proposes possible answers to the care or orphans. Apart from exceptional circumstances, it does not see that

this answer lies in orphanages, but acknowledges that foster care and adoption may be feasible alternatives. Notwithstanding the size of the problem, the paper suggests that the situation of orphans can still be managed. But it warns of the risk that a large number of orphans might find themselves on the streets if proper care services are not established. The extended family system should be revisited, strengthened and supported as the care service provider in order to protect children, families and societies from the adverse effects of this mounting problem.

83. AN INSTITUTIONAL FRAMEWORK FOR THE COORDINATION OF SUPPORT TO ORPHANS AND VULNERABLE CHILDREN IN ZAMBIA. RECOMMENDATIONS FROM THE TECHNICAL TASK FORCE

Technical Task Force, June 1999, Report

Geographical Area: Zambia
Key Words: Orphans, NGOs, Coordination
Location: UNICEF

ABSTRACT
In February 1999, the Permanent Secretaries from the Ministries of Community Development and Social Services, Health, Education, and Sport, Youth and Child Development constituted a technical task force to recommend an appropriate national mechanism for the coordination of support to orphans and vulnerable children in Zambia.

After reviewing the situation of vulnerable children and orphans in Zambia and examining the impact on children and coping strategies of families, the Task Force notes that overall capacities to respond to the rapidly growing and complex phenomenon of orphans and vulnerable children in Zambia are not well established. Government and about 40 NGOs are currently operating programmes for orphans, street children, and other children in need. Most of these are relatively new and are located in urban centres and along the line-of-rail (Livingstone to the Copperbelt). Most of these organisations learn by doing and have had little opportunity to evaluate the impact of their approaches. Currently there is no national government mechanism for the coordination of support to orphans and vulnerable children. The different government sectors develop their own policies and implement specific sector activities, including the mobilisation and allocation of resources, without any substantial consultation/collaboration with other sectors. The linkages between government and NGOs involved in supporting orphans and vulnerable children are also weak.

The Task Force clusters NGO activity into five broad types: to provide welfare assistance to cover the costs or provide access to basic services; to provide institutional care for orphaned, abandoned or unaccompanied children; to strengthen the formal adoption or

supervised fostering of orphaned and unaccompanied children; to strengthen family and community capacities to identify and act on the wants of children in need; and to provide street children and other children in need with the skills they require for life. It notes that currently a very small proportion of orphaned children are cared for in orphanages. Officially there are 15 recognised orphanages in Lusaka and at least 15 others which are ad hoc and unlicensed. Although exact figures are not known, current capacity in official facilities does not exceed 500 children.

Recognising the roles of government ministries and other stake-holders in responding to the problem of orphans, the Task Force recommends (1) that the Ministry of Youth, Sport and Child Development should be the key line ministry for all issues pertaining to the coordination of activities for orphans and vulnerable children; and (2) that the government should establish a National Orphans and Vulnerable Children Coordinating Committee. This committee's functions would be to serve as an advisory body on all issues pertaining to orphans and vulnerable children; to make recommendations pertaining to policy, legal development, review and guidance for these children; to strengthen the capacity in government and NGOs to support community-based programmes; to enhance and strengthen coordination among implementing government and NGO institutions; to assist in mobilising and advising on the allocation of resources for identified priority areas; to play an advocacy role at the national and international levels on the plight of orphans and vulnerable children; to collect and disseminate information on these children; to identify the research priorities on orphans and vulnerable children; and to continuously monitor and assess the situation in their regard.

Documents about Countries other than Zambia

84. NATIONAL ORPHANS CARE POLICY: ZIMBABWE (Version 1.3)

Department of Social Welfare, Ministry of Public Service, Harare, 1996, Policy Proposal

Geographical Area: Zimbabwe
Key Words: Orphans, Policy, Orphans' Legal Rights
Location: Children in Need Network (CHIN)

ABSTRACT
This document outlines the policy on orphan care that was proposed for official adoption in Zimbabwe and gives the background leading to its development. Concerned that the crisis of mass orphanhood in the country would overstretch the capabilities and resources of the social welfare, health and other services, the Department of Social Welfare commissioned

studies and consultancies that would lead to the creation of a policy that might help to contain the situation. Studies were conducted and workshops held . There was an extensive consultation process involving various government ministries, churches, traditional leaders, the University of Zimbabwe, and grassroot communities. The outcome was a policy which is regarded as "Zimbabwe friendly" because of the wide involvement of local stake-holders in its development and the cognisance it takes of the country's limited financial capacity.

The policy proposes that the principles contained in the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child should form the basis of the care and protection of the orphan. The preferred mode of care was to be through the family. Outside agencies were to be considered only when the family and community had completely failed. The policy further proposed that there be increased, but still realistically available, resources, with a special policy programme fund, and additional professional social workers to manage the implementation of the policy.

Regarding health, the policy proposed mass campaigns directed to attitude changes and information sharing concerning the health risks of orphans. Identified needs included increased budgetary provision to address sustainable health, food and nutrition needs, and continuous in-service education in the areas of children's rights and counselling. While proposing that the school health programme be strengthened with human and material resources, the policy called on the education ministry to formulate guidelines on the education of orphans. In this regard, the education ministry was to institute a legal framework to secure the full participation of all children, including orphans, while these latter were to benefit from a government-established school fees assistance programme. On the legal rights of orphans, the policy called for measures in cases of intestate succession so that the orphaned children would automatically inherit the entire estate of deceased parents. It further called for the appointment of legal practitioners who would act in conjunction with the courts to assist orphaned minors in matters of intestate inheritance. In a novel development, the policy further called for the allocation of resources for the development of legal educational materials and for the legal education of children on their rights.

Coordination, implementation, monitoring, and information sharing at national, provincial and district levels was entrusted to the Department of Social Welfare. At grassroot levels, implementation was to be in the hands of community development agencies, churches, NGOs, and local authorities which were already operating at these levels.

85. THE DEVELOPMENT OF AN ORPHAN POLICY AND PROGRAMMING IN MALAWI

Kalemba, E., 1998, Unpublished Paper

Geographical Area: Malawi
Key Words: Children, Policy, Programmes
Location: UNICEF

ABSTRACT

With one of the world's highest HIV infection rates, Malawi has taken the problem of orphans as a significant national priority and is making efforts to address the problem systematically. This paper critically reviews these efforts with a view to elaborating the policies and programming that has developed. It provides a macro-level overview of the problem that Malawi is experiencing, the emphasis being on the development of policy and how it has been applied.

The paper gives an outline of the orphans situation in the country prior to HIV/AIDS. Through an overview of the AIDS situation in the country and its impact on children, this is then contrasted with the HIV/AIDS period. The paper then discusses the response to the problem with emphasis on the developmental approach. This is followed by a discussion of the factors that influenced the formulation of the orphans policy and an outline of the policy itself. A conceptual framework for use in other countries can be developed from this. A brief qualitative overview of the performance of the programme is given.

In conclusion, the paper states that the policy guidelines have proved a useful tool for programme management. They provide necessary guidance on crucial issues in orphan care. It further concluded that as the orphan phenomenon is dynamic, there is an ever-present need to adjust policies to respond to the changes.

Just Don't Know

What did I do to deserve this?
It is not fair.
To grow up without knowing who really your true parents are.
'Just forget it,' they say.

'We are not different from any other parent,' they continue to say.
I am told that my parents died,
But I am not told what killed them.
Only when I do something wrong
Do any of my step-brothers shout at me:
'No wonder your parents died of that disease'
I feel so lonely and forsaken.
I long for true parental care.
But what to do?
I just don't know.

(Community Youth Concern)

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Fund
CBO	Community-Based Organisation
CBOSP	Community-Based Orphan Support Project
CEDAW	Convention for the Elimination of all Forms of Discrimination against Women
CHIN	Children in Need Network
CINDI	Children in Distress
COPE	Community-Based Options for Protection and Empowerment
CRC	Convention on the Rights of the Child
DCOF	Displaced Children and Orphans Fund
DHMT	District Health Management Team
DSW	Department of Social Welfare
FACT	Family AIDS Caring Trust
FOCUS	Families, Orphans and Children under Stress
GNP	Gross National Product
GRZ	Government of the Republic of Zambia
HBC	Home-Based Care
HIV	Human Immuno-Deficiency Virus
ILO	International Labour Organisation
LARC	Link Association for Relief of Children

LCMS	Living Conditions Monitoring Survey
MOC	Models of Care
NASTLP	National AIDS/STD/TB/Leprosy Programme
NGO	Non-Governmental Organisation
NPA	National Programme of Action (for Children)
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
PLA	Participatory Learning and Action
PPN	Permanency Planning Network
PRA	Participatory Rapid/Rural Appraisal
PWAS	Public Welfare Assistance Scheme
SAfAIDS	Southern Africa AIDS Information Dissemination Service
SC-US	Save the Children Federation of the United |States
STD	Sexually Transmitted Disease
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation
YWCA	Young Women's Christian Association
ZCSS	Zambia Community Schools Secretariat
ZOCS	Zambia Open Community Schools
ZOWA	Zambia Orphans and Widows Association

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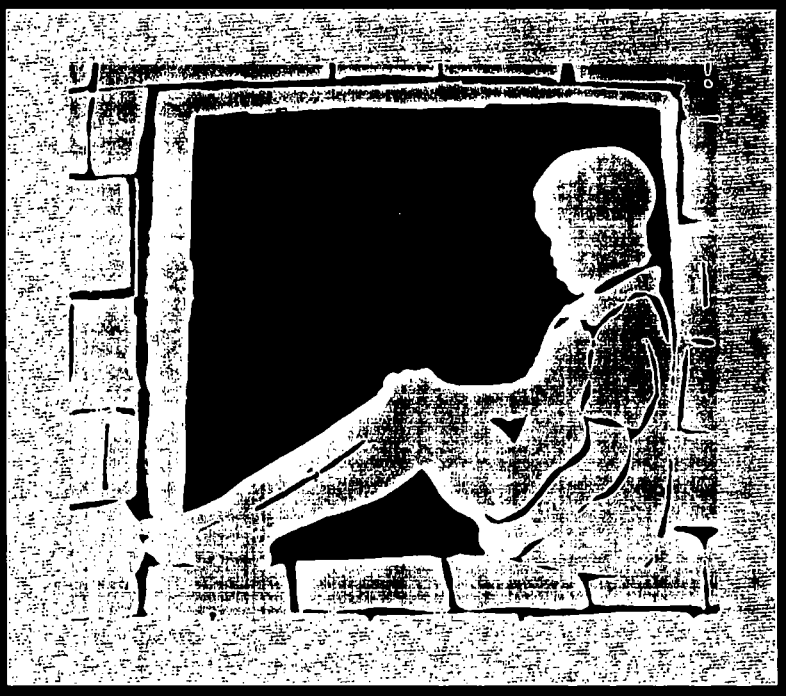
Situation Analysis of Orphans and Vulnerable Children in Zambia 1999

Volume 3

DATA REVIEW



Government of the Republic of Zambia

ANALYSIS & ENUMERATION USING EXISTING DATA

Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

DATA REVIEW

Analysis and Enumeration using Existing Data

Solomon Tembo, Frank Kakungu
Karen Doll Manda

Joint USAID/UNICEF/SIDA/Study Fund Project

November, 1999

Data Review and Enumeration

This report examines and analyses the Data Review and Enumeration of to the Situation of Orphans in Zambia and was conducted by Solomon Tembo and Frank Kakungu. The analysis was written by Karen Doll Manda. This report serves as one component of a larger Situation Analysis of Orphans in Zambia managed by the Study Fund of the Social Recovery Project on behalf of UNICEF SIDA and USAID, under the guidance of a Steering Committee which draws its membership form Government, NGOs, donors, UN agencies and researchers.

The other components of the larger study are as follows:

- Literature Review/ Annotated Bibliography
- Community Response (Participatory research)
- Institutional Response
- Assessment of Practices of Care

Objectives

The objectives of data review and enumeration were to:

- Assess the current magnitude of orphans;
- Effectively analyse existing quantitative data;
- Understand the relationship between the loss of one or both parents on socio-economic and welfare factors.
- Suggest some welfare indicators for monitoring and evaluation purposes.

The data review and enumeration exercise compares the welfare of orphans and that of non-orphans in Zambia using survey livelihood indicators for poverty, residence, food security, education and health.

Methodology

The data and collection of data from various studies was examined to develop the level of adequacy regarding orphans in Zambia. These studies are:

- Living Conditions Monitoring Survey (1996)
- 1990 Census on Population and Housing
- Zambia Demographic Health Survey (1996)
- Food and Household Nutrition Information System (1997)

Living Conditions Monitoring Survey (LCMS)

The 1996 Living Conditions and Monitoring Survey (LCMS) provides the only reliable data regarding orphan children in Zambia. The survey gathered, for the first time in Zambia, information on the magnitude of orphans. The LCMS collected information from children regarding surviving parents and revealed the relationship of the child to the head of household. The analysis of this data shows the magnitude of orphans and informs about the social characteristics of the households, in which the orphans live. The sample size of the LCMS was 12,000 households.

The 1998 LCMS has also collected this information, but the data is still being processed and was not available for this particular study. However, when appropriate basic information derived from the 1998 data has been included in this narrative.

The 1990 Census on Population and Housing

The 1990 census did not ask for information on orphans. The census questionnaire asked who had died in the household. However, it did not seek to reveal the relationship of the children to household head.

Zambia Demographic Health Survey (ZDHS)

The Zambia Demographic Health Survey (ZDHS) 1996 asked questions about parental survivorship to persons below 15 years old. Three types of questionnaires were used on a sample of 8000 households. The household questionnaire listed all the usual members and visitors of selected households. Some basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. This information can give some useful indicators of the welfare of households with orphans. However, the sample size of persons under the age of 15 years who were asked about their relationship to household head was not only small but also ignored children over 15 years.

Food and Households Nutrition System (FHANIS)

The Food and Households Nutrition System (FHANIS) 1997, urban questionnaire, included some questions regarding the death of members of households. The survey did not reveal the relationship of survivors to the deceased head and therefore, orphans cannot be determined from this data set. Even though, the incidence of heads of households who died can be derived from this data set, it can not be used for understanding the situation of orphans in Zambia because the sample size was far too small to confidently inform about household characteristics.

1996 LCMS Data

The LCMS 1996 was carried out by the Central Statistics Office. The survey intended to highlight and monitor living conditions of the Zambian people. It includes a set of priority indicators on poverty and living conditions to be repeated regularly.

The LCMS was nation-wide survey on a sample basis and covered both rural and urban areas. The eligible household population consisted of all civilian households. Excluded from the sample were institutional populations in hospitals, boarding schools, prisons, hotels, refugee camps, orphanages, military camps and bases and diplomats accredited to Zambia in embassies and high commissions. Private households living around these institutions were included such as teachers whose houses are within the premises of the school.

The domains of the study and data disaggregation for the survey were:

- Rural
- Urban
- Province
- District

Data collection took place between September to November 1996. The sampling frame for the LCMS 1996 was obtained from the 1990 Census of Population and Housing comprising 4,193 Census Supervisory Areas (CSAs) of which 3,231 are rural and 962 are urban and 12,999 Standard Enumeration Areas (SEAs).

The Local Government Administration classifies localities into low, medium and high cost based on the required housing standard. The urban SEAs were classified into these areas based on the combination of the Local Government Administration and the CSO criteria. All urban SEAs were visited to determine classification by trained evaluators. Within the selected rural SEAs households were classified on the basis of the scale of agricultural activity into small scale, medium scale and large scale.

SEAs were allocated to each province after deciding on a national sample of 610 SEAs. Units were equally allocated across all provinces by dividing the sample size by the number of provinces. In this study each province received 67 SEAs. Depending on the population size, heterogeneity and homogeneity of the provinces, the probability proportional to size method was applied leading to additions and subtractions to some provinces. This was done at provincial, district, urban/rural and centrality levels. This method increased the probability of including even the most remote areas in the sample. The minimum size for each district sample was 7 SEAs. This was deemed adequate to give district based estimates with minimum variance. It is however not advisable to break district estimates into rural/urban. The provincial and national estimates can be broken into rural/urban.

Sample selection was done in two stages. In the first a sample of SEAs was selected within each stratum according to the number allocated to that stratum. Selection was done systematically with probability proportional to the number of households within each SEA as registered in the 1990 Population Census. The second stage comprised selection of households from each sample SEA according to the number of households recommended, after a complete listing of all households in the sample SEAs. The, SEAs formed Primary Sampling Units. The unit of analysis was the household.

Four basic instruments were used in collecting data during the survey. These are the listing form and three types of questionnaires: household, individual (administered to all persons 12 years and above) and the child (administered to children 11 years and below.) Additionally, tools to measure under five children weight and height, and kitchen scales were also used. The questionnaires were pre-tested.

Level of confidence

The level of confidence of the data is 95%.

Base Population

The base population for the data used in this report is 0 to 18 years.

Limitations of the LCMS data

It is difficult to collect accurate data on the number of orphans. If respondents have the impression that orphans may receive special benefits, the number of reported orphans tends to increase. Depending on the way the question is asked in the local language can also influence the data collected. All Zambian languages have a word for orphan, but none would apply to a child who is looked after. Culturally, a brother or sister looking after a deceased sibling's children may not label these children as orphans because they are absorbed into a family structure and looked after. Therefore, the reported number of orphans may be less than what an adhered conventional definition of orphan would indicate.

The data is unable to distinguish between AIDS and non-AIDS orphans. However, given the level of HIV infection in Zambia, it can be assumed that a large majority of the orphans are a result of the AIDS pandemic sweeping the country.

The data is also unable to determine the number of street children, a growing population in Zambia, and to identify characteristics of street children.

The manipulation of the data to make detailed projections and descriptions was often not possible. Therefore, the analysis and descriptions arising from the data are limited.

General Characteristics of Orphans in Zambia

Based upon the data, the following general points can be made about orphan children in Zambia.

- The 1996 data states the 13% of Zambian children are orphans.
- 64% of orphans are paternal orphans; 22% maternal and 14% double.
- There is an equal distribution of boy and girl orphans.
- In 1996 the number of orphans rural areas was greater than urban. However, the proportion of orphan to non-orphan children in urban areas is slightly greater.
- There is little notable difference in the poverty level of households with orphans and those without orphans.
- There is little economic difference between maternal and paternal orphans.
- There is little notable difference in primary school attendance rates between orphan and non orphan children.
- The majority of single orphans are looked after by the surviving parent.
- The majority of double orphans are looked after by either a grandparent or an aunt/uncle.

The data demonstrates that little overall economic difference between orphan and non orphan children. As levels of poverty in Zambia increase, Zambian children face vulnerability.

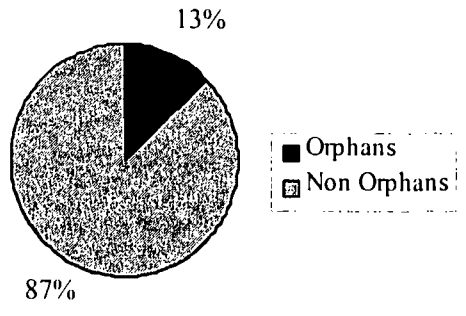
Definition of Orphan

In the LCMS 1996 report, an orphan is defined as a person aged 18 years or less with at least one parent dead. Three questionnaires: the Household Questionnaire, the Individual (12 years old and above), and the Child Questionnaire were used and three types of orphans can be identified: maternal, paternal and double orphan. However, very little else, apart from sex, may be known about the dead parent from the data. The information on surviving parent is also limited to surviving parent within the household only and does not allow for collection of data regarding status of parent whose children might live with another relative. In general, throughout this paper, unless otherwise specified the term orphan applies to those children who have lost one or both parents.

The Current Prevalence of Orphans in Zambia

In 1996, there were 4.1 million children in Zambia. According to the 1996 LCMS data, the 13% (approximately 550,000) of children are orphans in Zambia. Some studies indicate the prevalence of orphans in Zambia to be as high as 51%. Given that the current HIV/AIDS infection rate hovers around 20%, the percentage of orphans based on the LCMS appear low, perhaps due to the difficulties to collect data on orphans and the limitations of the LCMS study.

Chart 1: Percentage of Orphan Children LCMS 1996



Maternal, Paternal, Double Orphans

Currently, single orphans (86% or 472,588) outnumber double orphans. Assuming that the possibility that the spouse of the deceased is also HIV+ is probable, future studies will undoubtedly indicate that a larger percentage of children are double orphans.

Table 1: Orphans by Age and Type

Age Group (years)	Maternal Orphan	Paternal Orphan	Double Orphan
0-4	2% (12,344)	7% (39736)	.1% (3189)
5-9	6% (31,837)	16% (88,840)	3% (18,442)
10-14	8% (45,291)	2% (116,236)	6% (30,215)
15-18	6% (31297	20% (107,007)	5% (24,504)
All Orphans	22% (120,769)	64% (351,819)	14% (76,350)

1996 LCMS

Of the total orphan population (regardless of age group), 64% (350,000 children) have a deceased father. Only 22% of orphans are maternal orphans and 14% are double orphans. There is a slight difference in life expectancy in Zambia between men and women. The life expectancy of men is 44.7 years and for women 46.2 years.[1] Despite the life expectancy difference, the question is why are women not dying at equal rates of the men, particularly, given a woman's increased physiological vulnerability to HIV infection. Also, poor women, whether urban or rural, exert tremendous physical energy to care for their families through the increased work burdens of collecting water and fuel and caring for the ill, as well as providing daily for the children. These factors are often cited as causes of maternal morbidity related to child birth and one would assume would also contribute to the speed of AIDS related death. It is also possible that men are engaging in additional risky behaviour, which leads to the death of men at a faster rate than women.

Assuming the father was the major beard winner of the family, the large percentage of paternal orphans should have alarming repercussions on household economic status and food security, however the economic data does not support this assumption, which are demonstrated in the socio-economic section of this report.

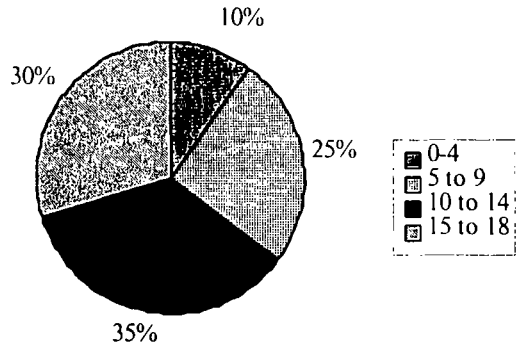
Perhaps more important than the economic factors of a father's death are the social implications of children being raised without the tutelage of their father. The data cannot reveal the role that uncles and male family friends play in an orphan child's daily life. However, the alarming figure of father-less children and the social implications provide reason for concern.

[1] Zambia Human Development Report 1998, p 61.

Age of Orphan

Currently, the majority (70%) of orphans are under the age of 15, reasonably equally distributed between 10 to 14 years and under 10 years. There is a slight bulge of children in the age group 10 to 14. The low under five orphan percentage could be related to the overall high under five mortality rate in Zambia. Furthermore, it is possible that many children under five are also HIV+ and may die at a younger age.

Chart 2: Percentage of Orphans by Age Group
LCMS 1996



Nevertheless, the data demonstrates a bulge of orphan children between the age of 10 to 14. This bulge could have future social and economic implications for the country.

Street Children

The numbers of street children are growing in urban areas of Zambia. The LCMS data does not provide quantitative information on this important and growing population of children.

The 1998 Zambia Human Development Report estimates that 75,000 children are street children with over two-thirds of the children between the ages of 6 to 14 years old and the majority are boys. 40% of street children have lost both parents. Street children represent 14% of the orphan population in Zambia.

Street children can be divided into three categories: homeless street children, children who are detached from the family and happen to live with friends and children who have a home to return to. It is estimated that 7% of street children have no home to return to.

Geographic Location of Orphans

Rural vs. Urban

The 1996 data demonstrates that 63% of orphans are found in rural areas. However, the proportion of orphan children to non-orphan children in urban areas is slightly higher (15%) for that of urban orphans than that of rural orphans (13%). HIV/AIDS infection rates in Zambia are higher in urban areas as opposed to rural. Additionally Zambia has one of the highest urban populations with nearly 40%[2] residing in urban areas. Based on these two factors, the assumption could be made that the majority of orphans would reside in urban areas.

The overall percentage of rural children (orphan and non orphan) is 67%. The percentage of non orphan rural children is 68%. Qualitative studies indicate that orphan children, particularly of the very poor urban, are often sent to live with grandparents in rural areas. The qualitative analysis also suggests that frequently orphaned children are shuffled from household to household depending on the current economic trend of the household. During the dry season, when food supplies diminish, rural orphans may experience a shuffling to another household. The LCMS data cannot assess the migration patterns of children from urban to rural, rural to urban or from household to household. However, the movement from the urban poor to rural areas might account for the large percentage of orphan children residing in rural areas.

