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SAT provides grants for micro-credit to the YWCA and to the Zambia Red Cross. These loans are provided to street children. The children also receive business training as well as information on HIV/AIDS prevention.

Lessons Learned

- The need exists to combine HIV/AIDS education with interventions designed to cope with the impact of AIDS.

- SAT does not conduct external evaluations since the external evaluator often does not understand the delicate political and social frameworks within which the project operates.

- When mobilizing community volunteers, the project must take into account the mobility of community members and the frequent turnover rate. In this sense it is better to train more members locally rather than taking a select few for external training.

Street kids become more responsible citizens and more able to take care of themselves, with proper training (financial) and access to funds.

SEPO

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Background

SEPO, in existence since late 1997, aims to alleviate the suffering of the vulnerable children. The programme caters for 0 - 18 years that have lost both parents and no one comes forward to take responsibilities. Occasionally the project supports some children who have lost one parent provided the surviving parent is unable to support the child financially and materially. However, SEPO supports children within their own communities. Currently, the organisation is supporting 796 children.

Objectives

SEPO's objectives are:-

- To alleviate the suffering of orphans by assisting them through relatives
- To promote care within the community in order for children to have proper emotional and social care

Programme Interventions

SEPO operates in Livingstone and Kazungula Districts, which are urban, peri-urban and rural. The project has various staff including volunteers from NORAD and members of community.

The main activities of SEPO are to support children through their adopted/extended families in education, provision of food and clothes. The project also offers shelter to a few of them.

The project conducts some awareness training programmes on HIV/AIDS, Girl Child education, protection against property grabbing and child abuse.

For its activities, the project gets financial and technical assistance from NORAD, World Food Programme and United Nations and it has an annual budge of K76,000,000.00.

Lessons Learned

- There are a lot of orphans who need assistance in Livingstone. SEPO has very little capacity to support all children in need.

- Although SEPO works hand in hand with Care International, there is very little or no coordination among other projects which look after children in need in the area.

- Carrying out community education is very limited and there is need for well-organised community campaign awareness.

- It is best to leave children within their communities so that they can be emotionally and socially supported.

Society for Women & Aids in Zambia (SWAAZ)

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Background

The Society for Women & Aids in Zambia (SWAAZ) is the local affiliate of the Society for Women & Aids in Africa (SWAA), a regional body active in more than 35 countries in Africa SWAA was set up in 1988 by a group of African women who felt that the impact of HIV/AIDS would have a devastating effect on women and children. The organisation was established in Zambia on World Aids Day, 1 December, 1989.

Country branches develop their own interventions depending on the situation obtaining in that country. An annual SWAA conference is held to review situations in each member country, exchange information on HIV/AIDS especially as it affects women and children and lessons learned from each programme.

In Zambia the local national branch SWAAZ has over 2,500 members country wide with branches in all the provinces, including at village level.

SWAAZ's main activities are education campaigns in HIV/AIDS, psycho-social counseling, community mobilisation and capacity building and skills training and income generating activities.

Objectives

SWAAZ's short term objectives include support to vulnerable groups like orphans and widows and education and economic empowerment of women to help them make informed decisions which could reduce their vulnerability to AIDS.

Program Intervention

The main intervention targeted at orphans are the four family support homes in Lusaka which were bought with Irish Aid support to serve as drop in centres for vulnerable children. The homes offer pre-school services for pre-school going children, trades training for adolescents and a meal a day for the orphans. It offers socio-psycho counseling for families affected by AIDS, and supports home care for the sick.

The centre has a unique feature to it's IGA's. Unlike most programmes which operate their own IGA's in order to raise funds for their interventions the SWAAZ homes offer facilities to entrepreneurs to carry out their activities using their facilities e.g. the

carpentry, tailoring etc. and 20 – 50% of the profits go back to the centre and the rest goes to the individual entrepreneur.

The skills training is offered to members of the community who then may operate from the centre or outside. Those operating from the centres are given further training periodically to improve their skill.

The IGA's are also conducted in other branches all over the country - in Luapula Province there is a fishing project, in Southern Province there are mostly agricultural projects and in North-western province there is a tailoring project manufacturing school uniforms.

Community mobilisation is being done using the Community Preventive Teams (CPT) concept where members of a community including community leaders from business, church, political and traditional leadership, participate in identifying their own problems, developing their own strategies and participating in interventions to prevent an control AIDS. Training in the CPT concept is conducted by teams from Chikankata Mission hospital. Areas where the CPT method has been used have recorded higher response and results than those where it has not been used.

The organisation has only two full time paid staff at the secretariat who coordinate the activities whilst the rest of participants are volunteers.

Of it's approximately K500million annual budget most of it is supported by international agencies like NORAD, PCI, UNICEF, WHO, WFP and the EC. The IGA's throughout the country raise money mainly for orphan support, although most of the feeding is supported by WFP.

Lessons learned

- Volunteers sometimes don't understand the concept of volunteerism, especially those not occupied in formal or informal employment. There is a general lack of commitment and the expectation to be rewarded for any efforts made.
- Working with the grassroots has produced quicker results as they are easier to mobilise because of the social structures that hold them together. Chilonga in rural Southern Province has an orphan support programme and pre-school which operates from a village hut for example.
- Economically empowering women lessens their dependability on men, improving their social status and ability to make their own decisions. In addition SWAAZ not only offers training in AIDS education but also negotiation and communication skills to further strengthen a woman's position.
- You achieve more in networking than in working in isolation.

World Vision International (WVI)

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Status	NGO

Background

World Vision International (WVI) but has been in operation in Zambia since 1981 with offices in all provinces. They are involved in helping underprivileged people, including orphans, in urban and rural communities to lead as normal and fulfilled a life as possible by encouraging the establishment of and managing community based projects for self sustainability.

WVI sponsors orphans and underprivileged children until the age of 14 years and can operate in an area/community for more than ten years during which years they ensure that systems are set for continued self-sustainability. Orphans and children identified by the community as requiring support get direct support from WVI while the community as a whole also benefits through projects aimed at the community at large.

Objectives

To see that the underprivileged and disadvantaged receive help for them to lead a normal and fulfilled life.

Programme Intervention

WVI has observed that the greatest needs of orphans are parental love, acceptance, education, clothing and food and that those of the caregivers are basically financial support, counseling and food. WVI meets some of these needs, such as education, health and clothing.

World Vision also supports the communities through teaching them, the orphans and other disadvantaged children agricultural skills so that they can be self reliant when WVI is no longer supporting them.

WVI has experienced difficulties with foster parents and refusals to cooperate and to participate in community projects. Primarily this results from feelings of frustration and inadequacy to provide for their own children. WVI provides care and support for orphan children which the parents often cannot provide for themselves. Orphans complain of negligence by their caregivers. Constant dialogue is always attempted to alleviate this problem, sometimes with success and sometimes without.

WVI utilises volunteers whom they train how to network in their communities. They also provide caregivers with training in general knowledge on children's relationships in a home and on how to administer resources they receive from WVI.

Lessons Learned

The following are some of the things the World Vision has learned from its operations in Zambia:

- It is advisable to begin with a small budget and then increase as the project develops. This helps to develop community support and foster independence as opposed to dependence.
- People who receive funds lack financial management skills and training is necessary.
- Some politicians lack knowledge of NGOs' work. Dialogue with them to alert them the development efforts of NGOs in their areas.
- Many community development projects are difficult to embark on due to the levels of poverty of the people who must also have an input.
- Sometimes some NGOs working in the same area find it difficult to work as a team sometimes due to rigid financial and operational policies.
- NGOs need to have a uniform way of approaching issues especially if they are working in similar areas.

Zambia Community Schools Secretariat (ZCSS)

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Background

The Zambia Community Schools Secretariat (ZCSS), which has been in existence since 1997, is acting as an umbrella body for affiliated community schools, and represents them in various forums. It assumes the function of 'spokesperson' on behalf of community schools to government and donor agencies.

The Secretariat has 4 members of staff, with no fixed annual budget as all assistance is obtained through unsolicited funds or in kind.

Objectives

To see that orphans and underprivileged children also receive proper education.

Catchment Area

ZCSS encourages its community school affiliates to enroll and help AIDS and non-AIDS orphans until they are able to fend for themselves. More than 20% of pupils enrolled in community schools in both urban and rural catchment areas are orphans.

Programme Intervention

Most teachers in community schools are untrained and serve on volunteer basis. Teachers are given special training in how to teach in community schools. This curriculum, SPARK, was developed by ZCSS with assistance from UNICEF. The SPARK manual provides guidance for the teachers on how to teach and outlines a syllabus including how to teach the material. Model lessons are included as well as techniques for monitoring student progress. A section also includes information to improve a teachers knowledge base.

ZCSS has taught and encouraged Community Schools to write project proposals to support small fund raising projects in order to develop self reliance. ZCSS encourages the communities to develop income-generating activities to assist with the costs of school, while churches and other caregivers support the orphans through supply of food, clothing, some school fees and health care.

Orphans are often made to work more than children of their foster parents or guardians as if to "buy or pay for their board and lodge". This has led the Secretariat to engage in training the foster parents or guardians on how to handle orphans. The

Secretariat gives transformational training to caregivers to help them look after the orphans properly.

ZCSS is seriously considering giving orphans some basic technical skills to help them support themselves when they are out of school.

ZCSS encourages community schools to provide AIDS education and awareness. Some schools currently engage in such activities.

Monitoring and Evaluation

ZCSS is starting to establish a data based management information system to monitor and evaluate as to whether the community schools syllabus is in line with the Ministry of Education syllabi.

Accomplishments/Lessons Learned

- ZCSS's programmes involve using volunteer teachers who may not always have the required teacher qualifications. They have, however, put a policy which requires that the untrained teachers should be sent for training in basic teaching methods and child psychology.

- The community is very involved in identifying people who are willing to volunteer as teachers. The community involvement is an effort to make them understand that community schools are their own projects which they must continually support.

Zambia Open Community Schools (ZOCS)

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Background

The Zambia Open Community Schools (ZOCS), established in 1992, is an umbrella body supporting a total of 26 community schools – 22 in the urban area and 4 in the rural area--with a total of 103 teachers.

About 50% of children supported by ZOCS are orphans while the rest are comprised of underprivileged children. Most catchment areas are the densely populated areas such as Chibolya Compound of Lusaka. ZOCS has at present four community schools in Lusaka rural areas – in Makangwe near Chilanga, Chifwema, Chilumbila and Chainda.

The major donors are NORAD, Irish Aid, UNICEF, and the British Council.

Objectives:

- To give basic education to orphans and other underprivileged children so that they are able to read, write and express themselves with a view to being self reliant later in their lives.
- To encourage behavioral change through child to child health education so that the children themselves are able to teach other children acceptable and safe morals.
- To give skills to the orphans after four years of basic education in fields such as tailoring, carpentry, cookery, child care etc.

Programme Intervention

The children are put into community schools under the sponsorship of ZOCS and other donors. The difficult of sponsorship, however, arises when an orphaned child qualifies to enter grade 8 in a Government school, since the community schools only provide education equivalent to grade 7. When a child passes the examinations for grade 8, ZOCS may assist in obtaining bursaries from donor agencies and other sympathetic organisations.

Teachers are given the SPARK training. (See ZCSS). In addition, ZOCS teachers receive life skills training in order to help them assist the orphans to cope with their grief and other emotional issues these children face.

ZOCS provides AIDS education, mostly to orphans who are in the final level, level 4, of the primary school education. They are planning to give caregivers as well this kind of training.

ZOCS gives foster parents transformational training to help assure that orphans receive similar care to the biological children and to help the parents cope with the added burdens of more children. Four parents per community receive one year's trainer training in how to look after orphans and train others in their own communities. ZOCS also intends to start leadership and supervisory training for caregivers to help them in the leadership of future community based projects.

ZOCS realizes that the task of helping orphans is not for one organisation alone and so they work hand in hand with all other organisations that offer similar help to orphans.

Monitoring and Evaluation

Teachers are often inspected and their performance is monitored through assessments of their delivery, preparation of lesson plans, schemes of work etc.

The school children too are assessed in the same way as children in government schools.

Accomplishments/Lessons Learned

ZOCS has learned:

- That the Government should visibly spearhead programmes dealing with the welfare of orphans.
- That community participation is very difficult to obtain as some members of the community, especially those who do not have orphans, do not always see the benefits they can get from projects aimed at orphans.
- That it is extremely important that all churches participate actively in helping orphans.

Zambia Red Cross Society (ZRCS)

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Status:	NGO

Background

The Red Cross movement globally is involved in the provision of humanitarian services such as disaster relief, health and social programmes in addition to the traditional role of providing paramedical services in war time or disasters, accidents etc. The Zambia Red Cross Society (ZRCS) also works with street children and runs a transit home for homeless children and a vocational skills training centre in Garden compound. It was set up four years ago.

Objectives

To help those who suffer without discrimination and thus contribute to peace in the world.' (International Red Cross definition)

Program Intervention

The transit home in Garden compound for homeless children takes in street children some of whom are orphaned. Some of these children are boarders whilst some come to the centre during the day but return home in the evening. These 'day attendants' are mostly children who are neglected by their parents.

Community school – the centre operates an informal school offering grades one to seven. In addition they sponsor entry into a government school and for secondary school.

Vocational skills – such as tailoring, carpentry etc. are offered to children no longer in school to empower them economically.

Health - the centre also offers free screening annually to the children at the centre and pays for medical schemes at various clinics when required. First aid is offered at the centre itself. In addition health education is given by the centre's clinical officer and health educator in personal hygiene, STD/AIDS, drug and alcohol abuse etc.

STD/AIDS is an important part of the health education programme at the centre because it has been found that children in that area and many other compounds in the city are sexually active as early as nine years of age. There is also a very high rate of drug and alcohol abuse amongst adolescents.

Recreation – to keep the children occupied the centre has a number of sporting facilities, netball, football, table tennis, drama etc.

Income generating activities - CIDA-SAT are supporting a project offering small loans in three phases to entrepreneurs over the age of 17 years. The scheme offers start-up capital and qualification to the next phase is on the basis of full repayment of the loan. After disbursement of the second loan qualification to the third phase is also upon repayment of the second loan. Pay back has been very successful, up to 98%.

The centre also offers counselling services to street children.

Future goals

Focus on AIDS as a man made disaster.

Lessons learned

- Focus on AIDS has for a long time been on statistics rather than consequences and interventions. The International Committee of the Red Cross (ICRC) has now recognised HIV/AIDS as a disaster especially the consequence of orphans. The ICRC is holding a conference in Harare, Zimbabwe in August, 1999 to look at this issue.
- ZRCS will develop its own strategies for dealing with the orphans epidemic in Zambia as a national disaster after the Harare conference.
- ZRCS will rely on early warning indicators to respond more rapidly to slow onset disasters like AIDS. The earlier a disaster is dealt with the easier it is to manage the problem.

Religious Institution Response

Anglican Church: Lusaka Diocese

Contact Person:	Felix Mwale
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Status:	Religious Institution

Background

Anglican Street Children's Project was established in 1996 to look after the interest of all children found in the streets irrespective of whether both parents are alive or not. As a church organisation, they felt that there was need to provide love and security to under privileged children.

The organisation has a multi-sectoral approach in utilising community to identify the children in need, acts as foster parents and eventually permanent parents, when there are no relatives for the children.

The organisation looks after children aged between 7-21 years. Currently the institution has twenty-two (22) children. Of the twenty-two, twelve (12) are supported within the communities, while ten (10) are accommodated at the centre. Those accommodated at the centre are being fed and trained in basic practical skills.

Financial support is from donations from different people, primarily church members in Zambia and abroad.

Objectives

- To reduce the number of street children
- To train them in various survival skills
- To provide shelter
- To support some of them within their own communities

Programme Intervention

The institution accommodates, feeds and provides clothes for the vulnerable children. The project also provides basic skills in tailoring, homecraft, carpentry, auto-mechanics, auto electrical, radio and TV maintenance. At the end of their training, the children are assisted financially to go and start their own businesses.

For the twelve (12) children who are based in community, the centre together with members of community found volunteers to look after the children. The families are assisted financially to help in buying food, clothes and sending them to schools.

Monitoring and Evaluation

At the centre the housemother and the psycho-social counsellor, monitor and evaluate the activities of the children. In the community the counsellor and community members monitor and evaluate the care of the children, maintenance and achievement of the projects for those who have been trained and assisted financially.

Lessons Learned

- Although the church runs the programme, there is active community participation. The children who are picked from the streets can actually be molded into responsible citizens provided they have shelter, food, love, clothing and above all, afford them with basic education and practical skills.

The Catholic Secretariat

Contact Person	Sr. Ellen Mann, Health Desk Coordinator
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Background

Most of the 10 diocese (Ndola, Monze, Lusaka, Livingstone, Solwezi, Mansa, Chipata, Kasama, and Mbala/Mpika) of the Catholic Secretariat have orphans programmes. Ndola, Monze, Lusaka, Livingstone, Solwezi have coordinated programmes through their dioceses. In the remaining diocese, individual parishes frequently have programmes; but the efforts are not necessarily coordinated at a diocese level.

The Catholic Secretariat is undergoing some structural reforms. This structure is being encouraged throughout all the dioceses. The secretariat is divided into two main areas: development and health. AIDS, home based care and Youth Alive will fall under the responsibilities of the health desk. They are debating amongst themselves under which category, development or health orphans should be placed, recognizing the need for a multi-sectoral focus. It is unclear whether there will be a separate desk handling the orphan/vulnerable children programming.

Programme Interventions

Each diocese or parish develops its own programme related to orphans. The prevailing principle is always a community driven programme which fosters community response and self reliance.

Orphans programmes often work to waive school fees, provide clothing, food and health care for needy children. In the schools they have formed sub-committees to help monitor the progress of orphans. Someone is appointed to watch for behavior changes, sudden changes in academics and for other warning signs of abuse. If needed and possible, the child is often moved to a different household.

The Catholic Secretariat frequently support community schools. They recognise the validity of the debate regarding the support of community schools at the potential expense of a government school. As government schools collapse, frequently pressure is placed on the catholic church to take over their pre-independence role to provide education. However, the church, as fewer of its staff are ex-pats, face declining overseas funding to support their work. They feel that community schools are a community response and assist to foster self reliance.

Emotional support to families is provided through Christian Communities, comprised of members of the church who minister religious leadership and organize church members. Through the Christian Communities, parents and children can continue to feel part of an extended family. Additionally, counsellors have been trained through

Kara Counselling. Although in the past, these people were trained primarily to help the chronically ill cope, there is now recognition that coping skills need to be provided for the care givers of orphans as well as the children.

Numerous congregations have various income generation activities. Notable programmes include: Garden Compound in Lusaka, Chikuni, Chikinkata and Katondwe. In each case the community developed the activity. In some cases vegetables are grown and sold. At times maize is grown, but stored. When the families' supplies diminish, people use the stored harvested maize. In this sense, the communities have created food banks. In Luanshya, a plot of land was acquired from the city council. Families have been given plots for their own use. They manage the land, the harvest and the sale of the produce.

Each diocese has a Justice and Peace Commission. The Catholic Secretariat has produced booklets on the rights of the child and of women and holds numerous training courses.

The Ndola Diocese is well known for its extensive data collection related to HIV/AIDS. Other diocese are beginning to emulate the Ndola example in their own programmes.

Lessons Learned

- The Catholic Secretariat has experienced long term problems from children who received institutionalized care in orphanages. These children grew up void of Zambian customs and traditions. As adults, they often feel isolated from their peers when they return to the communities. The Catholic Secretariat strives to keep children in the communities as much as is possible.

- In the past, they gave direct support to orphans providing clothing, school fees, etc. Foster parents, unable to afford these items for their own children, grew resentful. Now the churches work on issues of development for the community at large and do not just focus on orphans.

Christian Council of Zambia (CCZ)

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Status:	Religious Institution

Background

The Christian Council of Zambia(CCZ) is comprised of 18 churches in Zambia. The Women's Department of CCZ, which has been in existence since 1994, has formed an Orphan and Vulnerable Children Care (O/VC) Programme. The primary goal of this programme is to encourage and to facilitate member churches to practically and effectively respond to the ever increasing problem of O/VC by entering into programmes in their communities which will protect, educate, empower and prepare orphaned and vulnerable children for responsible adulthood.

They aim to reach and help 2,000 orphans by the year 2000 and encourage all churches to be involved in providing food, education, parental care and shelter to orphaned children.

Objectives

- To seek out the orphans and vulnerable children (O/VC) in our churches and communities
- To provide the necessary basic requirements and provisions for their livelihood
- To provide basic education
- To provide the foster parenting role
- To create a firm foundation by teaching the Word of God

The O/VC programme has in addition planned to:

- Offer the necessary training and technical advice wherever and whenever it is needed
- Monitor and evaluate the progress of programmes in the churches
- Research and document information as it relates to all areas of O/VC work in churches
- Provide the network that churches need to pull their work together for impact and also to enhance and strengthen the work by sharing the successes and failures and to learn from each other.
- Network with other organisations that are also involved in similar work.

Programme Intervention

CCZ is an umbrella body overseeing the other member churches and encouraging them to look after the orphans. It also takes an active part in ensuring that the programme succeeds.

CCZ believes that orphans in rural areas are better off than those in town because in rural areas, they have relatives who take care of them. Urban orphans tend to be more abandoned. CCZ has therefore concentrated in urban areas, particularly in Lusaka where they have treated the programme as a pilot project.

During 1999, CCZ intends to work with the following churches: St. Paul's, Kabwata, Matero (UCZ); Kabwata, Mtendere and St. Columbus (Presbyterian); Kanyama and Kabwata (Salvation Army); Bethel, Matero, Kanyama (AME Church) and Mtendere (CCAP); Kamwala and Lilanda (RCZ).

CCZ lobbies churches to take on the orphan issues in their community. CCZ provides training in participatory methodologies, psycho-social skills and resource mobilisation skills. CCZ assists the churches to begin orphan and vulnerable children programmes and supervises the implementation of these programmes. They also provide some monitoring and evaluation.

CCZ encourages relatives to provide shelter for the orphans because that provides a home environment. Orphanages do not provide the required individual attention and contribute to a sense of dysfunction when the child returns as an adult to the local environment.

At the beginning of the programme CCZ was very active in providing food, clothing, and school fees to the orphans but later decided to hand over this responsibility to the churches who are nearer in location to the orphans. CCZ is encouraging churches to feed, clothe and educate the orphans found in their localities.

In most churches there are seminars and training sessions on the dangers of AIDS; and there are home based counsellors who are trained in how to take care of orphans. These in turn are supposed to train others as well.

The churches are willing to help the orphans but are limited by lack of financial resources. CCZ feels that this is squarely a Government responsibility and that the Government should play a more active and leading role in this project. It further believes that the Government should strengthen the laws concerning orphans and widows to include stiffer punishments on all those who grab property and leave the orphans and widows in very difficult situations.

Monitoring and Evaluation

This is done through monthly reports from various targeted churches. The reports include number of foster parents, number of orphans, programmes being undertaken,

what kind of skills are being offered to orphans and also how the churches get funding for their activities.

Accomplishments/Lessons Learned

CCZ has observed:

- that the Government should be more active and begin to fund efforts being made.
- that the problem of children who are orphaned through AIDS is a serious long lasting problem.
- that NGOs should coordinate their efforts and rather than competing against each other.

Churches Medical Association of Zambia (CMAZ)

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Status: Religious Institution

Background

The Churches Medical Association of Zambia (CMAZ) was created in 1970 as an umbrella organisation representing church administered or mission health institutions in Zambia. It has 90 affiliates representing 16 different denominations and church organisations. Of the 90 affiliates 30 are hospitals and 60 are rural health centres. Collectively these institutions comprise 50% of formal health service in the rural areas and 30% of the total national health care.