Anecdotal evidence suggests a migration of children, particularly after the death of both parents, to urban areas. Quantitative information on street children is not available nor the migration habits of orphan children. However, if the death of both parents is prime contributing factor for urban migration of orphan children, then as the number of double orphans increase, the geographic percentage of orphans in urban areas can be expected to increase as well.

Provincial and District Location

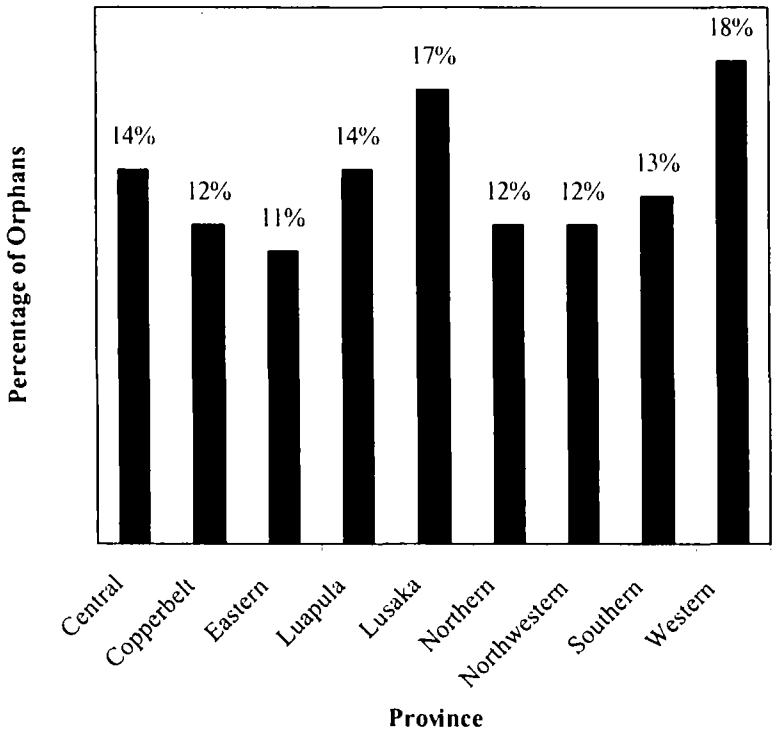
The percentage of orphans in Zambia's nine provinces ranges from 11 to 18% with the Lusaka (17%), and Western (18%) Provinces having the highest percentage of orphans. Of the remaining provinces the difference of percentage of orphan children is slight.

Lusaka Province, with the most dense population in Zambia, has one of the largest percentage of orphans (17%). The reasons for this are clear and do not require explanation. The remaining urbanised Provinces, Copperbelt and Southern, do not contain the largest percentage of orphans.

[2] Zambia Human Development Report 1998, p. 5.

Western Province, which is primarily rural, contains 18% of the orphans in Zambia. Western province has a garrison town located in it and the rate of HIV/AIDS infection is relatively high amongst the military population in Zambia. Western Province also borders Angola. It is possible that cross border activity has increased the prevalence of HIV/AIDS. Also, war refugees might be engaging in commercial sex to assure economic survival.

Chart 3: Percentage of Orphans by Province LCMS 1996



Central Province is also a predominantly rural area with 14% of the orphan population. Central province is a cross road linking Zambia with neighbouring countries and the road transport system runs through Central Province. Truckers are a high risk group for HIV/AIDS.

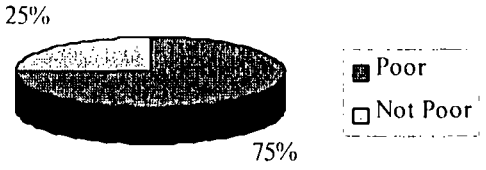
Luapula Province contains 14% of orphans. The province contains fishing communities, which are also high risk groups for HIV/AIDS.

When reviewing the distribution of orphans throughout Zambian districts, it appears that there are no obvious geographic patterns. (Annex Table 3A) A number of factors can influence the number and location of orphans: maternal access to clinics, HIV/AIDS, other causes of death. It appears that the presence of garrisons, important road transit points and location of border areas contribute to higher proportion of orphans. Relatively remote areas are associated with lower numbers of orphans.

Socio-Economic Status of Orphan Children

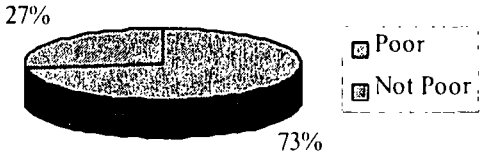
Although an alarming 75% of orphan children are found in poor households; families living below the poverty line, there is little difference in economic status between households with orphans and those without.

Chart 4: Poverty Status of Orphan Children
LCMS 1996



73% of non-orphan children are also living in households below the poverty line.

Chart 5: Poverty Status of Non Orphan Children
LCMS 1996



While these figures do not demonstrate that orphan children are necessarily worse off than non orphan children, the figures clearly demonstrate the economic vulnerability of all children in Zambia, which translates into fewer children attending school, poor nutritional status and lack of proper health care.

Poverty Status of Maternal, Paternal and Double Orphans

The frequent assumption is that when the father passes away the economic status of the family drops considerably. Since a greater percentage of orphans, and therefore a larger number, are paternal, at first glance it could appear that the death of a father impacts the economic status more so than the death of the mother. When examining sheer numbers alone nearly 262,500 paternal orphans are poor and just under 100,000 maternal orphans live below the poverty line. Due to the larger percentage of paternal orphans, the overall percentage of children in poverty whose fathers have died (49%) is greater than those children's whose mothers have died (17%).

Examining the sheer number of orphans below the poverty line is misleading. The data demonstrates that 77% of maternal orphans live below the poverty line and 75% of paternal orphans live below the poverty line.

Table 2: Poverty Status of Orphan and Non Orphan Children

Poverty Status	Maternal Orphans	Paternal Orphans	Double Orphans	Non Orphans
Poor	77%	75%	71%	73%
Not Poor	23%	25%	29%	27%

LCMS 1996

Interestingly, 71% of double orphans live below the poverty line, which suggests that double orphans, when absorbed into an existing family structure, experience a very slight increase in economic status. The possibility exists that they are absorbed into dual or multi income source families and therefore the levels of poverty decrease. However, this slight increase is overshadowed by the fact that the majority of orphan children remain in poverty.

Rural vs. Urban

The overall levels of poverty in rural areas is significantly higher than urban areas in Zambia. The 1998 Zambia Human Development Report indicates that 83% of the rural population lives below the poverty line whereas 46% of urban residents (the majority of the Zambian population) fall below the poverty line. Not surprising, an examination of the data divided into rural and urban reveals that a greater percentage of rural orphan children fall below the poverty line than their urban counterparts.

Table 3: Poverty Status of Orphans (Percentage)

Poverty Status	**Orphans**		**Non Orphans**		**All Children**	
	Rural	**Urban**	**Rural**	**Urban**	**Rural**	**Urban**
Poor	56%	19%	55%	17%	56%	17%
Not Poor	8%	17%	11%	17%	10%	17%

LCMS 1996

However, there is little notable distinction between the urban and rural poverty levels of orphan and non orphan children. The data continues to support the fact that children in Zambia are economically disadvantaged and poverty is a real issue facing the majority of households.

The data does not allow for an examination of change in economic status after the death of a parent. It is not possible, from the data, to determine if the orphans were living below the poverty line prior to the passing away of the parent. However, given the levels of poverty in Zambia a reasonable assumption can be made that prior to the death of a parent(s), the child(ren) was living in poverty.

School Attendance

Countrywide, there is little difference of the primary school attendance rates between orphans and non orphan children. Approximately half the school aged children, attend primary school.

Table 4: School Attendance Rates for Orphan and Non Orphan Children

School Attendance	Orphans		Non Orphans	
	Boys	Girls	Boys	Girls
Attending School	51%	48%	49%	45%
Not Attending School	49%	52%	51%	55%

LCMS 1996

There is a slight discrepancy between the percentages of boys and girls enrolled in school, showing some favour to enrolling boys in schools over girls. However, the difference is slight which can probably be attributed to the promotion of girls education in Zambia.

The data indicated a differentiation between orphan and non orphan children receiving an education beyond primary school, with slightly more non orphan children attending secondary school. (Annex Table 10A) In general, more children, both orphan and non orphan, in urban areas attend primary school than in rural areas. The geographic difference probably results from factors such as location of schools and affordability of school fees and uniforms, rather than orphan status.

The LCMS attempted to gather data for distinguishing the reasons for lack of school attendance. However, the categories of the questions were vague and difficult to distinguish between each other. For example on category is too expensive, whereas another is lack of support, which can encompass financial as well as emotional support. However these two categories account for one-third of the reasons given for not attending school. (Annex Table 11A) In general, qualitative evidence supports financial inability as the prime reason children are not enrolled in school.

The LCMS data only measures children enrolled in formal education and does not account for those enrolled in community schools.

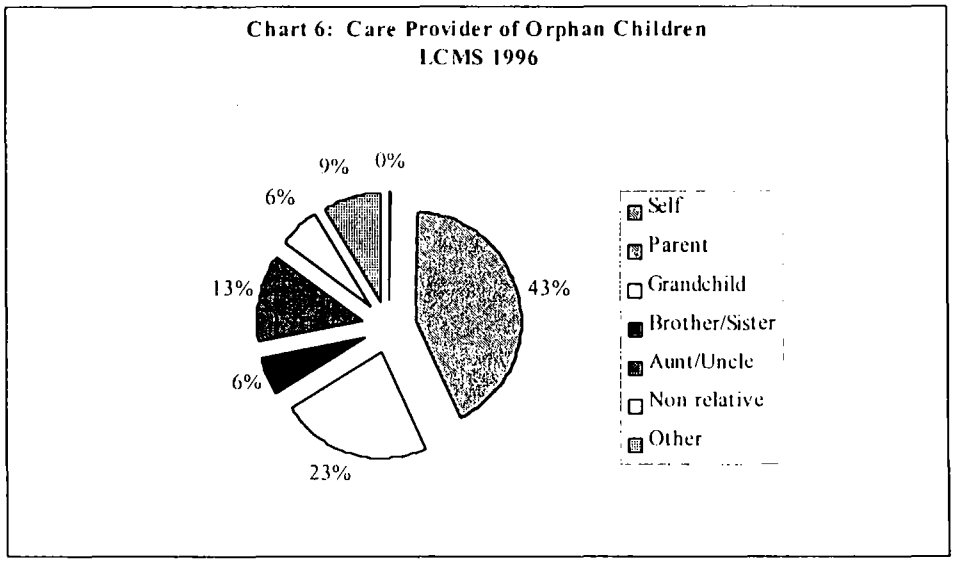
Most important is that a significant number of school aged children, both orphan and non orphan, are not enrolled in school. If the current downward economic momentum continues, it is expected that in the future more families will be unable to send their children to school and a greater percentage of children will grow up without the benefits of a primary education. Current national literacy rates are 66%[3], a notable decrease in the last decade. Urban literacy rates are nearly twice as high as rural rates. Literacy rates are often associated with various benchmarks of a country's development. Most important literacy directly impacts the type of employment in which a person may participate. If, as projected, school enrolments decline, there will be a significant decline in adult literacy rates in ten to twenty years.

[3] Zambia Human Development Report 1998, p. 60.

Characteristics of Households with Orphans

Primary Care Giver

Almost half of orphans reside a household headed by a surviving parent. The national statistics indicate that grandparents and aunts/uncles look after 35% of orphan children.



Grandparents and aunts/uncles look after 36 % of orphan children. When this data is broken into categories of maternal, paternal and double, it demonstrates that grandparents and aunts/uncles look after a large percentage of double orphans. Grandparents look after 38% of double orphans and aunts/uncles look after 29%, demonstrating that the extended family continues to share the burden of orphan care.

Table 5: Care Provider of Orphan Children (Type of Orphan and Rural/Urban Location)

Care Giver	Maternal	Paternal	Double
Head	.1	.2%	.6%
Parent	37%	53%	-
Grand Child	27%	18%	38%
Brother/Sister	5%	5%	1%
Aunt/Uncle	15%	9%	29%
Non Relative	9%	10%	6%
Other Relative	7%	5%	25%

LCMS 1996

The data shows a differentiation between the role of grandparents and aunts/uncles in rural and urban areas. In general, rural grandmothers looks after 46% of double orphans and in urban areas, they look after 29%. Aunts/uncles in urban areas look after 33% of double orphans and in rural areas they look after 25%. (Annex Table 5B)

The large percentage of orphans looked after by grandparents raises concerns. If one assumes that the grandparents are looking after the children because the brothers/sisters of the deceased are either unable or unwilling, the real concern is over the fate of the children once the grandparent also passes away.

The majority of paternal orphans are cared for by their mothers. Whereas, maternal orphans seem to be shuffled to the homes of grandparents and aunts/uncles. Various reasons could account for this. Most notably the fathers may feel unable to properly provide the care of a woman and desire to see their children grow up under the care of a woman. It could also signal that the patrilineal roles and responsibility for the surviving family members is waning and the widowed mother faces the burden to provide for her children alone. Given the strong role of the extended family in caring for single and double orphan children, this is most likely a false assumption.

This data supports that the extended family is assuming the majority of the burden to care for the orphan children. The data is unable to determine the change in economic status as families take on additional children. The data is unable to determine the emotional and psychological pressures the extended family faces with the increase in orphan children. The data is unable to predict the fate of children cared for by aged grandparents who may pass away before the children reach adulthood. However, given that a large percentage of children are cared for by grandparents

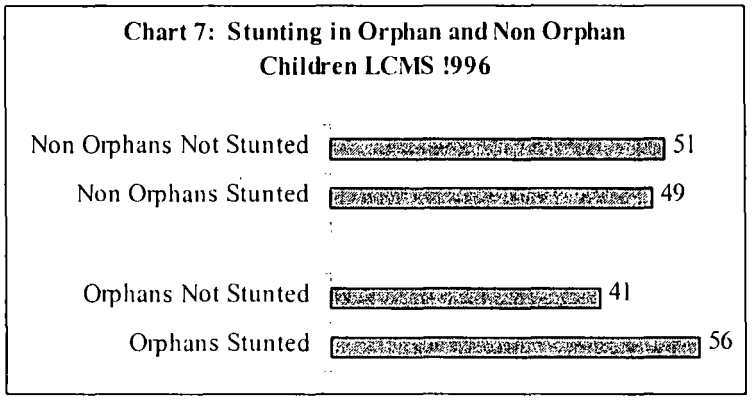
Qualitative analysis suggests that there is a significant increase in child headed households. The data does not support this statement. Fewer than half a percent of households are headed by children.

Size of Household

The LCMS data demonstrates that the bulk of Zambian children (72%) reside in households with 4 to 9 members. There is little notable differentiation in size of households with orphans than those without orphans nation-wide. When the data is divided into urban and rural categories, the data demonstrates that slightly more children reside in more densely populated households than their rural counterparts (Annex Table 6A) but there is no significant difference between orphan and non-orphan children. It is expected that urban households are more crowded due to higher costs of rent and shortages of affordable housing.

Nutritional Status of Orphans

Anthropometric data was used to determine food and health status of orphans under the age of five. Stunting measures long-term malnutrition and wasting is an indicator of ill health.



The data demonstrates that 56% of orphan children are stunted and 49% of non-orphaned children are stunted. At first glance, it could be tempting to link the stunting of orphan children with lack of proper care by the foster care givers and the with holding of food to orphan children. However, there are additional factors, which may contribute to the larger percentage of stunted orphan children. Notably if the mother suffered a prolonged illness or was looking after ill family members, it is possible that she was unable to provide the normal care and attention to her children that good health might have allowed. Also a prolonged illness or illness early on in the age of the young child may have prevented long-term breast feeding, contributing to the stunting of a child.

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

Marital Status of Orphans

Qualitative data indicates that, particularly in rural areas, orphan girl children are married in order to reduce the financial obligations of the family to look after her. The data does not indicate a difference between the marital status of orphan and non-orphan children. This could be a result of the questioning and the language. Also, a married orphan may no longer consider herself to be an orphan. However, the data for children under the age of 18 who are married, does not indicate that a significant number of children (less than 5%) are married at a young age, which does not support the qualitative information. (Annex Table 4A)

1998 LCMS Data

The 1998 LCMS data is available as an appendix to this report. However, the figures have not yet been weighted. Therefore, no extended conclusions can be drawn or applied beyond the size of the sample.

Recommendations

1. Lobby efforts are needed to assure proper collection of data relevant to monitor the orphan and vulnerable children situation in Zambia.

2. Technical assistance would be beneficial to conduct analysis of data.

3. Time series data collection would be the best to monitor children over time.

4. National Orphan Monitoring System composed of four agencies: Central Statistics Office, Ministry of Education, FHANIS and Ministry of Home Affairs and Social Welfare.

5. Orphan assessment should become part of vulnerability assessments, poverty monitoring and analysis and all programmes addressing child welfare.

6. A periodic child's survey should be undertaken to incorporate all aspects child vulnerability. Meanwhile orphans should be integral part of household surveys.

7. The current survey method needs to be upgraded to collect data which better reflects the magnitude of orphans in Zambia.

8. Measures need to be taken to include the magnitude and situation of street children in national surveys.

9. To sufficiently inform about the orphan situation in the country, the sample size of the surveys used should be expanded.

10. Future surveys should ask about the physical migration of children following the death of a parent.

11. Future surveys should measure change in economic status after the death of parent(s).

Appendix Table 1A: Orphans by Age Group, sex, residence, province
Of All Types

	Proportion Orphaned					
	All Orphans		Not Orphans		ALL	
	Number	%	Number	%	Number	%
Age Group						
Less than 5	55269	4	1211902	96	1267171	100
5 to 9	139119	12	1003070	88	1142189	100
10 to 14	191742	19	805965	81	997707	100
15 to 18	162808	23	540421	77	703229	100
Rural/Urban						
Rural	345863	13	2405056	87	2750919	100
Urban	203075	15	1156302	85	1359377	100
Stratum						
Rural Small Scale	309243	12	2169303	88	2478546	100
Rural Medium Scale	8895	10	79457	90	88352	100
Rural Large Scale	359	13	2362	87	2721	100
Rural Non Agric	27366	15	153934	85	181300	100
Urban Low Cost	159960	15	906905	85	1066865	100
Urban Medium Cost	23662	15	134908	85	158570	100
Urban High Cost	19453	15	114489	85	133942	100
Province						
Central	53481	14	336098	86	389579	100
Copperbelt	86203	12	637637	88	723840	100
Eastern	56984	11	458096	89	515080	100
Luapula	52193	14	311800	86	363993	100
Lusaka	83764	17	394913	83	478677	100
Northen	69396	12	505149	88	574545	100
North-Western	24482	12	184133	88	208615	100
Southern	79024	13	530776	87	609800	100
Western	43411	18	202756	82	246167	100
Sex of the child						
Male	274638	14	1754360	86	2028998	100
Female	274300	13	1806998	87	2081298	100
All Zambia	548938	13	3561358	87	4110296	100

Appendix Table 1B: Persons 18years and below by Orphanhood by type, Age Group, sex, residence and province

	Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
	Number	%	Number	%	Number	%	Number	%	Number	%
Age Group										
Less than 5	12344	1.0	39736	3.1	3189	0.3	1211902	95.6	1267171	100
5 to 9	31837	2.8	88840	7.8	18442	1.6	1003070	87.8	1142189	100
10 to 14	45291	4.5	116236	11.7	30215	3.0	805965	80.8	997707	100
15 to 18	31297	4.5	107007	15.2	24504	3.5	540421	76.8	703229	100
Rural/Urban										
Rural	83255	3.0	220422	8.0	42186	1.5	2405056	87.4	2750919	100
Urban	37514	2.8	131397	9.7	34164	2.5	1156302	85.1	1359377	100
Stratum										
Rural Small Scale	73915	3.0	197559	8.0	37769	1.5	2169303	87.5	2478546	100
Rural Medium Scale	2217	2.5	5152	5.8	1526	1.7	79457	89.9	88352	100
Rural Large Scale	36	1.3	176	6.5	147	5.4	2362	86.8	2721	100
Rural Non Agric	7087	3.9	17535	9.7	2744	1.5	153934	84.9	181300	100
Urban Low Cost	27644	2.6	105119	9.9	27197	2.5	906905	85.0	1066865	100
Urban Medium Cost	6702	4.2	13821	8.7	3139	2.0	134908	85.1	158570	100
Urban High Cost	3168	2.4	12457	9.3	3828	2.9	114489	85.5	133942	100
Province										
Central	11883	3.1	36024	9.2	5574	1.4	336098	86.3	389579	100
Copperbelt	15492	2.1	54855	7.6	15856	2.2	637637	88.1	723840	100
Eastern	14007	2.7	37381	7.3	5596	1.1	458096	88.9	515080	100
Luapula	12306	3.4	31924	8.8	7963	2.2	311800	85.7	363993	100
Lusaka	14945	3.1	53133	11.1	15686	3.3	394913	82.5	478677	100
Northen	12988	2.3	49852	8.7	6556	1.1	505149	87.9	574545	100
North-Western	5752	2.8	16963	8.1	1767	0.8	184133	88.3	208615	100
Southern	21407	3.5	47369	7.8	10248	1.7	530776	87.0	609800	100
Western	11989	4.9	24318	9.9	7104	2.9	202756	82.4	246167	100
Sex of the child										
Male	60785	3.0	177187	8.7	36666	1.8	1754360	86.5	2028998	100
Female	59984	2.9	174632	8.4	39684	1.9	1806998	86.8	2081298	100
All Zambia	120769	2.9	351819	8.6	76350	1.9	3561358	86.6	4110296	100

Appendix Table 2A: Persons 18years and below by Orphanhood by Province and Rural/Urban of All Type

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Central	Total	53481	14	336098	86	389579	100
	Rural	32045	12	229200	88	261245	100
	Urban	21436	17	106898	83	128334	100
Copperbelt	Total	86203	12	637637	88	723840	100
	Rural	27240	12	196389	88	223629	100
	Urban	58963	12	441248	88	500211	100
Eastern	Total	56984	11	458096	89	515080	100
	Rural	48541	11	411253	89	459794	100
	Urban	8443	15	46843	85	55286	100
Luapula	Total	52193	14	311800	86	363993	100
	Rural	45913	14	271725	86	317638	100
	Urban	6280	14	40075	86	46355	100
Lusaka	Total	83764	17	394913	83	478677	100
	Rural	11787	14	71152	86	82939	100
	Urban	71977	18	323761	82	395738	100
Northen	Total	69396	12	505149	88	574545	100
	Rural	57614	12	442251	88	499865	100
	Urban	11782	16	62898	84	74680	100
North-	Total	24482	12	184133	88	208615	100
Western	Rural	21513	12	154699	88	176212	100
	Urban	2969	9	29434	91	32403	100
Southern	Total	79024	13	530776	87	609800	100
	Rural	63926	12	452143	88	516069	100
	Urban	15098	16	78633	84	93731	100
Western	Total	43411	18	202756	82	246167	100
	Rural	37284	17	176244	83	213528	100
	Urban	6127	19	26512	81	32639	100

Appendix Table 2B: Persons 18years and below by Orphanhood by Province and Rural/Urban of All Type

		Maternal Orphans	Paternal Orphans	Double Orphans	Father and mother Alive	ALL
		%	%	%	%	%
Central	Total	3.1	9.2	1.4	86.3	100.0
	Rural	3.1	8.0	1.1	87.7	100.0
	Urban	2.9	11.7	2.1	83.3	100.0
Copperb-	Total	2.1	7.6	2.2	88.1	100.0
elt	Rural	2.8	7.2	2.1	87.8	100.0
	Urban	1.8	7.7	2.2	88.2	100.0
Eastern	Total	2.7	7.3	1.1	88.9	100.0
	Rural	2.6	6.9	1.0	89.4	100.0
	Urban	3.5	10.3	1.5	84.7	100.0
Luapula	Total	3.4	8.8	2.2	85.7	100.0
	Rural	3.5	8.7	2.3	85.5	100.0
	Urban	2.6	9.2	1.7	86.5	100.0
Lusaka	Total	3.1	11.1	3.3	82.5	100.0
	Rural	1.4	10.0	2.8	85.8	100.0
	Urban	3.5	11.3	3.4	81.8	100.0
Northen	Total	2.3	8.7	1.1	87.9	100.0
	Rural	2.2	8.3	1.0	88.5	100.0
	Urban	2.7	11.2	1.9	84.2	100.0
North-	Total	2.8	8.1	0.8	88.3	100.0
Western	Rural	2.8	8.6	0.9	87.8	100.0
	Urban	2.7	5.6	0.8	90.8	100.0
Southern	Total	3.5	7.8	1.7	87.0	100.0
	Rural	3.5	7.4	1.5	87.6	100.0
	Urban	3.6	9.6	2.9	83.9	100.0
Western	Total	4.9	9.9	2.9	82.4	100.0
	Rural	4.9	9.7	2.9	82.5	100.0
	Urban	4.6	11.3	2.9	81.2	100.0

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Central

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All Province	Total	53481	14	336098	86	389579	100
	Rural	32045	12	229200	88	261245	100
	Urban	21436	17	106898	83	128334	100
Kabwe rural	Total	10183	9	97891	91	108074	100
	Rural	8141	9	86072	91	94213	100
	Urban	2042	15	11819	85	13861	100
Kabwe Urban	Total	16335	17	78441	83	94776	100
	Urban	16335	17	78441	83	94776	100
Mkushi	Total	7551	12	53737	88	61288	100
	Rural	6603	12	49392	88	55995	100
	Urban	948	18	4345	82	5293	100
Mumbwa	Total	9550	15	52114	85	61664	100
	Rural	7699	14	45671	86	53370	100
	Urban	1851	22	6443	78	8294	100
Serenje	Total	9862	15	53915	85	63777	100
	Rural	9602	17	48065	83	57667	100
	Urban	260	4	5850	96	6110	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Copperbelt

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All Province	Total	86203	12	637637	88	723840	100
	Rural	27240	12	196389	88	223629	100
	Urban	58963	12	441248	88	500211	100
Chililabom-bwe	Total	4394	17	21847	83	26241	100
	Rural	1614	23	5536	77	7150	100
	Urban	2780	15	16311	85	19091	100
Chingola	Total	8125	9	79422	91	87547	100
	Rural	1218	11	10187	89	11405	100
	Urban	6907	9	69235	91	76142	100
Kalulushi	Total	2951	7	37531	93	40482	100
	Rural	1428	6	23322	94	24750	100
	Urban	1523	10	14209	90	15732	100
Kitwe	Total	19322	14	121983	86	141305	100
	Rural	3247	12	24158	88	27405	100
	Urban	16075	14	97825	86	113900	100
Luanshya	Total	4141	7	53942	93	58083	100
	Rural	1756	18	8070	82	9826	100
	Urban	2385	5	45872	95	48257	100
Mufulira	Total	10606	12	76204	88	86810	100
	Rural	1496	9	15352	91	16848	100
	Urban	9110	13	60852	87	69962	100
Ndola Rural	Total	16481	13	109764	87	126245	100
	Rural	16481	13	109764	87	126245	100
Ndola Urban	Total	20183	13	136944	87	157127	100
	Urban	20183	13	136944	87	157127	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Eastern

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	56984	11	458096	89	515080	100
Province	Rural	48541	11	411253	89	459794	100
	Urban	8443	15	46843	85	55286	100
Chadiza	Total	3240	10	28489	90	31729	100
	Rural	3072	10	26905	90	29977	100
	Urban	168	10	1584	90	1752	100
Chama	Total	1933	7	26157	93	28090	100
	Rural	1845	7	22901	93	24746	100
	Urban	88	3	3256	97	3344	100
Chipata	Total	15432	10	133113	90	148545	100
	Rural	9359	8	103496	92	112855	100
	Urban	6073	17	29617	83	35690	100
Katete	Total	6770	9	68974	91	75744	100
	Rural	5685	8	65833	92	71518	100
	Urban	1085	26	3141	74	4226	100
Lundazi	Total	11499	13	73711	87	85210	100
	Rural	11069	14	70633	86	81702	100
	Urban	430	12	3078	88	3508	100
Petauke	Total	18110	12	127652	88	145762	100
	Rural	17511	13	121485	87	138996	100
	Urban	599	9	6167	91	6766	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Luapula

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	52193	14	311800	86	363993	100
Province	Rural	45913	14	271725	86	317638	100
	Urban	6280	14	40075	86	46355	100
Kawambwa	Total	11559	15	64788	85	76347	100
	Rural	11143	16	60072	84	71215	100
	Urban	416	8	4716	92	5132	100
Mansa	Total	9363	10	86580	90	95943	100
	Rural	6105	9	65646	91	71751	100
	Urban	3258	13	20934	87	24192	100
Mwense	Total	9414	15	52758	85	62172	100
	Rural	8518	15	49046	85	57564	100
	Urban	896	19	3712	81	4608	100
Nchelenge	Total	2864	6	43278	94	46142	100
	Rural	2864	7	38044	93	40908	100
	Urban	.	.	5234	100	5234	100
Samfya	Total	18993	23	64396	77	83389	100
	Rural	17283	23	58917	77	76200	100
	Urban	1710	24	5479	76	7189	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Lusaka

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	83764	17	394913	83	478677	100
Province	Rural	11787	14	71152	86	82939	100
	Urban	71977	18	323761	82	395738	100
Luangwa	Total	939	8	10224	92	11163	100
	Rural	831	8	9305	92	10136	100
	Urban	108	11	919	89	1027	100
Lusaka	Total	17820	15	97637	85	115457	100
Rural	Rural	10956	15	61847	85	72803	100
	Urban	6864	16	35790	84	42654	100
Lusaka	Total	65005	18	287052	82	352057	100
Urban	Urban	65005	18	287052	82	352057	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Northen

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	69396	12	505149	88	574545	100
Province	Rural	57614	12	442251	88	499865	100
	Urban	11782	16	62898	84	74680	100
Chilubi	Total	5626	20	22384	80	28010	100
	Rural	5560	20	21592	80	27152	100
	Urban	66	8	792	92	858	100
Chinsali	Total	9863	16	50876	84	60739	100
	Rural	9275	16	47096	84	56371	100
	Urban	588	13	3780	87	4368	100
Isoka	Total	9174	14	55037	86	64211	100
	Rural	8629	14	51915	86	60544	100
	Urban	545	15	3122	85	3667	100
Kaputa	Total	3886	16	20185	84	24071	100
	Rural	3830	16	19808	84	23638	100
	Urban	56	13	377	87	433	100
Kasama	Total	15354	10	130995	90	146349	100
	Rural	9221	8	104817	92	114038	100
	Urban	6133	19	26178	81	32311	100
Luwingu	Total	6680	17	32954	83	39634	100
	Rural	6380	17	30356	83	36736	100
	Urban	300	10	2598	90	2898	100
Mbala	Total	6071	7	75433	93	81504	100
	Rural	5563	8	65715	92	71278	100
	Urban	508	5	9718	95	10226	100
Mpika	Total	8350	10	79018	90	87368	100
	Rural	5391	7	67188	93	72579	100
	Urban	2959	20	11830	80	14789	100
Mporokoso	Total	4392	10	38267	90	42659	100
	Rural	3765	10	33764	90	37529	100
	Urban	627	12	4503	88	5130	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province North-Western

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	24482	12	184133	88	208615	100
Province	Rural	21513	12	154699	88	176212	100
	Urban	2969	9	29434	91	32403	100
Mufumbwe	Total	2594	7	33665	93	36259	100
	Rural	2109	7	27369	93	29478	100
	Urban	485	7	6296	93	6781	100
Kabompo	Total	5814	18	26903	82	32717	100
	Rural	5610	18	24971	82	30581	100
	Urban	204	10	1932	90	2136	100
Kasempa	Total	374	5	7012	95	7386	100
	Rural	288	4	6471	96	6759	100
	Urban	86	14	541	86	627	100
Mwinilunga	Total	4938	12	37629	88	42567	100
	Rural	4604	12	34588	88	39192	100
	Urban	334	10	3041	90	3375	100
Solwezi	Total	6928	11	54652	89	61580	100
	Rural	5380	12	39605	88	44985	100
	Urban	1548	9	15047	91	16595	100
Zambezi	Total	3834	14	24272	86	28106	100
	Rural	3522	14	21695	86	25217	100
	Urban	312	11	2577	89	2889	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Southern

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	79024	13	530776	87	609800	100
Province	Rural	63926	12	452143	88	516069	100
	Urban	15098	16	78633	84	93731	100
Choma	Total	19841	11	161054	89	180895	100
	Rural	17333	11	146958	89	164291	100
	Urban	2508	15	14096	85	16604	100
Gwembe	Total	1710	13	11681	87	13391	100
	Rural	1710	13	11681	87	13391	100
Kalomo	Total	8189	12	57883	88	66072	100
	Rural	6602	11	54295	89	60897	100
	Urban	1587	31	3588	69	5175	100
Livingstone	Total	6544	14	38935	86	45479	100
	Rural	44	1	5669	99	5713	100
	Urban	6500	16	33266	84	39766	100
Mazabuka	Total	11014	12	84350	88	95364	100
	Rural	9053	11	76133	89	85186	100
	Urban	1961	19	8217	81	10178	100
Monze	Total	10387	12	74643	88	85030	100
	Rural	9147	13	61457	87	70604	100
	Urban	1240	9	13186	91	14426	100
Namwala	Total	11382	17	56672	83	68054	100
	Rural	11226	17	55332	83	66558	100
	Urban	156	10	1340	90	1496	100
Siavonga	Total	2401	15	13978	85	16379	100
	Rural	1673	14	10226	86	11899	100
	Urban	728	16	3752	84	4480	100
Sinazongwe	Total	7556	19	31580	81	39136	100
	Rural	7138	19	30392	81	37530	100
	Urban	418	26	1188	74	1606	100

Appendix Table 3A: Persons 18years and below Orphans by Age Group, sex, residence, province of All Type

Province Western

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
All	Total	43411	18	202756	82	246167	100
Province	Rural	37284	17	176244	83	213528	100
	Urban	6127	19	26512	81	32639	100
Kalabo	Total	2996	12	22161	88	25157	100
	Rural	2223	10	19015	90	21238	100
	Urban	773	20	3146	80	3919	100
Kaoma	Total	9693	25	29142	75	38835	100
	Rural	9021	26	25209	74	34230	100
	Urban	672	15	3933	85	4605	100
Lukulu	Total	3011	14	18805	86	21816	100
	Rural	2939	15	16573	85	19512	100
	Urban	72	3	2232	97	2304	100
Mongu	Total	10584	20	42160	80	52744	100
	Rural	7446	20	29643	80	37089	100
	Urban	3138	20	12517	80	15655	100
Senanga	Total	12468	18	57139	82	69607	100
	Rural	11476	17	54696	83	66172	100
	Urban	992	29	2443	71	3435	100
Sesheke	Total	4659	12	33349	88	38008	100
	Rural	4179	12	31108	88	35287	100
	Urban	480	18	2241	82	2721	100

Appendix Table 4A: Persons between 12 years and 18years by Orphanhood, Age Group, sex, residence and province

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	Never						
	Married	266261	95.7	958023	95.2	1224284	95.3
	Married	9829	3.5	39793	4.0	49622	3.9
	Separated	438	0.2	3083	0.3	3521	0.3
	Divorced	1430	0.5	5198	0.5	6628	0.5
	Widowed	314	0.1	284	0.0	598	0.0
Rural	Never						
	Married	165855	95.4	617075	94.3	782930	94.5
	Married	6768	3.9	31055	4.7	37823	4.6
	Separated	438	0.3	2878	0.4	3316	0.4
	Divorced	483	0.3	3254	0.5	3737	0.5
	Widowed	314	0.2	195	0.0	509	0.1
Urbah	Never						
	Married	100406	96.2	340948	96.9	441354	96.7
	Married	3061	2.9	8738	2.5	11799	2.6
	Separated	.	.	205	0.1	205	0.0
	Divorced	947	0.9	1944	0.6	2891	0.6
	Widowed	.	.	89	0.0	89	0.0

Appendix Table 4B: Persons between 12 years and 18years by Orphanhood rural/urban and sex

Sex of the child Male

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	Never						
	Married	136062	99.6	493049	99.3	629111	99.3
	Married	172	0.1	2288	0.5	2460	0.4
	Separated	.	.	760	0.2	760	0.1
	Divorced	172	0.1	671	0.1	843	0.1
	Widowed	178	0.1	.	.	178	0.0
Rural	Never						
	Married	87771	99.7	322317	99.2	410088	99.3
	Married	92	0.1	1532	0.5	1624	0.4
	Separated	.	.	760	0.2	760	0.2
	Divorced	.	.	223	0.1	223	0.1
	Widowed	178	0.2	.	.	178	0.0
Urban	Never						
	Married	48291	99.5	170732	99.3	219023	99.3
	Married	80	0.2	756	0.4	836	0.4
	Divorced	172	0.4	448	0.3	620	0.3

Appendix Table 4B: Persons between 12 years and 18years by Orphanhood rural/urban and sex

Sex of the child Female

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	Never						
	Married	130199	91.9	464974	91.2	595173	91.4
	Married	9657	6.8	37505	7.4	47162	7.2
	Separated	438	0.3	2323	0.5	2761	0.4
	Divorced	1258	0.9	4527	0.9	5785	0.9
	Widowed	136	0.1	284	0.1	420	0.1
Rural	Never						
	Married	78084	91.0	294758	89.4	372842	89.7
	Married	6676	7.8	29523	9.0	36199	8.7
	Separated	438	0.5	2118	0.6	2556	0.6
	Divorced	483	0.6	3031	0.9	3514	0.8
	Widowed	136	0.2	195	0.1	331	0.1
Urban	Never						
	Married	52115	93.3	170216	94.6	222331	94.3
	Married	2981	5.3	7982	4.4	10963	4.6
	Separated	.	.	205	0.1	205	0.1
	Divorced	775	1.4	1496	0.8	2271	1.0
	Widowed	.	.	89	0.0	89	0.0

Appendix Table 4C: Persons between 12 years and 18years by Orphanhood rural/urban and sex

Sex of the child Male

		Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	Never Married	29499	99.7	86020	99.9	20543	98.5	493049	99.3	629111	99.3
	Married	92	0.3	80	0.1	.	.	2288	0.5	2460	0.4
	Separated	.	.	.	.	.	.	760	0.2	760	0.1
	Divorced	.	.	44	0.1	128	0.6	671	0.1	843	0.1
	Widowed	.	.	.	.	178	0.9	.	.	178	0.0
Rural	Never Married	20084	99.5	56457	100	11230	98.4	322317	99.2	410088	99.3
	Married	92	0.5	.	.	.	.	1532	0.5	1624	0.4
	Separated	.	.	.	.	.	.	760	0.2	760	0.2
	Divorced	.	.	.	.	.	.	223	0.1	223	0.1
	Widowed	.	.	.	.	178	1.6	.	.	178	0.0
Urban	Never Married	9415	100	29563	99.6	9313	98.6	170732	99.3	219023	99.3
	Married	.	.	80	0.3	.	.	756	0.4	836	0.4
	Divorced	.	.	44	0.1	128	1.4	448	0.3	620	0.3

Appendix Table 4C: Persons between 12 years and 18years by Orphanhood rural/urban and sex

Sex of the child Female

		Mother Only dead		Father Only dead		Both Father and Mother Dead		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	Never Married	26232	89.9	82416	92.5	21551	92.2	464974	91.2	595173	91.4
	Married	2522	8.6	5653	6.3	1482	6.3	37505	7.4	47162	7.2
	Separated	130	0.4	308	0.3	.	.	2323	0.5	2761	0.4
	Divorced	282	1.0	761	0.9	215	0.9	4527	0.9	5785	0.9
	Widowed	.	.	.	.	136	0.6	284	0.1	420	0.1
Rural	Never Married	17319	89.3	48560	91.0	12205	93.4	294758	89.4	372842	89.7
	Married	1798	9.3	4157	7 8	721	5.5	29523	9.0	36199	8.7
	Separated	130	0.7	308	0.6	.	.	2118	0.6	2556	0.6
	Divorced	154	0.8	329	0.6	.	.	3031	0.9	3514	0.8
	Widowed	.	.	.	.	136	1.0	195	0.1	331	0.1
Urban	Never Married	8913	91.3	33855	94.6	9346	90.5	170216	94.6	222331	94.3
	Married	724	7.4	1496	4.2	761	7.4	7982	4.4	10963	4.6
	Separated	.	.	.	.	.	.	205	0.1	205	0.1
	Divorced	128	1.3	432	1.2	215	2.1	1496	0.8	2271	1.0
	Widowed	.	.	.	.	.	.	89	0.0	89	0.0

Appendix Table 5A: Persons 18years and below by Orphanhood rural/urban and relationship to head

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	Head	1313	0.2	1514	0.0	2827	0.1
	Spouse	5926	1.1	28056	0.8	33982	0.8
	Own child	236586	43.0	2887429	80.8	3124015	75.8
	Step child	25783	4.7	70600	2.0	96383	2.3
	Grand child	122164	22.2	321574	9.0	443738	10.8
	Brother/Sister	31926	5.8	43827	1.2	75753	1.8
	Niece Nephew	70962	12.9	96323	2.7	167285	4.1
	Bro/sis in-law	18480	3.4	38500	1.1	56980	1.4
	Parent	156	0.0	258	0.0	414	0.0
	Parent in law	788	0.1	2126	0.1	2914	0.1
	Other relative	32780	6.0	73250	2.1	106030	2.6
	Non relative	3032	0.6	8131	0.2	11163	0.3
Rural	Head	1083	0.3	733	0.0	1816	0.1
	Spouse	3934	1.1	20939	0.9	24873	0.9
	Own child	146923	42.4	1947686	80.7	2094609	75.9
	Step child	18657	5.4	54815	2.3	73472	2.7
	Grand child	91162	26.3	248573	10.3	339735	12.3
	Brother/Sister	15371	4.4	19634	0.8	35005	1.3
	Niece Nephew	36572	10.5	44664	1.9	81236	2.9
	Bro/sis in-law	10531	3.0	18438	0.8	28969	1.0
	Parent	156	0.0	181	0.0	337	0.0
	Parent in law	533	0.2	1850	0.1	2383	0.1
	Other relative	20828	6.0	52073	2.2	72901	2.6
	Non relative	908	0.3	2809	0.1	3717	0.1
Urban	Head	230	0.1	781	0.1	1011	0.1
	Spouse	1992	1.0	7117	0.6	9109	0.7
	Own child	89663	44.1	939743	81.1	1029406	75.6
	Step child	7126	3.5	15785	1.4	22911	1.7
	Grand child	31002	15.3	73001	6.3	104003	7.6
	Brother/Sister	16555	8.1	24193	2.1	40748	3.0
	Niece Nephew	34390	16.9	51659	4.5	86049	6.3
	Bro/sis in-law	7949	3.9	20062	1.7	28011	2.1
	Parent	.	.	77	0.0	77	0.0
	Parent in law	255	0.1	276	0.0	531	0.0
	Other relative	11952	5.9	21177	1.8	33129	2.4
	Non relative	2124	1.0	5322	0.5	7446	0.5

Appendix Table 5B: Persons18years and below by Orphanhood by type, rural/urban and relationship to head

		Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	Head	170	0.1	728	0.2	415	0.6	1514	0.0	2827	0.1
	Spouse	1763	1.5	3493	1.0	670	0.9	28056	0.8	33982	0.8
	Own child	44785	37.1	187405	53.2	4396	.	2887429	80.8	3124015	75.8
	Step child	3516	2.9	20066	5.7	2201	3.0	70600	2.0	96383	2.3
	Grand child	33083	27.4	61548	17.5	27533	38.1	321574	9.0	443738	10.8
	Brother/Sister	5901	4.9	18079	5.1	7946	11.0	43827	1.2	75753	1.8
	Niece Nephew	18247	15.1	32114	9.1	20601	28.5	96323	2.7	167285	4.1
	Bro/sis in-law	3759	3.1	11077	3.1	3644	5.0	38500	1.1	56980	1.4
	Parent	.	.	156	0.0	.	.	258	0.0	414	0.0
	Parent in law	737	0.6	.	.	51	0.1	2126	0.1	2914	0.1
	Other relative	7741	6.4	16668	4.7	8371	11.6	73250	2.1	106030	2.6
	Non relative	1067	0.9	1224	0.3	741	1.0	8131	0.2	11163	0.3
Rural	Head	92	0.1	645	0.3	346	0.8	733	0.0	1816	0.1
	Spouse	1444	1.7	2439	1.1	51	0.1	20939	0.9	24873	0.9
	Own child	28925	34.7	115014	52.0	2984	.	1947686	80.7	2094609	75.9
	Step child	2868	3.4	13860	6.3	1929	4.9	54815	2.3	73472	2.7
	Grand child	28215	33.9	44813	20.3	18134	46.0	248573	10.3	339735	12.3
	Brother/Sister	3123	3.8	9722	4.4	2526	6.4	19634	0.8	35005	1.3
	Niece Nephew	11030	13.2	15572	7.0	9970	25.3	44664	1.9	81236	2.9
	Bro/sis in-law	2198	2.6	6883	3.1	1450	3.7	18438	0.8	28969	1.0
	Parent	.	.	156	0.1	.	.	181	0.0	337	0.0
	Parent in law	533	0.6	.	.	.	.	1850	0.1	2383	0.1
	Other relative	4466	5.4	11437	5.2	4925	12.5	52073	2.2	72901	2.6
	Non relative	361	0.4	463	0.2	84	0.2	2809	0.1	3717	0.1
Urban	Head	78	0.2	83	0.1	69	0.2	781	0.1	1011	0.1
	Spouse	319	0.9	1054	0.8	619	1.9	7117	0.6	9109	0.7
	Own child	15860	42.3	72391	55.0	1412	.	939743	81.1	1029406	75.6
	Step child	648	1.7	6206	4.7	272	0.8	15785	1.4	22911	1.7
	Grand child	4868	13.0	16735	12.7	9399	28.7	73001	6.3	104003	7.6
	Brother/Sister	2778	7.4	8357	6.4	5420	16.5	24193	2.1	40748	3.0
	Niece Nephew	7217	19.2	16542	12.6	10631	32.5	51659	4.5	86049	6.3
	Bro/sis in-law	1561	4.2	4194	3.2	2194	6.7	20062	1.7	28011	2.1
	Parent	.	.	.	.	.	.	77	0.0	77	0.0
	Parent in law	204	0.5	.	.	51	0.2	330	0.0	630	0.0
	Other relative	3275	8.7	5231	4.0	3446	10.5	21177	1.8	33129	2.4
	Non relative	706	1.9	761	0.6	657	2.0	5322	0.5	7446	0.5

Appendix Table 6A: Percentage distribution of Persons 18years and below by Orphanhood rural/urban and household size

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	ALL	548938	100	3561358	100	4110296	100
	1	2031	0.0	342	0.0	456	0.0
	2 to 3	15370	2.8	49350	1.4	65309	1.6
	4 to 6	197069	35.9	1110977	31.2	1307074	31.8
	7 to 9	205303	37.4	1445911	40.6	1652339	40.2
	10 to 12	91124	16.6	683781	19.2	772736	18.8
	13 to 15	24153	4.4	167384	4.7	193184	4.7
	16 and above	15919	2.9	103279	2.9	119199	2.9
Rural	ALL	345863	100	2405056	100	2750919	100
	2 to 3	11413	3.3	38481	1.6	49512	1.8
	4 to 6	132120	38.2	805694	33.5	938063	34.1
	7 to 9	129007	37.3	949997	39.5	1078360	39.2
	10 to 12	49804	14.4	428100	17.8	478660	17.4
	13 to 15	13143	3.8	101012	4.2	115539	4.2
	16 and above	10376	3.0	79367	3.3	90780	3.3
Urban	ALL	203075	100	1156302	100	1359377	100
	1	2031	0.1	342	0.0	456	0.0
	2 to 3	3858	1.9	10065	0.9	14384	1.1
	4 to 6	64781	31.9	304107	26.3	368391	27.1
	7 to 9	76356	37.6	496054	42.9	572298	42.1
	10 to 12	41224	20.3	254386	22.0	294985	21.7
	13 to 15	10966	5.4	67066	5.8	77484	5.7
	16 and above	5686	2.8	24282	2.1	29906	2.2

Appendix Table 6B: Persons18years and below by Orphanhood by type, rural/urban and household size

		Maternal Orphansd		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	ALL	120472	100	351972	100	76494	100	3561358	100	4110296	100
	1	.	.	.	.	114	0.1	342	0.0	456	0.0
	2 to 3	2771	2.3	10559	3.0	2640	2.6	49859	1.4	65765	1.6
	4 to 6	45659	37.9	127062	36.1	24019	31.4	1111144	31.2	1307074	31.8
	7 to 9	45538	37.8	131638	37.4	28456	37.2	1445911	40.6	1652339	40.2
	10 to 12	17830	14.8	59483	16.9	13845	18.1	676658	19.2	772736	18.8
	13 to 15	6626	5.5	13727	3.9	3748	4.9	167384	4.7	193184	4.7
	16 and above	1928	1.6	9855	2.8	4207	5.5	103279	2.9	119199	2.9
Rural	ALL	82997	100	220599	100	42267	100	2405056	100	2750919	100
	2 to 3	2241	2.7	7942	3.6	1310	3.1	38481	1.6	49517	1.8
	4 to 6	33199	40.0	84931	38.5	13990	33.1	805694	33.5	938063	34.1
	7 to 9	31124	37.5	82725	37.5	15301	36.2	949997	39.5	1078360	39.2
	10 to 12	10458	12.6	32428	14.7	7016	16.6	428100	17.8	478660	17.4
	13 to 15	4399	5.3	6397	2.9	2240	5.3	101012	4.2	115539	4.2
	16 and above	1577	1.9	6177	2.8	2409	5.7	79367	3.3	90780	3.3
Urban	ALL	37514	100	131554	100	34284	100	1156302	100	1359377	100
	1	.	.	.	.	114	0.3	342	0.0	456	0.0
	2 to 3	599	1.6	2628	2.0	571	2.0	10065	0.9	14497	1.1
	4 to 6	12475	33.3	42171	32.1	10031	29.3	304107	26.3	368391	27.1
	7 to 9	14423	38.5	48872	37.2	13181	38.5	496054	42.9	572298	42.1
	10 to 12	7418	19.8	26932	20.5	6847	20.0	254386	22.0	294985	21.7
	13 to 15	2210	5.9	7226	5.5	1541	4.5	67066	5.8	77484	5.7
	16 and above	300	0.8	3547	2.7	1780	5.2	24282	2.1	29906	2.2