Some of the services provided by member institutions include curative and preventive medical services; training of nurses, midwives and laboratory assistants; community mobilisation and disaster response.

CMAZ is governed by a Council comprising representatives from all member institutions. The council elects an executive committee which supervises the Association and the Secretariat and Advisory Committees which advise and provide other forms of assistance to CMAZ. The Secretariat is the main implementing organ, assisting member institutions in the development of health programmes.

There are three main programmes at CMAZ: Primary Health Care, AIDS/STD and Primary Eyecare. The HIV/AIDS activities include education, home based care, counselling/testing, STD control, blood screening and more recently Orphan Support.

The Orphan Support component was born out of the home based care (HBC) programme when the patients that the institutions were supporting in their HBC died and left orphaned children. As the problem grew the extended family system was unable to cope with the increasing number of orphans and many turned back to the health institutions for support.

It is therefore closely linked to the HBC programme . Financial support for the entire AIDS programme for the last six years has been from DANIDA the Danish development agency through DANCHURCHAID, a church aid organisation in Denmark.

Objectives

The AIDS Programme has a number of objectives which include developing orphan care programmes which like the HBC programme is home based keeping the orphan with the extended family system. Other objectives are to prevent HIV infection, promote home care, provide training, strengthen STD/TB control and promote evaluation and research.

Program Intervention

The Orphan Support component at the Secretariat was set up in 1993 although member institutions had already started their own interventions as a response to the growing problem resulting largely from AIDS.

The main intervention at the Secretariat is the Education Fund which was set up four years ago. The fund which currently has an annual allocation of US$4,000, is disbursed to member institutions with orphans support programmes for school fees to selected orphans whose families are unable to afford to pay for them.

Requests from the fund are usually made either by member institution's HBC's or orphans support programmes or a school within the institutions catchment area. CMAZ has however recognised that the current allocation is grossly inadequate given the enormous demand for support.

The general strategy the association has for orphans support is to support one or two orphans in a family, often the oldest with the hope that once they are independent they will take care of their siblings. This also reduces on dependency on the association.

As a result the association does not have an age limit for orphans support limiting support instead to school going or college/university going orphans.

In addition to the education fund CMAZ also mobilizes donations of clothing, books and other school requisites for distribution to the orphans programmes, largely from outside the country.

The organisation's definition of orphan is a child that has lost one parent. This definition was made on the basis of the origin of their orphans support programme, the HBC's where the surviving parent of an AIDS patient that died was often sick themselves and unable to care for the children.

As an integral part of the AIDS programme CMAZ undertakes AIDS education and awareness programmes, using drama in the rural setting and training programmes in psycho social counseling for health personnel including doctors and clinical workers.

CMAZ really plays the role of facilitator distributing resources to it's member institutions, providing technical support and coordinating between the association and

the Ministry of Health/Central Board of Health. The CMAZ AIDS programme closely follows MOH guidelines set by the National Aids Control Programme.

The implementers are the institutions who manage the interventions themselves.

Lessons learned

- CMAZ has been able to reach remote areas of the country through the mission health centres, providing support to orphans there where Government and other NGOs have not been able to reach.

- CMAZ were the pioneers of the Home Care concept which was conceived in 1986 and initiated by Chikankata Mission Hospital. The concept has now been adopted by Government as part of the integral health care programme. The orphans support programme follows the same concept.

- Collaboration with Government has yielded better results, the association complements rather than competes with government, avoiding duplication and ensuring more effective utilisation of resources.

- Collaboration with other NGOs has also yielded more positive results than working in isolation.

Evangelical Fellowship of Zambia (EFZ)

Contact Person	Leah Mutale, Director, Women's Department
Physical Address:	Kamloops Ave
Mailing Address:	PO Box 33862, Lusaka
Telephone:	233-243
Fax:	281-225
Status:	Religious Institution

Background

Evangelical Fellowship of Zambia (EFZ) is an umbrella organisation for 72 evangelical churches in Zambia. They participate in the Interfaith Network and have been working on HIV/AIDS issues since 1996.

Programme Interventions

They help their church members to define the most critical needs in the community related to AIDS orphans. In general, poverty is the underlying cause. EFZ is just beginning its efforts towards orphans and have written a few proposals. They have mobilised church members to make a few donations of clothing and have distributed these to the poor.

EFZ has run sensitisation workshops in various communities throughout Zambia for church women. These run from 2 to 3 days and strive to unite the community to better address the impact of AIDS. They cover HIV/AIDS (its cause and prevention and social impact), helps the community define orphan, examines issues of volunteers and training in home based care, counseling, respect of confidential issues and spiritual guidance. EFZ has received small grants for these workshops from PCI and the National AIDS, TB and Leprosy Control Programme.

As part of the Interfaith Network, EFZ has joined its colleagues to state that reforms of laws for women and children are necessary. EFZ feels that government and NGOs should together take the lead to develop a national response and plan of action for children in need. NGOs, resulting from their grass roots work, can provide the necessary information to move towards the legal reforms and a national policy.

Lessons Learned

- Despite all the information regarding HIV/AIDS and the attempts to disseminate that information, in the rural areas the need remains great to continue the education and to dispel various myths related to HIV.

Kabwata Presbyterian Church (KBC)

Contact Person: Mrs. Tangu Mazaba
Mailing Address: Box 50167, Lusaka
Status: Religious Institution

Background

The Kabwata Presbyterian Church (KBC)[5] has assigned a member of the congregation to sensitise the members on issues of orphans and has organised for a weekly testimony by an orphan during church services. They have identified 11 orphans within their community to provide financial and moral support. Five orphans have been provided with free places at the church school.

Long term plans include to empower families through skills training and to foster strong networking structures with other programmes.

[5] The Kabwata Presbyterian Church was not interviewed. This information was gleaned from a document provided by the Christian Council of Zambia.

Lutheran Church of Central Africa (Central Africa Medical Mission)

Contact person:	Marledene Mohr, Medical Mission Rep/N Mkandawire, Clinical Officer
Physical address:	Mwembezhi Lutheran Clinic, Mwembezhi
Mailing address:	P O Box 31971, Lusaka
Telephone:	323-230490/323-0024
Status:	Religious Institution

Background

The Lutheran Central Africa Medical Mission is part of the Lutheran Church of Central Africa providing medical and health care support to the mission and the local community. In Mwembezhi the mission has a clinic which was set up 36 years ago catering for the local community there providing curative and preventive care, health education focusing on AIDS education and AIDS orphans and training of health workers (volunteers), traditional birth attendants etc.

The clinic and the training and education services are largely supported by the Wisconsin Lutheran Women's Mission Society in the United States, which sends an expatriate nurse, drugs, medical supplies and equipment.

The education component of the missions work was only recently developed, especially in relation to orphans and has therefore not yet been clearly defined.

Objectives

To provide basic education and skills to orphans and care within the extended family system

Program Intervention

The missions orphan interventions are not yet fully developed. Much of the work is currently health education and psycho/social counseling. The mission has initiated a project proposal for the actual orphans support programme in one of the communities in Mwembezhi. The community was to develop agricultural projects and use the proceeds for support orphans in their community, mainly school fees.

On an individual level the mission brings the plight of orphans requesting assistance to it's church members who on an individual level make some contributions towards the request.

The mission does contribute clothing, food (supplementary feeding) and some school requisites when these can be sources from the Lutheran network abroad.

Ndola Diocese of Catholic Church

Contact Person:	Fikasa Chanda
Physical Address:	Kansenshi- Chinika Area, Ndola
Mailing Address:	P O Box 70244, Ndola
Telephone:	02 – 613146
Status:	Religious Institution

Background

Kansenshi Orphanage came into existence four (4) years ago with the financial assistance of different European organisations. The institution cares for children who lost one or both parents provided they are below 18 years of age.

Interventions

Communities identify the children in need and take them to the centre for shelter, food, clothes and education.

The centre provides emotional support through talking to them and praying for them. The institution has professional staff who takes care of their health and social issues.

Lessons Learned

- The problem of orphans is big and requires proper collaboration and coordination by all stakeholders.

- Looking after orphans is very expensive and requires a lot of money. Donated money has its own guidelines on how to use it, and not according to the needs of the children.

Reformed Church in Zambia

Contact person:	Japhet Ndhlovu, Synod Moderator
Physical address:	Plot 9253, Chilimbulu Rd., Kamwala, Lusaka
Mailing address:	P O Box 32301, Lusaka
Telephone:	231206; 234352;778597
Fax:	231206
E-mail:	njaphet@zamtel.zm
Status:	Religious Institution

Background

The Reformed Church (formerly the Dutch Reformed Church) has a Projects and Development Department whose purpose is to respond to the growing social needs of the congregation and undertake activities in education, health and nutrition and small enterprise development. The Department has two branches Lusaka and Eastern Province. In general, the Church focus is on vulnerable children, with a priority given to orphans.

Objectives

- To provide for orphans in the church education, healthcare and other emotional and materials support.
- To keep orphans within the extended family system.
- To empower communities through income generating activities so that they are able to care for orphans other needy children in society.

Program Intervention

The Lusaka Women's Network /Reformed Church Orphanage Group provides assistance to orphans in the catchment areas where a Reformed church is located. This is accomplished by incidental material support to orphans left by family members, donations of school uniforms, school fees, clothing, food or money to the extended family supporting them.

These donations are largely solicited from the membership in the church itself. The church tries to place the orphans within the extended family as far as possible but there have been cases where this has not been possible because the children were abandoned by their families and church members have adopted them as foster parents.

The Reformed Church has set up what they call 'Reformed Open Community Schools' which provide education for children whose families are unable to send to regular schools. They operate like other community schools providing an accelerated curricula.

The church provides incidental support for school, many in rural areas, requisites like books, pens etc. and have made donations of bicycles (over 100) for the workers in these schools. The Reformed Church has assisted over 300,000 children in these schools and although there is no data to indicate how many were orphans, the church gives priority to orphans for support.

In the income generation arena the church has provided agricultural skills training and start up capital mainly for small scale farmers. The skills training which is also done for other sectors has been with the support of the United Nations International Labour Organisation (ILO) and the Christian Council of Zambia.

The Church provides health education primarily in the rural areas where volunteers are provided with training and medical kits for the treatment of diseases like malaria, diarrhea etc. Bicycles have also been supplied to the community health workers. The community health workers also offer nutrition education to the community.

The church receives financial and material support mainly from the Reformed World Relief Committee in the United States, the Reformed Church in Netherlands and the Tear Fund in Australia. They network closely with the Christian Council of Zambia and the Lutheran World Federation.

Future goals

The church has recognised the growing problem of orphans in Zambia, especially AIDS orphans. They conducted a snap survey in 30 townships in Lusaka, where there is a Reformed Church. The findings proved that they need to develop a more structured approach to dealing with the problem, but at this time there is no definite planned strategy.

Lessons learned

- The Reformed Church previously ran orphanages in the Eastern Province but decided that institutional care is not the best intervention for orphans. Its costly and removes children from the family system to an artificial environment.
- Community involvement from the planning stage in any intervention is critical for better community participation at implementation stage. Constant consultations also provide for better results.
- Networking is important. The church has had experiences with organisations providing similar services in their catchment areas such as the Luangwa Integrated Programme where each organisation has worked in isolation, competing with others in the areas and wanting to claim ownership and individual success for projects involving the same communities.

Government Response

Office of the Vice President--Disaster Management & Mitigation Unit (DMMU)

Contact person:	Jones Mwanza, Director
Physical address:	Plot 6048, Sibweni Rd., Northmead, Lusaka
Mailing address:	P O Box 38963, Lusaka
Telephone:	293433/293438/755897
Fax:	293438
E-mail:	dmmu@zamtel.zm
Status:	Government

Background

The Disaster Management & Mitigation Unit (DMMU) located in the Vice Presidents' office was established in 1997 with UNDP and WFP support as part of the United Nations worldwide campaign on reduction of disasters. Prior to that disaster management was dealt with by a unit called the Contingency Planning Unit which was set up in 1966 and abolished in 1992. The DMMU has a lean secretariat with only three technical staff - the national coordinator/director, a systems analyst, and a sociologist; and three support staff. The regional offices in Choma, Copperbelt, and Lusaka are each manned by a technical person.

The unit plays a coordinating role between all key players in a disaster – drought, fires, floods, accidents, water hyacinth, pestilences, epidemics (including AIDS) etc.

It is governed by a National Disaster & Relief Committee at Cabinet chaired by the Vice President, comprising 12 ministries represented by the respective ministers. Under the cabinet committee is a Technical Committee which is chaired by the Permanent Secretary in the VP's office and comprising permanent secretaries and some technocrats of the 12 ministries represented in the cabinet committee; representatives from the private sector, NGOs, media, international organisations (including UNDP and WFP). The technical committee has sub-committees for health, water and sanitation, finance etc. represented at provincial, district and village levels. The DMMU secretariat coordinates all these levels.

Execution is done by contracted agencies such as PAM, CMAZ, ADRA (Adventist Church), World Vision International, CARE, Zambia Red Cross Society etc.

Objectives

To forecast, manage and mitigate disasters in the country, natural or man made.

Program Intervention

The unit does not have any interventions with orphans specifically besides distribution of food to orphanages when it is available, but their cardinal role of

managing and mitigating disasters including man made disasters such as AIDS orphans makes it a critical office in current efforts to develop national strategies for the management of the AIDS and orphans epidemic.

At present the significant interventions relating to orphans are the distribution of free food to orphanages, vulnerable groups which include children, disabled persons, the aged etc. in collaboration with MCSDD.

Future goals

To focus more attention on slow onset disasters like AIDS. To develop more accurate and responsive mechanisms for determining disasters (early warning systems) which can provide indicators of a looming slow onset disaster, especially man made disasters.

Lessons learned

- The DMMU director, Jones Mwanza, conceded that the problem of street children is a looming national disaster which his unit intends to focus greater attention on, especially in view of the AIDS epidemic. He acknowledged that countries like Brazil which have declared the problem of street children a national disaster are moving ahead of Zambia which has an equally serious problem.

- He indicated that his unit would like to focus its attention on collecting and analyzing data on orphans and street children in order to develop national strategies for dealing with the problem.

Ministry of Community Development and Social Services (MCDSS)

Contact Person:	Mrs. M. Masisani
	Department of Social Welfare
Physical Address:	Community House, Sadzu Road
Mailing Address:	P.O. Box 31958, Lusaka
Telephone:	223472; 235343
Status	Government

Background

The Department of Social Welfare, within the Ministry of Community Development and Social Services (MCDSS), was established to provide statutory and non statutory services to families and children through foster care and adoption. The Department helps obtain grants for underprivileged parents and children (which include orphans) through Public Welfare Assistance Scheme.

Objectives:

To assist families and individuals (both adults and children) reduce their destitution and help them lead better lives.

Catchment Area

The Department of Social Welfare has offices in all districts throughout the country, in urban, peri-urban and rural areas. The Department works with all children who are needy such as children of the blind, destitute and street children.

In 1998 the Department worked with a total of 3,641 orphans. These were both AIDS and non-AIDS orphans.

Programme Intervention

The Department of Social Welfare provides grants from the government for school requirements, food, clothing, and health care to orphans and other needy children. The department also provides allowances to foster parents.

Children who are in Children's Homes receive grants from the Department of Social Welfare to enable them have proper diet while others are placed under Adoption and Foster Care where they are afforded a chance to be loved and looked after in a family situation.

The Department also provides counseling services to help children cope with death and loss of their parents. And where there are no relatives to take care of them, orphans may be placed in Children's Homes but this is the last resort as the Department believes that children grow better in a foster home situation and encourages that as much as possible.

The Department works in harmony with all organisations that deal with orphans and street children. Its field officers also work closely with the extended families in assisting orphans and needy children.

Monitoring and Evaluation

The Department does the monitoring through formal monthly, quarterly and annual reports from Districts to the provinces and finally to the Headquarters. There is also physical monitoring through tours and workshops.

Organisational Structure

The Department of Social Welfare is a Government department. There are about 172 professional workers in the Department and, as said already, the Department has its presence in each district, and province where some specific officers are assigned to deal with orphans.

Accomplishments/Lessons Learned

- The Department has learned that the enormous problem of orphans cannot be dealt with by Government alone; everyone in the nation, including NGOs and the church should be involved. The Catholic Church has already got actively involved in helping the orphans and so other church organisations should also be involved.

Ministry of Education

Contact Person:	Mr. C Mumba, Chief Human Resources Development Officer
Physical Address:	Church Road
Mailing Address:	P.O. Box 50093, Lusaka
Telephone/Fax:	250855
Status:	Government

Background

The 1996 Ministry of Education of Education national policy affirms that the Ministry will take positive action to ensure that the education system caters satisfactorily for the poor and vulnerable children including orphans.

Currently a bursary scheme has been set up for vulnerable children in secondary boarding schools and is allocated per province according to the number of boarding schools in the area. K19 million has been disbursed for 1999.

The Ministry through the Basic Education Sub-Sector Investment Programme (BESSIP) intends to establish a bursary scheme targeted towards the poor under the equity and gender component of the programme.

Catchment Area

Schools have been asked to identify needy, orphaned pupils who can benefit from the bursary. In many schools committees have been set up to look into the issues of orphans and other needy children

Programme Intervention

Plans are underway to develop a department to spearhead specific orphan programmes. Schools have been asked to identify needy children and PTAs and Boards are requested to pay for these children and grants are sent to them for reimbursement.

Schools provide AIDS education and awareness to orphans; there are full time and trained counselors who handle all the workshops. There are Anti AIDS Clubs to support the counseling and other AIDS workshop.

MOE states that it has not failed to look after the educational needs of the orphans but recognises that the responsibility is enormous and Government cannot manage it alone. The help offered by NGOs and other institutions is very welcome. MOE eagerly supports community schools because they are making the burden of educating orphans lighter.

Ministry of Health - The National AIDS Control Programme (NACP)

Contact Person:	Mr. Clement Mwale
Physical Address:	Central Board of Health, Ndeke House
Telephone/Fax:	294007 (ICASA), 703991
Mailing Address:	P.O. Box 38718 (ICASA), Lusaka
Status:	Government

Background

The National AIDS Control Programme (NACP) is a wing of the Ministry of Health assigned to look after the interests of underprivileged children and orphans(especially those whose parents died due to AIDS since some of these children might also be HIV positive).

Due to the magnitude of the AIDS problem, plans are awaiting approval by Cabinet to turn the NACP into a National AIDS Council and Secretariat (NACS) and delinking it from the Ministry of Health.

Objectives

The NACP's aims are to

- lessen or reduce the transmission of HIV/AIDS
- lessen the impact of HIV/AIDS

Programme Intervention

Attempts to reduce the transmission of HIV/AIDS is done through:

- advocating for behavioral change in all men, women and children.
- informing, educating and constant communication regarding HIV/AIDS.
- promotion of safe sex.
- effective treatment of STDs.
- promotion of voluntary counseling and testing (VCT).
- involvement of other ministries and NGOs (multi-sectoral approach)

Attempts to lessening the Impact of HIV/AIDS are channeled through the Zambia National AIDS Network (ZNAN) whose responsibility is to coordinate and monitor the activities of all NGO dealing with HIV/AIDS

The Ministry of Health (MOH) gives financial and technical support to all NGOs working in the area of orphans. MOH believes that orphanages are expensive to maintain and serve primarily as a delinkage between the orphan and the community to which he/she will return to as adults. MOH encourages support while the orphan is in the community. Medical care for orphans is free up to 5 years of age but when they are under Home Based Care Services medical services are free throughout up to the age of 21 years.

MOH also gives financial support to and teaches caregivers Home Based Care so that they know how to handle orphans in their areas.

This year's budget standing at USD100,000, is being used to support NGOs and also to train orphans in skills that they will use for self-sustainability. Some of the funds come from UNDP, UNICEF, UNAIDS, SIDA, USAID, DFID and World Food Programme (WFP)

The NACP makes use of caregivers in the community, training them on how to take care of the sick, and how to train others as well in their community. The orphans, along with other pupils in schools are provided with AIDS education through Anti-AIDS Clubs.

NACP is of the opinion that there should be a deliberate policy that should categorically state that no child should be declared an orphan and declare that all orphans should have free access to education and medical services up to the age of 21.

Monitoring and Evaluation

NACP has mid-term reviews where experts from all over the world come to evaluate what MOH and other NGOs are doing regarding the prevention of HIV/AIDS. The last review was done in 1997 and the next one is due in 2001.

The Zambia AIDS Network also keeps an eye on how NGOs manage the problem of HIV/AIDS.

Accomplishments/Lessons Learned

- NACP expresses the feeling that since the problem of orphans is a dynamic one, combating it requires serious and committed efforts by all involved.

- It is important to go into the field to witness first hand the seriousness of the situation and innovations to cope with it.

Ministry of Sport Youth and Child Development - Department of Child Affairs

Contact Person:	Mr. John Zulu
Physical Address:	Freedom Way
Telephone/Fax:	234947
Mailing Address:	P.O. Box 31281 Lusaka
Status:	Government

Background

The Department of Child Affairs (DCA) is a Government department under the Ministry of Sport, Youth and Child Development. It is charged with the responsibility of coordinating, monitoring and evaluating the work of the National Programme of Action for Children and that of other implementors of the Convention on the Rights of the Child.

The DCA works with other ministries such as Ministry of Education(MOE), Ministry of Community Development and Social Services(MCDSS), Ministry of Labour (MOL) Ministry of Local Government and Housing (MLGH), Ministry of Home Affairs (MHA) and Ministry of Legal Affairs (MLA). The Department also works with Children in Need (CHIN).

The National Child Policy, approved in August 1994, states that the overall aim is "to improve the standard of living in general and the quality of life for the Zambian child." This includes reducing infant and maternal mortality rates and reducing fertility rates; provision of universal primary education by 2000; reduction of adult literacy; expansion of early childhood care; reducing malnutrition; increasing access to clean water and sanitation; reducing the number of street children; provision of support to disabled and orphaned children and the reduction of child abuse.

Objectives

- To formulate policies relating to children's issues
- To advocate on behalf of children (orphans and other vulnerable children)

Programme Intervention

The DCA strongly believes that all children, including orphans, should be in the care of communities, i.e. relatives, because that gives them a sense of belonging, warmth of love and social acceptance. Orphanages and other institutions that keep orphans should only be transit homes or the last resort.

The DCA with its collaborating partners encourage communities to keep the orphans found among them. Is overall budget, like for 1999, is K1.1 billion (most of it coming from UNICEF and some of it from the Government). A third of this money is designated for use in children's programmes although it is not disbursed directly to

the orphans or their caregivers but is channeled through NGOs and other institutions as a group.

The DCA through the Government has established 15 centres throughout the country where various skills are taught to the children.

All the volunteers that come to help come through NGOs and CBOs. The DCA helps to train them in psycho-social counseling to effectively help the orphans. They are also trained as trainers to train street educators and community leaders. 'Further, both orphans and caregivers are provided with AIDS education and awareness.

The DCA feels that a policy on how to effectively support families who cannot support orphans and their children who run to the street needs to be made.

Monitoring and Evaluation

This is done through quarterly and annual reports sent from provinces. The reports contain successes and cause of failures in executing planned yearly programmes. But as a more effective way of monitoring on the spot visits are also carried out so that problems experienced in running the programmes are immediately resolved.

Accomplishments/Lessons Learned

The DCA has learned

- that orphans often suffer from marginalisation and discrimination wherever they are and that NGOs and caregivers need to be properly trained to help these children overcome this.
- that child development is not for the Government alone but for many players.
- that there needs to be consultations among all cooperating partners; consensus in planning is necessary
- that the HIV/AIDS problem cannot be resolved without unlimited commitment and priority attention given to it. Organisations should not take helping orphans as a commercial venture but as an exercise that should help these underprivileged children lead a normal life. The development of the country through helping the orphaned citizens should be paramount in the minds of all caregivers.