Appendix Table 7A: Percentage distribution of Persons 18years and below by Orphanhood rural/urban and Number of dependants in household

	Number Dependants	All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	All	548938	100	3561358	100	4110296	100
	0	23604	4.3	56982	1.6	82206	2.0
	1	73009	13.3	316961	8.9	390478	9.5
	2	103200	18.8	566256	15.9	665868	16.2
	3	114179	20.8	715833	20.1	830280	20.2
	4	91124	16.6	726517	20.4	817949	19.9
	5	63677	11.6	527081	14.8	591883	14.4
	6-10	76302	13.9	623238	17.5	698750	17.0
	11-21	3843	0.7	32052	0.9	32882	0.8
Rural	All	345863	100	2405056	100	2750919	100
	0	14180	4.1	36076	1.5	52267	1.9
	1	50150	14.5	218860	9.1	269590	9.8
	2	63985	18.5	382404	15.9	445649	16.2
	3	73323	21.2	493036	20.5	563938	20.5
	4	54300	15.7	478606	19.9	533678	19.4
	5	45308	13.1	343923	14.3	390630	14.2
	6-10	42195	12.2	423290	17.6	467656	17.0
	11-21	2421	0.7	28861	1.2	30260	1.1
Urban	All	203075	100	1156302	100	1359377	100
	0	9545	4.7	20813	1.8	29906	2.2
	1	22947	11.3	97129	8.4	119625	8.8
	2	39397	19.4	182696	15.8	221578	16.3
	3	41021	20.2	224323	19.4	265079	19.5
	4	36757	18.1	247449	21.4	284110	20.9
	5	18480	9.1	183852	15.9	202547	14.9
	6-10	34117	16.8	197728	17.1	231094	17.0
	11-21	1015	0.5	2313	0.2	2719	0.2

Appendix Table 8A: Percentage distribution of Persons 18years and below by Orphanhood rural/urban and Poverty Status

Poverty Status		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	All	548938	100	3561358	100	4110296	100
	All Poor	410057	74.7	2585546	72.6	3996406	72.9
	Not Poor	138881	25.3	975812	27.4	1113890	27.1
Rural	All	345863	100	2405056	100	2750919	100
	All Poor	303668	87.8	2015437	83.8	2319025	84.3
	Not Poor	42195	12.2	389619	16.2	431894	15.7
Urban	All	203075	100	1156301	100	1359377	100
	All Poor	106411	52.4	572369	49.5	679689	50.0
	Not Poor	96664	47.6	583932	50.5	679689	50.0

Appendix Table 8B: Percentage distribution of Persons 18years and below by Orphanhood rural/urban and Poverty Status

Status	Poverty	Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	All	119960	100	352530	100	76448	100	3561358	100	4110296	100
	All Poor	92849	77.4	262635	74.5	54431	71.2	2585546	72.6	2996406	72.9
	Not Poor	27111	22.6	89895	25.5	22017	28.8	975812	27.4	1113890	27.1
Rural	All	82503	100	221154	100	42206	100	2405056	100	2750919	100
	All Poor	74253	90.0	193067	87.3	36339	86.1	2015437	83.8	2319025	84.3
	Not Poor	8250	10.0	28087	12.7	5867	13.9	389619	16.2	431894	15.7
Urban	All	37461	100	131376	100	34238	100	1156302	100	1359377	100
	All Poor	18656	49.8	69629	53.0	18078	52.8	572369	49.5	679689	50.0
	Not Poor	18805	50.2	61747	47.0	16160	47.2	583933	50.5	679689	50.0

Appendix Table 9A: Percentage distribution of Persons 18years and below by Orphanhood Province and Poverty Status

		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	All	548938	100	3561358	100	4110296	100
	All Poor	410057	74.7	2585546	72.6	3996406	72.9
	Not Poor	138881	25.3	975812	27.4	1113890	27.1
Central	All	53481	100	336098	100	389579	100
	All Poor	39415	73.7	252746	75.2	292184	75.0
	Not Poor	14066	26.3	83352	24.8	97395	25.0
Copperbelt	All	86203	100	637637	100	723840	100
	All Poor	56325	66.5	373655	58.6	430685	59.5
	Not Poor	28878	33.5	263982	41.4	293155	40.5
Eastern	All	56984	100	458096	100	515080	100
	All Poor	48265	84.7	379303	82.8	427516	83.0
	Not Poor	8719	15.3	78793	17.2	87564	17.0
Luapula	All	52193	100	311800	100	363993	100
	All Poor	47443	90.9	253182	81.2	300658	82.6
	Not Poor	4750	9.1	58618	18.8	63335	17.4
Lusaka	All	83764	100	394913	100	478677	100
	All Poor	37024	44.2	168628	42.7	205831	43.0
	Not Poor	46740	55.8	226285	57.3	272846	57.0
Northen	All	69396	100	505149	100	574545	100
	All Poor	61832	89.1	427861	84.7	489512	85.2
	Not Poor	7564	10.9	77288	15.3	85033	14.8
North-Western	All	24482	100	184133	100	208615	100
	All Poor	20198	82.5	148964	80.9	169187	81.1
	Not Poor	4284	17.5	35169	19.1	39428	18.9
Southern	All	79024	100	530776	100	609800	100
	All Poor	61086	77.3	408167	76.9	468936	76.9
	Not Poor	17938	22.7	122609	23.1	140864	23.1
Western	All	43411	100	202756	100	246167	100
	All Poor	37507	86.4	174978	86.3	212442	86.3
	Not Poor	5904	13.6	27778	13.7	33725	13.7

Appendix Table 9B: Percentage distribution of Persons 18years and below by Orphanhood Province and Poverty Status

		Maternal Orphans		Paternal Orphans		Double Orphans		Father and mother Alive		ALL	
		Number	%	Number	%	Number	%	Number	%	Number	%
Zambia	All	120066	100	352840	100	76515	100	3561358	100	4110296	100
	All Poor	92976	77.4	262965	74.5	54458	71.2	2585546	72.6	3996406	72.9
	Not Poor	27090	22.6	89875	25.5	22057	28.8	975812	27.4	1113890	27.1
Central	All	11869	100	36045	100	5567	100	336098	100	389579	100
	All Poor	8213	69.2	27214	75.5	3992	71.7	252746	75.2	292184	75.0
	Not Poor	3656	30.8	8831	24.5	1576	28.3	83352	24.8	97395	25.0
Copperbelt	All	15454	100	54720	100	16029	100	637637	100	723840	100
	All Poor	11235	72.7	35349	64.6	10740	67.0	373655	58.6	430685	59.5
	Not Poor	4219	27.3	19371	35.4	5290	33.0	263982	41.4	293155	40.5
Eastern	All	14007	100	37381	100	5596	100	458096	100	515080	100
	All Poor	12522	89.4	30802	82.4	4947	88.4	379303	82.8	427516	83.0
	Not Poor	1485	10.6	6579	17.6	649	11.6	78793	17.2	87564	17.0
Luapula	All	12238	100	32029	100	7925	100	311800	100	363993	100
	All Poor	11210	91.6	29435	91.9	6800	85.8	253182	81.2	300658	82.6
	Not Poor	1028	8.4	2594	8.1	1125	14.2	58618	18.8	63335	17.4
Lusaka	All	14908	100	53094	100	15761	100	394913	100	478677	100
	All Poor	5725	38.4	23202	43.7	8086	51.3	168628	42.7	205831	43.0
	Not Poor	9184	61.6	29892	56.3	7676	48.7	226285	57.3	272846	57.0
Northen	All	12906	100	49975	100	6515	100	505149	100	574545	100
	All Poor	10583	82.0	45678	91.4	5557	85.3	427861	84.7	489512	85.2
	Not Poor	2323	18.0	4298	8.6	958	14.7	77288	15.3	85033	14.8
North-Western	All	5719	100	17006	100	1757	100	184133	100	208615	100
	All Poor	5319	93.0	13401	78.8	1469	83.6	148964	80.9	169187	81.1
	Not Poor	400	7.0	3605	21.2	288	16.4	35169	19.1	39428	18.9
Southern	All	21013	100	47606	100	10298	100	530776	100	609800	100
	All Poor	17697	83.8	36419	76.5	6962	67.6	408167	76.9	468936	76.9
	Not Poor	3421	16.2	11187	23.5	3337	32.4	122609	23.1	140864	23.1
Western	All	11810	100	24588	100	7013	100	202756	100	246167	100
	All Poor	10452	88.5	21195	86.2	5863	83.6	174978	86.3	212442	86.3
	Not Poor	1358	11.5	3393	13.8	1150	16.4	27778	13.7	33725	13.7

Appendix Table 10A: Attendance rate by Age Group, orphans, and Rural/Urban for persons between 5 and 18 years old

		5yrs to 6yrs	7yrs to 13yrs	14 to 18yrs	19 to 22yrs
		Attendance Rate	Attendance Rate	Attendance Rate	Attendance Rate
Zambia	All	8	68	60	22
	All Orphans	8	68	53	22
	Not Orphans	8	68	61	22
Rural	All	6	62	56	9
	All Orphans	5	63	49	21
	Not Orphans	6	62	57	6
Urban	All	12	81	67	32
	All Orphans	14	78	59	22
	Not Orphans	12	81	69	37

Appendix Table 10B: Attendance rate by Age Group, orphans, and Province for persons between 5 and 18 years old

		5yrs to 6yrs	7yrs to 13yrs	14 to 18yrs	19 to 22yrs
		Attendance Rate	Attendance Rate	Attendance Rate	Attendance Rate
Zambia	All	8	68	60	22
	All Orphans	8	68	53	22
	Not Orphans	8	68	61	22
Central	All	10	76	59	24
	All Orphans	10	69	58	47
	Not Orphans	10	78	59	17
Copperbelt	All	10	78	66	18
	All Orphans	12	74	57	14
	Not Orphans	9	79	68	19
Eastern	All	6	51	45	20
	All Orphans	16	57	45	0
	Not Orphans	5	50	45	25
Luapula	All	4	63	55	20
	All Orphans	3	57	49	86
	Not Orphans	4	64	56	16
Lusaka	All	10	78	63	25
	All Orphans	11	78	55	19
	Not Orphans	10	77	67	34
Northen	All	5	59	62	31
	All Orphans	10	60	48	100
	Not Orphans	4	59	66	16
North-Western	All	9	68	59	0
	All Orphans	18	75	48	0
	Not Orphans	8	67	63	0
Southern	All	10	72	64	18
	All Orphans	1	72	58	17
	Not Orphans	12	72	65	18
Western	All	7	67	54	53
	All Orphans	5	69	55	0
	Not Orphans	7	66	53	56

Appendix Table 10C: Attendance rate by Age Group, orphans, and Stratum for persons between 5 and 18 years old

		5yrs to 6yrs	7yrs to 13yrs	14 to 18yrs	19 to 22yrs
		Attendance Rate	Attendance Rate	Attendance Rate	Attendance Rate
Zambia	All	8	68	60	22
	All Orphans	8	68	53	22
	Not Orphans	8	68	61	22
Rural Small	All	6	62	56	7
Scale	All Orphans	5	63	49	8
	Not Orphans	6	61	57	7
Rural	All	10	80	69	11
Medium	All Orphans	10	81	66	28
Scale	Not Orphans	10	80	70	0
Rural Large	All	16	90	81	.
Scale	All Orphans	0	100	.	.
	Not Orphans	20	85	81	.
Rural Non	All	4	61	49	100
Agric	All Orphans	0	54	50	100
	Not Orphans	4	62	49	.
Urban Low	All	10	78	63	30
Cost	All Orphans	12	75	56	20
	Not Orphans	10	79	65	35
Urban	All	18	90	80	44
Medium Cost	All Orphans	24	91	73	43
	Not Orphans	16	90	82	45
Urban High	All	23	92	82	28
Cost	All Orphans	16	89	74	0
	Not Orphans	24	92	84	37

Appendix Table 11A: Percentage Distribution of population between 5 years and 18 years not currently attending school by orphanhood, Reason for Leaving/Never attending school, Zambia,1996.

	All Orphans		Not Orphans		ALL	
	Persons	PCTN	Persons	PCTN	Persons	PCTN
Zambia	173634	100.0	823405	100.0	997039	100.0
Reason For Lvng/Never Attending School						
Working	638.0	0.4	7927.0	1.0	8565.0	0.9
Too Expensive	13663.0	7.9	65231.0	7.9	78894.0	7.9
School Too Far	2046.0	1.2	15387.0	1.9	17433.0	1.7
Not Selected/Fails/Couldnt get a place	22942.0	13.2	99613.0	12.1	122555	12.3
Pregnancy	3491.0	2.0	15514.0	1.9	19005.0	1.9
Completed Studies	1127.0	0.6	3990.0	0.5	5117.0	0.5
Got Married	785.0	0.5	4599.0	0.6	5384.0	0.5
No Need to continue school	13026.0	7.5	61279.0	7.4	74305.0	7.5
Expelled	.	.	1883.0	0.2	1883.0	0.2
Lack of Support	41174.0	23.7	87045.0	10.6	128219	12.9
Under-Age	54836.0	31.6	377179	45.8	432015	43.3
Illness/Injury/Disability	1875.0	1.1	10898.0	1.3	12773.0	1.3
Looking For Work	.	.	217.0	0.0	217.0	0.0
Other (Specified)	18031.0	10.4	72643.0	8.8	90674.0	9.1

Appendix Table 11B: Percentage Distribution of population between 5 years and 18 years not currently attending school by Reason for Leaving attending school, Zambia,1996.

	All Orphans		Not Orphans		ALL	
	Persons	PCTN	Persons	PCTN	Persons	PCTN
Zambia	88730.0	100.0	282289	100.0	371019	100.0
Reason For Lvng/Never Attending School						
Working	26.0	0.0	220.0	0.1	246.0	0.1
Too Expensive	2497.0	2.8	10006.0	3.5	12503.0	3.4
School Too Far	2046.0	2.3	15387.0	5.5	17433.0	4.7
Not Selected/Fails/Couldnt get a place	18793.0	21.2	56923.0	20.2	75716.0	20.4
Pregnancy	3491.0	3.9	15514.0	5.5	19005.0	5.1
Completed Studies	1127.0	1.3	3990.0	1.4	5117.0	1.4
Got Married	785.0	0.9	4599.0	1.6	5384.0	1.5
No Need to continue school	13026.0	14.7	61279.0	21.7	74305.0	20.0
Expelled	.	.	1883.0	0.7	1883.0	0.5
Lack of Support	39983.0	45.1	78692.0	27.9	118675	32.0
Illness/Injury/Disability	291.0	0.3	2186.0	0.8	2477.0	0.7
Looking For Work	.	.	217.0	0.1	217.0	0.1
Other (Specified)	6665.0	7.5	31393.0	11.1	38058.0	10.3

Appendix Table 12A: Percentage Children (3 to 59 months old) who are stunted/not stunted by orphanhood and Rural/Urban, 1996

	Stunting				Number of children between 3 and 59 months
	Stunted		Not stunted		
	Proportion Orphaned		Proportion Orphaned		
	orphans	Non orphans	orphans	Non orphans	
All Zambia	56	49	44	51	843982
Rural	59	52	41	48	538258
Urban	52	43	48	57	305724

Appendix Table 12B: Percent distribution of children who are stunted/not stunted by orphanhood and rural/urban, 1996

	Stunting				Number of children between 3 and 59 months
	Stunted		Not stunted		
	Proportion Orphaned		Proportion Orphaned		
	orphans	Non orphans	orphans	Non orphans	
All Zambia	100	100	100	100	843982
Rural	55	69	48	60	538258
Urban	45	31	52	40	305724

APPENDIX

PRELIMINARY RESULTS OF THE 1998 SURVEY

Tables 3.1A to 3.5B, present results from the 1998 LCMS. The results, however, should be treated as preliminary. The figures are unweighted. The LCMS was not self-weighting. Some households had a higher chance of being selected than others. Normally, variable weights (known as *raising or expansion factors*) have to be used to prevent estimators being biased as a result. At the time of production of these tables, the calculation of weights for the survey had not been completed. However, the final results, after weighting, should not be very different from these, the sample size of over 16,000 households was big. The incidence of orphans should show a similar distribution as here.

Appendix Table 3.1A: Persons 18 years and below by Orphanhood by Age Group, sex, residence, province, Of All Types, 1998

	Proportion Orphaned					
	All Orphans		Not Orphans		ALL	
	Number	%	Number	%	Number	%
Age Group						
Less than 5	658	5	12113	95	12771	100
5 to 9	1886	13	12502	87	14388	100
10 to 14	2551	20	10204	80	12755	100
15 to 18	2559	25	7575	75	10134	100
Rural/Urban						
Rural	3603	15	21161	85	24764	100
Urban	4051	16	21233	84	25284	100
STRATUM						
Rural Small Scale	2609	15	15139	85	17748	100
Rural Medium Scale	502	13	3301	87	3803	100
Rural Large Scale	18	8	194	92	212	100
Rural Non Agric	474	16	2527	84	3001	100
Urban Low Cost	2651	16	13460	84	16111	100
Urban Medium Cost	872	15	4885	85	5757	100
Urban High Cost	528	15	2888	85	3416	100
PROVINCE						
Central	708	14	4287	86	4995	100
Copperbelt	1238	14	7642	86	8880	100
Eastern	661	14	4117	86	4778	100
Luapula	511	16	2741	84	3252	100
Lusaka	1521	17	7265	83	8786	100
Northen	701	13	4658	87	5359	100
North-Western	372	12	2759	88	3131	100
Southern	1331	18	6056	82	7387	100
Western	611	18	2869	82	3480	100
Male	3799	15	21168	85	24967	100
Female	3855	15	21226	85	25081	100
All Zambia	7654	15	42394	85	50048	100

Table 3.1A shows that the incidence of orphans in Zambia, in 1998, was high with 15 percent of persons 18 years of age or below having lost at least one parent. The older the person, the more likely he was to be an orphan. The incidence of orphans was about the same across all strata. Regionally, Western and Southern

provinces had the highest incidences of orphans. Eighteen percent of all persons 18 years old or below, in both provinces, were orphans. The two provinces are followed by Lusaka were 17 percent were orphans.

Appendix Table 3.1B: Persons 18 years and below by Orphanhood type, by Age Group, sex, residence, province, 1998

	ORPHAN								ALL	
	Mother Only dead		Father Only dead		Both Father and Mother Dead		Father and mother Alive			
	Number	%	Number	%	Number	%	Number	%	Number	%
Age Group										
Less than 5	140	1	464	4	54	0	12113	95	12771	100
5 to 9	376	3	1194	8	316	2	12502	87	14388	100
10 to 14	513	4	1517	12	521	4	10204	80	12755	100
15 to 18	514	5	1451	14	594	6	7575	75	10134	100
Rural/Urban										
Rural	763	3	2216	9	624	3	21161	85	24764	100
Urban	780	3	2410	10	861	3	21233	84	25284	100
STRATUM										
Rural Small Scale	544	3	1640	9	425	2	15139	85	17748	100
Rural Medium Scale	123	3	275	7	104	3	3301	87	3803	100
Rural Large Scale	5	2	12	6	1	0	194	92	212	100
Rural Non Agric	91	3	289	10	94	3	2527	84	3001	100
Urban Low Cost	475	3	1675	10	501	3	13460	84	16111	100
Urban Medium Cost	173	3	461	8	238	4	4885	85	5757	100
Urban High Cost	132	4	274	8	122	4	2888	85	3416	100
PROVINCE										
Central	124	2	450	9	134	3	4287	86	4995	100
Copperbelt	230	3	737	8	271	3	7642	86	8880	100
Eastern	111	2	423	9	127	3	4117	86	4778	100
Luapula	154	5	256	8	101	3	2741	84	3252	100
Lusaka	266	3	920	10	335	4	7265	83	8786	100
Northern	131	2	420	8	150	3	4658	87	5359	100
North-Western	85	3	226	7	61	2	2759	88	3131	100
Southern	286	4	832	11	213	3	6056	82	7387	100
Western	156	4	362	10	93	3	2869	82	3480	100
Male	752	3	2308	9	739	3	21168	85	24967	100
Female	791	3	2318	9	746	3	21226	85	25081	100
All Zambia	1543	3	4626	9	1485	3	42394	85	50048	100

Table 3.1B shows the incidence of poverty by type of orphans. The highest proportion of the orphans belong to the father-only-dead category. Nine percent of persons under 19 years of age are orphans who lost father only, compared to 3 percent for both the mother-only category and both parents category. The incidence of orphans show a pattern similar to the one in the first table.

Appendix Table 5A: Persons 18years and below by Orphanhood rural/urban and relationship to head, 1998

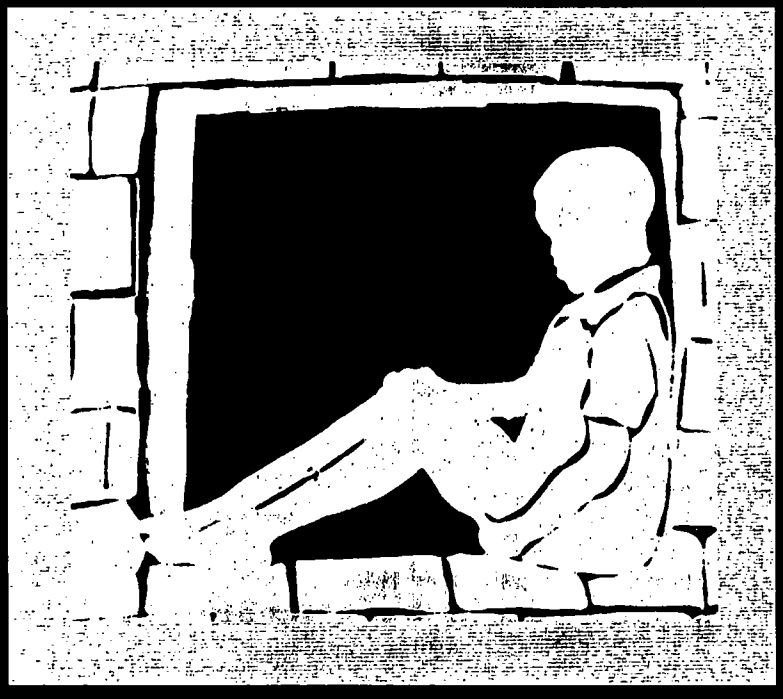
		All Orphans		Not Orphans		ALL	
		Number	%	Number	%	Number	%
Zambia	Head	16	0.2	37	0.1	53	0.1
	Spouse	106	1.4	323	0.8	429	0.9
	Own child	3038	39.6	34038	79.7	37076	73.6
	Step child	274	3.6	610	1.4	884	1.8
	Grand child	1612	21.0	3923	9.2	5535	11.0
	Brother/Sister	557	7.3	798	1.9	1355	2.7
	Niece Nephew	1379	18.0	1788	4.2	3167	6.3
	Bro/sis in-law	321	4.2	507	1.2	828	1.6
	Parent	7	0.1	12	0.0	19	0.0
	Parent in law	10	0.1	25	0.1	35	0.1
	Other relative	289	3.8	493	1.2	782	1.6
	Maid/Nanny/Servant	27	0.4	65	0.2	92	0.2
	Non relative	36	0.5	91	0.2	127	0.3
Rural	Head	6	0.2	24	0.1	30	0.1
	Spouse	58	1.6	213	1.0	271	1.1
	Own child	1336	37.0	16797	78.8	18133	72.7
	Step child	155	4.3	367	1.7	522	2.1
	Grand child	1046	29.0	2508	11.8	3554	14.3
	Brother/Sister	238	6.6	265	1.2	503	2.0
	Niece Nephew	497	13.8	672	3.2	1169	4.7
	Bro/sis in-law	98	2.7	143	0.7	241	1.0
	Parent	2	0.1	10	0.0	12	0.0
	Parent in law	1	0.0	17	0.1	18	0.1
	Other relative	152	4.2	251	1.2	403	1.6
	Maid/Nanny/Servant	8	0.2	12	0.1	20	0.1
	Non relative	13	0.4	50	0.2	63	0.3
Urban	Head	10	0.2	13	0.1	23	0.1
	Spouse	48	1.2	110	0.5	158	0.6
	Own child	1702	41.9	17241	80.6	18943	74.5
	Step child	119	2.9	243	1.1	362	1.4
	Grand child	566	13.9	1415	6.6	1981	7.8
	Brother/Sister	319	7.9	533	2.5	852	3.3
	Niece Nephew	882	21.7	1116	5.2	1998	7.9
	Bro/sis in-law	223	5.5	364	1.7	587	2.3
	Parent	5	0.1	2	0.0	7	0.0
	Parent in law	9	0.2	8	0.0	17	0.1
	Other relative	137	3.4	242	1.1	379	1.5
	Maid/Nanny/Servant	19	0.5	53	0.2	72	0.3
	Non relative	23	0.6	41	0.2	64	0.3

Table 5A shows the percentage distribution of orphans by relationship to head. Most persons of under 18 live in households headed b their parent. About 40 percent of the orphans live in households headed by their parent compared with about twice as many (80 percent) of the non orphans. Of the remaining orphans 21 percent live in households headed by a grand parent and 18 percent in households where the head is an uncle or aunt. In rural areas, a higher percentage (29%) live households headed by grand parents than uncles (14%). The converse is true in urban areas where more (22%) live with their uncles than their grand parents (14%).