Sustainable Lusaka Programme

Contact person: Francis M Muwowo, Project Manager
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Mailing address: c/o UNDP P O Box 31966, Lusaka
Telephone: 251482
Fax: 251475
E-mail: slp@zamnet.zm
Status: Local Government Project

Background

The Sustainable Lusaka Programmme (SLP) is a Lusaka City Council project which was set up in January, 1998 as part of the Sustainable Cities Programme (SCP) being implemented globally by the United Nations Centre for Human Settlements (UNCHS-Habitat). The SCP facilitates strengthening and improvement of planning and management capacities of municipalities and their partners in the public, private and community sectors.

The SLP's focus in attaining the sustainable growth and development of Lusaka is through the integration of environmental planning and management of project implementation activities at community level directed initially at disadvantaged communities in order to alleviate poverty and enhance overall economic development.

With this focus on disadvantaged communities the three themes of the SLP process are capacity building (at individual, community and city level), enterprise promotion and development management and co-ordination.

The specific focus on disadvantaged communities in the SLP programme is the most relevant to orphans. By providing opportunities for communities with high poverty levels to initiate activities for poverty alleviation through sustainable activities of environment improvement, the programme strengthens the communities capacity to address the orphans problem.

Program Intervention

Capacity building: The SLP identifies individuals within the community to be trained as potential entrepreneurs in prioritised environmental issues. These individuals are offered relevant training. NGOs, CBOs, RDCs etc. are strengthened to act as facilitators whilst at city level the council is strengthened to develop an improved city development management and co-ordination framework. Enterprise, such as the creation of small scale businesses in environmental areas like waste disposal, water vending etc., are promoted.

Lessons learned

- Community participation from the planning through to implementation, monitoring and evaluation and community ownership is vital for the success of any community based project.

- Township upgrading programmes of some townships in Lusaka for instance were not done with community participation nor with municipality involvement. As a result facilities which were erected such as roads, lighting etc. deteriorated because there were firstly not a priority to the communities themselves therefore vandalism etc. was high and they were not maintained by the council because they were not as far as the council was concerned their responsibility – they were the responsibility of national and not local government.

Profile of Additional Organisations

The information on the ensuing organisations has been taken from the CHIN website (www.chin.org.zm). Organisations with programme efforts most directly related to orphans and vulnerable children were selected to be included in this section.

Agapao Children's Ministry

Contact Person: Fred Mumba, Ministry Director
Mailing Address: PO Box 410124, Kasama
Physical Address: Luwingu Rd, near Luwingu bus stop

Goals and Objectives

- To provide basic education to children
- To afford parents an opportunity to do their work better
- To expand children's world view
- TO foster character development
- To make parents aware of the necessity of providing basic education to children
- To prevent malnutrition by hosting seminars on child care
- To evangelise to children
- To impart Christian knowledge so that Zambia will be a better Christian nation

Activities

- Seminars for Sunday school teachers
- Short courses for Sunday school teachers
- Good news clubs for children on Saturdays
- Parties and video shows for children
- Evangelism

Target

Children aged 3 to 10

Anglican Street Project

Contact Person: Feliz Mwale
Mailing Address: PO Box 50244, Lusaka
Physical Address: Waddington Centre, corner of Nationalists and Burma Rd.

Goals and Objectives

- To reduce the influx of homeless children on the streets of Lusaka, especially girl children who are exposed to sexual abuse and left on the streets
- To provide clothing and health care to these disadvantaged children for a healthy upbringing
- To provide an opportunity for children to become useful citizens of our society by providing them with education and training skills thus empowering them to effectively compete with others and improve their quality of life
- To provide the safety of a home to the young and rescue them from possible abuse
- To provide a residential environment that encourages relationships based on mutual trust and understanding, which is lacking on the streets
- To rehabilitate children who have had traumatic experiences trough Christian and psycho-social counseling and restore their self-confidence so that they can positively respond to the environment around them.

Activities

- Skills training
- Education
- Residential home
- Recreation
- Counselling, transit home

Target Population

Street children and orphans

Association for Restoration of Orphans and Street Children (AROS)

Contact Person:	Bwalya Mutale
Address:	PO Box 72507, Ndola
	Profund House, 9th Floor
Tel:	02-621-288

Goals and Objectives

- To provide educational support and enhance development of orphans and street children
- To provide skills training and projects for economic development and self-reliance
- To raise awareness and promote children's rights in schools and communities
- To provide food, clothes and shelter as initial steps to rehabilitate orphans and street children
- To provide counselling to street children and orphans for positive change of character
- To raise awareness in youths about the dangers and negative effects of HIV/AIDS on families and communities and encourage sexual abstinence as the best preventative method
- To curb the increase of street children by working with government, NGOs and other agencies
- To lobby the legislature to enact laws which protect children's rights and introduce stiffer penalties for violators of these rights
- To research into the problems and situations of orphans and street children
- To warn youths against drug abuse and help those already in it
- To develop and motivate youth to take part in recreational activities

Activities

- Integrating orphans and street children in formal education institutions and community schools
- Teaching skills to orphans and street children and involving them in income-generating projects to earn money through proper methods
- Teaching orphans and street children about their rights and forming children's rights clubs
- Provision of food, clothes and shelter
- Counselling and teaching
- Removal of children from the streets and placement in schools and employment
- Lobbying for legal reforms
- Probing into the suffering of orphans and street children

Special Skills

- Orphan care
- Psycho-social counselling
- Capacity building

Target

Orphans and street children

Bethany Home and Study Centre

Contact person:	James Narrah Kundara, Director of Programmes
Address:	55/24 Chiulu, Garden Compound, Lusaka
tel:	223-086
fax:	226-260

Goals and Objectives

- To provide orphans, abused children and widows, especially in peri-urban and rural areas with health care, shelter, adequate food and adequate clothing.
- To provide basic education and practical skills such as farming, tailoring, carpentry, welding, bricklaying and domestic and modern skills.
- To increase awareness about the plight of beneficiaries through local and international workshops
- To cooperate with other NGOs, government bodies and church organisations working with needy children.

Activities

- Pre-school, grade 1 classes, tailoring for older girls and widows, welding for older boys and widowers, shelter for the homeless children, home based care programmes, counselling

Target

Orphans and widows

Care for Children in Need Organisation (CAFOCHIN)

Contact Person	Innocent Chilupula, Coordinator
Address;	PO Box 530251, Lundazi
	Baha'i Orphan Education Centre, Yakhobe Village, Chief Magodi, Lundazi North
Tel:	064-80152 c/o Mrs. Christine Banda

Goal and Objectives

The overall objective is to provide basic services to children in need of a better future and human dignity within their communities.

The specific goals are:

- To identify and address the problems faced by the children by developing an outreach programme and training volunteers within the catchment areas of the CBHC programme
- To increase awareness about various problems and the children's existing talents, through dissemination, workshops an Village and Women Nutrition Club Meetings
- To assist children in need to access services such as education and health care
- To provide universal access to safe drinking water and basic education
- To reduce adult illiteracy especially female illiteracy and to promote gender awareness
- To protect children from the dangers of sexual abuse, drugs and alcohol
- To establish and develop means of generating income, e.g. tailoring, carpentry, leather work and agriculture
- To educate the community about HIV/AIDS prevention and home-based care

Activities

- Counselling for guardians of orphans
- Child protection and development awareness in women's clubs and villages, government departments and private companies
- Health education programme on HIV/AIDS/STDs, mental health, family planning/spacing, immunization, breast feeding ORS (in consultation with Luacachin)
- Gender in development and health care education in villages, nutrition cubs and families

Special Skills

- Fundraising and management
- AIDS counseling
- Health care services
- Gender and sustainable development
- Environment education
- Food security
- Spiritual enrichment
- Community participation and involvement

Target

Orphans, street children, disable illiterate children

Cheba Orphans Centre

Contact Person:	Reuben Kabindama, Director
Mailing address:	PO Box 60312, Livingstone
tel:	03-321-836
fax:	03-321-836

Goals and Objectives

- To care for O/VC and those children living with HIV/AIDS in their own homes by providing food, clothing and shelter to those who need it, helping them get health services and looking for interested donors
- To empower O/VC with life skills, by supporting them to complete their education, training them in skills such as carpentry and bricklaying and educating them for behavior change
- To offer counselling services
- To carry out income generation activities

Activities

- Garden
- Education for Life
- Friday meetings by committee to review progress
- Education for children
- Home visits

Target

Orphans and vulnerable children

Copperbelt Health Education Project (CHEP)

Contact Person: Dr. Lynn Walker
Address: P O Box 23567, Kitwe
Physical Address: 8 Diamond Drive
Tel: (02) 229512/230234
Fax: (02) 222723
email chep@zamnet.zm

Goals and Objectives

- To help people break the cycle of poverty, ignorance and disease through the development of knowledge, values and life skills that enable creativity, responsibility and healthy lifestyles
- To help form and maintain behaviour patterns, attitudes and lifestyles that deter transmission of preventable diseases, especially STDs and HIV, and reduce the prevalence of TB
- To help develop care and support systems for those infected and/or affected, including survivors, and thus reduce the personal and social impact of chronic illness
- To develop the skills of staff and co-workers to conduct and facilitate programmes
- To promote concerted effort in the control of preventable diseases, including HIV/AIDS, and in the development of appropriate care and support systems, by networking, cooperating and collaborating with like-minded organisations at local, national, regional and international levels
- To sustain a conducive and welcoming work environment, enabling improved administration, more efficient and effective preparation and implementation of programmes, as well as space for discussion with visitors, counseling, study, reflection, analysis of data, and report writing

Activities

- Out of school youth including income generation
- Child to child
- Community and peer education
- Women's programmes including commercial sex workers and alternative income generation
- Training in pastoral counseling skills
- IEC for all specific target groups
- Mass media work, including TV, radio, billboards, commercial shows, posters picture codes, booklets and leaflets, market place and street drama
- Research
- Monitoring and evaluation
- Psycho-social counselling skills training
- Home-based care

Children in Distress Project (CINDI-FHT)

Contact Person: John Musanje, Manager
Address: Private Bag E243, Lusaka
Plot No. 5232 Makishi Rd.
Telephone (01) 223589
Fax (01) 222834

Goals and Objectives

- To provide for basic needs of children in distress
- To facilitate and promote community participation in order to ensure sustainability in meeting the needs of children
- To advocate for the welfare and rights of children in distress in order to raise awareness and mobilise the support of government and other organisations
- To provide psycho-social support to guardians
- To collaborate and network with relevant organisations in order to enhance support to CINDIs and referrals to other agencies

Activities

- Enumeration of orphans
- Needs assessment of orphans
- Training of orphans and widows
- Provision of seed money for income-generating activities
- Provision of food supplements and counseling services
- Facilitation of workshops
- Report writing
- Community mobilisation

Special Skills

- Facilitation of workshops
- Report writing
- Community mobilisation

Materials Published

CINDI Guidelines
CINDI Brochure

Target

Orphans and widows/guardians

Chitsime Association

Contact Person:	Stephen Chanda Mwape
Address	P O Box 35601, Lusaka
Telephone	(01) 238865
Fax:	(01) 235516

Goals and Objectives

- To provide training for transformation and other training to youths and adults, especially widows
- To provide basic education for children in need, and to provide opportunities for youth and adult literacy
- To provide nursing and pastoral care for the chronically ill
- To provide life-skills training opportunities for youths and others
- To support income-generating projects

Activities

- Training youth, workers, and adults in Training for Transformation
- Educational services for children in need
- Care for the chronically ill
- Pastoral care for youth and adults
- Feeding programme for malnourished children
- Literacy programme for youth and adults
- Life-skills training for youth

Target

Orphans, street kids, malnourished children

Christian Social Service Organisation

Contact Person	Rev. Alex Fundafunda, Chairperson
Address	P/B RW 280X, Lusaka
	Gemini House No. 20
Telephone	(01) 2311201
Fax:	(01) 224443

Goals and Objectives

- To empower Zambian families with survival skills
- To encourage income-generating activities
- To ensure child survival and healthy development
- To establish community centers in extremely poor areas of Zambia, so that we can offer basic and skills education, provide community health education (thereby reducing the health costs of the families as well as malnutrition levels), and assist widows and orphans
- To establish cooperatives and credit unions to assist small-scale business people with microfinance

Activities

- Cairo Road Credit Union microfinance project
- Drop-in and basic education class for child vendors (suspended)
- Management, resource acquisition and advice for a lady in Chilenje who feeds orphans weekly

Special Skills

Social work, family counseling, basic education methodologies (teaching materials preparation, teaching methods, project management)

Target

Nuclear family; emphasis on women and children

City of Hope (Salesian Sisters)

Contact Person: Sr. Ryszarda Piejko; Sr. Agness Nkosa
Address P O Box 31151, Lusaka
Plot No. 558/F 401a Makeni
Telephone (01) 274914
Fax: (01) 274914
E-MAIL afmproj@zamnet.zm

Goals and Objectives

- To bring hope
- To help girls develop adequate coping and social skills through a gradual human, psychological, educational and technical formation
- To give neglected girls the information, education and training they need to be self-reliant
- To offer the "girl at risk" the possibility of having a better future
- To develop girls' dignity through professional qualifications and human Christian formation

Activities

- Open community school for girls 9-17 years old
- Two-year vocational training course, including home management, tailoring, agriculture and personal development
- One-year course in typewriting for girls who have completed formal schooling
- Accommodation for over 40 girls, most of whom have been referred by the Department of Social Welfare, and most of whom are orphans

Special Skills

Preventative education

Target

Girls at Risk

Development Aid from People to People (DAPP) Children's Town

Contact Person	Mr. Moses Zulu, Project Manager
Address	P O Box 37661, Lusaka
	Malambanyama Village, Chibombo District, Central Province
Telephone	(05) 222332
Fax:	(05) 222332
E-MAIL	childaid@zamnet.zm

Goals and Objectives

- To get street children off the streets and into a safe, stable and loving environment
- To educate disadvantaged rural children who are at risk of never going to school
- To nurture and rehabilitate children coming from abusive situations
- To impart the practical skills children will need to lead independent and productive lives
- To give children a primary school education and a good start in life
- To give children a chance to play and discover the world around them
- To teach children to have dreams to believe in themselves, to take responsibility for their own lives and to work towards a bright future for themselves and their communities

Activities

The programme lasts five years, during which time the children have a half day of skills every day and a half day of academics. They also play sports and participate in cultural activities such as drama, dance, music and choir. At the moment, there are 80 boarders and 128 day scholars.

Target

Street children, orphans and other disadvantaged children

Households in Distress

Contact Person	Bridget Syamalevwe, Director of Education
Address	P O Box 70284, NDOLA
	Plot 5656, Chinika House, Chinika Road
Telephone	(02) 640290
Fax:	(02) 222723

Special Skills

Training of community/peer group leaders in life skills

Target

Teachers, women, children and orphans

Interdenominational Council on AIDS

Contact Person	Esther Kabaso, Secretary; Rev. Moses Chibuye, President
Address	P O Box 23271, KITWE
Telephone	(02) 246021/246555
Fax:	(02) 246071

Goals and Objectives

- To bring together all Christian denominations in Zambia and get them involved in the education of their communities about AIDS and its related effects
- To establish and run an orphanage for children whose parents have died as a result of AIDS related causes (ARC)
- To start a home-based care programme through which AIDS-affected children will receive material, financial and spiritual support
- To provide support to already-existing orphanages in Zambia
- To encourage research for a cure for AIDS
- To provide spiritual, social, psychological and physical ministry to HIV/AIDS patients
- To collaborate with other groups with similar objectives, such as CHEP, National AIDS Committee and other anti-AIDS groups in Zambia and abroad

Activities

- Visits to churches and preaching the Good News
- Home-based care centre for HIV/AIDS victims
- Assistance to school-going orphans

Target

Street kids, orphaned children, widows and widowers

Kwasha Mukwenu Women's Group

Contact Person	Patricia M. Ngoma
Address	c/o St. Mary's Catholic Church, P.O. Box 33243, Lusaka Matero
Telephone	(01) 247585

Goals and Objectives

- To act as caretakers to orphaned children, especially those whose parents have died of AIDS
- To fight for orphans' and children's rights
- To teach orphans life skills and vocational skills to enable them to be better citizens who can solve problems and earn a living
- To provide for orphans' basic needs

Activities

- Baking scones, tie-dyeing clothing for sale
- Education
- Health schemes V
- vocational skills training
- Food for needy families

Special Skills

Dealing with communities

Target

Orphans below 18 years of age

Link Association for the Relief of Children (LARC)

Contact Person Maria Mercedes Rossi, Acting Chairperson
Address P O Box 70244, NDOLA
Catholic Diocese of Ndola
Telephone (02) 613146
E-MAIL healdept@zamnet.zm

Goals and Objectives

- To coordinate and establish contacts with NGOs, community groups, individuals assisting orphans and children in distress in order to network throughout the Copperbelt Province
- To act as a liaison body with government and partners dealing with children in distress and orphans
- To link with CHIN at national level

Activities

- Sharing of experiences through meetings
- Centralised and updated register for all assisted and not assisted children in distress and orphans
- Information centre
- Quarterly report forms
- Promotion and facilitation of surveys
- Advocacy for the rights of children
- Fundraising assistance for participants

Materials Published

Manifesto of LARC
Open letter on school uniforms and fees

Target

Orphans and children in distress

Livingstone Street Children Association

Contact Person	George Sipwapwa, Director
Address	P O Box 60487, LIVINGSTONE
	Linda Community Development Centre
Telephone	(03) 320292/321175

Goals and Objectives

- To expand early childhood care, education and development activities with emphasis on community-based interventions
- To provide access to complete primary education cycle and to ensure gender equity
- To promote and provide basic needs, survival means and protection of the rights, mental and physical development of all the street children reached
- To initiate, implement and design programmes with and for street children
- To initiate, implement and accomplish other actions or activities concerning children in Livingstone or elsewhere in Zambia, and to take full account of their interests without any form of discrimination
- To impart knowledge and skills for the street children for improvement of their quality of life
- To identify, reach and integrate children into locally and nationally initiated programmes

Activities

- Basic education, skills training, counseling, health education, family life education, HIV/AIDS education, alcohol and drug abuse education campaign, school integration job opportunities, outreach, recreation, sports activities, drama and poetry, daycare centre
- Future activities: feeding programmes, medical care, legal aid, refuge/transit home
- Child development centre

Target

Street children and other groups

Nissi Care Centres

Contact Person	Mrs. E. Kabamba, Executive Director
Address	P O Box 72016, NDOLA
	Plot No. 3343/M
Telephone	c/o Pastor George Bwenpe, (02) 612168

Goals and Objectives

- To provide a warm and loving environment for orphans and displaced young people
- To minister to the physical and spiritual needs of the people under the care of the ministry
- To restore the self-value and worth of young people by introducing them to the love of God through Christ Jesus
- To build and run homes and various training facilities in order to achieve the above
- To raise funds through donations, endowments, and other biblically-permissible fund-raising activities
- To rehabilitate displaced youth in order to equip them for a productive life

Activities

- Introducing displaced youth to the full Gospel of Jesus Christ and encouraging those who believe to be faithful disciples
- Teaching displaced youth income-generating skills such as carpentry, farming, pottery, dress-making, tailoring, dyeing, bakery, needlework, crafts, etc.
- Helping youth to recognise and develop their talents
- Counselling to those with specific individual problems
- Logistical and in some cases financial support to families or individuals who are willing to adopt orphans or foster maladjusted youth and children

Target

Orphans and widows

Ntumeni Home-Based Care and Community School

Contact Person	Goliat Moyo, Coordinator
Address	P O Box 16, CHONGWE
	Muyoba Village

Goals and Objectives

- To enhance community development through encouraging community participation and responsibility for health care
- To provide better-integrated care for the physical, psychological and spiritual needs of the chronically ill, especially focusing on HIV/AIDS patients and their families
- To prevent the spread of HIV/AIDS through promotion of awareness of HIV/AIDS infection and control
- To provide basic education to orphans, focusing on girl children
- To strengthen and support community initiatives and resources for tackling problems arising from HIV/AIDS
- To improve the nutritional status of patients and their families

Activities

- Registration of 267 orphans, 553 patients, 98 widows and 215 pupils
- Voluntary participation involving home-based care group members in project planning, decision-making, and work responsibilities
- Training to enhance the capacities of volunteers and health workers
- Encouragement of behaviour change in the community
- Nursing and basic home-based medical care
- Continuing appropriate support for survivors
- Pastoral care and spiritual support
- Personal and community health promotion and basic education to orphans, focusing on girl children

Target

Chronically ill patients, orphans, widows, the underprivileged, girl children

Senanga Home Based Care/Smart

Contact Person	Sr. Charles Lungu
Address	P O Box 920017, SENANGA
Telephone	(07) 230167

Goals and Objectives

- To create and strengthen home-based care at the community level
- To raise awareness and understanding of care for HIV/AIDS patients
- To educate community volunteers about HIV/AIDS and home-based care
- To reach out to children on the streets and provide for their basic needs

Activities

- Visits to homes and hospitals
- Care for sick and orphans especially in homes and day care centre
- Provision of uniforms and school fees for double orphans
- Community school
- Feeding centre

Special Skills

Nurse, midwife, health educator diploma from Leeds Polytechnic

Target

Sick people, street children, orphans and women

Sisters of the Sacred Heart

Contact Person	Sr. Mary Costello, Regional Superior
Address	P O Box 35601, Lusaka
	Plot 108, Kabwata Site and Service
Telephone	(01) 238865
Fax:	(01) 235576

Goals and Objectives

- To support households in distress
- To promote behaviour change for HIV/AIDS prevention
- To identify, assess, and help towards intervention for children with special educational needs

Activities

- Home-based care for the chronically ill
- Pastoral care
- Care for orphans and widows
- Support for units for special education
- Professional training and capacity building courses

Special Skills

- Special education training (for deaf and learning disabled)
- Leadership training
- Training for capacity building

Target

Households in distress: chronically ill, orphans, widows, children with disabilities, youth

Support Orphan Foundation

Contact Person	Gertrude Chola, Director
Address	P O Box 40111, MUFULIRA
Telephone	(02) 412000/412666

Goals and Objectives

- To educate orphans about HIV/AIDS
- To assist orphans with their education
- To provide orphans with food and material assistance
- To provide counseling
- To empower orphans with skills to sustain themselves
- To trace orphans and return them to schools
- To care for and support orphans at home

Activities

- Enumeration
- Educational assistance
- Skills giving
- Home based care and support
- Food, material assistance
- Counseling
- School replacement

Special Skills

- Nursing
- Counselling
- Family health

Target

Orphans

Zambia Children Education Foundation (ZACEF)

Contact Person	Annie Sampa-Kamwendo, Chairperson
Address	P O Box 31852, Lusaka
	c/o Psychology Dept., UNZA, Great East Road Campus
Telephone	(01) 292008
Fax:	(01) 253952

Goals and Objectives

- To identify and address the problems facing children in schools through development of an outreach programme
- To cooperate with the government and other organisations working with and for the children, to uphold the rights of the child as contained in the UN Convention on the Rights of the Child, to which Zambia is a signatory
- To advocate for equal formal education opportunities for boys and girls through civic education
- To integrate the community especially the children's families into the programme development plan
- To formulate long-term strategies to mobilise resources so as to initiate and sustain various projects and programmes
- To promote and provide basic needs to vulnerable children
- To provide counseling

Activities

- Gathering both qualitative and quantitative data to determine the plight of children in various schools and communities
- Embracing locals into school committees that will be formed to create an enabling school environment for the children by identifying needy children, rendering help as may be necessary (material/finance/counseling) and initiating and managing locally sustainable projects aimed at improving the welfare of the children in those communities
- Overseeing all projects of all school committees
- Advancing research reports to the government and other relevant organisations involved in the formation of policies which will uphold the rights of the child
- Maintaining close contacts with both local and international organisations working for the welfare of the children

Special Skills

- Research
- Project management
- Counseling
- Child psychology
- Dealing with communities

Target

5- to 18-year-olds (especially school-going children)

Zambia Orphans and Widows Association (ZOWA)

Contact Person Rev. Kasoma Mwansa, Director
Address P O Box 73715, NDOLA
Room 909, Provident House
Telephone (02) 610433/5

Goals and Objectives

- To provide for the financial, material, psychological, social and physical needs of orphans and widows
- To provide education and skills training support and placement
- To encourage self-reliance and economic empowerment through income-generating projects
- To stimulate government, private and public interests to support ZOWA and to seek representation on any bodies concerned with the welfare of orphans and widows in Zambia
- To bring awareness to Zambian society about the rights of orphans and widows, which must be upheld in Zambia and abroad
- To carry out objective research into the problems of orphans and widows in Zambia
- To provide food and nutrition to needy orphans
- To provide access to medical services and hygiene

Activities

- Integration of orphans into primary and secondary schools
- Counseling and guidance with love to enhance normal development
- Food distribution to orphans and widows in the community centres
- Enlightenment of orphans and widows on the importance of rights
- Dialogue with government to improve laws that affect orphans and widows
- Stimulation of Social Welfare Ministry to pay for medical services for orphans and widows
- Daily involvement of orphans and widows in income-generating ventures to earn money
- Farming for food production and self-reliance
- Recreational activities

Target

Orphans and widows

Additional Institutions

The following is a list of additional institutions, which were not contacted for this study. Many of these are orphanages.

Malo Achikulupilio (Mother Theresa's Sisters)
Sister Snedheda
PO Box 320180, Lusaka
Mtendere
tel: 261-379

Harold's Apostolic Mission Church
Pastor Tembo
PO Box 90218, Luanshya

Makeni Ecumenical Center
Tracy Hamuluwa
Kalwelwe Settlement Village
PO Box 50255, Kabwe Rural
tel: 272-853
fax: 272-437

New Beginning Christian Orphanage
Pastor and Mrs. Malama
PO Box 34452, Lusaka
tel: 281-178
fax: 295-164

Union Medica Missionaria Italian (UMMI)
Dr. Nazario Bevilacqua
Mishikishi Mission Hospital
PO Box 250118, Ndola
tel:02-680-436
mpress@zamnet.zm

Orphans for Each Other
Sara Muyunda
c/o Diana Zulu
PO Box 31421, Lusaka

Childcare and Adoption Society--Ndola Branch
Mr. Kevin Shone, Chair
Sarah Longa, Child Care Officer
73 Chintu Ave.,, Kansenshi, Ndola
tel: 02-650-291/777
fax: 02-650-130

Christ Ministries
Mrs. Christine Vicky Mataka
Kaonga Residential Area
PO Box 670574, Mazabuka
631 Cha Cha Cha Rd
tel: 032-30142

Community Mission Way to Jesus
Rev Weluzani Jere Mission
Kafubu Bock Children's Home
Farm Nu 4172 Kafubu Dam West Farms
PO Box 90147/90138, Luanshya

The Children's Home
Hillwood Farm
PO Box 50
Ikelenge, Mwinilunga

St. Columba's Presbyterian Church
Rev. Robert Higgs
Addis Ababa Dr. And Nangwenya Rd.
PO Box 31004, Lusaka
cell: 70-30-39
tel: 253-547
fax: 231-120/224-170
stcol@zamnet.zm

Kwasha Mukwenu
St. Mary's Catholic Church
Matero, Lusaka

Family in Christ
PO Box 670186, Mazabuka
032-30719

Namianga
PO Box 620022, Kalomo

St. Martin's
PO Box 20394, Kitwe
tel: 02-222-619

Falconer Children Home
Ppo Box 140075
Kabulamena, Kabompo
(Northwestern Province

St. Kizito Catholic Mission
PO Box 82
Siavonga

Appendix 1: Organisations Interviewed

1. British High Commission
2. CIDA
3. The European Union (EU)
4. The Embassy of Finland
5. GTZ
6. Irish Aid
7. JICA
8. NORAD
9. SIDA
10. UNICEF
11. USAID
12. World Food Programme (WFP)
13. The World Bank
14. Africare, Zambia
15. Anglican Church: Lusaka Diocese
16. CARE
17. Chikankata Community Based Orphan Programme
18. Child Care and Adoption Society of Zambia
19. Children In Need (CHIN)
20. Christian Children's Fund
21. Christian Council of Zambia (CCZ)
22. Churches Medical Association of Zambia (CMAZ)
23. Evangelical Fellowship of Zambia (EFZ)
24. Fountain of Hope
25. Kabwata Orphanage & Transit Centre
26. Kara Counseling
27. Kasisi Home Orphanage
28. Kepa Zambia
29. Lutheran Church of Central Africa
30. MAPODE
31. Muslim Care Orphanage
32. National Women's Lobby Group
33. Ndola Diocese of Catholic Church
34. Ng'ombe Child & Family Helper Programme
35. Oxfam GB in Zambia
36. Plan International
37. Prevention Against Malnutrition (PAM)
38. Project Concern International (PCI)
39. Ray of Hope
40. Reformed Church in Zambia
41. Religious Institution Response
42. SEPO
43. SWAAZ
44. SAT
45. The Catholic Secretariat
46. World Vision International (WVI)
47. Zambia Community Schools Secretariat (ZCSS)
48. Zambia Open Community Schools (ZOCS)
49. Zambia Red Cross Society (ZRCS)
50. Office of the Vice President
51. MCDSS
52. Ministry of Education
53. MOH
54. MSYCD - Department of Child Affairs
55. Sustainable Lusaka Programme

Organisations Unsuccessfully Contacted

1. CBOH
2. CINDI, Family Health Trust
3. District O/VC Committee (Kitwe)
4. District O/VC Committee (Livingstone)
5. Home of Joy
6. Kara Counseling
7. Link Association for the Relief of Children (LARC)
8. Zambia Law and Development Commission
9. Danish Embassy
10. Netherlands Embassy

Appendix 2: Questionnaire

Situation Analysis of Orphans in Zambia
Response Analysis

Background of Organisation

1. Name of Organization
2. Physical Address of Organisation
3. Telephone/fax
4. Mailing Address
5. Status: NGO Private GRZ Donor Other
6. Name of person interviewed

Objectives/Strategy

7. In a few sentences how do you describe the essence of the work you do?
8. Objectives of organization (related to orphans)
9. General strategy of organization (related to orphans). What do you hope to achieve in your work

Organizational Structure?

10. How many staff members? How many working on orphan issues?
11. How is your staff organized?
12. What is the size of your annual budget?
13. How much of the budget is programmatic?
14. What are your primary fund sources?
15. How long have you existed?

Population

16. How does your organisation define orphans?
17. Why do you centre your work primarily around this definition?
18. Is there an age limit to an orphan?
19. Do you work with non-AIDS orphans?

1. How many orphans do you work with? Approximate percentage of orphans do you reach?

2. How many orphans in your catchment area are not assisted through your organization? Why? Are there other services through another organization available for these children?

Catchment Area

3. What is your catchment area(s)?

4. Primarily urban, peri-urban or rural?

5. Any unique attributes of catchment area?

Programme Intervention

6. What are the greatest needs of orphans?

7. What are the greatest needs of the caregivers of the orphans?

8. What activities, programme interventions does your organisation undertake to meet these needs?

9. What type of barriers do orphans face to go to school? How do you assist in this manner?

10. Do you provide material assistance to orphans to assist with food, clothing, school fees, health care? What are your experiences with this type of service?

11. What types of legal issues do you deal with regarding orphans? (Inheritance, abuse) How do you assist orphans to deal with these?

12. What types of programme activities do you do to help children cope with loss of parents, siblings, death, change in the lives etc.?

13. How does your programme assist children learn to financially support themselves?

14. Are orphans isolated (from other non-orphan children) in your project?

15. If there are no parental figures or relatives, how does the programme provide this need? (Orphanages)

16. How do you utilize the social structures within your catchment area? What has been the reaction of or the impact on the extended family system or the community in the assistance of orphans (Community involvement. Does programme enhance or undermine existing social structures and coping ability)

17. Do you use volunteers? In what capacity? Are they trained? How? What?

18. What type of training/support do you provide caregivers of orphans? (non-material (food/clothing for children) support, coping abilities to deal with additional burdens of more children)

19. Do you provide AIDS education and awareness to orphans and their care providers?

20. Do you liaise with other organizations providing similar services? What have your experiences been?

21. What type of national policies would aid your work with orphans? Are you working to help develop policies?

Sustainability/M&E

22. What type of monitoring and evaluation do you do? How often? Community involvement?

23. What limitation to your projects sustainability are there? How are you attempting to overcome them?

24. After your organisation leaves, what problems might the community encounter in your absence?

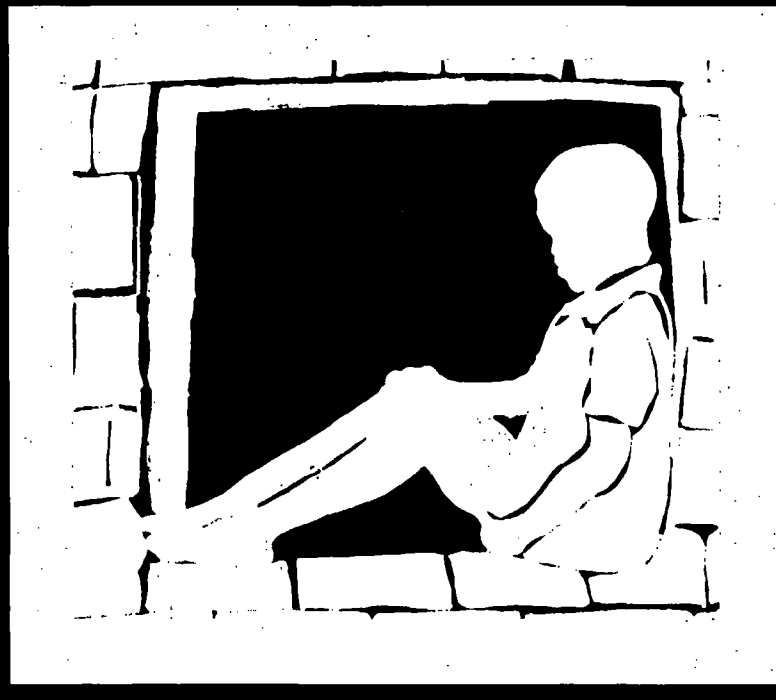
25. What major programmatic (non-monetary) obstacles have you overcome and how?

26. What do you feel are your organization's best practices or lessons learned?

Situation Analysis of Orphans and Vulnerable Children in Zambia 1999

Volume 5

COMMUNITY RESPONSE



Government of the Republic of Zambia

A QUALITATIVE ASSESSMENT OF COMMUNITY RESPONSE TO HIGH LEVELS OF ORPHANHOOD FROM 12 SITES IN ZAMBIA

Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

THE COMMUNITY RESPONSE

A Qualitative Assessment of Community Response to High Levels of Orphanhood from 12 Sites in Zambia

The Participatory Assessment Group

Joint USAID/UNICEF/SIDA/Study Fund Project

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1. INTRODUCTION

This study forms part of, and contributes to, the "Situation Analysis of Orphans in Zambia." Resources for this study were provided by UNICEF, USAID and SIDA and the GRZ Social Recovery Fund. This part of the study looks at the situation of orphans from the point of view of the communities and the orphans themselves. Understanding the perceptions of these will strengthen and improve strategies which aim to address the needs of communities dealing with orphans.

The objectives of the study were to:

a) "attempt to understand the perceptions of families and communities regarding the problems of supporting orphans;

b) investigate the coping and adaptive strategies employed by both rural and urban communities;

c) assess the perceptions of communities on the effectiveness of the assistance they receive; and

d) assess the community perceptions of solutions to the problems of orphans;

e) explore the impact of other issues such as descent and inheritance systems, gender of parents and orphans and migration on the problem of orphans."

1.1 Study Methods Used

Qualitative participatory research methods have been used because they capture best community perceptions and views. They allow communities and individuals to freely generate information and triangulate it without overdue solicitation from the researcher. At the same time, and as will be seen in the rest of this report, these methods generate statistical data which is often associated with quantitative surveys.

After the initial courtesy call and self introduction by the research team to the community leaders, the first Participatory Learning and Action (PLA) also referred to as PRA (Participatory Rapid/Rural Appraisal) tool used was the mapping exercise. 36 such exercises were done; 14 by groups of women, 12 by groups of men, 4 by groups of female youths, 3 by groups of male youths, one mixed group of youths and two mixed groups of adult women and men.

The 36 mapping exercises generated information on:

- incidence of households keeping orphans

- number of dependants in the households
- gender and age characteristics of heads of households which keep orphans
- wealth/poverty status of households keeping orphans; and
- identified key informants for further interviewing in semi-structured interviews (SSIs) and case studies.

The focus group discussions (FGDs), which followed each mapping exercise, generated further information on:

- relationship between the orphan(s) and the head of the household
- access to social services
- households' priorities and problems

A well-being/wealth ranking exercise then followed. This revealed the socio-economic or wealth/poverty status of households keeping orphans. The accompanying FGD probed further into the life of orphans and the difficulties they encounter in accessing services, especially if they are kept in poor households. More key informants were identified for further interviews and case studies.

Using pairwise ranking exercises the problems and concerns which had been identified in the above research exercises were now listed and ranked. A total of 36 pairwise ranking exercises were done in the course of fieldwork.

The 36 FGDs which followed pairwise ranking exercises and the three FGDs with key informants (teachers, social welfare officers and leaders of non-governmental organisations (NGOs) and community based organisations (CBOs)) which were not associated with PLA visual exercises did the following:

- identified coping and adaptive strategies which orphans, households keeping orphans and communities adopt in the face of the problems identified and ranked in previous PLA exercises;
- sought community perceptions on the strategies identified above; and
- solicited solutions to the problems

Institutional analyses were done in all the study communities. These identified institutions which support orphans and assessed community perceptions of solutions to the problems of orphans provided by these institutions.

121 case studies/SSIs were done with key informants who were identified in previous PLA exercises. The informants included:

- school heads and teachers
- social welfare workers
- health workers

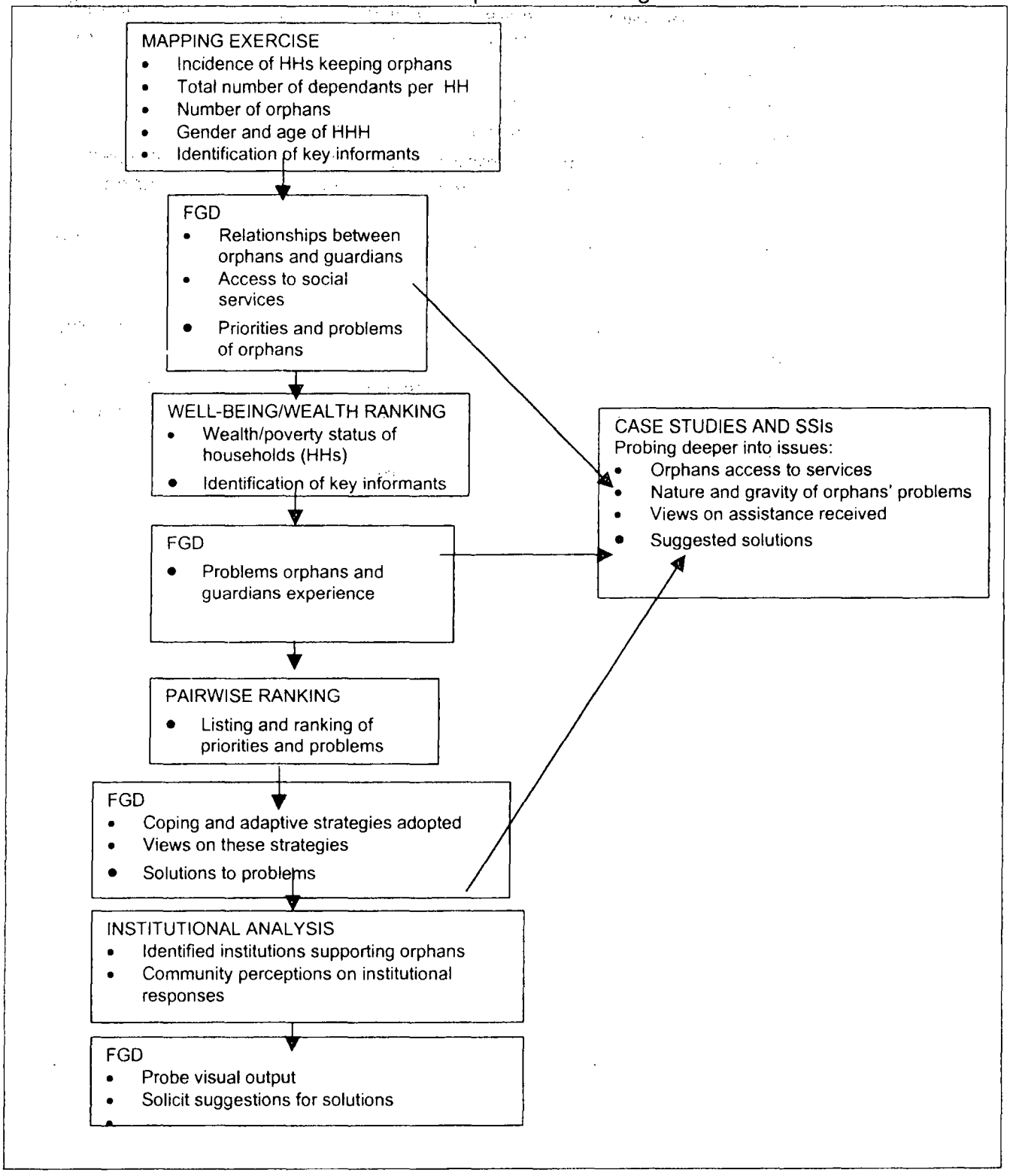
- community leaders (chiefs, village heads in rural areas and members of Residents Development Committees (RDCs) in urban areas)
- heads and/or representatives of churches, NGOs and Community Based Organisations (CBOs) assisting orphans in the various communities
- guardians of orphans (19 females and 6 males)
- orphans themselves (14 girls and 13 boys); and
- "on-lookers," i.e. ordinary community members who are not keeping any orphans. These are here referred to as non-orphan guardians.

The case studies and SSIs generated information on the actual lifestyles of the orphans, that is to say:

- orphans' access to food, shelter, health, clothing, education, sanitation, and so on;
- the way the different key informants (i.e. community leaders, social workers, teachers, orphans themselves, etc,) perceive the problems they face; and
- suggested solutions to orphans' problems.

BOX 1: RESEARCH FRAMEWORK

What has been described above is reproduced in diagram form below:



1.2 Research Sample

Twelve different communities, six rural and six urban have been studied.

While Zambia's rural population is slightly bigger than the urban one, data show that there are more orphans in urban areas than in the rural ones. The 50/50 allocation of the study communities was, therefore, deemed appropriate.

1.2.1 Urban Communities

The following urban communities were selected: two in Kitwe, i.e. Race Course and Mulenga compounds; Kiawama compound in Solwezi, Makululu in Kabwe, Matrilio compound in Kapiri Mposhi and Ntindi, Nakonde's big township. The criteria used in selecting these communities were the prevalence of very high poverty levels. It was decided to take two very poor communities from Kitwe, one of the three biggest cities of Zambia, two communities from provincial headquarters, i.e. Kabwe and Solwezi, and two from district headquarters, i.e. Kapiri Mposhi and Nakonde. The latter is also a border town.

1.2.2 Rural Communities

It was assumed that descent and inheritance systems may have an effect on the plight of the orphan. It was further thought that orphans in areas where there has been a large exodus of males will have different experiences than those where males have not abandoned their original homes. Polygamous homes are also expected to have different experiences of the orphan phenomenon from those of monogamous families. Based on these assumptions, the following six rural sites were selected:

- two from the patrilineal and polygamous Namwanga of Isoka in Northern Province where children (sons to be more exact) inherit from their father(s)

- two from the strong matrilineal monogamous systems of the Bemba and Lala. Besides being matrilineal, these groups have experienced large male migrations. These were Chinsali and Serenje

- two communities in southern Zambia, which has a very strong matrilineal inheritance system which is combined with high incidence of polygamy, Sinazongwe and Monze east were selected.

Table 1 identified the names of the communities studied and the districts and provinces these communities are located.

TABLE 1: STUDY COMMUNITIES THEIR RURAL/URBAN STATUS AND THE DISTRICTS AND PROVINCES THEY ARE LOCATED IN

COMMUNITY	RURAL/URBAN	DISTRICT	PROVINCE
Chewe	Rural	Chinsali	Northern
Chikuni	Rural	Monze	Southern
Chintankwa	Rural	Serenje	Central
Katongo	Rural	Isoka	Northern
Kiawama	Urban	Solwezi	North-Western
Makululu	Urban	Kabwe	Central
Matrilio	Urban	Kapiri Mposhi	Central
Mulenga	Urban	Kitwe	Copperbelt
Ntindi	Urban	Nakonde	Northern
Ntipo	Rural	Isoka	Northern
Race Course	Urban	Kitwe	Copperbelt
Sinazongwe	Rural	Sinazongwe	Southern

A total of 704 people (321 men and 383 women) participated in generating the data discussed in the following pages. While the majority of these people (608) participated in different focus group discussions (FGDs) 96 were interviewed singly; these provided case studies either as orphans (14 girls, 13 boys), orphans guardians (19 women, 6 men) non-orphan guardians i.e. ordinary community members (2 women, 10 men) or as other key informants (13 women and 19 men). Key informants consisted of school teachers, social welfare officers, and leaders of NGOs and Community Based Organisations (CBOs) and churches which assist orphans in the study communities.

There were a total of 39 FGDs, 16 consisting of adult women, 13 men 3 female youths, 3 male youths, one mixed group of youths and 3 groups of other key informants. The above information is reproduced in table form below. The figure in brackets represents the number of groups. Plus (+1) means a mixed group of males and females.

TABLE 2: NUMBER OF PEOPLE INTEVIEWED BY TYPE OF RESEARCH EXERCISE

FOCUS GROUPS/PLAs			CASE STUDIES/SSIs					TOTAL
	Adults	Youths	Key informants	Orphans	Guardians	Non-Guardians	Key Informants	
Female	181 (16)	45 (3+1)	9 (1)	14	19	2	13	383
Male	197 (13)	61 (3)	15 (2)	13	6	10	19	321
Total	478	106	24	27	25	12	32	704

NOTE: *Non-Orphan guardians are heads or co-heads of households which do not keep orphans.*

1.3 Research Team and Research Organisations

A team of ten researchers from the Participatory Assessment Group (PAG) undertook the qualitative study. The team met for 5 days in Kabwe to brief itself on the exercise. The briefing consisted of two days of theoretical work in which the purpose of the study and the research tools that were going to be used were thoroughly discussed. The team then divided itself into two and went out to do practical work in the field for another two days. On the fifth day the whole team reconvened to discuss its field experiences and to finalise the research instruments.

It was at this stage that the two sub-teams went out to conduct fieldwork.