Situation Analysis of Orphans and Vulnerable Children in Zambia 1999

Volume 4

INSTITUTIONAL RESPONSE



Government of the Republic of Zambia

AN ANNOTATED INVENTORY OF SELECTED ORGANISATIONS ADDRESSING THE NEEDS OF ORPHANS IN ZAMBIA

Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

INSTITUTIONAL RESPONSE

An Annotated Inventory of Selected OrganisationsAddressing the Needs of Orphans in Zambia

Karen Doll Manda, Esnart Juunza
Chipo Mweetwa

Joint USAID/UNICEF/SIDA/Study Fund Project

November, 1999

Situational Analysis of Orphaned Children in Zambia
Institutional Response

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Situational Analysis of Orphaned Children in Zambia
Institutional Response

Summary Report

This report examines and analyses the Institutional Response to the Situation of Orphans in Zambia and was conducted by Professional Management Training Consultants (PMTC), who contracted Karen Doll Manda, Team Leader, Esnart Juunza and Chipo Mweetwa to undertake the Institutional Response Analysis of the Situation Assessment of AIDS Orphans in Zambia. This report serves as one component of a larger Situation Analysis of Orphans in Zambia being managed by the Study Fund of the Social Recovery Project on behalf of UNICEF, SIDA and USAID, under the guidance of a Steering Committee which draws its membership form Government, NGOs, donors, UN agencies and researchers.

The other components of the larger study are as follows:

- Literature Review/ Annotated Bibliography
- Data Review
- Community Response (Participatory research)
- Assessment of Practices of Care

Methodology

The Response Analysis was conducted during a period from 1 July through 30 July. Given the late contracting of the Response Analysis compared to the other three teams, considerable efforts were made to interview as many institutions as possible during that time period. Time did not permit travel outside of Lusaka. In compensation for the lack of travel the team made efforts to telephone interview organisations outside of Lusaka, whenever possible.

At the beginning of the assessment 65 organisations were identified to interview. During this time the team successfully interviewed 55 of the targeted organisations. Appendix 1 lists the interviewed organisations and the organisations unsuccessfully contacted. In most cases, where the team could not complete an interview, the appropriate person to interview was out of town during the duration of the study. Information, including objectives and programme interventions, is provided on an additional 23 organisations. A total of 78 of organisations are profiled in this report. Contact information for 16 additional organisations is also provided.

The team interviewed donors, NGOs, religious institutions and government officials. The donor assessment was hindered by timing. Many programme officers were on annual leave during the period of this study. In most cases a programme officer at the institution spoke to the consultancy team but was not always the person most involved in the work related to orphans or children in need. Therefore, some information in the donor section contains limited detail.

The purpose of the study was not to evaluate various programmes, but rather to gather an inventory of various institutions and their efforts related to orphans and vulnerable children (O/VC). The qualitative research strove to uncover the various programme interventions employed by institutions, their experiences with these interventions, issues of sustainability, methods of monitoring and evaluation and perceptions of lessons learned and organisational structure. Appendix 2 provides the questionnaire guide for conducting interviews.

Target Beneficiaries

Various definitions of orphans exist, particularly in literature related to orphans. The cut-off age of an orphan, according to definition, can range between 15 to 18 years. Sometimes the definition requires that an orphan has lost both parents, while other definitions qualify a child to be an orphan after the loss of one parent. Additionally, there are frequently maternal and paternal orphan references, which further define an orphan as either having lost the mother or father. In some cases, a child may not be considered an orphan if he/she has lost the mother, but not the father. In general, this reference assumes that the father is the bread winner and as long as he is alive, the child may not have suffered a sudden decrease in living status.

Most institutions, (donor, NGO, religious institutions and government) interviewed during this study do not follow a strict definition, particularly if the organisation is working at the community level. Generally, the programme goal is to mobilise the community to generate a community based response and solution to the orphan situation. This community response usually requires that many institutions deal with children in need, rather than AIDS orphans exclusively. Under these circumstances the definition of an orphan is broadened considerably. Frequently, if the child is from a very low income family and has lost one parent, the child is eligible for participation in the programme. If the child is from a very low income household and has not lost either parent, then the child can also be eligible for inclusion in the programme.

Community workers are sensitive to creating a situation whereby fortunate is the child whose parents died from AIDS since they receive outside assistance with education, food, clothing and health care and the 'unfortunate' children, whose parents are both alive, do not receive outside help. Furthermore, this inclusionary approach is necessary in order to acquire the support of the community at large. In the early stages of orphan programmes, NGOs frequently erred in providing resources only for orphan children. Guardians and non-orphan children often felt resentful ultimately having a detriment to the overall goals of the NGO's programme. Some NGOs met with outright resistance and at times near sabotage to their programmes from others who were also in need, but not recipients of the programme's benefits. As a result, although an NGO's internal strategy may be to assist orphan children, the reality of the work on the ground necessitates that programmes include a larger target group of children in need.

Development workers do not wish to further stigmatise AIDS orphans by constantly separating them from other children through the NGO's programme efforts. AIDS

remains a highly stigmatised illness in Zambia. AIDS orphans tend to experience unique emotional needs resulting from watching a parent(s) die a slow and agonizing death and experiencing shunning from the community.

International Donor Response

In general, the donors do not have extensive, concentrated orphan or children-in-need programmes. They fund a few NGOs or religious institutions whose work is supported because it fits with the general donor programming or philanthropic policies and not necessarily because it is directed at children or orphans. The funding appears to be sporadic with little geographic or programme focus. The exceptions to this trend are USAID and UNICEF, both of whom have specific orphan programmes with defined strategies.

The donors, in general, all recognised the increasing need for support to orphan children in Zambia and the constantly and alarmingly increasing numbers of orphans. When prodded as to why they did not support orphan children through their programming efforts, almost all unanimously stated that they felt the Government should take the lead to develop a policy and a national framework. The donors are cautious as to appear to be directing the government in its development efforts. Most donors are willing to participate in an organised effort to dialogue with the government, donors and NGOs and feel that funds could be made available for programmes focusing on children in need, once a government lead is established. It appeared that many of the donors are waiting for a leader (whether from the government, donor or NGO community) to begin the dialogue and whoever initiates further dialogue will most likely have willing participants.

Many donors recognise that given the economy of Zambia, it is unreasonable to expect programmes assisting communities to run financially independent of donor support. The tax base of the country is not large enough to support large scale social services in the long run. In recognition of this reality, for most donors issues of sustainability are more related to programme sustainability--the successful management of the programme, developing programme interventions with an impact, community participation, etc. NGOs may benefit from additional dialogue with donors over the issues of sustainability and how it relates to their programming since many appear to be under the impression that financial sustainability is a required output of their efforts.

NGO Response

As in many countries, the NGO community is filling a role in a needed area where there is limited direct government resources. The NGO community is directing resources and programmes at orphans and children in need. The cornerstones of NGO orphan programming are community mobilisation (to foster community ownership and responsibility), education (namely community schools) and income generating activities.

Identification of Community Needs and Community Mobilisation

It is perhaps in the areas of mobilising the community to identify their needs and to develop a response that most NGOs have a comparative advantage, extensive expertise and a success rate. Gaining the trust and support of a community is slow work. Communities have experienced many broken promises by outsiders and frequently are cautious regarding new efforts. Many NGOs speak of the need to create relatively quick tangible outputs in order to maintain credibility within the community in order to continue long term programme efforts.

In general, the NGOs employ various participatory methodologies to motivate the communities to identify issues and to develop responses. In general, related to orphans most communities identify poverty as the main source of their problems. Issues stemming from poverty include: inability to provide education and health care and inadequate food and clothing.

After the issues are identified, the NGO works with the communities to develop responses, to link communities with outside resources and to provide training for community leaders and members. Most NGOs strive to create some sense of independence and self reliance within their catchment areas. Training will usually include leadership, business skills, monitoring and evaluation and subject areas such as nutrition, health care, AIDS education, etc. The links with outside resources are not limited to donors and other sources of funds. NGOs may work with District governments to develop cooperation between communities and government personnel.

Issues of Direct Assistance

Some NGOs provide direct assistance to orphans and their families in the form of food (received from multi or bi-lateral donors), clothing and school bursaries. Those organisations who provide food aid and other forms of direct assistance, in general, feel that given the poor economy of Zambia, their work is necessary. They give to the poorest of the poor and to those who have no other means to provide for themselves. However, it should be stated that during this study the mechanisms for channeling the forms of direct assistance to guardians and the orphans were not clarified

Other NGOs despise hand outs as a form of development and provide little to nothing of assistance which goes directly to an individual. It should be noted that most NGOs admit that it is almost impossible to operate without at some time during their work having to give something at no cost. When they provide something for the community it is usually under special and specific circumstances and they try to monopolise on the moment as much as possible. For example, a T-shirt may be provided in affiliation with a special day. That T-shirt will be printed with a message aimed at educating the general public on a particular issue.

Many NGOs operating within the same catchment area with opposing views on the issue of hand outs frequently clash over this issue. The NGOs for whom hand outs

counter their general development philosophy argue that direct material assistance undermines all their efforts and hinders any form of community development. Some will even state the extreme that they may as well pull out of the community completely since there efforts are undermined. Sometimes the NGOs are able to resolve and compromise with each other. At times they have together reached creative compromises where each side alters their programme position to create harmony between programmes. In other cases, the NGO for whom direct assistance is taboo will move its programmes to a different community.

Education

Education is frequently identified by communities as one of the greatest needs of children. Parents and guardians are often unable to provide school fees, uniforms and books to send their children to a government school. As a result many children do not receive basic education.

Frequently NGOs assist communities to develop community schools as a means to provide education. Community schools condense the 7 year government curriculum into 4 years. In the past children who entered community schools (never having attended a government school) were older, than their government school counterparts, and the 4 year curriculum allowed them to finish the equivalent grade 7 at a similar age as their peers in government schools. Since larger numbers of families are unable to afford the required fees and uniforms for government schools, the age of children entering community schools appears to be becoming much younger than previously. As a result, children may remain in the same grade in a community school for an additional year(s) before moving on to the next level.

The teachers of community schools are frequently unskilled teachers who are members of the community and volunteers. The NGOs provide teacher training, frequently using the SPARK manual, developed by the Zambian Community Schools Secretariat. The manual provides teaching methodology, and outlines a syllabus including tips on teaching the material. Model lessons are included as well as techniques for monitoring student progress. A section also includes information to improve a teachers knowledge base.

The Zambian Community Schools Secretariat strives to monitor the quality of education provided in community schools. It was not apparent the manner in which they fulfill this task. Community schools frequently spring up with little coordination with a central body.

Based on this study, it was not always evident what happens to children after they complete the four years in the community school. Some may pass the Grade 7 exam. Questions regarding provisions to provide fees for these children were often met with vague responses or evaded completely. The reasons for this evasion are not clear, but it is suspected that the immediate needs of communities are tremendous and neither the NGO nor the community are able to plan extensively beyond the near future. The possibility also exists that either few children pass the exam or there is not sufficient money in the community to pay the examination fees.

The debate over the quality of education of the community schools and the promotion of community schools at the expense of government schools is real. A positive note to community schools is that it is a community initiative and a step towards self reliance. Most often the schools are desired by the community and supported by the NGO. From a community development perspective, the NGOs support the development of community schools often because they provide a tangible delivery to help them establish credibility and trust in the community and the community is demonstrating considerable unity and leadership, notable community development benchmarks.

Income Generation Activities (IGA)

In the issue of sustainability, NGOs working to mobilise communities recognise that the communities are dependent on funding, given the economy of Zambia and the high levels of poverty of most Zambians. However, most NGOs are attempting to assist the communities to develop some form of financial sustainability through the use of income generating activities.. Many IGAs include oil presses, chicken runs and gardening. In the rural areas, agriculture is a natural venture. The money is designated to provide for the orphans; frequently school fees and uniforms are listed.

It seems that tremendous efforts are expended on IGA, both in the community and the NGO. Generating income, through a business venture, is frequently not the comparative advantage or the expertise of an NGO. At times it seems that much effort, both within the community and the NGO, is exerted on the IGA, sometimes at the expense of their social projects.

This particular research did not endeavor to evaluate various income generating activities (IGA). However, when NGOs were asked to describe the specifics of the IGA, such as how the venture was decided, how much money it had earned, the consultants were often met with vague responses. Frequently the answer to a question regarding actual income generated was to state the intended uses of the money which often included school fees for the community's needy children. When probed further as to the number of children assisted through the IGA, the general response was that those figures were not yet recorded.

It seemed that decisions to begin a business are made without conducting the appropriate market assessment examining what the market can support or the skills of community members. In general, the nature of the IGA was copied from another community, without adequate analysis of the dynamics of an IGA success of that particular venture (or if that particular venture was indeed profit making.) NGOs and communities seem to lack fresh ideas for business ventures and would most likely benefit from training regarding conducting market assessments.

Many NGOs even seemed reluctant to call the IGA a business and appeared uncomfortable with that description. This avoidance of labeling the IGA as a business indicates a fundamental problem with many IGA activities currently being implemented. The NGO programme managers are adept at implementing projects, but lack business acumen and are not necessarily as capable of advising a community

regarding successful business ventures. Both NGOs and communities could probably benefit from additional resources regarding business ventures and some quantitative analysis.

Additionally, many communities seem to be 'copying' each other when it comes to income generating activities. There seems to be a lack of fresh ideas. It is assumed that a proper market assessment would help introduce fresh ideas and assure a more pragmatic approach to the business venture.

Based upon questions asked during interviews, it seems that NGOs feel an extreme pressure, whether directly or indirectly specified from their funders to develop financial sustainability. This contradicts with the general impression of the donors given to the consultation team whereby the donors frequently stated that they recognised that social programmes could not be financially independent given the economy and lack of tax base for the government to provide social services.

An additional reason for the current trend to begin IGA is that very few donors are allocating significant funds for NGOs or communities to tap into to address their O/VC issues adequately. Through an IGA, however successful or unsuccessful, communities are attempting to address their financial needs without using outside assistance.

The danger lies that NGOs and communities are becoming extremely focused on raising money to support the orphans at the expense of their social programmes, which is the comparative advantage of most NGOs. Although developing self reliance is a supported act, caution needs to be exerted. First, the approach to developing a business must be more pragmatic. Second, the NGO or CBO should not exert most of its human resources on raising money at the expense of its needed social programme efforts.

Programme Sustainability

NGOs take fervent strides to mobilise the communities so that they are able to act for themselves, identify problems, access resources and develop solutions. In general, the NGOs work diligently to promote community independence, to build the capacity of communities through various forms of training and to create linkages with outside institutions. In this area NGOs seem to be quite successful and have learned various lessons to develop programme sustainability and to galvanize a community for action.

Psycho-Social Needs

Almost since the inception of programme efforts related to orphans, the psycho-social needs of AIDS orphans have been discussed. Most NGOs recognise the needs to help the children cope with grief over the loss of parents, deal with the separation of siblings and the stigma of AIDS. In some situations these emotional needs include being second class citizens in their homes and issues of physical, mental and sexual abuse.

The general trend to respond to this issue is to develop life skills training in community school curriculum. This subject covers various aspects of life for children from sex education to self confidence and self respect.

Many NGOs are increasingly realising that caregivers of orphans also have unique psycho-social needs. Their programme efforts now attempt to include caregivers by training them to assist the children to cope with grief, educating them on issues of abuse and providing coping skills for the caregivers to deal with the increased economic pressures of additional family members and the inability to provide adequately for their family in this difficult economy.

Health Needs

Based on this study it seems that few NGOs are addressing health needs of the children, although it is frequently identified by communities as an area of need. The NGOs may provide education related to nutrition and other common childhood illnesses, but it did not seem to be a common aspect of programme interventions nor a prime focus.

Most NGOs recognise the additional health care needs of children who are HIV+. It seemed that given the difficulties that communities have to openly discuss HIV/AIDS, this is an area where the NGOs are not directing their resources, perhaps because given the silence surrounding AIDS the discussion would become a hindrance to their overall efforts to develop trust in the communities. It is possible though, that in the future, after some of the other immediate needs of the community are met, that the NGOs would begin to branch into this area. This is an inference drawn from the discussions and was not mentioned directly.

HIV/AIDS Education Awareness

When asked most of the NGOs responded affirmatively to the question regarding the inclusion of HIV/AIDS awareness and education. However, when asked to provide an overview of their programming efforts and general strategy, HIV/AIDS education was seldom mentioned. It appears that the NGOs are overwhelmed by the sheer number of orphans and children in need in the communities and the tremendous immediate needs of the children and their families in which they operate that their foremost focus is on responding to that need. The prime cause for the orphan situation seems to have taken a secondary position and at times appears to be regarded as an after thought. It seems that there might be a delinkage between HIV/AIDS prevention and orphan care.

The exception to this situation is those few NGOs whose primary programme purpose combines HIV/AIDS awareness and orphan/vulnerable children care. Additionally, those NGOs and religious institutions which link home based care and O/VC interventions focus on AIDS prevention as a cornerstone of their programme interventions.

Religious Institutions

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

Perhaps the Catholic Secretariat provides the most coherent and organised religious institution response to orphans. Throughout Zambia, the various dioceses are involved in developing community responses to orphan care. These programmes have often developed in association with the home based care programmes. As the number of orphans has increased, the home based care programmes began to incorporate measures to address the concerns of orphans and the families caring for the orphans.

The approach of the Catholic dioceses is similar to that of the NGOs. They link community ownership and responses to the care for orphans. The Church strives to keep orphans in the community and will employ orphanages as a last resort. Community schools often develop in order to address the education needs of children. The Catholic church has experienced financial difficulties as overseas funding has decreased considerably and also engages communities in IGA.

Although other churches do not have as large an outreach or coordinated programme as the Catholic Secretariat, many are encouraging orphan care amongst their church membership. Frequently, the programmes attempt to provide food, clothing and education to orphaned children. The number of orphans reached can vary from 10 orphans to a few hundred. These programmes, although commendable attempts, in general seem to lack large scale funding and a focused programme effort. There is a definite need to build the capacity of church organisations to better strategise and implement projects.

Many of the churches are also developing income generating activities. They appear to face similar hurdles in this area as the NGOs. There seems to be a lack of pragmatism and business acumen in the development of the business venture and a dearth of new ideas.

The religious institutions have an advantage in that they have a ready made audience and have frequently already established credibility and trust. Many use the pulpit to foster community responsibility and a foundation of religious obligation to encourage a community response to the orphan problem. The churches are also able to easily identify needy families amongst their communities through the involvement of congregation members.

Government Response

The government seems to be limited in its programme efforts related to O/VC and appears to be slow to move beyond rhetoric. Although relevant Ministries have developed policies regarding children, the NGOs interviewed do not seem to be aware of the current policy environment, indicating the need to create routes to disseminate

information from within the government to the outside. Budget shortages grossly limit the active role that government can directly take to impact the situation of vulnerable children in Zambia. Nevertheless, government can fill the important function to mobilise NGOs to respond to the needs of communities and to develop and provide the enabling policy environment to promote the needs of O/VC. Overall coordination of the various efforts regarding vulnerable children is desperately needed. Government could possibly fill this role.

It is not clear why the government has been slow in the past in responding to the looming O/VC issues. Positive efforts have been made in the formation of the Government Task Force on Orphans. The task force is comprised of the Permanent Secretaries of the Ministry of Youth, Sport and Child Development, Ministry of Community Development and Social Services, Ministry of Education, Ministry of Health and Ministry of Legal Affairs. Additionally, there is a technical committee comprised of various professionals from each of the ministries. The Task Force is a recent development, but is a positive step towards an increased concentrated government response to the O/VC issues.

Additionally, the Disaster Management and Mitigation Unit (DMMU) at the Office of the Vice President is critically examining that office's role in the care for vulnerable children. The DMMU should be included in future dialogue regarding an organised response to O/VC.

Community Care vs. Institutionalisation

In general, most contact persons interviewed for this study overwhelmingly agree that community care is not only a better option than orphanages, but the best option based upon past experiences. Adult orphans who grew up in an institution frequently experience a type of dysfunction upon their return to the community. They have been raised void of Zambian rituals and often feel disassociated from their community. Furthermore, institutional care is expensive and often perceived to be a waste of resources in the long run.

However, at times there are no other solutions for the care of orphans than in an institution. Most orphanages take tremendous efforts to alleviate the potential future dysfunction through creative measures to include community participation in the raising of the children.

National Policy Issues

Very few NGOs directly involved with orphan and children in need are working on the national policy either directly or indirectly. In fact, when asked to comment on a national policy framework which would advance their work, the majority had very little response. This indicates two issues. First, the relevant government ministries have policies related to children's rights. It seems apparent that this information is not being disseminated out of the government to the NGOs. Secondly, the lack of response indicates that NGOs might not fully recognise the manner in which national policies could advance their work.

A handful of NGOs articulated the need for an improved national policy framework and placed the onus on the government, notably the Ministry of Community Development and Social Services, to develop the policy. The NGOs would like to be involved in the development of the policy framework since their community work would provide the appropriate benchmarks to assure that adequate and effective policies are developed.

Legal Framework

The general perception amongst the NGOs and religious institutions is that most laws regarding children in Zambia are outdated and the lack of enforcement renders the laws practically non-existent.

Some NGOs and religious institutions have embarked on educating community members on various legal issues (despite the inadequacy of the laws and the lack of enforcement), primarily issues of abuse and property grabbing. In general, the goal is to decrease issues of property grabbing and abuse through providing information to communities regarding individual rights and where one can turn for assistance.

Advocacy for Children

Many NGOs indicated the need for a strong organisation which advocates for children. They want this organisation to keep children's issues in the public and government eye and to constantly promote care for the nation's children. They recognise that the comparative advantage of their institutions is in social work rather than advocacy. However, the perception of linking and networking with organisations involved in legal advocacy, such as the National Women's Lobby Group, seems to be absent. The team conducted interviews with a few advocacy groups. It was evident that these groups have not incorporated the rights of children into their advocacy work in a manner which would properly represent the magnitude of the vulnerable children in Zambia or have an impact on the country's perceptions, as is the role of an advocacy institution.

Food Aid

Food aid is perhaps one of the most controversial of community development efforts. For this survey both Programme Against Malnutrition (PAM) and World Food Programme (WFP) were interviewed. Given the high levels of poverty, one cannot easily argue that hunger is not an issue facing many Zambian families. Both PAM and WFP indicate that their efforts are minute compared to the need for food aid in Zambia.

The controversy exists between NGOs who strive to limit direct material assistance in order to promote self reliance and organisations such as PAM and WFP who appear to "just give food away." Both PAM and WFP remind the development community that food aid is designated for the poorest of the poor and is meant to be one component of a larger programme to promote development and independence. The perception is

that somewhere a link is missing that employs food aid as a temporary intervention as part of a larger holistic to effort development.

WFP has worked with NGOs whose policy differs from theirs; both sides have compromised to develop a collaborative approach that meets the strategies of both organisations. In some incidences, WFP has allowed a nominal fee to be collected for the food aid with the understanding that the money collected will be channeled into the community.

Monitoring and Evaluation

The area of monitoring and evaluation is perhaps the most limited for almost all players (donor, NGO, religious institution and government) working to assist children in need. Most NGOs and donors readily share their monitoring and evaluation techniques which generally include quarterly and annual reports, as well as, site visits. Most institutions agree that monitoring and evaluation is a needed and effective tool to improve programme planning.

Effective community development NGOs stress the need for community involvement to develop a system for tracking progress. It is through this involvement that the community defines the success of a project and takes responsibility to ensure its success.