1.4 Report Organisation

This report follows the sequence of research exercises done in the field. Thus the first section explores issues that were dealt in the mapping exercises, that is, numbers and location of orphans, the latter's relationships with household heads, and the latter's gender and wealth/poverty characteristics.

The following section deals with wealth/poverty status of households which keep orphans.

Coping strategies are discussed in the subsequent section. This is followed by a discussion of the institutions which render support to the orphans and stakeholders' perception of the assistance given by these institutions.

1.5 Who is an Orphan

Before drawing a social map, twelve female informants in Chintankwa, Serenje, discussed and agreed that an orphan is a "*mulanda*, i.e. a vulnerable or suffering child because he/she has no parents. Either one or both parents are dead."

"Orphans are here; this is due to one or both parents dying," a male respondent of Kabwe, Indeed, without consciously defining the concept orphan all the people talked to regarded a child who has lost either, or both, parents an orphan. The child who qualifies to be an orphan in respondents' eyes is one who is not yet able, because of tender age, to support her/himself economically.

The above is the concept or definitions of orphan adopted in this report.

2. FINDINGS

2.1 Characteristics of Households

In order to put into their proper context and fully grasp the main issues of this study, a brief discussion of the numbers of orphans and of households keeping them, the gender, age cohort and wealth/poverty characteristics and status of orphan guardians, the proportion of orphans to the total number of dependants whom guardians keep and the relationships between the orphans and their guardians is first made.

The 36 mapping exercises and the group discussions which followed them generated the data being discussed and analysed below. This means that the data on numbers of households (HHs) keeping orphans, wealth/poverty status of these HHs, gender and age characteristics of household heads (HHHs) keeping orphans and the relationships between orphans and their guardians were generated from the 535 households discussed in the 36 mapping exercises in twelve study sites, located in 10 different districts.

A social map drawn by 16 women in Chintankwa, Serenje, is reproduced below. It shows the following:

- Out of the 10 households (HHs), 4 are headed by women. 2 of these women are over 60 years of age. 2 of the 6 male heads of households (HHHs) are also over 60 years, the rest are below 45.

- There is an average of 5.4 dependants living in each of the female headed households and 7.1 in male headed households.

- There is an average of 8.7 dependants in households headed by people (male and female) aged 60 and above, and only 5.5 in housheolds headed by people below the age of 60.

- 6 of the 8 HHs (75%) keeping orphans belong to the category of the "inchushi" (those who suffer a lot or "bapina sana," the very poor).

- The 6 households keep a total of 13 orphans, the majority of whom (84.6%) go to school. The latter is located very short distances from the orphans' homes

- 3 of the 4 female headed households keep 8 of the 13 orphans (61.5%) found in the community.

The map reproduced below was drawn by a group of 12 women in Matrilio, Kapiri Mposhi:

The map shows 44 household units, 13 of these (29.5%) are headed by women. 2 of the 30 male heads of households are youths. 4 of the 13 female headed households are headed by youths. This makes a total of 6 child headed households.

11 of the 44 households i.e (25%) keep a total of 37 orphans. Households keeping orphans hardly keep other dependants. For out of the 44 dependants the 11 households (HHs) keep 33, (84.1%) are orphans. 6 of these households are child headed. These keep between 2 and 5 orphan siblings each. The 6 households keep a total of 21 orphans. This means 56.8 per cent, that is more than half of the orhans kept in Matrilio compound, are kept in child headed households.

3 of the 28 adult male headed households keep a total of 11 orphans while 2 of the 11 households headed by adult women keep 5 orphans. The orphans are the only dependants being kept by the child and the two female headed households.

Tables 3-6 reproduced below bring out similar information with regards all the 12 study communities. Where two communities were visited in one district (Kitwe and Isoka) the information from the two communities are aggregated together.

TABLE 3: GENDER AND AGE COHORT[1] CHARACTERISTICS OF HOUSEHOLDS STUDIED BY SITE

DISTRICT	HOUSEHOLDS							TOTALS	NO. OF ORPHANS	% OF HHs KEEPING ORPHANS
	DHH	FHH	SMHH	CHH	EHH					
					DHH	FHH	SMHH			
1. Chinsali (Rural)	24	11	0	0	7	5	0	47	36	40
2.Isoka (Rural)	63	21	3	0	4	8	0	99	137	34
3.Kabwe(Urban)	24	18	3	3	0	1	0	49	29	27
4.Kapiri-Mposhi (Urban)	20	10	2	6	1	0	0	44	61	36
5.Kitwe (Urban)	74	35	2	7	3	0	0	121	53	51
6. Monze (Rural)	27	20	0	1	11	4		63	139	78
7.Nakonde (Urban)	9	4	1	1	1	9	0	25	40	52
8.Serenje (Rural)	8	8	1	0	8	4	0	29	77	55
9.Sinazongwe (rural)	18	4	0	0	4	1	0	27	52	82
10.Solwezi (urban)	14	12	1	1	2	1	0	31	69	45
TOTAL	281	116	13	19	41	33	0	535	693	44

KEY:

DHH	-	Double Headed Household i.e. man and wife
FHH	-	Female Headed Household
SMHH	-	Single Male Headed Household
CHH	-	Child Headed Household
EHH	-	Elderly Headed Household
HH	-	Household
Mot	-	Mother
Fat	-	Father
Gran	-	Grand Parent
Sib	-	Sibling, i.e. brother or sister

Relevant Information from the Table

The 535 Households Surveyed

The information which was generated from the 36 mapping exercises which were drawn in the course of fieldwork covered a total of 535 households (HH), 322 (60.2%) of these were double parent headed households (DHH); 33.2% were headed by women, 22% of whom are aged 60 years and above. 19 of (3.6) of the HHs are headed by children and only 2.5% by single males.

[1] Three age cohorts are being considered here, namely, those below 19 years of age who constitute the CHHs, those who are 60 years old and above, the elderly headed households (EHHHs) and the rest, i.e. between 19-60 years old.

There are more single women headed HHs than those headed by men: 176 FHH compared to only 13 SMHH. In fact in places where polygamy is very prevalent like Sinazongwe and Monze, SMHH are almost non-existent.

Child headed households are predominantly an urban phenomenon. This is because the extended family is still strong enough in rural areas. Adults here take care of orphans left behind by their deceased relatives.

Out of the 535 households (HHs) discussed in the course of fieldwork, 235, i.e. 44 per cent, keep orphans. On average the incidence of households keeping orphans is higher in the two Southern Province districts of Monze (78%) and Sinazongwe (82%) than the rest of the study districts. Serenje comes third; in fact one of the two study sites in Serenje district was chosen precisely because a previous PAG study, i.e. Beneficiary Assessment V, observed that some of the villages in this district were inhabited almost exclusively by women, many of whom kept orphans.

The high incidence of orphans, especially half orphans, per HH in the two Southern Province Districts may be causally related to the equally high incidence of polygamy. Many spouses, especially males, die, living half orphans while many of their widows remarry as second or third wives and continue to keep their children from the first marriage.

The fact that incidences of households keeping orphans are relatively low in urban areas (27% in Kabwe, 36% in Kapiri, 52% in Kitwe and 56% in Nakonde) should not mask the very big numbers of orphans in these areas. Many of the urban children who lose one or both of their parents are taken to the rural areas by their relatives, so the present study found out. Thus respondents in the patrilineal communities of Isoka told the research team that they often "bring back to the village" from town children/orphans left by their deceased male relatives.

A total of 693 orphans, 325 girls and 368 boys, are being kept by the communities visited. This means that on average each sampled HH keeps about 1.3 orphans. Solwezi, Monze, Sinazongwe and Serenje have more orphans per HH than the other districts.

There are more boy - than girl - orphans to the proportion of 53 boys to 47 girls. This is a reversal of the overall population figures for Zambia which show more women that men.

The numbers of orphans indicated for each district is more of a function of the size of the research population in the district and less of the actual incidence of orphans.

Almost half (44.6%) of the households keeping orphans are double headed households, i.e. the orphans are kept in a full household which has a father and mother/husband and wife.

The second largest category of households keeping orphans is that headed by women below the age of 60 years. This type constitutes 31.5 per cent of all the households which keep orphans. The third category of households keeping orphans is that of household headed by elderly women (17.9%). This is followed by child headed households (4.4%) and lastly by single male headed households.

Wealth Status of Households Keeping Orphans

Three distinctive wealth/well-being categories of orphan guardians were identified by the respondents. These were;

I. *Bakankala, bavubide; i.e.* the rich "who are well off." These:
   - have plenty of food to eat
   - good houses with iron sheet roof
   - keep many goats and in some cases cattle;
   - manage to send their children to school
   - afford health costs for their HHs
   - hire the poor to work on their fields
   - have a lot of money

II. *bapina, balanda, basaukide* - (poor, suffering) These:
   - have some food to last them much of the year
   - live in properly built and thatched houses
   - keep some chickens and goats
   - make money by selling beer
   - send their children to school and clinic
   - own some farm implements, particularly the hoe
   - wear nice clothes
   - some keep orphans

III. "*Inchusi*", "*bapengele*" (who suffer a lot), "*bapina sana/bacete*" - the very poor
   - These eat one meal in a day at best, and sometimes go for days without food
   - They live in small poor houses
   - Own no livestock or farm implements
   - They go from house to house begging and borrowing
   - Cannot afford education and health costs
   - Many of them are widows and elderly
   - They keep orphans

Table 4 shows the number of households keeping orphans and their wealth/poverty status. This information was gotten from 5 of the 10 study districts only.

TABLE 4: PERCENTAGE OF HOUSEHOLDS KEEPING ORPHANS BY WEALTH/POVERTY STATUS IN 5 DISTRICTS

DISTRICT	WEALTH/POVERTY STATUS		
	VERY POOR	POOR	RICH
Chinsali	68.4	31.6	0.0
Monze	73.0	19.0	8.0
Nakonde	100.0	0.0	0.0
Serenje	50.0	43.8	6.2
Sinazongwe	81.5	19.8	3.7
TOTAL	74.5	20.6	4.9

It is clear from the table that the predominant majority of the households (74.5%) which keep orphans belong to the "very poor" category. This is to be expected given the fact that the largest category of heads of households which keep orphans are old grand parents (see table 6 below). Child headed households as well as the majority of the FHH also belong to this category

Orphans as Percentage of Dependants

Table 5 below shows the number of dependants and of orphans which the 535 sampled households keep. It also shows the percentage of orphans to the total number of dependants.

TABLE 5: NUMBERS AND PERCENTAGE OF ORPHANS TO TOTAL NUMBER OF DEPENDANTS KEPT BY THE 535 SAMPLED HHs

DISTRICT	NO. OF DEPENDANTS IN HH	NO. OF ORPHANS IN HH			% OF ORPHANS TO DEPENDANDS
		F	M	Total	
Chinsali	53	13	23	36	68
Isoka	298	66	71	137	46
Kabwe	57	21	8	29	51
Kapiri Mposhi	105	25	36	61	58
Kitwe	158	24	29	53	34
Monze	296	62	77	139	47
Nakonde	72	17	23	40	56
Serenje	171	43	34	77	45
Solwezi	144	22	36	52	36
Sinazongwe	158	32	37	69	44

TOTAL	1,439	325	368	693	48

The orphans being kept by the households constituted 48 per cent of the total number of dependants kept by the households. Dependants here refers to biological children of heads of HHs, the orphans and other young people HHs may be keeping. The high percentage of orphans being kept by household is partly explained by the fact that some households, particularly those headed by children and to an extent the FHHs keep no other dependants except orphans.

TABLE 6: RELATIONSHIPS BETWEEN ORPHANS AND THEIR GUARDIANS

DISTRICT	RELATIONSHIP				
	Mot	Fat	Gran	Uncle/Aunt	Sib
Chinsali	3	1	1	4	4
Isoka	6	1	15	2	0
Kapiri Mposhi	5	1	2	4	1
Kitwe	6	0		4	7
Nakonde	1	1	9	1	0
Serenje	5	1	4	1	0
Sinazongwe	3	1	3	3	1
TOTAL	24	6	59	19	13

The largest category of people who keep orphans, (48.8%) is that of grand parents, followed by mothers in the case of half orphans, (19.8%) then uncles, (15.7%), siblings of the orphans (mainly CHHs), (10.7%) and lastly single male parents (5%). Out of the 74 elderly people (60 years old and above) who keep orphans, 44.6 per cent are single old women, (55.4%) are old couples. No single old man was found to keep orphans.

2.2 Most Common Problems

A total of 36 pairwise rankings were done in the 12 study communities. These exercises listed, ranked and discussed 14 different problems. Some of these were mentioned and discussed at length by almost all the groups, others by only a few.

The 36 ranking exercises were done by groups of men, women and youths. Some of these kept orphans, others did not. Being poor communities, most of the problems are experienced by whole community, i.e. including non-orphans and non-orphan guardians. However, the question the various groups were asked was the problems faced when supporting orphans. The ranking exercises were complemented by personal testimonies and case studies with the orphans themselves, their guardians and staff from institutions which assist them.

Inadequate food, poor access to health care, and clothing and unaffordability of education were identified as priority problems in all the study sites. In depth interviews and case studies concurred with the ranking exercises and also revealed one problem which is peculiar to orphans, that is, exclusion, lack of love and discrimination.

Discrimination Against Orphans

"The feeling of being excluded is what really pains me most as an orphan" so said a Kitwe male orphan.

The issue appears and was described in several forms, namely:

- Worry and sadness orphans experience
- "misungile" the (unfavourable) manner orphans are kept
- absence of love on the part of orphan guardians
- outright discrimination

Discrimination against, or lack of love for, orphans is manifested in several ways:

- being sent (by guardians) to carry out unpleased chores
- little access to food, education, clothing and bedding
- orphans permanently worried

"Orphans lack parental love. As a result orphans are ever worried... an orphan child does not go to school, has no clothes, not even food. The child gets worried and may even fall sick," an FGD in Serenje.

A non orphan-guardian in Monze added:

"... orphans lack love and parental care. They are ridiculed. Their guardians say cruel things to them like 'how can you ask me for that?, Do you think I can dig your father from the grave to get it for you?' The informant continued: "how can you say such a thing to a child"

A pairwise ranking exercise done by 13 women of Ntipo village in Isoka district is here reproduced. The top-five and most frequently mentioned problems, namely; hunger/food, health, education, clothing and bedding, are listed, ranked and discussed.

These problems actually affect all the children, orphan and non-orphan, and indeed all the community members since exclusively poor communities were visited and studied. What is special about the orphans is the issue of lack of love, exclusion or discrimination which came out only in 11 of the 36 pairwise ranking exercises but was dealt with at great lengths in the one to one interviews and case studies with non-orphan guardians and the orphans themselves.

VISUAL 3: PAIRWISE RANKING OF PROBLEMS DONE BY 13 WOMEN OF NTIPO VILLAGE, ISOKA DISTRICT

PROBLEMS	EDUCATION	HOSPITAL	BEDDINGS	CLOTHING	HUNGER	SCORE	RANK
Hunger	Hunger	Hunger	Hunger	Hunger	X	4	1
Clothing	Education	Hospital	Bedding	X	X	0	5
Bedding	Education	Hospital	X	X	X	1	4
Hospital	Hospital	X	X	X	X	3	2
Education	X	X	X	X	X	2	3

The following is the discussion which accompanied the drawing:

Hunger and Education
"The biggest problem here is hunger. A child cannot go to school when he is hunger. Some children actually refuse to go to school when they are hungry."

Education and Clothing
"School is the bigger source of worry. Here children are allowed to go to school without proper uniforms. We are facing great problems in trying to educate our children."

Education and Bedding
"Education is more expensive. With bedding we can get by."

Education and Health
"Limited access to health facilities is regarded as a bigger problem than those related to education For when a child is ill at school, they are sent back home so that we can take them to the hospital. We, therefore, cannot send a child to school when it is ill."

Hospital and Hunger
"Hunger is the one!, even at the hopsital they require you to be full (to have eaten) before they can attend to you."

Hospital and Clothing
"Hospital is the bigger problem. Because one can go to the hopsital even if clad in rags."

Hospital and Bedding
"It is still the hospital. When you are ill you want to feel better and you will need medical attention. One can have no proper beddings and still get by."

Bedding and Hunger
"If we have eaten we can even share a rug with our children. But the primary thing is to have something down in the stomach."

Clothing and Bedding
"Blankets are expensive. At least with clothing one can even do a bit of piece works, get a bit of money and go and buy salaula (second hand clothing). But where can one get the money to buy blankets?"

Clothing and Hunger
"Hunger is more problematic. Because if I have clothes but I am hungry, I will sell the clothes so I can have something to eat".

The table below shows the number of times the 7 top priorities/problems were mentioned.

TABLE 7: NUMBER OF TIMES EACH PROBLEM WAS IDENTIFIED

HARDSHIP	Chinsali	Isoka	Kabwe	Kapiri Mposhi	Kitwe	Monze	Nakonde	Serenje	Sinazongwe	Solwezi	Total
1. Inadequate food	4	7	4	2	4	4	2	3	2	3	35
2. Health	3	6	4	2	5	3	2	3	2	3	33
3. Clothing	4	5	4	3	4	4	2	3	2	2	31
4. Educational costs	4	5	4	2	3	4	2	3	2	1	30
5. Bedding	2	3	2	-	3	3	1	1	2	2	19
6. Discrimination	1	2	1	-	2	2	1	2	-	-	11
7. Poor Shelter	-	1	1	1	3	-	-	-	-	-	7

SOURCE: Field data

Inadequate food, caused mainly by poor farming in rural areas and job losses in urban communities was identified in all but one of the 36 ranking exercises. Poor access to health, clothing, education, bedding and shelter as well as discrimination are the other major problems which were identitied.

2.3 Priorities

While table 7 above shows the number of times each of the 7 major problems were identified, table 8 below shows number of times each of these problems was ranked as number 1, 2, 3, and so on. This shows the perceived gravity of the various problems. The list in this table is enlarged in order to show two other problems which were rarely identified but which came up at the top of the list the very few times they were mentioned. These are water and money. Education which was ranked after clothing in terms of frequency of mention came up towards the top of the list, that is numbers 1 and 2 problem while poor clothing was mentioned more often but only as numbers 4 and 5.

TABLE 8: PROBLEMS IDENTIFIED AS PRIORITIES

PROBLEM	INDICATED AS NUMBERS					
	ONE	TWO	THREE	FOUR	FIVE	TOTAL
Inadequate food	21	7	6	1	-	35
Health	2	12	14	5	-	33
Education	3	10	12	3	2	30
Clothing	-	-	2	15	15	32
Water	4	1	-	-	-	5
Bedding	-	2	4	13	-	19
Discrimination	1	2	6	-	2	11
Money	2	2	-	-	-	4
Shelter	-	1	2	3	1	7

Inadequate food supply is identified as the biggest and most acute problem orphans and their guardians experience. Health and education were of equal importance. Water and money were also identified by some groups as problems numbers one or two. Lack of love and proper care for orphans, referred to as discrimination in this report, also scored fairly heavily in the first three columns indicating more severity than even lack of clothing and shelter.

More needs to be said on the issue here are referred to as discrimination. As stated earlier, most of the households in the study communities are poor and hence have problems in accessing food, shelter, clothing and health and educational services. In addition to this, orphans:

- do not have reliable guardians to provide them with even the very little that non-orphans often have access to. This came out most clearly in cases of FHHs keeping orphans;
- many orphans are kept by old and very poor people who cannot afford what ordinary households give their children; and lastly
- the very little that there is in the household is often not shared with the orphan. For example, the orphan may be sent to collect firewood; in

his absence the bit of food there is given out to the non-orphan children. A Kabwe male orphan summarised it in the following words:

> "We (orphans) do not mind not having enough food or clothing. After all everybody else is in this situation because of poverty. What we mind is being regarded different by the rest of the family," lamented a school dropout in Kabwe.

Rural/Urban Differences

No obvious differences were found between difficulties and problems rural and urban orphans and their guardians meet. The seven biggest problems have to do with the most basic needs of human life, regardless of whether one is in a rural or urban environment.

The following section deals with each of the four major problems identified by the communities as affecting orphans and reproduces the coping strategies people adopt with regards each problem.

Food

Description of the Problem

In the rural areas, the food problem is described as low production of maize, the staple food due to lack of fertilisers. The high costs of fertilisers make most of the orphan guardians fail to purchase it resulting into little food production to feed the growing family due to the keeping of orphans on top of their own children. As a result, there is hunger in most households which keep the orphans.

In the urban areas, the problem was described in terms of inability to purchase food due to the high costs.

> "My husband passed away in 1985, and I was left behind with 6 children. I do sell some charcoal at the market but the profit I make is just too little to enable me buy food which is too expensive to feed all these children," said a widow in Race Course, Kitwe.
>
> Commenting on the problems orphans experience, a Monze non-orphan guardian said;
> " ... People die from AIDS. Because of this many children have been left without care and support. Orphans have the following problems.
> Education...
> Food: Most young orphans suffer from malnutrition due to lack of food and many die due to lack of food and proper care"

Ill-treatment of orphans compounds their problems, especially those related to food. A female head of a household in Serenje gave testimony to this in the following words:

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

This type of story has been repeated many times in all the 10 study districts, sometimes compelling a tear of sorrow from the listening researcher.

Household and Community Coping Strategies

Reducing the number of meals per day is the most often adopted mechanism aimed at coping with inadequate food supplies.
"To survive, families are resorting to eating just one meal (the evening one) a day" a male non-orphan guardian in Kitwe.

Able bodied household members including orphans do piecework in order to raise money to buy food. This is particularly the case in urban areas where it was reported most.
"To meet their food requirements, usually most do piece work, such as bricklaying, digging toilets, carrying luggage between TAZARA and town and they receive K500 per load" (a Kapiri Mposhi informant).

In rural areas;
"...We work, fetch firewood, sell it and buy cassava," a female informant from Katongo, Isoka

Other coping strategies are:
"Selling cassava leaves, and firewood and also doing piece work in order to raise money to buy maize," a female informant of Ntipo, Isoka.

Her colleague in the FGD added:
"We buy small packets of mealie meal (maize flour) called 'pamela' (weighing about 1.5 kilogramme).

Education

Description of the Problem

As many as 30 different groups identified access to education as a major problem which orphans experience. Unaffordable school costs are what constitues the problem. Focus group discussions which followed mapping exercises, and in some cases the maps themselves indicated that many orphans do not go to school. The social map drawn in Sinazongwe and reproduced below, shows that as many as 18 orphans, i.e. 39.1 per cent out of the 46 orphans found in the study community did not attend school. The FGD which followed the mapping exercise revealed that only 9 per cent of the non-orphans did not attend school.

The following are verbatim translations of statements made by orphans and orphan guardians on the issue:

The major problem is the demand by schools of things like cement especially for grade ones. Apart from money (K500) schools demand a packet of cement from each child at enrolment. This commodity is costly, therefore, as a measure we do not enrol them," complained one man with another additing that the situation applies to even non-orphan children, FGD with 10 Kapiri Mposhi men.

"My name is Gloria. I am 15 years old. We are six in the family. The first born is 20 years old, she is female and stopped school in grade 12, the second is a boy aged 17, he too stopped school in Grade 7, the third is myself. I stopped school in grade 6. After me is my young brother aged 12; he too does not go to school anymore, he stopped school in grade 5 recently because of lack of money. Then the last two girls one is aged 11 and is in grade 3 and last but not least is a grade 1 girl child. The last two girls do go to school with great suffering. My father passed away in 1995, when he was alive, we all used to go to school," an Isoka girl orphan.

The following is the testimony of a 70 years old guardian of four (4) orphans.
"I am looking after four orphans who are my grand children. Their parents died four years ago. The eldest is only 15 years. Their mother was never married but had these children. She was sick for a long time until she died.Ever since these children were brought to me, I have been suffering. As you can see I am too old to look after them properly. I cannot cultivate, I have only a small farming space and the food does not last the whole year.