However, it appeared that few programmes have actually developed indicators to see if a project is having an impact or a system for regularly collecting qualitative and quantitative data. Very few NGOs were able to provide information regarding the number of children assisted, percentage of children in need assisted or any real indication of the impact the programme was having on the livelihoods of children. In the area of income generation little quantitative information was available regarding the amount of money generated from the activity. Only a handful of organisations have gathered long term data on the progress of children they have funded.

It seems that all institutions (donors, NGOs, religious institutions and government) could benefit from further dialogue, with each, sharing information and examples of good monitoring and evaluation techniques. More importantly it might be beneficial to gain some consensus on the goals of orphan and vulnerable children programming.

Street Children

The issues of street children in urban areas is serious. In general, organisations working with street children attempt to provide food and clothing as well as education through community schools. They strive to provide either day or night shelters for the children. Although there is a mass of children who have no choice, but to live on the streets, there are many children who have run away from home because of issues of abuse at home or simply in search of food and money. Some organisations working with street children train social workers who provide outreach to the youth on the street. They attempt to gain the trust of the children. In time the social workers try to resolve the problems at home to encourage a return to the families.

It seems that at times the NGOs working directly on orphan and children in need and those working directly with street children are not collaborating effectively. At times, they almost seem to view each other's work as separate from their own. Many street children NGOs could provide valuable information to share with other NGOs regarding the primary causes of children ending up on the street and could assist other NGOs help prevent other children from leaving their homes. It does not appear that the NGOs are unwilling to collaborate, but rather that the magnitude of the problems facing children consume most of the programme managers time that they are unable to effectively begin collaboration.

Organisations working with street children are also in need of capacity building. Frequently, the founders of these organisations are themselvse not necessarily professional NGO administrators, but rather people who have responded to a need in their communities. They have also experienced similar results with IGA activities as their counterparts working to mobilise communities to raise revenue to support the orphans.

Collaboration between Organisations

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

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

Scaling Up

The orphan and vulnerable children situation is increasing rather than abating. Numerous factors contribute to the difficulty of scaling up the interventions at appropriate levels to meet the growing need for O/VC interventions in Zambia.

- The current response of NGOs, religious institutions and donors is random with little coordination between institutions or geographic focus.
- Government involvement is severely limited at the present time. The lack of government presence is contributing to preventing the donor community from becoming seriously involved in O/VC.
- Dearth of adequate funding to address the magnitude of the issue seriously and at a large scale.
- There is little to no broad consensus on what O/VC programming should achieve.

- The use of proper analysis to evaluate the effectiveness of interventions is lacking; thus contributing to the delay of development of effective interventions.
- Institutions are overwhelmed responding to the immediate needs.It seems little effort is being made to critically analyse what is working or what is replicable, much less how to scale up efforts.

Conclusion/Recommendations

The following are recommendations based on the perceived strengths of current O/VC work and identified areas of weakness where improvement is needed.

Community Mobilisation

- Continue to focus on community development efforts and trust the community to best define its needs, internal resources and solutions. The community mobilisation response to O/VC problems, although time and initially resource consuming, is an appropriate intervention. Furthermore, given the mass numbers of O/VC generating community responses and solutions are most likely the only means to address the issue on any large scale.

- Continue to focus on children in need rather than orphans exclusively in order to continue to foster a community response and ownership.

- Although many NGOs are effective in mobilising communities, it is not always clear how that mobilisation trickles down to benefit children. Analysis to uncover the dynamics of interventions with impact would probably be beneficial to a wide audience of O/VC players.

O/VC Programme

- Foster the development of a coherent O/VC programme rather than the current amalgamation of individual projects. This is not meant to imply the development of one body overseeing nationwide interventions. The idea is to develop some unity and synergies between existing projects.

- The O/VC problem is a multi-faceted issue and should be dealt with at a multi-sectoral level.

- Develop a mechanism to improve collaboration between various O/VC players to regularly share information, resources, identify catchment areas, etc. This forum should also foster the creation of new ideas for programming, IGA, etc.

- Foster a consensus on goals of O/VC interventions and to develop a more clear vision, defined strategies and evaluation indicators.

- Include religious institutions in O/VC strategic planning and recognise their contribution to the solution.

- Lobby the government for a more visible and active role in O/VC. Both Disaster Mitigation and Management Unity at the Office of the Vice President and the Ministry of Community Development and Social Services are good starting points.

- Strengthen a current advocacy organisation to better advocate for the rights of children.

- Encourage dialogue with donor community at large, government, NGOs and religious institutions.

- Link HIV/AIDS education with O/VC programme efforts either through the NGOs carrying out O/VC programming or through other means. Explore further linkages with home based care programmes and HIV/AIDS education.

Capacity Building

- NGOs cannot effectively address the magnitude of the O/VC problem without adequate administrate support from their funding sources.

- Recognise that some NGOs and religious institutions need further capacity building to effectively administer their programmes (this is not limited to financial management.)

- Assist religious institutions to build their own capacity to better strategise O/VC interventions.

IGA

- Develop a more pragmatic approach to business ventures designed to raise revenue to support O/VC projects.

- Conduct proper market analysis and extend IGA training to include market research and general marketing skills and to move beyond bookkeeping.

Monitoring and Evaluation

- Place a strong focus on qualitative and quantitative evaluation techniques.

- Promote the development and sharing of monitoring and evaluation measures.

Education

- Encourage dialogue regarding alternative (to community schools) means to educate the children. (i.e. adaptation of long distance education techniques.)

- Critical analysis of the quality of education provided in the community schools and the additional merits beyond education of children is needed.

Distribution of Study

- Overwhelmingly, those persons interviewed for this study indicated a strong desire to receive this study (the four components.) The Steering Committee is strongly advised to either distribute this study to the organisations included in this component or to notify them that it is available.

Inventory of Institutions

The following pages contain an inventory of institutions interviewed as part of a Situation Analysis on AIDS Orphans in Zambia. The institutions are divided up into categories of International Donor, NGO, Religious Institution and Government. For the purpose of this study, the religious institutions are the umbrella type organisations and as opposed to independent churches with programmes or missions. Some independent church or mission projects are included under the NGO section.

Following the profile of interviewed institutions, additional information regarding some institutions can be found.

International Donor Response

British High Commission

Contact Person: Grace Mpundu, Aid Assistant for Development
Telephone: 251-133
Fax: 253-978
email: g-mpundu@dfid.gov.uk
status: International Donor

Background

The British High Commission[1] has a small grants scheme of 200,000 pounds to be used at the discretion of the High Commissioner. This year the focus is:

- to reduce the spread of HIV/AIDS
- to assist families affected by AIDS
- to protect the environment
- to improve the livelihood of the disadvantaged

The targeted beneficiaries of the fund are women, orphans and the disabled.

[1] Ms. Mpundu's schedule did not permit a face to face meeting. This information was provided over the telephone. Furthermore, she has only been employed at the Commission for the last month and graciously provided the information that she could.

Canadian International Development Agency (CIDA)

Contact Person:	Miyanda Kwambwa, Development Officer
Physical Address:	5199 United Nations Ave
Mailing Address:	PO Box 31313, Lusaka
Telephone	250-833
Fax:	254-176
Status:	International Donor

The overall CIDA Zambia development programme has suffered as a result of CIDA switching from country focused programmes to regional focused programmes. Currently, CIDA Zambia is returning to country focused programmes. They are obligated to complete prior programmes before undertaking new programmes.

Currently, CIDA does not focus on orphans. They have supported various home based care efforts in the past in Lusaka, Cobberbelt, Livingstone and Monze and expect that orphan issues will most likely be incorporated into future phases.

CIDA has a Canada Fund for Local Initiatives (CFLI). There is a limit of Canadian $40,000 per project. Preference is given to rural areas and community involvement is a required component of the project. Support should compliment CIDA's bilateral aid: environment, human rights, good governance, basic human needs (health, education and water sanitation), gender and poverty alleviation.

CIDA's Bilateral Aid

Zambia Social Sector Support is to support the social elements of ongoing macro-economic reform in health and education. The project provides required financial assistance to the Ministries of Health and Education and Science, Technical Education and Vocational Training.

Programme for Advancement of Girls' Education is designed to deliver quality primary education to all children, especially girls. It aims to enhance the capacity at all levels to reduce gender disparities in primary education enrollment, retention, completion and achievement.

Environmental Council of Zambia assists Zambia in protecting its environment as the basis for future human, social and economic development.

The European Union (EU)

Contact Person	Joan Pilcher
Physical Address:	Los Angeles Blvd
Mailing Address:	PO Box 34871, Lusaka
Telephone:	250-711/179; 251-140; 252-336/343
Fax:	250-906
email:	joan.pilcher@zam.eudel.com
Status:	International Donor

The European Union (EU) does not have a specific programme related to orphans. They sponsor a few projects related to orphans.

Zambia Education Capacity Building Programme (ZECAB)

The Zambia Education Capacity Building Programme (ZECAB) is a five year programme which parallels the development of BESSIP and TESSIP. This programme is scheduled to begin this year.

The purpose of ZECAB is to:

- to promote efficient and effective management of education and training
- to promote the inclusion of marginalised children and youth in non-formal and formal education and training.

Recognising that a major deterrent to the participation in education of vulnerable youth is the payment of school fees and user costs, this programme will provide bursaries to children's families.

Under ZECAB 600,000 children between the ages of 6 and 13 who are not in school will be targeted. Specific categories of children to be supported under this scheme include orphans, girl children and children of the destitute. The main focus will be in rural areas and the girl child will receive the majority of the focus.

In 1999, small pilots will take place in Luapula Province (Samfya), Northern Province (Mpika) and Lusaka and Kitwe. The pilots will test the mechanisms for the operation of the scheme before it is expanded to support over 12,000 children from the year 2000.

ZECAB will also provide construction of some community schools, but the details are still in the planning stage.

Training for older children in income generating skills will most likely be a part of this project.

The Embassy of Finland

Contact Person	Mr. Markku Laamanan, Counselor
Physical Address:	Anglo American Building, 74 Independence
Mailing Address:	PO Box 50319, Lusaka
Telephone:	250-211; 250-213
Fax:	254-981
email:	finemb@zamnetzm
Status:	International Donor

The Finnish Embassy does not have an orphan programme. They are beginning an HIV/AIDS programme related to education. This programme is primarily geared at AIDS awareness and the improvement of manuals for teachers and other behavior change materials.

The Finnish Embassy does have a small project fund available for grants up to USD10,000. In the past this money has been used to support various missionary activities geared towards children.

GTZ

Contact Person	Gabriella Goetz
Physical Address:	6469 Kariba Rd, Kalundu, Lusaka
Mailing Address:	PO Box 37x, Lusaka
Telephone:	291-918 to 20
Fax:	291-946
email:	gtzpas@zamnet.zm
Status:	International Donor

GTZ[2] has not worked in the sector related to orphans. In September, they hope to begin a project in Southern Province dealing with health. There will be two components: AIDS and gender. Additionally, they have an education programme for children where they attempt to train them for jobs in the informal sector.

[2] Ms. Gabriella Goetz was unavailable for a meeting, due to home leave. Another person at GTZ provided this information over the telephone.

Irish Aid

Contact Person	Dr. Oliver Lulembo, Health Advisor
Physical Address:	6663 Katimo Mulilo Rd
Mailing Address:	PO Box 34923
Telephone:	290-650; 291-124; 290-650
Fax:	290-482
email:	iremb@zamnetzm
Status:	International Donor

Irish Aid does not have a formal orphans/vulnerable children focus. Regarding AIDS, they focus on the prevention of transmission.

Since 1996, they have funded CINDI Kitwe and recently agreed to an additional three year funding phase. However, this will be the last funding provided to CINDI Kitwe primarily because Irish Aid does not wish to support any NGO long term.

The first phase funded capital items including administrative costs, which it is generally not the policy of Irish Aid to cover. The second phase is providing capacity building and includes attempting to improve resource mobilization and strategic planning.

Irish Aid monitors CINDI Kitwe through participation in quarterly meetings. These meetings have been opened to include all the various donors funding CINDI Kitwe. Irish Aid requires quarterly activity and financial reports and conducts field visits.

Irish Aid recognises the magnitude of the orphan problem, the dearth of resources as well as the fact that the problem is increasing as opposed to abating. Irish Aid wishes the government to take the lead in developing a plan for orphan care as well as the legal framework. Irish Aid perceives the need for orphan care but recognises the need for a national policy on both HIV/AIDS and children. They are willing to participate, but wish the government to lead.

Lessons Learned

- In general Irish Aid does not provide administrative costs to NGOs. They feel that CINDI Kitwe became dependent on Irish Aid.

- The multi-faceted problem of care of orphans must be addressed from a multi-sectoral point of view.

Japan International Cooperation Agency (JICA)

Contact Person	Etsuji Yoshimura, Assistant Resident Representative, Festus Lubinga, Programme Officer
Physical Address:	59B Mutandwa Rd., Roma
Mailing Address:	PO Box 30027, Lusaka
Telephone:	291-075; 292-778; 294-442
Fax:	292-619
email:	jica@zamnet.zm
Status:	International Donor

JICA does not currently have an O/VC programme. They are beginning to explore the possible avenues for their participation in this area and are in the early stages of discussing their comparative advantage. The internal discussions were too preliminary to share for this study.

Norwegian Agency for Development (NORAD)

Contact Person	Anette Ferdinand, Programme Officer Civil Society
Physical Address:	Royal Norwegian Embassy
Mailing Address:	PO Box 34570, Lusaka
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Fax:	253-915
email:	anette.ferdinand@lun.norad.telemax.no
Status:	International Donor

NORAD[3] does not officially have an orphans programme. However, they will support NGOs/CBOs working in this area which meet the general requirements for NORAD support who apply for assistance. This funding falls under the social services division within NORAD. NORAD funds both programme and administrative costs, recognizing that administrative costs are linked to the successful implementation of programme interventions. In the case of orphanages and street kids, NORAD will also on a short term basis provide food for the children while the organisation develops its own means to feed its clients.

In the past, related to orphans and HIV/AIDS they have supported

1. Family Health Trust CINDI
2. Myumba Yanga orphanage for young girls.
3. A day care centre in Mbala through the Sisters of the Sacred Heart
4. Zambia Open Community Schools
5. Tasintha
6. Bauleni Street Kids
7. Home based care initiatives
8. On a small scale, the building of structures for street children

NORAD prefers to channel funds through umbrella organisations which in turn will disburse funds to smaller NGOs and CBOs.

NORAD would like to see a stronger government initiative regarding the situation of children in need in Zambia.

Lessons Learned

- NORAD encourages NGOs to engage in income generation activities, but not at the expense of that organisation carrying out its needed programme efforts.
- NORAD has learned that there is no short term support of orphanages. If a donor begins to provide food and medicine to an orphanage, because the need is so great, it must be prepared to continue the provision in the long term.

[3] Ms. Ferdinand kindly met with the consultation in absence of her colleague. She provided the information she could, but was not the most appropriate person at NORAD.

Swedish International Development Agency (SIDA)

Contact Person	Mulenga Muleba, Social Development Officer
Physical Address:	Royal Swedish Embassy
Mailing Address:	PO Box 30788, Lusaka
Telephone:	251-711
Fax:	254-049
Status:	International Donor

SIDA does not have an official orphans project per se. They are in the process of examining their comparative advantage in this area and exploring possible links with other institutions. Although funding has not been allocated for specific orphans activities small grants might be available in the future. In general SIDA looks to build capacities of local institutions.

United Nations Children's Fund (UNICEF)

Contact Person:	Peter McDermott, Representative
Physical Address:	UN Complex, Alick Nkhata Road
Telephone/Fax:	252055, 253621,
Mailing Address:	P.O. BOX 33610 Lusaka
Status:	UN Agency

Background

UNICEF Zambia is a UN Agency aimed at helping underprivileged children settle in life through various interventions. It has a five-year programme of cooperation with GRZ and pertners - the Master Plan of Operations - which is developed into Annual Plans of Action each year, an update of the activities they were involved during the previous year.

Related to orphans, UNICEF provides support through home based care, youth friendly health services and community schools. These are programmatic interventions that have a broader coverage than just orphans but having substantial relevance to orphans. These are undertaken through UNICEF's mainstream programmes namely Health and Education.

UNICEF's operations cover urban, peri-urban and rural areas in conjunction with other caregivers such as relevant NGOs, government departments and organisations.

Objectives

- To support and help orphans and underprivileged children in areas of education and health in collaboration with all other organisations that provide similar assistance.

Programme Interventions

UNICEF's interventions are undertaken through two mainstream programmes namely Health and Education

Health Programme

The Ministry of Health, through an office working with and situated at UNICEF, remains involved in the issue of orphans through the National AIDS programme in a number of ways. At a national level the ministry continues to advocate for the intensified action for O/VC.

Through the commissioning of periodic studies on the situation of women and children the ministry maintains official orphan estimates and uses this information to lobby for additional resources which are channelled to NGOs and CBOs.

At community level, home based care programmes provide an appropriate entry point for support to orphans. The provision of medical and food supplies is distributed in collaboration with local NGOs and CBOs and is coordinated by District Task Forces on HIV/AIDS.

Education Programme

The Education Department facilitates and supports learning opportunities in community schools where children in additional to basic skills such as reading and writing, are taught life skills to help them make informed decisions in their life after school. There are at present 250 community schools in Zambia catering for over 30,000 orphaned and underprivileged children. The community school curriculum runs for four years instead of the seven years curriculum of government schools. In general children enter community schools between the age of nine (9) years and 12 years.

The following are the current activities being undertaken by UNICEF:

- Supports ICASA Round Table on orphans
- Undertaking the orphan study with partners – US-AID and Study Fund
- Providing technical support to GRZ Task force on orphans
- Supporting Phase II of Chikankata Community Based Support project
- Having discussions with churches on the orphan situation
- Plans to train child counselors
- Plans training with Police Victims Support Unit (VSU) on abused children.
- Providing support to CHIN
- Plans to support partners(VSU, MCDSS, YWCA) setting up a data base on child abuse
- Lobbying for inclusion of orphans in census 2000.

Monitoring and Evaluation

Monitoring and evaluation is normally done through the organisations receiving the support from UNICEF and through reports

United States Agency for International Development (USAID)

Contact Person	Robert Clay, Director, Population, Health and Nutrition
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email:	rclay@usaid.gov
Status:	International Donor

Background

In 1998, USAID began its support of Project Concern International (PCI), its Cooperating Agency to carry out work regarding HIV/AIDS and Orphans and Vulnerable Children (O/VC). The pilot projects took place in Livingstone and Kitwe.

Objectives

USAID strives to link prevention of HIV/AIDS and care. The foremost goal is to prevent the spread of HIV/AIDS. Regarding orphans, the goal is to facilitate a community response in a sustainable manner so that the orphans are not at a later disadvantaged state as adult members of a community.

Within USAID, the goal exists to mainstream orphans issues throughout USAID's programme efforts so that all sectors (within the USAID mission) look at the orphan and vulnerable children issue from the perspective of their contribution to interventions. In this regard, AIDS orphans are not seen as a health issue nor as a separate entity within USAID's work.

Programme Intervention

AIDS awareness and education are linked to USAID's orphans work. The foremost goal is to prevent HIV/AIDS. However, USAID recognises the magnitude of the AIDS epidemic on the nation's orphans and is committed to addressing the needs of the children in a community based response.

USAID does not hold to a rigid definition of an orphan, however, the funding for orphan interventions originate with the Displaced Children and Orphans Fun (DCOF) and the work of USAID Zambia must fall within the DCOF framework.

USAID's supported orphans interventions lie in Kitwe and Livingstone. Since many street kids in Lusaka originate from outside the capital, USAID hopes to slow the migration towards the capital through intervening in communities outside Lusaka. The ethos of the response in Kitwe and Livingstone centres around community ownership. The two sites employ a variety of interventions from community schools, income generation activities (IGA), community empowerment, etc.

USAID supports microcredit projects, distributes UNICEF education materials to community schools in its pilot districts, provides small grants to CBOs/NGOs and other applicants through PCI.

USAID is examining their role within the legal framework regarding children. It is felt that the enforcement of laws regarding children's rights is the primary problem in this area. However, they are exploring the possible options for their role in this area.

USAID frequently conducts internal reviews of its orphan programmes. They have developed monitoring and evaluation indicators for all their programmes within the mission. Although USAID has made large efforts to develop monitoring and evaluation tools, they recognise that more efforts are needed to continue to develop methods that assist them to effectively monitor their programmes.

Future Goals

USAID is critically examining the means to scale up their current small scale interventions. This analysis involves examining in which districts the model is most adaptable as well as where there is an absence of other programmes sponsored by other institutions. Under USAID's current heath programme, they are considering expanding to 11 districts during a three year time frame. USAID is also in discussion with other donors to identify gaps in coverage and to define comparative advantages.

Currently USAID has an annual budget of US$1 million for orphan issues. For the next fiscal year, they hope to have a budget of US$1 to 2 million.

Additional Funds

Through the US Embassy, there are available self help funds. USAID has provided small grant support to the Fountain of Hope which targets street children, including orphans.

Lessons Learned

- The approach of empowering communities takes longer and initially may cost more but it is more sustainable in the long run.

- It is critical for orphans projects to be linked with other sectors. Education, agriculture, microcredit are just a few examples. Orphans activities cannot function effectively in isolation of these sectors.

- USAID has successfully encouraged the exchange of information between various communities in different provinces and also between district government and community members. This sharing of information contributes to the creation of a Zambian solution to the orphans problem and a sharing of lessons learned and creative solutions throughout the country.

World Food Programme (WFP)

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World Food Programme (WFP) is in a four year planning phase which will end 2001. The budget is USD 31.9 million.

There are three core areas of WFP country assistance:

1. Urban Food for Work
2. Rural Food for Work
3. Supplementary Feeding

Additionally there are supplementary programmes: Micro Projects, Girl Child Education, Refugee Assistance and Disaster Management and Mitigation.

The overall goal is to raise the nutritional status of individuals.

Food For Work

The food for work programme targets beneficiaries in food insecure households. In urban areas those households are located in ungraded areas. The goals are to uplift the living conditions of households and to improve access to food security. This program accounts for less than 40% of WFP's budget.

In the past WFP promoted projects that built primarily roads. They are now in the process of reorienting their work towards a "food for assets." These assets include training in areas such as reproductive health, functional literacy and entrepreneurism.

This programme is administered through PUSH (Peri Urban Self Help). Community Development Workers together with Resident Development Committees select the beneficiaries of the programme. In general, characteristics of recipients include food insecure, often are female headed households, often are caring for the chronically ill and have lost employment.

In the past, WFP had a self selection process for their beneficiaries. WFP found that the people most in need did not necessarily come forward to receive assistance and the same people, almost indefinitely, received the food for work assistance.

Supplementary Feeding

The Supplementary Feeding Programme accounts for 50% of the budget. It is targeted at:

- Severely malnourished under five children who are hospitalised.
- Moderately malnourished under five children under clinical care.
- Pregnant and nursing women.
- TB patients
- Chronically ill (most of whom are HIV+)
- Orphans

There are two types of rations for the chronically ill. If the head of household is ill, then the family receives a family ratio of food supplements. This includes mealy meal, pulses, cooking oil, dried skim milk. The patient receives heps (high energy protein supplement.) When the non-bread winner is ill, then the patient receives heps only.

WFP has undergone changes in the supplementary feeding programme. Project Concern International (PCI) began a food distribution programme in the Cobberbelt funded by the EU. However, they targeted poor households and the entire household receives food assistance despite whether the ill person is the head or not. WFP is adopting this approach in recognition that AIDS affects the entire family.

Additionally, PCI is charging a nominal fee. WFP is not able administratively to accept fees for the food. They have agreed that money can be collected for their food aid as long as the money is channeled back into the community through training, counseling, etc.

These approaches will probably be adopted throughout the country over time. Food distributors and recipients need to be trained and sensitised in the new methods and change of policy. There is no defined stategy to extend implement this programme nationwide, although WFP is certain that it will adapt new approaches throughout the nation.

NGOs

Fifty two NGOs throughout the country assist WFP with their food distribution programme related to home based care. Thirty five NGOs assist with the food distribution to orphans.

WFP stresses that food aid should be one component of a programme. They recognise that over time they have become associated with hand outs and destructive to independence. They feel that people have often lost sight that food aid is necessary, but should be viewed as a temporary intervention, while a community's capacity to provide for itself is rebuilt.

Lessons Learned

- WFP learned through experience that AIDS affects an entire household and food aid should go to the entire household and not to just the ill person.
- Orphans' nutritional needs go beyond heps; supplementary food packages often need to be provided.
- The demand for food aid is extremely high and increasing. Communities need to look beyond food aid and inward to themselves to provide and develop independence.
- Regarding the implementation of the food programme, WFP feels that its geographic spread might be too large and are conducting an assessment to see if they are having an impact in their catchment areas.