"Only two of these children attend school and to get school fees I go through thick and thin. I sell roasted groundnuts for K50 a plate till I rise the money. I struggle to buy soap for them as well, anyway mostly we do not use soap."

Discrimination against orphans also takes place in the area of education.

A male head of a household which does not keep orphans had this to say on the subject:

"It would be wrong for me to conclude that those orphans staying with uncles, brothers etc., fail to meet their educational requirement due to segregation within the homestead by their surviving relatives. However, the disparity that exists between the orphans and other children born of the guardian suggests this. It is common for children of the surviving guardian to meet all school requirement whilst the orphan fails," a Sinazongwe informant.

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

Educating orphans is regarded very highly:

Education is the most important service one can offer to the orphan because if you educate one you have wiped out all his/her problems for the rest of his/her life" a Chinsali informant.

Coping Strategies

Dropping out of school altogether. This is the most often adopted course of action.

"We teachers often find time to talk to some of the children who appear to be very quiet in class. When you dig deep, you find that the child is being affected by many problems. The child would explain that the up-keeping at home is not alright. They would say that if they make a small mistake they are shouted at or even beaten.

"Sometimes they are not even given any food. The end result of all the above is poor school performance of most orphans and those coming from poor families. And if they fail only once, then that is the end of their school career," a teacher in Isoka

Another strategy is to:
"sell the little that we grow in order to educate some of the children, not all of them because it is expensive. Sometimes we just tell them to stop school," a Kitwe female respondent.

Echoing these sentiments a Chinsali orphan gave her own story:
"My name is Lucy, I am 17 years old. My father died a long time ago. My mother died in 1996. We are six sisters, I am staying with my grand-mother. The problem I face as an orphan is lack of sponsorship. Look, this is holidy time and I have not managed to sell anything to raise my school fees." A Chinsali female orphan.

Health

Description of the Problem

The majority of the orphans and their guardians cannot afford to access health services because of the latter's high costs. This was the major issue for which as many as 33 different groups of informants identified health as a problem and 2 groups ranked it as problem number one while 12 groups ranked it second. This is despite the very clear government policy on exempting those who cannot genuinely pay for health costs in government health facilities. Distance to health centres was also reported to be a problem, especially in rural areas.

Semi-structured interviews and case studies confirmed this.

A Solwezi young man, head of the household had this to say;

My name is Edgar. I am 23 years old.... I am keeping my three young brothers,... Our mother died in August 1993; dad died in July 1994.

They are a lot of problems we face as orphans...,The other problem is medical fees. If any one of us falls sick I find it difficult to do anything because by that time I may have no money. It is a very big problem keeping your friend (brother) at home while he is ill .You can't take him to the hospital because you don't have money to pay for his medical scheme and for the prescribed medicine".

Coping Strategies

Four different coping strategies were mentioned, namely;

i) Traditional medicine and healers

"The clinic is another problem orphans face. To find a bicycle to take a sick child to the clinic is a very big problem. Orphans suffer a lot, they end up drinking bitter traditional medicine because they lack love. People who keep them would rather provide traditional medicine to an orphan child than taking him to the clinic," case study with a non-orphan guardian in Serenje.

A Kapiri Mposhi informant said:

"In some cases we go to traditional healers because they can treat you or the orphan first (i.e. befoe you pay) and then ask you to work for them you have no money to pay."

"When I have stomach problems my grand father plucks leaves of that tree (pointing at a big tree near the house), he boils them and gives me to drink. When I drink this medicine I feel much better,: an Isoka school going orphan...

ii) Buying medicines from grocery shops

"Most people cannot afford health services at the clinic. Usually orphans rely on buying chloroquine and panadol from shop," a Kapiri Mposhi male.

Expiry dates and correct dosages of drugs bought from grocery shops are generally not known and taken into account when taking such medicines. This jeopardises the healing process and the whole health status of patients (researchers' view).

iii) Just do nothing when ill

"Many orphans and their guardians do not do anything when ill. "They just wait for God to act," i.e. just wait for death or indeed healing, so stated an Isoka resident.

iv) Borrowing money from neighbours and relatives

"When a child is sick, we normally borrow money from our friends to ensure that we go to the hospital, otherwise the child would die said one old lady in Nakonde ... but sometimes there is no where to borrow and so we don't even go there," argued another.

Clothing and School Uniforms

Description of the Problem

The problem of clothing characterised mainly by having 'few' dirty and/or tattered clothes was not perceived as big a major problem as food or health by orphans, their guardians, and other participants. Table 8 indicates that in most cases during the ranking exercises it was either ranked fourth or fifth.

The problem of school uniforms was more severe in urban than in rural areas. Consequently more orphans drop out of school in these schools. In most rural schools pupils attend classes without school uniforms. A head teacher at Singonya Middle Basic School, Chikuni, confirmed this adding that as a school they feared that most pupils would drop out if wearing of uniforms was enforced.

The following is a testimony from a Monze district boy orphan. It touches on other aspects of education as well.

> "My father passed away in 1991. Between that time and 1997 I was staying with my mother before she left for her village in Mumbwa. I now stay with my elder brother who is married with three children.
>
> I am in grade 8 at Chikuni and receive education assistance such as books and fees for the Catholic Priests. My brother has no income and therefore cannot meet the whole cost of two of his school going children and mine.
>
> The major problem I face is that of uniforms and school shoes. As I am talking I have no shoes and usually borrow canvas from friends to attend classes although they sometimes don't allow me to use them."
>
> "If someone is in a position to assist us let them give us some clothing," implored Yvonne, a 16 year old orphan of Kitwe.

Coping Strategies

The proliferation of dealers in second hand clothes (salaula) has easied the burden of clothing. An FGD by 13 women in Isoka compared bedding and clothing and noted that blankets were more expensive than clothes. Second hand inexpensive clothes are readily available in the area.

Other the strategies adopted to mitigate the problem of clothing are:

- Wearing the same, often tattered, clothes over and over. The orphans who can access soap, wash the clothes every so often
- Orphan guardians and their children donating old clothes to orphans; and
- Exchange of food items with clothes

3. SOLUTIONS TO PROBLEMS

3.1 Households and Communities' own Solutions

The following solutions were proposed by different research groups and individuals on the various problems which they experience:

Inadequate Food Supplies

Rural areas

- Improve agricultural production – This was seen mainly in terms of making fertilisers more accessible. Others shifted back to the Slush and Burn system of cultivation (chitemene).

Urban areas

- Creation of more employment opportunities
- Making credit accessible to intending small scale entrepreneurs
- Establish income generating activities, especially farming ventures near urban centres

Access to Health and Education

- Employment generation to enable people to participate in the cost sharing schemes
- Improve agricultural production for the same reason
- Strict adherence to regulations which exempt the very poor to pay medical fees
- Skills training to the orphans to enable them generate their own income.

Clothing

Revamping the economy, in particular the agricultural sector.

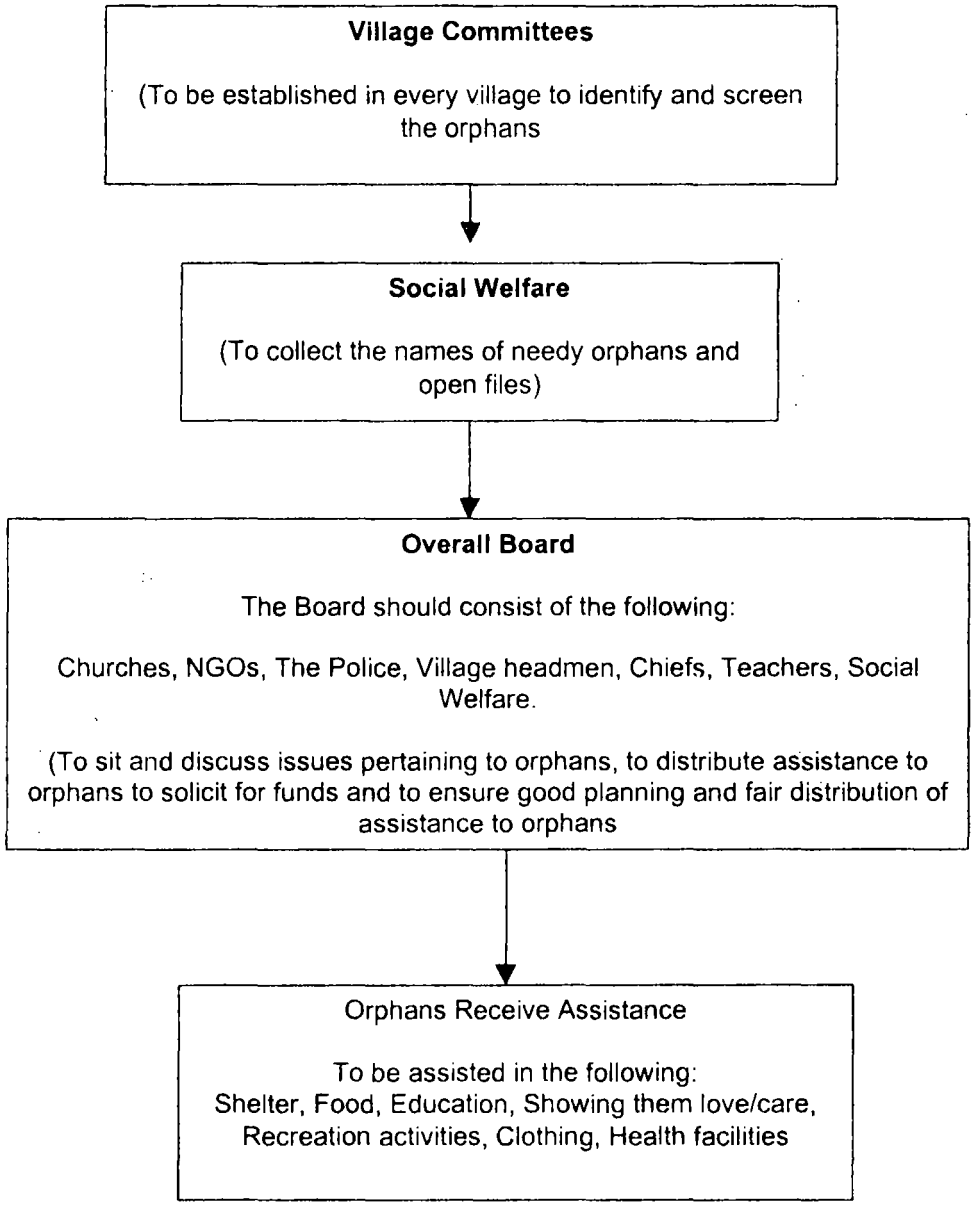
Shelter

Same as in clothing above. Skills training was also suggested by a group of 10 men of Matrilio in Kapiri Mposhi.

The 10-man group in Kapiri Mposhi above drew the table reproduced below in which they suggest solutions to various problems.

PROBLEM	SOLUTIONS	
	COMMUNITY LEVEL	HOUSEHOLD LEVEL
Food	Employment: creation of employment opportunities to enable household heads earn an income	Employment: Creation of employment opportunities to enable household access incomes to be able to buy food
Health	Clinic: construction of a clinic as opposed to a district hospital now present. A clinic would be more affordable than the district hospital	Employment: Once in employment, family members would easily afford the cost of health services at the clinic
Shelter	Creation of orphanages to house orphans aged between 1 and 16 years. Once there, they would be taught classroom lessons and life skills to enable them live a decent life once they 'graduate	-
Dressing	-	-
School	Through orphanages they would learn basic education to enable them become literate.	

A focus group discussion of teachers at Chinsali Day Basic School proposed the formation of Transition Houses for the needy in which the orphans would receive special care and attention. The organisation would look as follows:



Funding

The funds to accomplish this goal should come from:

1. Constitutuency Development Fund. The MP should give part of the money to the orphanhood programme and he/she should be monitored by the Board.

2. Other funds to come from well-wishers

3. Money deducted towards PAYE at least 2 months per year should cater for the orphan problem.

3.2 Institution which Assist Orphans and Community Perceptions of the Assistance Rendered

19 different institutions were known by the respondents to be working among orphans in the 10 districts. The majority of these institutions (14) operate in only one district each while World Vision International and the government department of Social Welfare were reported in three districts each and the Catholic Church in 8 districts. The Residents Development Committee (RDC) and Member of Parliament (MP) were reported in two districts each These institutions provide such basic requirements as food, shelter, clothing and assist with meeting health and school costs.

Except for ATECO in Kabwe and a women's club in Kapiri Mposhi which are really local community based organisations, the rest are Lusaka based; indeed some have their headquarters outside Zambia.

There are relatively few institutions which assist communities with regards the orphan problem in the 12 study sites. A 1996 study entitled **Identification of the Most Vulnerable** identified 30 different institutions which were assisting vulnerable people in only 10 sutdy sites. A more recent study, July 1999, entitled **Consultations With the Poor** found as many as 42 different institutions assisting the poor in 12 different study locations. The relatively fewer institutions identified in this study is largely due to the smaller focus of the study. The present study is focusing only on orphans while the previous ones looked at all the poor and all the vulnerable groups which included many more categories than just the orphans.

Table 9 below lists these organisations together with the districts they are working in.

TABLE 9: THE 19 INSTITUTIONS ASSISTING ORPHANS IN THE STUDY SITES

INSTITUTION	CHINSALI	ISOKA	KABE	KAPIRI	KITE	MONZE	NAKONDE	SERENJE	SOLEZI	SINAZONGE
1. ATECO			√							
2.Catholic Church	√	√	√	√	√	√			√	√
3. CINDI						√				
4.Councillor				√						
5. Hope Foundation				√						
6. Homecraft Centre					√					
7. FAWEZA				√						
8. Lobby Group				√						
9. Member of Parliament			√	√						
10. Orphan Vulnerable Children					√					
11. PUSH				√						
12 .Resident Development Committee				√	√					
13. Social Welfare	√	√					√			
14. Tasinta				√						
15. World Vision International		√				√				√
16. Women's Club				√						
17. United Church of Zambia	√									
18. Zambia People Living with AIDS				√						
19. Mindolo					√					

Kapiri Mposhi has the biggest number of organisations working with orphans.

Community Perceptions of the Support given by the Institutions

The institutional ranking matrix reproduced below shows community perceptions of the various institutions and their effectiveness in Kapiri Mposhi. The figures given are not scores but rankings. This means that the smaller the figure the more valued the institution is with regards the special aspect being discussed. Thus the Resident Development Committee (RDC) was given a "1" on both effectiveness and trust because the community trusted it most and thought it was the most effective. However, having no financial resources it was ranked 3rd in terms of support.

KAPIRI MPOSHI, MATRILIO COMPOUND, INSTITUTIONAL ANALYSIS

RANKING THE CRITERIA			
INSTITUTION	**SUPPORT**	**EFFECTIVENESS**	**TRUST**
1. Member of Parliament	4	3	-
2.Councillor	5	4	-
3. Buchushi Women's Club	-	-	2
4. FAWEZA	-	-	-
5. Hope Foundation	1	2	3
6. Tasinta	2	-	4
7. RDC	3	1	1

The following are the explanations of the ranking exercise:

On Support

- In the Matrilio community the Hope Foundation is ranked as number one on support. It was said to have assisted the people in Kapiri Mposhi because it has adopted the maternity ward of the health centre and even donated napkins to the orphans born in this clinic.

- "The institution that follows is Tasinta. It has supported the community by offering skills to orphans who tend to become prostitutes by teaching them how to sew and bake though we have only one machine."

- RDC is ranked third on support. This has done quiet a lot being the organisation which deals with the community. It has supported the community and orphans because they are directly involved and orphans guardians mostly go to the chairman to ask for food to feed the orphans.

- The Member of Parliament (MP) and Councillor came last when ranking because "ever since they were elected they have not shown up, yet they had promised to support the community and orphans."

- The Buchushi women's club and FAWEZA have not done anything in terms of supporting the orphans.

On Effectiveness (i.e. assistance given is reasonable (big) and appreciated).

- "The RDC is number one where effectiveness is concerned because they are based within the community and whenever orphans and widows need something they surely go there fast."

- Tasinta[2] also is effective because it has shown up and assisted at our clinic.

- The MP and councillor have no effect on orphans and widows.

- Buchushi women's club, FAWEZA[3] and Tasinta have done nothing. We have not seen their effectiveness yet.

On Trust

- "The RDC is ranked number one on trust because we really trust them. They see how orphans and orphan guardians suffer. So whatever the RDC says we know it is true, we really trust them. They have organised the whole community by cleaning the roads, the surroundings and even the toilets."

- "We trust Buchushi women's club also because we surely see for ourselves what is happening, we cannot rely on people who stay away and cannot see what problems the community is facing."

- "Hope Foundation and Tasinta are trusted also because they have done one or two things for our community."

- "The MP, Councillor and FAWEZA have not done anything so we do not trust them at all."

- "The Hope Foundation, RDC, Tasinta and Buchushi women's club are the only institutions which are known to have done one or two things in Matrilio compound; they also assist orphans."

The institutional analysis reproduced below was drawn by a group of men in Katongo village, Isoka.

VISION 4: INSTITUTIONAL ANALYSIS FOR KATONGO VILLAGE, ISOKA – Done by a group of men

INSTITUTION	FOOD	OPENNESS	CLOTHING	DISCRIMINATION	PARTICIPATION
Social Welfare	0/10	3/10	3/10	3/10	0/10
Churches (Catholic)	5/10	10/10	10/10	0/10	10/10
World Vision International	0/10	0/10	0/10	9/10	0/10

[2] Tasinta literally means "we have changed," i.e. changed our ways of life, i.e. stopped being prostitutes.

[3] FAWEZA means forum for African Women Educationlists, Zambia Chapter

In term of providing food, the Catholic Church, through its Home Based Care, was ranked highest. The other two organisations, namely, World Vision International (WVI) and the department of Social Welfare were not seen as providing food to orphans. This was confirmed by two other ranking exercises. Besides food the Church also provides clothing to the orphans. Here, it was given a full 10 marks. The other two organisations scored little in this regard. In terms of approach, the group of men thought that the said church was open and allowed the community to participate in its orphan related activities. The others do not. Instead they discriminate and assist their friends and relatives only.

> "As for the Catholics they are more open because they even go to schools and villages to see and find the vulnerable," said another group of youths.

The view by the male analysts of Katongo that Social Welfare and World Vision do not provide food to orphans was shared by other respondents in other districts including the Social Welfare officials themselves and the programme manager at World Vision International in Sinazongwe.

"The assistance we give towards education is dependent on the child's commitment to learning. At primary school we provide all the basics such as school uniforms and fees. At secondary level we prioritise and provide what would enable a child to learn. However, demand for assistance is never fully responded to due to limited resources," stated the Social Welfare officer (SWO) of Sinazongwe district. The department of Social Welfare also provides food to orphans through its Public Welfare Assistance Scheme (PWAS). Much of this assistance is not being targeted at orphans.

As opposed to Social Welfare, World Vision International (WVI) aims at empowering the children and guardians economically. The following quote from the Sinazongwe WVI programme manager spells out current thinking and direction of the organisation.

> "WVI offers spiritual and physical support such as erection of infrastructures for pupils to learn in (school). We also provide boreholes to ensure that clean water is consumed by the community. In addition, we give out clothing such as uniforms to school going children. However, I do not favour this idea of providing items to children as it removes power from the guardians. In likemanner, giving food is not a good solution although it is done. In my view, the best solution is to empower them economically, taking into consideration the available resources such as land and the lake which the district has. By so doing, they will be able to provide their own food. For example instead of giving them a bag of mealie meal you provide more inputs to enable them produce food to sustain themselves. Another way is to provide them with facilities to let them use the water for fishing or irrigation. This in my view has a long lasting positive effect. We in WVI are considering assisting the community in this direction by providing it with resources to make them stand on their own," Programme Manager, WVI, Sinazongwe.

A focus group of 16 women in Sinazongwe identified and assessed the support the following institutions provide to orphans: Department of Social Welfare, World Vision International (WVI), World Food Programme (WFP) and the Programme Against Malnutrition (PAM). Both PAM and WFP provide food to households which keep orphans. WVI provides assistance in purchasing uniforms and paying school fees; it proides shoes, blankets, soya beans and cooking oil. WVI also gives grants to build shelter for orphans.

The visual below ranks group's perception of the amount of support the four institutions provide. The higher the score the more appreciated the assistance given and vice versa.

VISUAL 5: SCORING AND RANKING OF THE SUPPORT GIVEN TO ORPHANS BY FOUR INSTITUTIONS WORKING IN CHIEF SINAZONGWE'S AREA, done by 16 women

INSTITUTION	SCORE	RANK
2. World Vision	6	1
3. Department of Social Welfare	3	3
4. World Food Programme	4	2
5. PAM	2	4

WVI was ranked first because it helps orphans and indeed everybody else in the community. It provides a wide range of assistance than the other three institutions.

"The Department of Social Welfare is number 3 because they refuse to register orphans who need assistance. Even though WFP is no longer helping us, we place them above Social Welfare (i.e. No. 2) because their previous assistance was greater than that of Social Welfare. Pam is no longe rhelping; this is why they come last."

A focus group discussion of 10 women at Sinazongwe Basic School compared World Vision with Social Welfare and felt that the former was doing a more commendable job of assisting orphans than the latter. "World Vision International sponsors a child completely, that is, provides school fees while other requirements such as clothes, health costs are also met. Social Welfare also assists but concentrates on the aged, and not orphans," observed one participant.

The Catholic church renders various types of assistance to the orphans such as food, recreation, education, etc. For example a drop-in-centre has been established at Solwezi Parish where orphans are given 'basic' education and lunch. At Chikuni Hospital in Monze district, the church works in collaboration

with Children in Distress (CINDI) in assisting the orphans from surrounding villages with school requirements and food (Also see Case study No. 5 below).

The following were the comments of a head teacher at one primary school in Monze regarding the help pupils receive from CINDI and initiated by the Catholic Church.

> "The 63 orphans that the school still has,have not dropped out of school due to the help they receive from the CINDI programme. 15 of the orphans (grade 7, a class of 41 pupils) had their examination fees of K6,400 each paid by CINDI. For classes between Grade 1 and 6 CINDI has paid the school fees of K1,500 per pupil on behalf of 40 orphans. However, other user fees of K2,000 have not yet been paid by these pupils. As a school, we have not been strict on uniforms for fear that many would leave school. Further, we give them sufficient time to source money for the same reason," Head teacher, Singonya Middle Basic School.

The major problem faced by these institutions has been failure to meet the ever increasing demand by orphans for assistance. For example, funding by government of the Social Welfare department has been irregular and inadequate. Besides there is the absence of transport in some districts.

> "Funding from the government is scanty. We are supposed to receive an allocation of K1.9 million, but we rarely get this at once. As a consequence we are unable to fully support all categories of the needy at once." Social Welfare Officer, Sinazongwe.

3.3 Other Views on the Assistance given to Orphans by Institutions

- Adequacy of assistance

In view of the inadequate financial resources at the disposal of the various institutions supporting orphans the assistance given is generally insufficient.

Thus the department of Social Welfare in Isoka was said to assist orphans with their education but only for one or two school terms, what about the rest of the school life? NGOs, churches and CBOs are doing a very commendable job which regrettably only reaches a few people.

In several case studies, several informants expressed ignorance of institutions helping orphans in communities although these Such institutions were identified and ranked by FGDs. This shows that the assistance does not reach everyone.

- Mode of rendering assistance

The idea of institutions isolating orphans from the rest of the families in which they live was heavily criticised. This tends to improve the quality of life of the orphans while that of the rest of the family's dependants remain the same. In turn this contributes to the deep sense of isolation and exclusion on the part of the orphans. Some informants pointed out that this only adds to the psychological problems and torment of exclusion which orphans experience. For by being enabled to go to school, health centre or to access good clothing, the orphan is made very conspicuously different from the other children of the household.

Selection criteria and procedures of recipients of this assistance was discussed at some length. Some institutions, especially the churches were recommended for involving communities in the process. Others were condemned for the discrimination they exhibit in favour of their relatives and friends.

Below are brief discussions on some institutions which provide assistance to orphans.

1. ATECO, Kabwe

ATECO is a Non-Governmental Organisation (NGO) based some 14 kilometres south of Kabwe town. Its vision and goals are to educate, accommodate, feed, clothe and provide pastoral services to vulnerable children; including orphans. While it is not run by any particular church, it is based on deep christian principles, namely; the desire to see the many helpless children recover "the image of God."

The NGO is funded by Kabwe farming community, local business people and politicians and well-wishers from abroad.

ATECO estimates that out of the 75,000 people in Kabwe town, 35,000 (46.7%) are children. Out of this number 15,000 (42.8%) are orphans. The magnitude of the orphan problem in Kabwe is seen from the fact that 250 (67.5%) of the children at Makula Open School in Makululu (Kabwe's study site) are orphans.

It is these children that ATECO attempts to assit. It is currently keeping 26 orphans and street kids, i.e. 17 boys and 9 girls. ATECO provides food, accommodation, clothing and education to these children.

The biggest problem ATECO faces is "absence of reliable sources of funding" (donations). Thus it needs to recruit and train one school principal (head) and three teachers in order to provide quality services to the orphans. This requires some US $540 and they do not have it. It has received some donation from Barclays Bank, Kabwe branch, which they have used to settle electricity bills. Bigger sums of money (US $2,800) have come in from benefactors abroad which have enabled the institution to pay rentals and purchase learning materials. Times of Zambia provides the centre with two newspapers a day. Local businessmen and politicians have pledged some sums of money.

While ATECO greatly appreciates all the above donations and pledges, they prefer to have a situation whereby the orphans themselves will be productive and cater for their own needs. Following this line of thought, and with some external assistance ATECO has started to cultivate a small field of 5 acres of maize.

> "Sustainable schemes are far better than clothing and food handouts... Wherever possible these, including money handouts, should be discouraged", an ATECO senior worker.

2. Association of Widows and Orphans (AWO), Kapiri Mposhi

Background

Some Kapiri Mposhi local residents noted that dozens of very needy destitutes were going to their local church asking for assistance in terms of food, clothing, shelter and so on. The church was unable to assist them because they were too many.

Among those looking for assistance were orphans and widows.

> "What pained us most were the young (female) orphans who had turned into sexual workers so as to feed themselves." AWO spokesman.

A Kapiri Mposi resident went further and talked to some of the female orphans who told them:

> "Our guardians send us out to make money through prostitution," same source. .

As if this was not enough;

> "Because she cannot manage to feed children, the widow too ends up in prostitution.

It was these facts which led a few individuals to try to do something about the situation. They first went to the local parish priest to share and get ideas. They contacted several other individuals and organised themselves into an NGO.

Once formed the NGO went back to meet the orphans and widows who operate at night and talk to them in order to get a better picture of their (orphans and widows) situation.

The NGO has come up with the idea of obtaining a piece of land on which to settle the affected destitutes where they will be able to raise their livelihoods. It is now fund raising to enable it to start a farming venture, both crop and livestock production. The Constituency Development Fund, donations from well-wishers and other fund raising activities have been identified as the main sources of the funding.

The NGO once it starts to function, it is hoped, will assist several widows and orphans to live a 'normal' life from proceeds of the proposed farm.

3. Mindolo Ecumenical Foundation

Among the many activities the foundation is carrying out is the hardly heard of skills training of destitute children most of whom are either orphans or street kids or both. Several such destitutes have formed a group after they had received some training in carpentry at Mindolo. They make furniture which they sell along the Kitwe – Chingola road, just opposite the road leading into Mindolo. Their furniture is deemed to be of such a good quality that Supreme Furnishers has approached them with a proposal to be buying from them. Fearing that they might lose out in the Supreme Furnisher deal, the youths have rejected the offer preferring to do their own selling.

The impact of their involvement in the training they received has been tremendous and positive on the former destitutes. One exclaimed:

> "I am now able to keep and feed my older brother who is a university graduate. All he knows is to speak and write English. He cannot earn a living?"

The above comment from a former destitute of Race Course compound is a testimoney of how much value is attached to the carpentry skills training received from the Mindolo Ecumenical Foundation. Several such young people are now able to lead a decent life as opposed from the type of life they used to live as street kids.

4. Ntindi Church in Nakonde

The following is a statement by a church pastor in Nakonde which spells out what a local church is doing regarding the problem of orphans.

"I am a Zambian and a Namwanga by tribe. My parents stay in Mbeya (Tanzania) where my father is also serving as a reverend. I came here in Nakonde in 1995 after completing my course as a pastor. I was born here in Nakonde and I stayed here up to 1980 when my father was transferred to Mbeya. When I finished my high school, I went to a religious college because I wanted to become a pastor.

Since 1995 when I came back to Nakonde, cases of AIDS have been going up and a lot of people are dying. Just at my church, we have got funerals every week. The end result of these funerals is that a lot of orphans are being left behind.

a) We publicly announce in church every Sunday appealing to well-wishers to donate anything they fell could be of any help to the orphans. And the response has been very good; people are donating food-stuffs, clothes and even money which we are giving to the orphans. We have a list of orphans in our church whom we are trying to assist.

b) From the harvest of the church field we have got some money with which to help the very poor and the orphans. Last school term, we managed to pay school fees of 5 orphans at Nakonde Basic School. These were 2 boys and 3 girls doing their grade 7.

As a church, we feel that we should be more involved in dealing with this orphan problem but our limiting factor are the resources which we do not have. As a church, we do realise that there are a lot of problems that these orphans are facing.

5. Home Based Care, Monze

"Among other things that the Home Based Care in Chikuni, Monze district, is doing is to look after the many orphans left beind by parents who die out of HIV/AIDS. Here is a literal translation of the account given by the person in charge of the orphans section of the Home Based Care (HBC). Other sections look after the ocunselling and educational needs of HIV/AIDS patients."

"In 1996 I was given K1,000,000 by the Catholics so that I could assist these orphans. I gave the orphans food, clothes, blankets and bought them school shoes, uniforms, books and even paid for their fees. When many people heard what I was doing they came in big numbers to register. In 1996 the number went up to 350 orphans. This was a big number and money was not enough. Luckily enough, I had another allocation of K200,000 from the Catholics and with this money I just supported them on education and food."

"The number continued increasing and now we have 200,000 orphans. I support 77 orphans on education alone. At the moemnt I have 4 orphans (girls) who completed school and I arranged for them to enter the Nursing School at Monze Hospital. Another sister helped us and gave K500,000 to orphans, which I used for food only.

Apart from food and education which I tackle, most orphans also have other problems like:

a) Shelter

- "Some orphans live in rented houses and when they fail to pay for accommodation they become destitutes.

b) Medical Care

- We have lost quite a number of orphans because of the introduction of medical fees; orphans have no money to pay and they just stay at home even when they are sick and die there. Some come here and we assist them but many just die in their homes. I have 15 families headed by orphans. They keep themselves and many die due to lack of money for medical fees.

c) Child Abuse

- Girl children or orphans are abused by guardians. When the aunt is away doing business the uncle abuses the child and many end up getting

pregnant and may be this man is already HIV positive and he passes it on to this poor child.

- 8 orphans are badly abused by their guardians and they ask me whether I can find a room where I can keep them but I cannot do this because I do not have proper funders."

4. CONCLUSIONS

The ever increasing number of orphans is placing a very big burden and worry on communities and on households which keep them. The biggest problem is inadequate food supplies. The majority of the people (77%) who keep orphans in both rural and urban areas are poor and hence do not have the resources to feed, educate, clothe and ensure the health of the orphans.

Coping strategies which they adopt are far from being satisfactory. Indeed some of them are vices like stealing and prostitution.

Lasting solutions are beyond the economic means available at household and community levels. External assistance is both inadequate and more importantly uncoordinated, and sometimes erratic.

One lasting solution to the problem would be to attack if from its roots, that is, its causes. The study has deliberately not gone into exploring the perceived causes of the orphanhood situation; this would have detracted attention from its main objective. This has been to explore community perceptions on problems orphans experience, coping strategies adopted, solutions to the problems and their views on the external assistance in order to manage and live with the orphans.

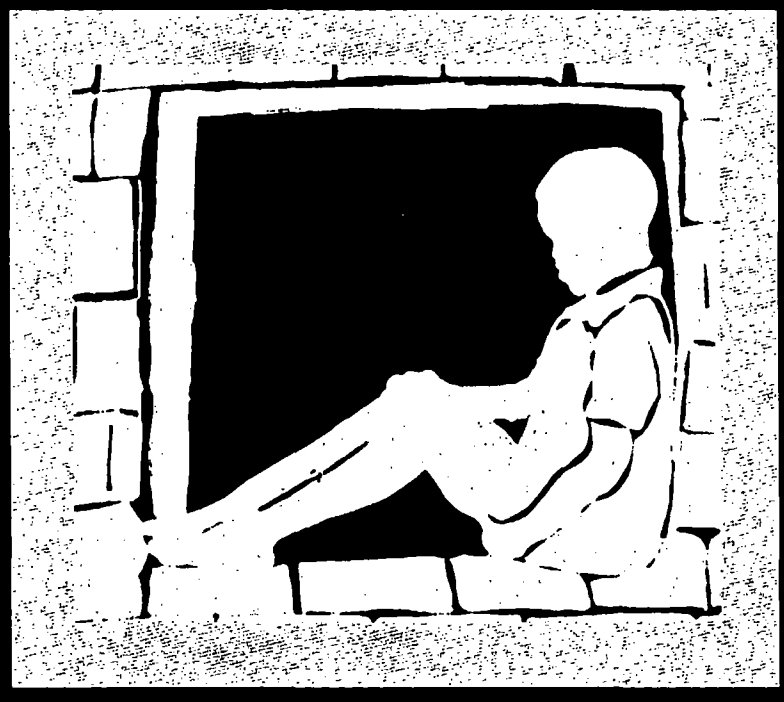
Coordination of activities aimed at assisting orphans on the part of all agenices and stakeholders will go a long way in solving many of the problems that orphans and their guardians face. These agencies and stakeholders should include communities and households keeping orphans, the various NGOs and CBOs and all development agencies, i.e. government departments, NGOs, the private sector and donors which provide assistance to orphans.

The economy needs to improve and grow in order to enable even the very poor, many of whom keep orphans, to adequately look after them.

Situation Analysis of Orphans and Vulnerable Children in Zambia 1999

Volume 6

PRACTICES OF CARE



Government of the Republic of Zambia

ASSESSMENT OF CURRENT PRACTICES FOR THE CARE & SUPPORT OF ORPHANS

Situation Analysis of
Orphans and Vulnerable Children
in Zambia 1999

PRACTICES OF CARE

Assessment of Practices for the Care and Support of Orphans

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Joint USAID/UNICEF/SIDA/Study Fund Project

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APPENDICES

1. Introduction

Readers requiring an executive summary are referred to the conclusions and recommendations on pages 13–16.

The Assessment of Practices for the Care and Support of Orphans, which is the subject of this report, forms one component of a Situation Analysis of Orphans in Zambia, commissioned by the Study Fund of the Social Recovery Project on behalf of UNICEF, SIDA and USAID. Other components of the study are reported separately.

This report is structured as follows:

1.1. A compilation of the information gathered from the 13 projects visited, emphasising strengths and weaknesses, categorised as follows:
- Identification of orphans and other vulnerable children
- Community-based fundraising
- Income generating activities
- Agricultural programmes
- Educational programmes
- Skills training for orphans
- Counselling and psychological support for orphans
- HIV/AIDS education and awareness
- Institutional care of orphans
- Community "mobilisation" on orphans

1.2. This compilation is followed by the team's
- Conclusions, and
- Recommendations

1.3. For readers wishing to know more about the individual projects visited, or about the context in which the above observations or conclusions were made, a series of Field Reports is appended, summarising the information gathered for each project according to the following headings:
- Background
- Project
- Lessons learned

The choice of projects to be assessed was made by the research team in consultation with the Steering Committee. The choice of projects was designed to give the team as broad a perspective as possible on interventions for orphans and vulnerable children, other than formal orphanages which were deliberately excluded. The location of the projects visited was as follows:

Lusaka Province	• Bauleni Street Kids Agricultural Training Centre • City of Hope
Central Province	• Buyantanshi Christian Open Community School
Copperbelt	• CINDI Kitwe • OVC Programme – Kitwe (PCI)
Southern Province	• CINDI Kalomo • OVC Programme – Livingstone (PCI) • Chikankata Community-Based Orphan Support Programme
Eastern Province	• Minga Orphan Project • Kanyanga Orphan Project
Western Province	• Kaoma St Martin Cheshire Community Care Centre • Mongu Mary Immaculate Nutrition Centre • Sioma Women's Group

2. Identification of orphans and other vulnerable children

2.1. For planning and enumeration purposes:

Many communities maintain registers of orphaned children (single or double) with or without an additional list of "vulnerable" children. The criteria for vulnerable children vary from those who are dressed in ragged clothes and "look unhappy" or whose parents are considered to be particularly poor, to those who show symptoms of malnutrition or stunting.

Often these registers are compiled by community committees (eg OVC) while elsewhere the counting of orphans may be performed with input from local traditional leaders, along with the counting of widows and monitoring of malnutrition (eg Kanyanga). Often social maps are prepared by the community as part of the Participatory Learning and Action (PLA) process, showing how many orphans are in each house (eg OVC, Minga).

The register is maintained to confirm eligibility for assistance such as bursaries, admission to community schools or food-aid. In many cases registers are not complete or are out of date due to a "lack of capacity". This may indicate a lack of motivation within the committee, an inability to keep up with the mounting numbers of orphans, the lack of appropriate tools (such as forms) or a concern that counting children leads to unrealistic expectations of help (at least one branch of CINDI Kalomo, Minga).

In one case (Chikankata) the enumeration of orphans is conducted by the local community every two years, as a management tool to assist with their planning. The value of this was proven by their most recent census, which demonstrated a 56% increase in orphans, and led to various decisions being taken such as the need to expand their gardens and tuckshop.

The type of information recorded on each child varies widely between projects. Some projects use detailed information from the register to differentiate benefits according to perceived need (eg more assistance to double orphans). The use of a form can be very useful in assisting the community to assemble this data, but the effort involved in collecting detailed information every month can be onerous. In the case of the OVC programmes, the forms are returned to PCI, whereas at Minga and Chikankata the information is used as a management tool locally.

Orphans are sometimes identified by institutions such as the YWCA, Victims Support Unit, Department of Social Welfare, churches, health institutions or traditional leaders, for the purposes of referral to orphanages or other forms of care, such as City of Hope.

STRENGTH: the process of registering orphans or OVCs serves as a useful (if imperfect) mechanism for assessing the scale of need in a particular community, for ensuring the benefits reach the correct children, and for building awareness and support for orphan programmes.

WEAKNESS: because of the range of methods and criteria employed in counting orphans and vulnerable children, the research team believes the data emerging from these "registers" has limited, if any, value as a means of assessing the extent of orphan-hood in Zambia.

2.2. As project beneficiaries:

Some projects assist any child who has lost one or both parents, regardless of their level of need (CINDI Kitwe), while others link eligibility to the children's (or guardians') perceived level of need, whether their children are orphaned or simply "vulnerable" (OVC). One project (Minga) assists only families made up entirely of double orphans, mostly living with grandmothers. Families where orphans are living with other children who are not orphaned are not eligible for help, unless their guardian is terminally ill.

WEAKNESS: some systems are more vulnerable to abuse, such as guardians presenting themselves as poorer than they really are. In general the more involved the community becomes in determining eligibility (and in the funding of benefits), the lower the level of abuse.

STRENGTH: because the benefits offered are significant for a poor community, individuals involved in deciding who receives those benefits may find themselves in an awkward position. In several cases (Minga, Kaoma) this has been resolved by submitting names to an adjudicator outside the village.

WEAKNESS: in Kitwe, registration is definitely a "meal ticket" as the family does not have to demonstrate poverty, and the same orphan is eligible for material assistance from several programmes (CINDI, PUSH, home-based care).

3. Community-based fundraising

3.1. Membership fees

One model is based on collecting an annual fee from members, who then have a voice in the activities and decision-making of the branch (CINDI). Fees vary from K500 (Kalomo) to K10 000 (Kitwe) per year. This model may be likened to a Rotary Club, where members constitute a "club" for the benefit of others. Once constituted, the "club" engages in further fundraising, and lays down criteria for the distribution and use of funds.

In another model all members of the community are automatically eligible for election to a community committee, and no fee is required (OVC). However, this model places more emphasis on door-to-door collections. It is perhaps a moot point which method has the greater potential – a fixed sum from a small group of people, or "whatever you can afford" from an entire community.

On the other hand, there are significant non-financial implications to these models – for example the perception that the first model excludes from the decision-making process anyone who can't afford to join the "club". Each has significant implications for the level of community "ownership" of the project.

3.2. Fundraising activities

All the projects reviewed engage in conventional fundraising activities such as soliciting donations from businesses and grants from funders, holding jumble-sales, open days and fundraising walks. One project (PCI Kitwe/St Anthonys) applies a levy to stalls in the local market.

WEAKNESS: Most of these fundraising activities take place in impoverished communities, and produce very little income.

STRENGTH: Conventional fundraising activities (as opposed to income generating activities) create awareness within the community – of both orphans and HIV/AIDS – and build enthusiasm and commitment among volunteers.

4. Income generating activities (IGAs)

Almost all of the projects reviewed (except City of Hope) had undertaken IGAs to raise funds to assist orphans, or OVCs, or guardians, in various ways. It must be emphasised that these IGAs are invariably crucial to the success of the orphan intervention. In many cases the effort expended on these IGAs is quite out of proportion to the minimal returns achieved – occasionally exceeding the effort devoted to the orphans themselves.

The following observations were made by the research team:

4.1. The choice of the IGA, and its management, are almost always left to members of the community, on the basis (according to the facilitators) that "they know what will work" and that "this ensures they 'own' the project". It was the view of the research team, however, that communities lack the skills and experience to identify viable projects, or to manage them effectively.

This was underscored by the two successful IGAs visited – Minga Tuckshop, which currently has K15m ($6 000) in reserves, K7m ($2 800) in stock and has allocated K5m ($2 000) for orphans over the past six months, and Kanyanga agricultural project, which produces 65 bags of maize per hectare. Both feature skilled, paid management and close supervision by people who are successful in their own right. In Kanyanga, intensive and ongoing extension work was also critical.

The opposite was experienced in CINDI Kalomo, where a number of branch chairmen reported (at their quarterly meeting) the results of their IGAs. Most were either losing money or dormant, while a few seasonal activities (such as milling or oil-pressing) had made modest profits – of less than K100 000 ($40) during their season. What was evident, however, is that these projects represented a huge investment of time and energy on the part of many people, for a negligible return. It was also clear that discussion of income generating activities, rather than orphaned children, dominated their thinking at both branch and regional levels.

In terms of establishing IGAs, it is ironic that communities are often denied access to the most abundant and best-placed resources – such as land, forests and water. These assets belong to the state, and are usually not made available to the neighbouring communities. The result is that communities are obliged to support community initiatives through self-imposed "taxes" on the little they have, such as basic foodstuffs.

In summary:

- "Ownership" does not depend on creating or running a project, but on being consulted and informed about it, and by benefiting fairly from it. A community can still "own" a project when it is managed by a professional.
- Business and agricultural development are specialised skills. Projects which are conceived and managed without these skills run a high risk of failure.

4.2. Many IGAs in Livingstone and Kitwe are funded by grants provided from PCI's Innovation Grant Fund. These grants are made on the basis of applications from community OVC committees, adjudicated by a review committee made up of people involved in social welfare, and administered by an NGO with an interest in children (CINDI, Sepo or LARC). None of these structures was established to develop or run income generating activities, and all are manifestly lacking in the expertise required.

The funder's expertise is illustrated by a letter approving a grant for an IGA, which says: "The decision to fund this project is based on the commitment you have shown in improving the welfare of the children in your area." The writer goes on to ask when the project will be implemented, how it will be run, who will be doing the work, who the market will be, and what profit is expected.

In a similar vein, it became clear that successful projects always had high levels of technical support or extension work (Kanyanga), while many projects were aware that they need expert inputs. Yet we learned that technical advisors for IGAs are often identified by (and from within) the communities themselves, and often do not add to the cost of the project.

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

STRENGTH: Many projects identified a need for expert advice or feasibility studies during the planning of IGAs, or were aware that they lacked essential information to plan or run a successful project.

4.3. Many organised responses to the "orphan problem" emerge from an exercise such as Participatory Learning and Action (PLA). This exercise is designed to identify problems and solutions unique to each community, and to ensure maximum community support and participation in the solution. The research team came to believe, however, that the facilitators of PLA exercises may, consciously or unconsciously, lead the decision-making in the direction they believe to be best for the community – which is particularly dangerous when their own knowledge is shaky.

This belief was supported by the fact that the community responses were highly stereotyped, demonstrating very little originality or appropriateness to local circumstances and reflecting the limited information available to the community. For example hammer-mills were purchased but stood idle for want of maize to grind, maize was planted but did not grow because no provision was made for fertiliser, and tuck-shops were set up in areas already adequately served.

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

WEAKNESS: In many cases the same agency facilitates the decision-making process, provides funds and technical advice, and evaluates the results. This limits diversity and magnifies any weaknesses within that agency. A strong case could be made for a separation of the community mobilisation process, IGA conceptualisation and design, funding, technical support, and project evaluation.

4.4. Income generation and social relief ("handouts") are fundamentally incompatible activities. The provision of handouts undermines the motivation needed to make income generating activities work.

However, in most of the projects reviewed, the line between income generating activities and social relief was hard to find. In several cases committees were trying to raise funds to pay school fees for deserving children knowing that, if they failed, the school would admit the children anyway. Needless to say, the IGAs were failing.

Unfortunately, faced with diminishing income, these schools are cutting back on teaching materials, so the quality of education for all their pupils – both fee-paying and "informally sponsored" – is deteriorating. An exception is Minga, where all children are required to pay their school-fees. If their guardians are unable to pay, they may be helped individually.

STRENGTH: Income generating activities typically succeed where they benefit participants in proportion to their investment of effort or money.

WEAKNESS: Handouts are, by definition, benefits with no investment of effort or money. IGAs will not succeed where the alternative is a handout.

5. Agricultural programmes

Access to land is critical when it comes to supporting orphans in a rural setting. When representatives of Minga Orphan Project met with 54 local headmen to discuss issues relating to orphans, the headmen pledged to assist widows, grandmothers and orphans by reviewing their allocation of land, to ensure it was sufficiently productive to support them.

However, the research team found a clear distinction between the success of agricultural projects conducted in the presence of food-aid (CINDI Kitwe), and those where a good harvest represented survival or even relative prosperity (Kanyanga).

In CINDI Kitwe the yields from "orphan gardens" cultivated by the community are much lower than neighbouring fields cultivated by individuals for their own benefit. It is clear that if food aid were withdrawn, the "orphan gardens" would be completely inadequate to make up the shortfall. The principal benefit of these gardens, however is the socialisation of participants and the exposure of children to agricultural skills.