The World Bank

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The World Bank does not have a specific orphan project or policy. They have contributed money to BESSIP to be used as bursaries for needy children. This money is managed through the BESSIP Coordinator at Ministry of Education, Mrs. Barbara Chilangwa. Additionally, money is available to be directed towards the orphan situation. However, the money cannot be released until the GRZ develops a plan of action and a request for assistance regarding orphans.

The Social Sector Coordinator is interested to see orphans projects move forward and to explore a Bank response to the issue. The World Bank would like to see a government led initiative regarding orphans and children in need.

NGO Response

Africare, Zambia

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Background

Africare is a private, non-profit organisation working to improve rural livelihoods in Africa. With headquarters in Washington, DC, it has field offices in 27 African countries including Zambia. Since it was established 27 years ago, Africare has provided assistance in agriculture, water resource development, environment management, health and emergency humanitarian aid.

It has also supported programs in private-sector development and governance. In the United States Africare works mainly to foster understanding of African development through public education and promotional outreach.

Africare, Zambia was established in Zambia in 1978 and now has projects in four main sectors:

- *Agricultural* – small holder agricultural mechanisation promotion; Southern Province seed multiplication project; North Western Province agricultural extension and management project and the Eastern Province rural credit facility project.
- *Water* - dam rehabilitation project; rural water supply component; small holder irrigation and water use program.
- *Health* - Chongwe district family planning integration project, rehabilitation of strategic health sites project and USAID's Zambia Integrated Health Programme (ZIHP) .
- *Refugees* – Makeni Skills development and training centre project.

Objectives

To improve rural livelihoods in Africa.

Programme Intervention

The organisation does not have any direct orphan interventions. The recently introduced health component, the Reproductive Health Project funded by the Gates

Foundation in the United States is part of a four country regional programme for Africare involving Zambia, Malawi, Zimbabwe and South Africa. The project which started this year is a three year project targeted at youth and will provide technical assistance and capacity building support to local NGOs. It will also focus on vulnerable youth groups which include orphans.

The other indirect intervention into orphans is the USAID ZIHP (Zambia Integratd Health Programme) component. The community partnership programme has direct implications for community based interventions into orphans and is critical to addressing the orphans situation through a community based approach. The specific objective of Africare's Community Partnership component are to organise communities in formation of partnerships which will enable them solve their health problems; facilitate community linkages with DHMTs and health centres and facilitate community linkages with other development organisations thus ensuring a holistic approach to community development.

Lessons learned

- Participatory approaches, involving the people from the very beginning has produced excellent results
- Africare has been working in the very remote parts of Zambia and has therefore not experienced conflicts of interest with other organisations particularly relief organisations because few reach that far out. However where there are other organisations working in the same areas Africare has tried to collaborate with them with success.
- Offering the people what they want and need has been their best record of success. Africare is mainly involved in agriculture and agriculture is the mainstay of the rural people.

CARE

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Background

CARE has many projects geared at community mobilisation and poverty alleviation. Two of its projects are related to children in need: Childhood Health Project and the Infant and Child Mortality Programme.

The childhood health project resulted from 4 PRA in 4 settlements in Lusaka: Chipata, Mtendere, George and Kanyama, and identified the inability to pay school fees as one community priority area. As a result CARE developed community schools and linked them with parent/guardian associations. The community schools are affiliated with the Zambia Community Schools Secretariat. This project began in 1996.

The Infant and Child Mortality Programme (ICMP) seeks to reduce the under five mortality rate through working with health care providers and parents to identify early symptoms of child illnesses. CARE works in Lusaka and the Cobberbelt in 15 clinics and targets 250,000 children.

Programme Interventions

Community Schools

The parent/guardian associations are involved in the monitoring and development of the schools. In addition they are involved in income generating schemes to help offset some of the cost of running the school. George compound has begun a pre-school and charges K3,500 per month. Other schemes include the sale of cooking oil and pop corn and a chicken run. However these are in the development phase.

CARE has developed a 6 week training course for teachers identified by the community. During the school holidays, the teachers must attend refresher courses. The curriculum includes Math, English, Nyanja, Life Skills, Art, Music, Environmental Studies and Social Studies. The curriculum is designed to help children cope with their loss and to function in society with basic skills.

Infant Child Mortality Programme (ICMP)

The ICMP has existed since August 1998. It works with district and community organisations in Lusaka and the Cobberbelt to improve the ability to identify risky disease symptoms and to seek appropriate training and treatment for the diseases. An important aspect of this programme is to work with parents and care givers of children to help them identify illness and to encourage them to seek proper medical treatment. They also focus on the health care providers to sensitise them to the needs of the parents. An example was given whereby a mother had been reluctant to take her children to the clinic because she was chastised for their illness which frequently resulted from conditions related to poverty. The staff of the clinic participated in training and this issue seems to have disappeared.

Legal Issues

Through CARE's PROSPECT (Programme of Support for Poverty Alleviation and Community Transformation) Community Gender Facilitators have been trained. They work to educate the community on issues of property grabbing, abuse of women and children and drunkenness. They are also trained to act as arbitrators in some disputes when they are requested to intervene by the community. This programme is in 11 compounds in Lusaka (Chipata, Chazanga, Kabanana Chaisa, Maripodi, Jack, George, Chunga, Matero, Mtendere, Kanyama, John, Laing, Chibolya, Mandevu and Malota) and in Malata compound in Livingstone. A Chipata compound evaluation showed that the facilitators had assisted in 23 cases in one month and resolved 17.

Income Generation

CARE's PULSE programme provides people with micro credit. In the past they tried to unsuccessfully target youth. Through this venture they learned that microcredit cannot be given to people who do not have some type of business, no matter how small. Those with a small business venture have demonstrated some basic business skills and saving of profit to invest in a business. CARE has found that people without businesses often have prior debts and the loan is used to pay the debt and not to develop a business venture.

Savings Scheme

CARE is in the infant stages of developing a savings programme. Since the project is rudimentary, CARE did not provide more information at the time of this study.

Monitoring and Evaluation

CARE draws on the experiences of CARE International's programmes throughout the world to develop best practice state of the art monitoring and evaluation indicators.

Lessons Learned

CARE throughout its many years of community mobilisation have learned many lessons.

- In relationship to the development of community schools, it is better at the inception of planning to incorporate plans for a permanent school shelter rather than begin with an improvised shelter. The temporary shelter caused delays in enrollment.
- The use of networking between other organisations, although creating a delay in forward movement of the project, is critical to its success.
- While implementing community schools, develop a programme to train teachers to train other teachers. This method is also helpful to monitor the progress of the school.
- Participatory assessments must start all the processes. Building community ownership and partnership are key.
- The capacity building process of a community must be linked with tangible benefits.
- CARE seldom offers incentives for participation in a project. If the project itself does not create interest and incentive, then the project is not worth doing.
- From a management perspective, CARE keeps tight controls over the fiscal management of its projects.

Chikankata Community Based Orphan Programme

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Background

Chikankata Community based Orphan Programme is a pilot project which is funded by UNICEF. The project has been in existence since 1995 and is concerned with children who have lost both parents. The project supports children from 0 -17 years old.

Objectives

- To sensitise communities on the problems and care of children in need
- To provide training for orphans on survival, practical skills and assertiveness
- To provide information on the spread and prevention of HIV/AIDS to both children and parents
- To promote resource generating activities
- To establish a sense of responsibility among families within the communities towards care of under privileged children.

Programme Interventions

The project utilises members of the communities, who have formed committees. They identify children in need of support, draw up programmes to assist children and they take up responsibilities to look after the children.

Communities have organised and implemented income-generating projects to assist families who are looking after orphans. The project supports existing community shops, tailoring project, gardening and setting up of community committees and provides money for income generating activities.

Chikankata Health Services, provides staff who are specialists in various fields as follows:- social worker who carries out psycho social counseling, adult educator who trains parents on basic skills, nurse and clinical officer deal with health related issues.

The project utilises communities and gets to communities through village headmen; provides information on the spread and prevention of HIV/AIDS, Child Care and Children's rights.

Limitations

The project is a pilot study, which is limited to only two villages. Meanwhile, a lot of children in many villages are suffering without proper interventions.

Although the project intends to expand, the area is vast and the project does not have the human resource capacity to do so.

Lessons Learned

- Members of community's willingness to identify orphans and taking up responsibilities is quite amazing and they need to be encouraged.

- The project has assisted members of the community to mobilise their own resources and this has reduced the dependent syndrome.

Child Care and Adoption Society of Zambia

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Background

Child Care and Adoption Society was founded in June 1956 with a view of looking after under privileged children with the aim to find foster homes and eventually find adopting parents. The society has no fixed funders, although it gets a small annual grant from the government. Most of the money comes from individual donors.

The society has established offices and transit homes in Lusaka, Livingstone, Kabwe, Chililabombwe and Lukulu. The Lusaka office is the headquarters and has ten (10) members of staff among whom are:-

- Child Health Specialist;
- Child Nutritionist;
- Child Education Officer;
- An officer responsible for fostering;
- Child Development Officer;
- Child Welfare Officer; and
- Executive Secretary

The Society does not have an orphanage institution. All it has, are transit homes and in Lusaka, it runs a transit home which is manned by nurses on day and night duties.

Objectives

- To promote the interests of children in Zambia
- To promote the welfare of children
- To eliminate the plight of children and all social evils affecting the welfare of children
- To encourage and assist efforts through projects aimed at stabilising family life and which improves the social and physical environment of children.
- To work with government and other organisations
- To provide transit homes and arrange for fostering and adoption.

Programme Interventions

Child Care and Adoption Society of Zambia has striven to take care of the interest of the children in need. It has always maintained its motto of Children's place being in

the natural home (Community) and not in institutions. Of course more and more parents have died and this has placed a burden on extended families, compounded with poor economic situation; hence placing of children in either foster parents or adoption has become increasingly difficult.

The interventions are organised and coordinated by the Lusaka Head Office. There is a national nutrition rehabilitation centre in Makeni. This centre has been assisted financially by World Food Programme and World Health Organisation. The programme is situated at Makeni Ecumenical Centre. Its aim is to rehabilitate malnourished children.

The centre takes on abandoned and abused children. It places them in a transit home until foster parents are found. If no parent comes forward to claim these children, the adoption arrangements are made and for those who cannot be placed in foster homes or adopted arrangements are made for them to be transferred to Kasisi Orphanage.

In the transit home, staff of different specialties looks after the children. While in the homes, the children get food, clothing and education. When placed in homes for fostering, then they are supported through their foster parents.

Although the Society has been working hand in hand with other organisations like Ministry of Youth and Sports, Ministry of Community Development and Ministry of Education, there has not been proper coordination of programmes for children in need.

Future Plans

There are plans to build a national office on a plot opposite Kamwala Secondary School. The building will consist of a day care centre, canteen, counseling rooms, children's home, nutrition centre, education and training room. In Chamba Valley a project is to be opened soon for income generating activities and nutritional purposes.

Monitoring and Evaluation

The Society works very closely with members of communities. In fact, Board members are all volunteers. They identify children in need, and parents who would like to foster or adopt children. The Board notices when there are problems with a child's foster or adopted arrangements. Staff from the office also visits these homes regularly and provides emotional and material support and to observe the children and their new parents.

Children In Need (CHIN)

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Status:	NGO

Objective

The goal of Children in Need (CHIN) is to enable NGOs, CBOs and government departments to be more effective in their work with children in need.

Background

Children In Need (CHIN) is comprised of 72 NGOs and CBOs working on issues of orphans and vulnerable children. These organisations pay a nominal membership fee. For the smaller NGOs and CBOs, CHIN serves as an umbrella organisation linking members to services, sources of funds, and training offered by various institutions. Some of CHIN's members are large internationally funded NGOs. These members do not necessarily need to be linked with donors, but benefit from other services offered by CHIN.

CHIN works to provide a network between its members, both large and small, to promote the exchange of information and the sharing of resources regarding O/VC in Zambia. CHIN feels that the promotion of this network is its important contribution to children.

CHIN began its work officially when it became a registered NGO in 1996, but operated 'unofficially' since 1993. During that time CHIN has slowly expanded its coverage in various provinces throughout Zambia. They have regional representation in the Copperbelt through the Link Association for the Relief of Children (LARC), in Livingstone through the Street Kids Association and in the Northern Province through the Kasama Street Kids Association.

Membership

In order to be a member of CHIN, the organization must be in operation longer than 6 months and pay the annual membership fee of K10,000.

Programme Activities

CHIN provides its members with a quarterly newsletter which profiles the situation of children in Zambia, various programme interventions of member organisations and information regarding conferences, workshops, training opportunities and resources.

CHIN has worked diligently to encourage its members to work together and is slowly seeing an exchange of information, networking amongst partners and increased interaction. CHIN also feels that it is a regional model for of a network on behalf of children. Additionally, CHIN feels that despite the dearth of funding available to work with needy children, it has successfully motivated its members to continue their work in this field and to work creatively with limited resources.

CHIN maintains a web site at www.chin.org.zm. This web site profiles each member organisation, provides a situation analysis of children in Zambia and provides other useful information. One of CHIN's members received funding from an outside source from contact made through the web site.

CHIN, with funding from USAID funded Project Concern International, has developed a training of trainers manual on the psycho-social needs of both children and care givers. The draft manual covers many issues of child development and issues with which children grapple while growing up and also gives some guidance to care providers who may be uncomfortable dealing with uncomfortable issues. The manual moves beyond coping with death and dying and tackles issues such as puberty, sexuality, social pressures and abuse. Trainers will use this manual to train community members.

CHIN is also slowly attempting to addresses policy issues. CHIN feels that strides have been made over recent years to bring children's issues into the forefront, but recognises that the work is not yet finished. CHIN attempts to increase the awareness of policy issues related to children through listening to CHIN members and their policy needs and participation in the National Reference Group on Child Abuse.

Funding Sources

CHIN receives funding from UNICEF, Kindernothilfe and Taksvarrki r.y. Project Concern International has provided funding for special projects and Street Kids International has provided an intern.

Christian Children's Fund, Zambia

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Background

The Christian Children's Fund (CCF) was established in Zambia in 1983 to assist needy children through the CCF sponsorship programme. The sponsorship programme is a global sponsorship for the education and health of a child where a sponsor, from the North America and Europe 'adopts' a child and contributes a minimum of US$21.00 per month towards a pool fund.

School fees and other requisites, primary health care and basic medical care are provided for from the pool fund. Furthermore individual sponsors may also send a gift to their sponsored child directly through the local project office. Once a child is enrolled for sponsorship that sponsorship continues until the child has left school – at secondary or college/university level.

One of CCF's successful projects is the Ng'ombe Family Helpers Project in Ng'ombe township where a school was constructed and has been transferred to the community but support for the community's children continues through the sponsorship programme not only for those at the school in Ng'ombe but for sponsorship to other schools, and colleges/university.

CCF operates mainly in rural and peri-urban areas and poor urban settlements. It has a sixteen member staff at it's head office in Lusaka and an annual budget of US$1.2million. The Headquarters are in the United States.

Objectives

To provide for the general welfare of a child by offering that child an opportunity to go to school, access to health and medical care and to live in an environment that will contribute to her/his well being and development.

Program Intervention

CCF interventions are directed at vulnerable children and this may include orphans. The main activity is the sponsorship programme. Although the programme is directed at vulnerable children in general, orphans get priority over non-orphans in the selection process because they are regarded as being more vulnerable.

Micro-enterprise - development schemes are loan schemes given to vulnerable groups to develop their economic capacity to qualify for credit elsewhere. It is aimed at developing their economic capacity to care for their children and dependents.

CCF also provides training in basic business management to the recipients of the loans and other community members to develop their entrepreneurial skills. In general the organisation provides training in other areas as well like leadership training in order to mobilise, develop and empower the community.

Non-sponsorship funds – these are funds used for specific needs such as boreholes for areas with acute water problems etc. They are one-time funds and are not on-going like the sponsorship funds.

CCF evaluates their programmes by looking at three impact indicators: literacy, malnutrition and mortality in the catchment areas operating in. It also uses eight process indicators which include enrollment in school for children between 0 – 15 years of age, malaria incidence, immunisation etc.

Future goals

To focus on AIDS orphans. This is already in the CCF Zambia plans.

Lessons learned

- CCF plays the role of facilitator in the development process and allows the community to define it's own needs and direction.
- Community empowerment is ensured with the education of it's children
- Collaboration with the community and Government at all levels of a project critical to it's success

Fountain of Hope

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Status	NGO

Background

Fountain of Hope started in 1996, by a group of volunteers seeking to "do something" about the street kids in Lusaka. The same group of volunteers continue, without pay, to run this organisation for street child. Fountain of Hope also works with other indigent children, primarily from the blind centre in Kamwala. Currently, they offer services to approximately 500 children and feed about 150 in the evening. The children cook the food funded primarily by WFP.

Programme Interventions

Fountain of Hope provides an outreach programme for street children, primarily boys. It is not uncommon for the outreach volunteers to be on the streets as late as midnight. They talk to the boys, attempting over time to develop trust, helping them to believe that there are alternatives to the street. Fountain of Hope encourages the children to attend the community school they are constructing. (Currently teachers teach in an open roofed cement structure.) However, if the street children do not wish to attend school, the centre offers a place for them to stay during the day.

Most of the volunteers at Fountain of Hope have been trained by Kara Counseling to help the children cope with their circumstances. Outreach workers have found that as trust is established, the children often begin to confide why they are living on the streets. The Fountain of Hope also attempts to work with the family of guardian of the children to help ease the situation at home and to encourage the return of the child to home.

Since their inception, the City Council provided them with a small cramped office space. They are in the process of building class rooms, paid for by the US Embassy, and an ablution block, paid for by PCI. The Fountain of Hope hopes to eventually build a kitchen, hostel type setting to offer a safe place to sleep and an administrative office.

Fountain of Hope has overcome huge obstacles with little outside funding. The volunteer staff remains motivated despite the overwhelming and heart breaking situation in which many of these children live; despite not receiving any payment for their dedication; despite the increasing numbers of street children; despite the little training they have had to prepare them for their work.

Lessons Learned

- Perhaps the greatest lesson the Fountain of Hope has learned is to develop first the trust of the children and to respect the foundation for the children's hardened mistrust of people. It is only after trust is developed that the Fountain can begin to give these children hope.

Kabwata Orphanage & Transit Centre

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Background

The orphanage was established in May 1998 by Mrs. Angela Miyanda as a personal response to the plight of orphaned children, especially those who have been abandoned by their extended family members. The centre currently has forty-two orphans all living there. Most of the children were abandoned by their families at the University Teaching Hospital as babies or sick children after their parents died, mostly from AIDS. Some have one living parent but who is unable to look after them, largely because they are terminally ill. Some were street children with no traceable family who members of the community have brought to the centre. Five are refugee children whose parents died in refugee camps in Zambia and were brought to the centre by the UNHCR until their families in their countries can be traced.

Mrs. Miyanda acquired a disused and dilapidated Lusaka City Council building in Kabwata and with support from Canadian, United States and Netherlands missions in Zambia rehabilitated the existing structures and added new ones to cater for the growing demand for space. The centre now has dormitories, an administration block and a chicken run, which is not yet operational.

Objectives

To provide foster care for children without family to care for them, whether the family is alive or deceased, largely in response to the AIDS crises in the country.

Program Intervention

The centre provides foster care for single or double orphans who have been abandoned by family. The centre tries to provide this foster care in a loving, family environment where each child is an individual and not a number as is often so in the traditional orphanage.

Initially the centre was a response to the AIDS epidemic in the country where there was a growing number of orphaned children at the University Teaching Hospital who were abandoned by relatives after their mothers died – mostly from AIDS. The centre's emphasis has remained as an AIDS intervention although a number of street children have been brought to the centre by members of the public.

It was also intended as a 'transit home' where children without one could be taken in until a home was found for them. For most of these children however it has been

difficult to find family or a foster home willing to take them in and they have therefore been adopted by the centre.

The older children are all placed in regular government schools, those in secondary school are in boarding schools.

Funding is from donations from the international community (for construction work), the organisations linkages abroad through Angels in Development, the church organisation with which the centre is affiliated, and local businesses like Shoprite, Nandos, Ovenfresh etc.

The emphasis is on the 'home' as opposed to the centre being an orphanage. The volunteers who work there are encouraged to develop personal relationships with the children and give them as much of a home environment as possible showing love and personal care.

Future goals

To generate their own income through a chicken business. The centre already propagates and sells potted plants.

Lessons learned

- The centre is run entirely by volunteers who came to the centre on their own accord. This ensures commitment, personal love and care and dedication to duty.
- Occasionally a token sum of money or food is given to the volunteers as a form of appreciation.
- Dedication and personal commitment is evidenced from the fact that almost all the volunteers have adopted/fostered a child from the centre.

Kanyama Salvation Army

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Status:	NGO

Background

The Salvation Army Kanyama[4] offers formal education to 270 children from their community. They have a nutritional feeding programme catering to 360 children and train 30 mothers in nutrition. They also have an under five clinic.

The Salvation Army has also conducted needs assessments to determine how they can best assist five families with 25 orphaned children. They have also intervened to assist in cases of property grabbing amongst members of their community.

[4] The Kanyama Salvation Army was not interviewed. This information was gleaned from a document provided by the Christian Council of Zambia.

Kara Counseling

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Background

Kara Counseling Girls Programme has been in existence since 1996. The programme assists girls from the ages of 14-19. The programme focuses on girls because they are the more vulnerable groups in terms of abuse, early marriages and contracting HIV/AIDS. At the moment, the centre has 31 girls.

Danish-Church Aid funds the programme, which assists orphans in acquiring basic practical skills in various activities. The programme works hand in hand with CHIN, CINDI, Foundation of Hope, City of Hope and Community at large.

Programme intervention

Communities identify the children within their own localities. The programme takes girls aged 14-19, merely to equip them with basic skills so that they can become responsible citizens in future. The project has trained girls from Chawama, Misisi, John Laing, Bauleni and Garden Compounds.

The programme offers practical skills to the girls in the following:-

- Tie and Dye
- Agriculture skills
- Construction work and Carpentry
- Knitting and Home Economics
- Basic Skills in assertiveness

At the end of the training programme, the girls are supported financially to start their own projects and the centre follows up on the girls to see how they get on with their projects.

The centre also supports those girls who are still in schools by providing transport money, schools fees.

Kara Counseling is well renowned for its campaign on HIV/AIDS issues; health education, including HIV/AIDS awareness is given to the girls.

Kasisi Home Orphanage

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Status:	NGO

Background

Kasisi Home for Orphans has existed since 1926 and more than 2,000 orphans have passed through the home. The institution is organised in such a way that orphans are divided into groups of ten and a 'mother' is charged with responsibility to raise the orphans simulating a home situation as much as possible. The mother is responsible for the children under her care through to College or University and not until the orphan has settled down in his/her life will the institution cease to discharge that responsibility. A Sister is in charge of thirty orphans (i.e. three groups of ten orphans) to supervise and ensure that the 'mothers' are fulfilling their responsibilities and that the children's problems are minimised as much as possible.

Kasisi Home for Orphans defines an orphan as a child who has lost a mother and there is nobody to take care of him/her. They believe the mother is the most important parent a child has and when she dies the child will be regarded as an orphan regardless of the fact that the father may still be alive. However, if the father insists that he is able to look after the child, Kasisi will not interfere, but will send help to the father, as needed.

If an orphan has relatives who are able to provide, Kasisi may leave the child with them but will still give help and ensure that the child is truly well looked after.

Orphans come from all parts of the country, both rural and urban, and from other parts of Africa, like Mozambique, the Congo Republic, Rwanda etc. also provides homes for refugee children.

Objectives

- To provide total medical care and school facilities to orphaned children from 1 day old to 20 years of age (University or College)
- To provide the orphaned children with a home atmosphere in the absence of parents
- To find families that can adopt some of the orphans, both in Zambia and abroad.
- To ensure that the orphaned children grow well and are given full care as non-orphaned children.

Programme Intervention

Kasisi provides direct financial help and school facilities to orphans who are in foster homes in communities. At the moment there are approximately 100 children with families in villages and compounds whom Kasisi provides with school fees, uniforms, shoes and medical care. They have experienced jealousy amongst parents and children who do not receive assistance. Kasisi strives to dialogue with the community to mitigate these feelings and negative repercussions on its programmes.

Upon admission to Kasisi, children are tested for HIV, but this knowledge is not passed on to the children. The administrators or the home are aware of children's status in order to meet proper medical and nutritional needs. It is estimated that 80% of the orphans coming to Kasisi now are HIV positive.

Kasisi conducts AIDS education and awareness to orphans. They counsel small ones on the right way to live as soon as they are old enough to understand. Those at secondary school are exposed to videos on AIDS and other AIDS materials. They are also counselled and sometimes sent to Kara Counseling Centre for further and more professional counselling.

Monitoring and Evaluation

The Social worker seconded to Kasisi by the MCDSS on projects like placing children in extended families and foster families does the monitoring by visiting these homes. Difficulties and problems are analysed and resolved with the help of Kasisi.

Organisation Structure

There are 60 members of staff and 12 Sisters at Kasisi Home of Orphans. These are assisted by trained nurses, teachers, pre-school teachers and other volunteers from abroad.

Accomplishments/Lessons Learned

- Work with orphans requires a lot of commitment and selfless service. Orphans and vulnerable children are very sensitive people and anyone choosing to work with them must understand their plight and treat them with compassion and care.

Kepa Zambia

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Background

Kepa Zambia is the Finnish NGO partnership programme in Zambia which provides linkages between Finnish and Zambian NGOs in development cooperation and provides development support to the country through local organisations. Kepa Helsinki (Finland) the mother body embraces about 190 Finnish NGOs working in development and other global concerns and has field offices in Mozambique, Zambia and Nicaragua and liaison offices in Tanzania, Uganda, and Brazil.

In Zambia Kepa was established in 1997 as the successor to the Finnish Volunteer Service which was a volunteer placement agency. Since its establishment Kepa has instigated six major partnership programmes between Zambian NGOs and their Finnish counterparts: four small enterprise development projects in Eastern Province in Chadiza, Chipata, Katete and Lundazi districts under the Eastern Province Women's Development Association (EPDWA); a Community Based Rehabilitation project for the mentally disabled under the Technical & Vocational Training Authority (TEVETA) and the Finnish Association on Mental Retardation (FAMR); the Zambia National Association for the Deaf (ZNAD) and the Finnish Association of the Deaf (FAD) project and the Environmental Conservation Association of Zambia (ECAZ) and the International Centre for Research on Agro Forestry (ICRAF) institutional capacity building support.

In addition to the partnership programmes between Zambian and Finnish NGOs Kepa Zambia also provides support to local NGOs working in cultural development such as the Kamoto Community Arts, civic organisations like the African Network on Human Rights and Development (AFRONET) and the Catholic Commission for Justice and Peace (CCJP) which is coordinating the Jubilee 2000 campaign in Zambia which is advocating for Third World debt cancellation.

Kepa also supports activities in gender and development, civic education and advocacy, community media and a wide range of developmental issues.

Support for orphans has been with the Kepa Helsinki affiliate Taksvarkki ry which has been supporting CINDI, Kitwe, Mapode, and CHIN. Taksvarkki ry is a developmental NGO in Helsinki with affiliates from trade unions, students and schoolchildren, peace movements and religious organisations amongst others.

Taksvarkki fund raising campaigns include funds raised by schoolchildren who work for a day and donate their earnings to the organisation.

Objectives

One of Taksvarkki's key guiding principles is education "from school children to school children" and most of it's projects are related to children and education.

Program Intervention

Taksvarkki's funding to Zambia for the year 1999 to 2000 has been for AIDS information work, web and other publishing work for CHIN; construction of a support centre for AIDS orphans for Mapode in Mtendere (US$40,000) and support for the education and health care of AIDS orphans for CINDI Kitwe (US$180,000).

CINDI Kitwe is considering adopting some of Taksvarkki's approaches such as schoolchildren fundraising campaigns in their efforts to become self supporting and move away from being entirely dependent on donor support.

Lessons Learned

- Kepa has access to considerable lessons learned from its Finnish organisations regarding alternative fund raising efforts, improving advocacy efforts and promoting efficient networking between partners.

Movement of Community Action for Prevention & Protection of Young people against Poverty Destitution, Diseases & Exploitation (MAPODE)

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Background

Mapode was formed in June 1997 as a response to the growing number of vulnerable people like street children, girl prostitutes, child headed households and orphans due to AIDS, widows and families living in abject poverty and unemployed youth. The driving force behind the project is the initiator Merab Kiremire's experience with the Tasintha Programme for women and children in prostitution which revealed that many of the people living in risky and hazardous situations such as those named above are driven into them by circumstances rather than by choice and that their living conditions inevitably impact on the community as a whole.

To counter this long term negative impact on the community requires prevention and protection measures that target the community as a whole. Mapode's approach therefore is a holistic approach that seeks to address as many of the contributing factors as possible. The centre in Mtendere therefore is a multi-service centre offering amongst others life saving skills training, support, care and economic empowerment for abused, abandoned and orphaned children (street children), training and economic empowerment for women, credit schemes, rehabilitation of child prostitutes, and extension programmes like AIDS education in schools, research into areas related to Mapode concerns and lobbying and advocacy for appropriate national policies and laws on youth.

It is run entirely by volunteers and caters for children, youths and women from both Mtendere and outside the township. A number of the street children living at the centre are from outside Lusaka.

Mapode has extensive international and regional linkages and has received a lot of financial and material support in it's two years of existence from the international community in Zambia and other international NGOs:

The Mapode centre which was rebuilt from a dilapidated set of Lusaka City Council buildings has dormitories/ transit home for the street children, skills training blocks/workshops, a computer centre and others.

Objectives

Amongst Mapode's objectives is to support, care and empower HIV/AIDS orphans, empower economically women in difficult circumstances such as widows and advocate and lobby for youth friendly legislation, economic and social policies.

Program Intervention

Mapode has several interventions that relate directly and indirectly at orphans: the street children programme, girl prostitute rehabilitation programme, vulnerable women's skills training and credit schemes programme, life saving skills training programme for vulnerable children and youth. In fact all of Mapode's programmes impact on orphans one way or the other, particularly AIDS orphans.

Support, care and empowerment of AIDS orphans is the most direct intervention on orphans. These include orphans who are in homes with guardians or foster families. The centre established an informal school which these children and others from outside who can not afford to go to a regular government school attend and also assists in placing children in schools. The school currently caters for 420 children from pre-school, grade one and grade two. Efforts are being made to establish this as a community school. The children are given clothes when donations are received by the centre.

Street children programme. Under this programme street children are taken off the streets, placed into the centre, rehabilitated and re-integrated into society.

Widows programme is a preventive programme in which the widows are given basic business training and a loan in cash or kind to start a small business so that they can support the children in their care and thereby prevent street children.

Adolescent mothers programme – trains young mothers in vocational skills so that they can look after their children and avoid having more children who will become street children because their mothers will not be able to look after them. The programme also gives the young mothers training in reproductive health and AIDS so that they can avoid contracting AIDS and leaving orphans behind.

Girl prostitutes rehabilitation is also an effort at not only reducing AIDS but preventing girl orphans from going into prostitution in order to survive. The programme involves counseling, education in AIDS and reproductive health and training in a vocational skill.

Mapode works closely with MCDSS and MYSCD in all the programmes and is now trying to establish links with the Ministry of Education.

Lessons learned

- Mapode believes it is not possible to work in isolation from government and the community.
- The experience from the Tasintha programme showed that when a project is detached from the community it has a higher failure rate. Prostitutes rehabilitated at the Tasintha programme in the initial phase went back to prostitution after some time because they failed to integrate into society.
- Planning should involve the grassroots otherwise they do not take ownership of the programme.

Muslim Care Orphanage

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Background

The Muslim Care Orphanage is an example of a private initiative carried out by a business family in Lusaka. The orphanage was established in October 1997 by two family members, Ahmed Badat and Ismail Badat, Lusaka businessmen. The Badats were initially moved by the hardships and even destitution that befell the orphans of some of their employees who died from AIDS. They directly supported the orphans and the caregivers initially but decided to establish the orphanage to provide better care for the children. Many of these children were looked after by aged grandmothers who were looking after numerous other children. The Badats wanted to establish a more personal care system for the children of their employees.

The orphanage is run on a family scale and based on a home/family model. It is small (a three bedroom house in Kamwala) with only twelve orphans currently. Until last month it catered only for boys, but now has two girls.

Objectives

To provide a 'family' and a home for the children where their basic needs for food, shelter, clothing, education and emotional support can be met; better opportunities to lead a normal life where this would have been difficult after the loss of their parents.

Program Intervention

The orphanage currently cares for twelve children from the age of six months to seventeen years. Children of school going age have been placed in regular government schools whilst those of pre-school and nursery school age are taught at the home by the orphanage's nursery school teacher. The nursery school facility currently only caters for the orphans at the centre.

The children's school fees and other educational requirements, their health care, board and lodging, clothing etc. are all taken care of by the Badats. In addition to providing for the children at the home, the Badats give a small allowance of K50,000 to each child's family per month.

The children live at the home and only go out for day visits on weekends to their families. The centre has tried to have the children spend longer periods, such as the school holidays, visiting their families but both the children and their families are reluctant. The children find life hard in the homes they came from and their families

feel they have little to offer these children and there are better off at the orphanage. Many of these families are often large and already stretched. There appeared to be some reluctance on the part of the founder to allow the children to spend more time with their families. It was not fully clear what the reason for this was. It is, however, evident that these children have found a new 'home' where they live a much better life and find difficulty in fitting in back into their own communities.

The coordinator is a trained psychologist who has run a 'home-based' orphanage similar to this one in Tanzania. She conducts counseling for the children herself, particularly when the children are first brought to the centre as most have emotional problems as a result of the trauma of losing their parents.

The whole atmosphere at the centre is deliberately that of a 'home'. The children move freely around the home, the older boys assist with the household chores, including cooking. The coordinator lives with the children and is the mother-figure to them.

The owner also visits the centre several times in a week and eats with the children during their meal times. He is the father-figure, although he is Asian and the children are all indigenous black Zambian, with the exception of one girl who is Asian/Zambian.

Future goals

In order to make the centre self supporting there are plans to open the nursery school facilities to outsiders to generate an income.

Lessons learned

- Physical love and a home-based environment is the best alternative to a real home for children who have lost their home and their families.

- Children who are given a 'surrogate' home are better adjusted emotionally and psychologically than those who grow up in the traditional orphanage institutions.

- Keeping the centre small also fosters a family environment where each child can be treated as an individual rather than a number in an institution. It has been easier for the centre to cater for each child's individual emotional and psychological needs.

- The Muslim Orphanage is an example of how much individuals can do to help needy children in society and respond to the AIDS crises. Mr. Badat personally regards his initiative as a challenge to his equally wealthy Muslim brothers to also do something for society as demanded by Islamic teachings in the Holy Koran.

National Women's Lobby Group

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Background

The National Women's Lobby Group was formed in July 1991 with the main objective of increasing women's participation in decision making at all levels. The Lobby Group lobbies for policies that are gender sensitive and protects children's rights.

The organisation is based in Lusaka but has chapters all over the country, at provincial and district level. It is however primarily urban based with no direct representation at rural or village level. It is a membership organisation with a small secretariat, a board and a general membership.

The organisations activities are carried out mainly by the general membership and coordinated by the secretariat.

Objectives

The organisation has no direct intervention into orphans but lobbies for the removal of policies detrimental to children's welfare. The Lobby Group acts as a link between organisations directly involved in children's interventions and the decision maker by lobbying on their behalf.

The general strategy therefore the organisation has adopted on children's rights is to lobby for more participation by women (and gender sensitive men) in decision making at local government and national government level to influence decisions related to children because children's issues are closer to their hearts.

Program Intervention

In order to increase participation by women in politics the organisation has established a campaign trust to provide financial assistance to women who wish to stand for local and general elections but have no financial backing. The Lobby Group made a major contribution to the 1998 local government elections through this fund and significantly increased the number of women candidates.

The organisation has also actively lobbied for the removal of gender bias in education; it played a major role in changing the content of the Zambian schools curricula to enforce attitude change in stereotyped gender roles. This is significant for the girl orphan as education consistently comes up as one of the orphans' greatest needs after food. If the orphaned child in general is disadvantaged when it comes to education then the girl orphan is even more disadvantaged.

The lobby group constantly and consistently tries to sensitize society on the sex roles and influence attitude change on those that disadvantage the girl child both with decision makers and the general public.

The organisations main activities are advocacy campaigns, gender sensitization training programmes and leadership training for women. It also undertakes research into gender issues.

It networks closely with other women's NGOs through the NGO-CC network providing advocacy and gender sensitisation support.

Lessons learned

- Networking has helped the lobby group reach a much wider constituency than they would have had working in isolation.
- Extending to the rural areas vital as the greatest needs are those of the rural women.
- The lobby group was initially and has continued to be perceived as an instrument of the opposition by the ruling political party – then UNIP and now MMD. Changing this perception has been a challenge but key to influencing change at decision making level.

Ng'ombe Child & Family Helper Programme

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Background

The project began operating in Ng'ombe fourteen years ago as a Christian Children's Fund project offering health and educational support to needy children in the township. Although the focus is not necessarily on orphans the project gives priority to orphaned children when enrolling children to the sponsorship programme.

Objectives

To improve the general welfare of children of Ng'ombe township by providing access to education, health care services and nutrition.

Program Intervention

The main activity the project is involved in is the sponsorship programme in which a child in Ng'ombe is sponsored by a donor in the developed countries (mainly the in United States, Europe and Australia). This sponsorship goes towards a subsidy for education or trades/skills training, medical check-ups and follow-up treatment/primary health care and immunisations and supplementary feeding.

The project also undertakes health education, hygiene and HIV/AIDS..

Furthermore the project provides a family counselling service using trained counselors from within the community and the projects four full time social workers mainly for distressed children in Ng'ombe.

Micro-enterprise development was recently introduced by CCF to the project. Through this scheme, credit is given for community members to develop their business to a level where they have sufficient collateral to qualify for credit from lending institutions. To augment this the project provides training in basic business management.

Lessons learned

- Parents/family participation is vital in community development programmes.

Plan International

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Background

Plan International opened its programme in Zambia in 1995. It is a community based child focused NGO with an emphasis on early childhood development and basic education. Plan International operates mainly in the rural and peri-urban areas and currently has ongoing projects in Mazabuka and Chadiza.

Objectives

Plan International works at developing poor communities through the provision of access to food, water, health and sanitation, increased and secure incomes and ensuring early childhood development.

Program Intervention

Plan International sponsorship programme currently has 5,500 children enrolled in Mazabuka with priority for enrollment always given to orphans. Plan has built four clinics in Mazabuka, two school blocks and school furniture for ten schools. Additionally, they also have a water project in Mazabuka.

In addition to infrastructure Plan International undertakes community empowerment through training and support to income generation and food security activity. Plan International operates a savings and credit scheme where family groups are given credit on the basis of their savings. The savings serve as a guarantee for the grants.

New emphasis is on providing food security and income generation support to family groups as opposed to targeting communities as a whole to ensure benefits trickle down to the individual.

Lessons learned

- Participatory approaches to planning, implementation, monitoring and evaluation achieve better results.

- Targeting family groups are more effective than a more general community approach.

Oxfam GB in Zambia

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Background

Oxfam is currently working in 73 countries worldwide with a focus on five key themes: governance, education, land, gender and economic imbalances.

Oxfam does not have direct interventions with orphans but works mainly with vulnerable groups in society to help alleviate poverty. Oxfam does not work directly with communities but works with a network of NGOs who work with communities.

The current five year plan for Oxfam Zambia, which began in January 1999, has three main components; the Copperbelt Programme for urban poor, Lusaka rural programme supporting NGOs involved in improving rural livelihoods, and the nationwide advocacy programme.

Objectives

The general objective of Oxfam is to alleviate poverty worldwide through the creation of an enabling environment where people can have access to basic human needs such as shelter, food, water, health care, education etc. and the right to self-determination, to realise basic human dignity.

Programme Intervention

The main criteria Oxfam uses to select their partners is the extent of the organisations work with vulnerable groups and in the current five year plan their work with rural communities. Many of Oxfam's partners have interventions for orphans.

Oxfam provides grants for development programmes, seed for food security and builds local capacity both within the partner organisation and the target community. Uppermost Oxfam supports advocacy on poverty issues.

Future goals

Oxfam is considering direct involvement it orphans and AIDS through collaboration with Harvest Help Zambia.

Lessons learned

- Oxfam has a holistic approach to development support. Many donors support specific activities and not administration resulting in organisations being unable to execute their programmes effectively, particularly in the rural areas.

- Many NGOs are faced with a serious transport problem and cannot reach out to the rural areas. Ironically a lot of donors have been calling out to NGOs to move into the rural areas.

- Oxfam does not support organisations with a track record of poor accountability.

Prevention Against Malnutrition (PAM)

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Background

The Programme Against Malnutrition (PAM) was established by the Zambian government in April, 1992 through a Cabinet circular, with the support of the donor community, to look into improved food security in the country.

Objectives

PAM's primary objective is to prevent malnutrition in the country by contributing to increased nationwide food security/reducing food insecurity amongst vulnerable groups and improved nutrition.

Program Intervention

PAM has two main programme activities: disaster response and seed distribution/or drought rehabilitation.

Under the disaster response programme the organisation works with the Disaster Management & Mitigation Unit in the Office of the Vice President to respond to natural or man-made disasters distributing food relief with about 80 partner NGOs.

In the seed distribution programme the organisation works in crop diversification where they provide vulnerable communities with seed for roots, tubers and cereals. They also offer seed entrepreneurship providing farmers with training in seed multiplication and storage management.

PAM does not have a direct orphans intervention other than distribution of free food to orphanages as part of the food relief programme to vulnerable groups.

They recognise AIDS diminishes labour output by the infected and caregivers thereby reducing production and increasing food insecurity.

PAM is rural based but it helped establish the Help the Children Fund to cater for the urban vulnerable groups.

Areas where PAM has provided crop diversification and food relief activities have shown, according to their surveys higher economic activity than those areas where this has not been available. Certain areas in Southern Province are now growing a variety of foods for example. However, development NGOs, such as Oxfam, hold

the position that the distribution of relief food contributes to people abandoning development projects or economic activity in preference for free food. PAM does not seem to be addressing these two conflicting positions nor making any efforts to resolve the conflict between themselves and development agencies.

Project Concern International (PCI)

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Background

PCI has received USAID funding to develop the response to O/VC since January 1998. Although, the organizations work is relatively young, they have made great strides to mobilise communities to respond to the crisis of AIDS.

In 1998, Kitwe and Livingstone were chosen as the pilot projects to begin PCI's orphan response. Through various participatory devices, PCI mobilises the community to view the orphan issue as a community problem and to develop techniques to respond to the problem. PCI works closely with the Ministry of Community Development and Social Services, their implementing partner, to identify communities, CBOs, NGOs, churches, community leaders and others who can unite efforts to respond to AIDS orphans.

PCI's multi-sectoral approach utilises various players who have formed District Orphans and Vulnerable Children Committees as well as Community Orphans and Vulnerable Children Task Committees. The members of these committees work with the communities to define orphans, develop their response and address the issues. In general, the communities reach out to those children who have lost one or both parents, either from AIDS or other causes of death, as well as, those vulnerable children who may not be orphaned but live in extreme poverty. Some services target various age groups such as under five years, or from age five to fifteen. The peer education programme (anti-AIDS) targets youth from fifteen to eighteen years.

Objectives

To build the capacity of the communities to respond to the issues of O/VC.

Catchment Area

Although PCI's pilot projects took place in Kitwe and Livingstone, PCI supports NGOs throughout the country through the small grants programme. PCI provides small grant assistance to CBOs and NGOs working on AIDS related efforts.

In both pilot project communities, PCI's efforts are primarily peri-urban working with squatter settlements. Within Kitwe, PCI works with 8 communities and in

Livingstone, they worked with five and recently extended their programme to three additional communities.

Programme Intervention

The core of PCI's work lies into two areas:

1. To mobilise the communities to address the issues of O/VC utilizing a multi-sectoral approach combining the efforts of district government offices, NGOs and CBOs and community members
2. To improve the national policy environment regarding the child

In general, the communities where PCI works identified poverty as the main cause of all problems. Stemming from poverty, education, health, food and psycho-social counseling and food are identified as the greatest needs of the orphans. The care givers of orphans struggle to provide food and education to the children they look after.

PCI strives to empower the communities to provide for themselves. They link community leaders and members with organizations who can provide assistance. These include donor funded projects, churches, NGOs, etc. PCI trains community members in the areas of teachers, business skills, income generation activities, fund raising monitoring and evaluation and psycho-social counseling.

PCI has provided small grants to CINDI in Lusaka, SEPO in Livingstone and LARC (Link Association for the Relief of Children) in Kitwe. These organisations distribute material goods to children and their families.

Community members in Kitwe independently formed community schools to attempt to meet the education needs of their children. When PCI learned of these commendable efforts, they provided assistance to train the teachers.

PCI funded CHIN (Children In Need) to develop a training manual to deal with the psycho-social needs of children and care givers. This manual is in draft form and available through CHIN.

On the policy front, PCI tries to facilitate the revision of various policy related to children. They funded meetings leading to the revision of the Juveniles Act, which was carried out by the Law and Development Commission. PCI participates in the Policy round table meetings and is a member of the Reference Group on Child Abuse.

PCI tries to help orphans to learn to financially support themselves through income generation activities and creating links with micro-credit projects. Additionally, PCI works with the care givers of orphans to provide training in income generation activities, education and cleanliness campaigns. AIDS education and prevention also lie at the heart of PCI's interventions. Primarily they use peer educators and drama groups to raise the awareness of and to encourage AIDS prevention.

Monitoring and Evaluation

PCI has worked with the communities to develop community based management information systems, which are developed by the communities and district committees. Information on each orphan is collected annually and entered into a computer system. The attempt is to track activities and impact on orphans throughout the life span of the programme.

Accomplishments/Lessons Learned

- PCI's programmes involve a variety of players (traditional birth attendants, churches, neighborhood health committees, business men/women, teachers, government officials) at the inception of the project. The project is then community owned and it is believed that this effort will contribute to the long term sustainability of the programme.

- Through constant communication and frequents visits with the community, PCI has gained the trust of the community and created an environment whereby the citizens look to provide for themselves rather than to create a system of dependency.

- Communities should have the strongest say and voice in all the activities and the monitoring and evaluation of the projects.

Organizational Structure

PCI has 26 staff members. The O/VC project coordinator works full time on the orphans activities. She is supported professionally by the other staff members working on monitoring and evaluation, small grants assistance, the country director and deputy country director. USAID is the primary funder. Last year, PCI operated with a budget of USD750,000.

Ray of Hope

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Background

Maramba Congregation, is a Church Organisation started supporting under privileged children through a programme called "Ray of Hope" in 1998. Communities identify the children and they are supported within their own communities. The project looks after children from both urban and peri-urban areas. Ray of Hope's project is limited to the children aged between 5-15 and is currently looking after ten (10) children. Ray of Hope covers a large area such as Maramba, Dambwa and Mwandi. These areas were allocated to the project by social welfare department.

Objectives

The organisation's objectives are:-

- To find homes for the children who are abandoned or have no one to look after them after the death of their parents.
- To provide food, clothes and money to those who are placed in homes
- To find schools for those who fail to find school places or stop due to the loss of parents and support them financially.
- To provide social service amenities e.g. taking children out to places like Maramba Cultural Village, Game Park, together with their adopted parents.

Programme Interventions

The staff is organised according to their qualifications. There are nurses who are also counsellors; teachers who assist in placing children in schools and a spiritual father who assists in spiritual support.

Ray of Hope finds homes for street children and those whose parents died (either both or one parent) provided the surviving parent has financial difficulties. However, this approach of taking on those who have at least one parent has attracted even those who do not need help.

The project may find it difficult to continue running due to financial constraints. However, they are embarking on soap production project and are hoping to go into mixed farming.

Lessons learned

- The issue of children in need is a big one and it requires proper organisation and coordination of programmes, which are aimed at assisting them.

- If communities are assisted, they can actually look after the children in need.

Southern African AIDS Training Programme (SAT)

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Background

The Southern African AIDS Training Programme (SAT) is funded by the Canadian Public Health Association and has existed for 5 years. In general SAT provides funding and technical support through direct small grants funding to NGOs. They work in AIDS areas related to advocacy for children and women's rights, HIV/AIDS prevention, home based care and counselling. Regarding children's issues their goal is to sensitise community regarding the rights of children, abuse of children and children's risk to HIV/AIDS and other STDs.

Programme Interventions

SAT provides small grants overall to 17 to 20 NGOs annually. A few projects are related to AIDS orphans.

- Livingstone Home Based Care Programme
- Sister of the Sacred Heart of Jesus and Mary in Ndola
- Harvest Help Project on AIDS in Siavonga

These three programmes all direct their efforts through the widows' associations and provide microcredit loans. The women's microcredit groups are all provided with business training and they are organised in the same manner as most micro credit projects. Women form groups and police each other's repayment efforts.

In Siavonga, in an effort to develop a form of sustainability, the members donate livestock. The profit from the sale of the livestock go into a special fund to pay for emergency needs in the community.

SAT also provides education to community members regarding abuse of children, property grabbing and the legal framework for both these issues. They strive to educate community members regarding their rights. They hope that their grass roots efforts will mobilise the community to call for national policies.

In the Ndola project, volunteers are trained on the psycho-social needs of children. They provide training and counselling to the care givers in order to help them cope with the burden of raising additional children and also to help the children cope with grief.