In most urban areas, small plots of land are planted with maize or other crops even though there is no chance that the produce could sustain a household. An exception is Bauleni, where a large piece of land has been set aside for agricultural use, and is well managed. At City of Hope crops are grown as part of a skills training programme, and some of the produce is sold by participants to pay for examination fees.

One example where a community garden is succeeding is found within one of the communities of Chikankata. Here the produce from a thriving garden and fishpond is used to benefit the aged, widows and orphans. The project is supervised by a Prevention & Care Team, lead by a headman, but is run by a manager.

Kaoma is in the process of acquiring a farm to be run on a commercial basis. The proceeds from farming operations will be used for the day-to-day costs of the centre. The team was particularly encouraged by Kaoma's confidence in the viability of well-run farming operations, at a time when many other projects are not taking agriculture seriously as a means of producing income to run rural interventions.

WEAKNESS: Collectively managed agricultural projects appear to have limited income potential unless management is delegated to a skilled and paid person.

STRENGTH: Communal gardens can be a very valuable training ground for children, who may need agricultural skills before they reach adulthood, and for interaction between members of the community.

6. Educational programmes

The main problem with educating orphans seems to be affordability, and most orphan or OVC interventions seek to address the cost, rather than the quality, of education – although quality is often influenced in the process.

School fees, and the stipulation of uniforms, are set by the management committee of a school, not by the government. School fees pay for school requisites such as books and maintenance. Teachers' salaries are paid by the government, while consumables such as exercise books and pencils are provided, if at all, by parents. Typical school fees in the lower grades range from K2 000 to K6 000 ($1.00–$3.00) per year, while a girl's school dress usually costs K15 000 ($6.00).

The research team identified three main strategies adopted by communities to provide access to schooling for orphans:

6.1. Advocacy

CINDI Kitwe persuaded the District Education Officer to waive school fees for all orphans in the district in the 1996/7 financial year. However, this agreement has lapsed, and many schools are now insisting on fees again. CINDI is now helping with school fees and even subsidising school uniforms, where school management committees insist on them.

At Chimwemwe school the policy of free entry for orphans has been maintained, and 400 out of 1 500 pupils are non-paying orphans. At Kakolo, where fees are being enforced, many children are no longer going to school. At Mwambashi, the school is no longer fully enrolled after re-introducing fees for orphans, who are now going to a neaby open community school.

Even where no blanket agreements are negotiated, various orphan projects around Zambia intervene with local school committees to waive fees or school uniforms for orphans or other children in especially difficult circumstances. However, where children are allowed to attend school without paying fees, this undermines the parents who are paying, and places the viability of the school in jeopardy.

6.2. Bursaries

It is significant that the Zambian government has a facility to pay school fees for needy children through the Public Welfare Assistance Scheme (PWAS). However, this scheme is badly under-funded, and is unable to help more than a tiny proportion of those who need it. The result is that communities have had no choice but to fill the void, as best they can, through localised bursary schemes such as those developed by CINDI and others.

CINDI Kalomo sets out to subsidise 50% of the school fees of registered orphans in their areas. In some cases they will pay 100% of the fees, or even sponsor orphans to go to high-school. Registers usually take into account the guardian's income, to ensure assistance reaches the children who need it. The Minga orphan project's only activity is to pay 100% of schooling costs for double orphans. They identify families which comprise only double orphans and a guardian, and assist as many of those families as they can.

6.3. Open Community Schools (OCS)

It is worth recording that community schools were established as a mechanism to provide basic education for children who were unable to enter school at the usual age of seven, and were now "too old". By compressing six grades into three years the idea was to help a child "catch up" by Grade 7. By mobilising voluntary teachers, the schools were able to offer free admission. These original schools are affiliated to an NGO called Zambia Open Community Schools (ZOCS).

However, in recent years a number of new open schools have been established and registered with the Zambia Community Schools Secretariat, which do not necessarily maintain the same standards as those affiliated to ZOCS. Many of these schools have come to be seen as "parallel schools for poor children and orphans", which receive no funding from government. This represents an abuse of a good community initiative by the government.

STRENGTHS:

- Children can attend school without paying fees, or wearing uniforms, while holding classes in "shifts" for different levels (grades) means that pupils can attend to other obligations, such as chores.
- Children can "catch up" with formal schooling by grade 7 (although low educational standards in many schools, and poverty, dictate that not many actually transfer to formal schools).
- The inclusion of life-skills subjects like behaviour change and HIV education in the curriculum has proven to be very popular.
- The schools represent a tangible activity which community groups, such as Community OVC Committees, can do to benefit orphans, and the schools serve to keep hope alive for orphans, parents and communities.
- At least one project (Buyantanshi) makes use of retired teachers and conforms to the government's primary school syllabus.

WEAKNESSES:

- Although some community schools produce good results, many do not. With the exception of very brief (typically one week) in-service training, teachers have no formal grounding, and teach from rudimentary "teachers guides".
- The fact that the teachers are volunteers means their attendance can be erratic, either through flagging motivation or because they need to do casual work elsewhere to survive.
- The research group has serious reservations about the sustainability of the OCS model. Voluntary teachers will leave if offered better prospects, and many schools "borrow" buildings which may be required for other purposes.

- It is doubtful that the OCS model can co-exist with the formal education system indefinitely. Warning signs include pupils leaving government schools (which depend on fee-income to maintain their quality of education) for open schools, which are being set up nearby. The authorities cannot impose standards on community schools, because they do not fund them.
- Various risks attach to setting up an "alternative education system for the poor", including stigmatisation of children and teachers, discreditation of the education authorities in the eyes of the public, and complacency on the part of the authorities in meeting their obligations to educate the nation's children.

It was the view of the research group that a plan is needed to integrate community and government schools, bringing together the best qualities of each, so that all Zambian children have access to good quality education.

7. Skills training

Communal income generating activities (IGAs) as presently practised in many orphan-related initiatives may well be a poor source of income, but they are often a very good training ground both for adults and children. Skills imparted are not limited to IGAs (such as agriculture, commerce and manufacturing) but include socialisation, communication, community mobilisation, HIV awareness, conduct of meetings, management and record keeping.

Some projects offer skills training programmes for their own sake, rather than for income generation. Examples visited included City of Hope (which offered agriculture, tailoring and catering) and Bauleni (agriculture). Chikankata offers two levels of skills training – life-skills (eg human rights, assertiveness) – and practical skills such as carpentry and tailoring. Trainees are drawn from surrounding communities.

8. Counselling and psychological support

Training in counselling forms part of many orphan-related initiatives, such as the development of OVC committees and training of community workers. CINDI Kitwe trains "counselling committees" which provide emotional support where it is needed.

The most valuable source of psychological support is that which is given "informally" by family and community. The existence and scope of this care is easily overlooked even within the community, which may be unaware that its members have a moral obligation to support each other. This is especially true in urban areas. There may also be a tendency to believe that emotional support is valueless unless provided by an "expert".

Stories relating to discrimination against orphans abound, both among planners and within communities. A common story concerns guardians who pay for their own children to go school, or give them uniforms, while the orphans in their care get no uniforms, or do not go to school at all. However, when asked for specific examples, most respondents could only give one or two, if any. This led to a concern among the research team that discrimination against orphans may be far less prevalent than is generally believed, and that this perception may even be self-fulfilling.

Where cases were identified, the team was led to believe these had as much to do with the guardians' attitude towards the orphans as it did with poverty, especially as all schools are willing to make special arrangements such as payment in instalments. For example we heard of several cases where affluent families refused to take in the children of deceased relatives, sending them instead to other members of the family in impoverished rural areas. While it is difficult to estimate how wide-spread these practices are without specific research, it seems likely that discrimination against orphans is more prevalent in urban than in rural areas.

Orphans often need to be self reliant earlier than other children. This usually means involving children who are orphans, or who are at risk of being orphaned, in income generating activities from an early age. There is a fine line between abusing children by forcing them to become breadwinners, and fostering a sense of responsibility, and

useful skills, by involving them in activities such as agriculture or commerce.

Stigma against orphans is often linked to the use of labels such as "street kids" or "paupers". Bauleni Street Kids Agricultural Training Centre is planning to change its name, because "street kids" are jeered by other children, while orphans who are not attending school are not stigmatised. The title was originally adopted to satisfy a funder, who wished to support an initiative for street children.

Buyantanshi Christian Open Community School has been nicknamed *Kabulanda* by the local people, meaning "the place of paupers". Children at this school go to extraordinary lengths to buy uniforms for themselves, to demonstrate that they are not paupers. In the impoverished community of Minga, the only children wearing uniforms are orphans – who take pride in their outfits as proof that "somebody cares for me".

A particularly worrying realisation for the research team was that, although all languages in Zambia have a word for "orphan," it would not traditionally be used – or even thought of – for an orphan living with an adult relative. In such a case the child would quite naturally refer to an aunt and uncle as his or her mother and father, and the adult would think of the child as their own. However, because many projects now provide benefits specifically for orphans, guardians are starting to differentiate between their own birth-children and those of their deceased siblings.

The team is of the view that the use of the term "orphan" is doing more harm than good by contributing significantly to the stigma and abuse experienced by these children. At the same time, we feel no useful purpose is served by differentiating orphans from other vulnerable children, unless they have no adult relatives to care for them.

9. HIV/AIDS education and awareness

Most orphan intervention projects have an HIV/AIDS awareness component, which reaches various target groups including the orphans themselves.

CINDI Kitwe receive funding from Irish Aid for HIV/AIDS awareness and the training of counsellors. In the OVC project in Livingstone, Sepo are responsible for this function. The YWCA provide "youth-friendly" facilities at clinics in Livingstone and do reproductive-health work with the youth. HIV/AIDS awareness also forms part of many home-based care programmes, such as that delivered by the AIDS management team at Kanyanga.

The issue of identifying and monitoring HIV positive individuals is hedged about with euphemisms and confidentiality in most communities. The research team found many communities will make a show of avoiding the identification of infected people.

Confidentiality is not always strictly respected. In one project information on the HIV status of people tested at the local clinic is passed on to the chairperson of an AIDS counselling group, but withheld from the patient, on the questionable premise that ignorance helps the individual concerned to "maintain their quality of life". Once AIDS begins to manifest itself, the committee would inform the person and give them emotional support.

In Kanyanga, we found a relatively high number of people submitting themselves for testing, preparatory to marriage or re-marriage. We learned that 50% of those tested were positive.

10. Institutional care of orphans

It was agreed by the Steering Committee that the research team would not visit formal orphanages. However, three of the projects reviewed offered residential care for orphans, namely

- City of Hope, for girls;
- Kaoma, for infants; and
- Bauleni for street kids, although the residential facility remains unused because there are no street kids in Bauleni.

These projects are not "orphanages", although we found it difficult to articulate the precise differences. However, the team agreed the following characteristics were

significant and desirable:

- openness of the project to the local community – eg: by including a community school or church – which meant children in residence did not feel cut off from society, and the community remained in touch with the people and activities inside the institution;
- a perception that the children were not permanent residents (or, worse, the "property") of the institution, but had families or social ties outside, manifested as "going home" for holidays (City of Hope) or having regular family visitors (Kaoma).

The team was very impressed by the level of care given to the girls at City of Hope. Some of these girls come from horrific backgrounds, and yet they were bright and articulate, which we ascribed to the love and personal attention given by the sisters and staff. However, there is limited involvement by the community in the running of the organisation – which is perhaps understandable when one considers they are located in an area of agricultural smallholdings, rather than a residential compound.

Kaoma is very different. Firstly, it is run by the community itself, and secondly it cares only for infants whose mothers have died while they are still breast-feeding. Formula feeding is almost unheard of in this community, due to expense, lack of clean water and lack of access to formula, and these children would certainly die unless a relative could be found to breast-feed. The infants are returned to their extended families at approximately the age of three.

WEAKNESS: The team doubts the City of Hope model can be scaled up, or replicated in the absence of the dedicated care of the Salesian sisters, or people with a similar calling.

WEAKNESS: There was some concern as to the level of preparation of the children leaving Kaoma for the responsibilities they will face in their extended families. In the community children of this age might be instructed to wave chickens away from maize, to prepare them for more significant chores as they get older, whereas in Kaoma they had no duties, no matter how token.

11. Community mobilisation on orphans

The team took issue with the term "mobilisation". The word implies the community is sitting around, waiting to be "mobilised" by an outsider to deal with their orphans. In the experience of the consultants, most communities are fully aware of the crisis facing their children, and are doing as much as they can with the limited skills and resources at their disposal, to resolve it.

There is no doubt, however, that specialists can play a valuable role in helping communities to focus their energies more appropriately, and to link them to useful resources. We believe it would be better to refer to the role of these specialists as "facilitation", and the resulting activities as a "strategy" or "campaign".

The team identified the following phases in an orphan campaign:

11.1. Planning

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

The team believes it would be better for facilitators to be drawn from organisations which do not support or fund projects, and to make their neutrality clear from the outset. This would encourage a freer exchange of ideas, and promote "ownership" by the community of their chosen strategy.

However, facilitators could offer to link communities to agencies who provide funding and technical assistance for whatever activity they plan. The facilitators could also assist in a regular (annual or bi-annual) review process,

where their neutrality would be invaluable in establishing whether the communities' goals are being met.

Specialist facilitators – who do nothing else – are likely to make a better job of this critical activity than someone who is also required to provide technical assistance to a range of projects, evaluate and administer funding and attend dozens of community meetings.

The team identified Kaoma as an example where the community has maintained control of the project, even though a number of funders have been involved by ensuring each donor is involved only in a specific way. It may also be significant that their founding meeting was advertised more than a week in advance, and that the broad community attended and participated.

11.2. Organisational structure

While committees are by far the most common organisational structure controlling orphan initiatives, there are some interesting exceptions and variations on the theme. The exceptions were the church-driven projects, City of Hope and Mongu Nutrition. Both are run by members of the clergy (in the case of Mongu, the priest in charge is referred to as the "proprietor"!) with minimal involvement by the community. Both are efficient, but have limited value in terms of replication or scaling up.

In terms of variations on the committee theme, some are characterised by a top-down style of sharing information with the communities they serve (eg CINDI Kitwe) while others demonstrate more community ownership through a bottom-up approach (eg Chikankata). The directive or top-down approach tends to be more efficient, and therefore more popular with funders. Indeed, some committees are not really "community-based" at all, but maintain this illusion to satisfy their sponsors.

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

WEAKNESS: A particular concern with committees is that they tend to absorb much of their own energy on "busy-work" – like getting people to attend meetings, taking detailed minutes etc – rather than "useful work". This is often forced on them by outside agencies such as funders or government. In at least one case (Minga), donors would be rejected by the committee if they sought to impose what the committee believed to be unnecessarily onerous demands in terms of reporting.

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

11.3. Networking

Most of the projects surveyed exhibited a high level of networking skills, often working closely with other NGOs, churches, government departments and a range of funders. In some cases (eg Kaoma, OVC Livingstone) a conscious effort was made to set up a comprehensive network of local stakeholders, to ensure the broadest possible base of support.

Sometimes, however, networking can create problems – for example in one district (Kabwe) a foreign donor offered to work with the local office of the Department of Social Welfare, only to find that the Ministry cut back on the

funding to that office.

12. Conclusions

The research team reached consensus on the following issues:

12.1. The development of orphan interventions:

12.1.1. Communities remain in the front-line of care for orphans. Any significant intervention must be rooted in the community.

12.1.2. A key weakness in developing effective community-based responses is the lack of grassroots access to information and skills.

12.1.3. Communities are acutely aware of their lack of information, and very open to ideas and assistance.

12.1.4. Community "mobilisation" (ie: planning process) is a positive step, but not an end in itself.

12.1.5. The quality (eg skill, neutrality) of facilitation during the planning process is absolutely critical to the long-term success of the project.

12.1.6. Many existing projects are seriously flawed by
- the poor quality of facilitation during the planning phase,
- the "baggage" carried by a facilitator by virtue of his or her involvement with a funder, or other projects,
- the extension of the role of a facilitator into a funder and/or technical advisor.

12.1.7. Projects are further flawed by the use of the term "orphans" rather than "vulnerable children" as a criterion for support.

12.1.8. Communities repeatedly affirm that the issue of vulnerable children is, to a large extent, a manifestation of poverty.

12.1.9. Most facilitators, advisers and funders of orphan interventions are well versed in child-welfare, but ill equipped to combat poverty.

12.2. Scale-ability:

12.2.1. When it comes to community projects, "small is beautiful", allowing participants to identify more closely with a project's activities.

12.2.2. Clusters of small projects, addressing specific needs in local areas, allow for better solutions, and a more efficient use of resources.

12.3. Sustainability:

12.3.1. While community ownership and social acceptability are desirable attributes, they are not necessarily linked to sustainability.

12.3.2. True sustainability depends largely on economic feasibility (ie: an analysis of product, price, promotion and place/distribution).

12.3.3. This needs to be supported by good governance and a fair distribution of benefits (including non-financial rewards).

12.4. Replicability:

12.4.1. There are significant dangers attached to attempting to replicate entire projects, since "one size does not fit all".

12.4.2. Specific aspects of projects may, indeed, be replicable elsewhere, but they should be seen as components rather than solutions.

12.5. Lead time:

12.5.1. Projects which have the support of the community invariably start slowly – it is better to lose time during the initial stages than to lose community support.

12.5.2. It is important to build on what already exists – for example home-based care programmes, or government personnel.

12.5.3. Expansion should be done in phases to ensure sustainability.

12.5.4. Broad-based support requires the involvement of various stakeholders rather than a dominant party.

12.6. Volunteers:

12.6.1. The running of projects by volunteers, while demonstrating social commitment, can be a significant weakness of the project, particularly where the volunteers lack the skills, experience or time needed.

12.6.2. Reliance on volunteers drawn from impoverished communities can easily deepen the poverty of those involved.

12.7. The role of government:

12.7.1. Government is an important stakeholder, which is often well placed to play a co-ordinating and networking role.

12.7.2. Government can provide a useful source of technical and human resources, already paid for by the taxpayer, which are accessible in most parts of the country.

12.7.3. Using these resources builds confidence within both government and communities in their ability to help themselves.

12.7.4. Lack of government involvement creates voids which are often filled by outside agencies, thus creating rather than reducing dependency.

12.8. The role of funders:

12.8.1. Grants are often used inefficiently, with much of the money being spent on management structures and procedures, not interventions.

12.8.2. Funders often appear to be unaware of (or even unconcerned about) the real needs of the community, or the activities of other roleplayers.

12.8.3. Impoverished communities often feel obliged to revise their own views to suit the perceived requirements of a potential funder.

12.8.4. Donors seem to prefer large, uniform interventions, where communities work best within small, highly diversified programmes.

12.8.5. Funders usually compartmentalise their funding, making it inaccessible to complex programmes which don't fit their categories.

12.8.6. The administrators of funds earmarked for specific activities seem to not talk to each other, either between or within organisations.

12.8.7. Donor funding sometimes replaces government funding, leaving a community no better off financially, but now dependent on an organisation over which they have no influence.

13. Recommendations:

13.1. Project planning and implementation:

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

13.1.2. The use of volunteers in place of paid staff needs to be carefully considered.

13.1.3. The existence and scope of psycho-social support given to children and caregivers by family and community should not be overlooked.

13.1.4. HIV/AIDS education and prevention should continue to be an integral part of all projects.

13.1.5. Data collection by and for communities needs to be standardised along simple, functional lines, and implemented across the board.

13.2. Institutional care of orphans, while not the best option, is sometimes unavoidable. Support should be given to centres that are appropriate to children with special needs (eg new-born babies or girls at risk), but placement in these centres should not be seen as permanent.

13.3. Communities should be given access to a "toolkit" or cluster of high-quality services and resources so they can effectively help themselves, including:

13.3.1. Expert and impartial facilitation of community planning exercises, and periodic voluntary review of projects;

13.3.2. Access to up-to-date information, funding and skills from an impartial source (eg: via a resource bureau – see 13.4);

13.3.3. Access to technical support on interventions, as well as on their own structures, without having to relinquish "ownership".

This approach will ensure control remains in community hands, and donor funds are used for interventions, not administration.

13.4. This "toolkit" could be provided through an independent resource bureau which:

13.4.1. Actively and continuously harvests information on donors, technical support services, projects, useful literature, legislation etc;

13.4.2. Makes this information available, without charge, to communities, development agencies, government and specialists (eg facilitators);

13.4.3. Provides access to this information at local and district level.

13.5. Income generation:

13.5.1. Income generating activities are business ventures, and should be treated as such.

13.5.2. The evaluation of income generating projects should be based on commercial feasibility.

13.5.3. To ensure success, IGAs should be professionally managed.

13.5.4. Agriculture should be treated as a serious IGA, not a social activity.

13.5.5. Agricultural projects call for high levels of initial investment, of both funds and expertise, if they are to succeed.

13.5.6. Both agricultural and commercial activities call for extensive and sustained extension services.

13.5.7. Government should give communities unencumbered access to natural resources.

13.6. Education and skills training:

13.6.1. Care should be exercised that open community schools do not proliferate as a parallel school system for orphans and the poor.

13.6.2. Government bursaries should be available for children who cannot afford to pay for school fees and requisites.

13.6.3. Interventions to provide skills to children to make them self reliant should not wait until the child is an orphan.

13.7. Government involvement:

13.7.1. Government should be involved in as many projects as possible, preferably through local or district offices.

13.7.2. Ideally these offices should form a partnership with the community, and provide inputs such as technical expertise, administrative support and, wherever possible, funding.

13.7.3. However, in common with donors, government should avoid imposing their will or their bureaucracy on the community.

14. Field Report: Bauleni Street Kids Agricultural Training Centre

14.1. Background

The planning for the Bauleni Street Kids Agricultural Training Centre started in 1996 as a tripartite venture involving the French Embassy, the Zambian Government and the Archdiocese of Lusaka. The project was aimed at needy children living in Bauleni Compound, east of Lusaka.

Bauleni is a shanty township with an estimated population of 62,000. The compound is densely populated and divided into 12 administrative zones. The Catholic Church has divided the township into 10 Small Christian Communities. The number of orphans is estimated to be more than 600.

The township has one clinic. It has neither wards nor a maternity section and all serious cases have to be referred to Chilenje Clinic or University Teaching Hospital. The poor cannot afford to use the basic health facilities at the clinic and the situation is made worse by the high prevalence of HIV/AIDS, which is a major contributing factor to the increasing number of orphans.

Bauleni is a very poor community. Very few residents are in employment. Bauleni seems to attract those people who have been pushed out of the formal economy. The major forms of subsistence are rain-fed agriculture, vending, piece-work, alms and rentals. The general infrastructure is poor. The roads are in a state of disrepair; there is only one borehole providing safe drinking water, and most of the houses are not fit for human habitation.

14.2. The Project

The Bauleni Street Kids Agricultural Training Centre seems to be only major shelf-help initiative in the compound. Construction started at the beginning of 1997 and was wholly funded by the French Embassy, with local people providing some labour. The buildings were completed in March1998 and the Centre was officially opened in May 1998.

The Centre comprises six major components:

- the Open Community School,
- the Special Needs Unit and Home Based Teaching Programme
- the Agricultural Training Centre and Farm,
- Street Kids Hostel,
- the Home Based Care, and
- support facilities

The Open Community School has an intake of 500 pupils doing levels 1–4 (grades 1–7). About 40% are orphans. The Special Needs Unit has 62 pupils, 50 of whom are orphans. In addition 15 children are on a Home Based Teaching Programme.

The Agricultural Training Centre and Farm serves two functions. The first is to provide children in the school with practical training in agriculture and related studies. The second is to generate income for the Centre. This component is made up of a layer unit, broiler unit, pig unit, garden unit, cash- and subsistence-crop unit, ram press, roller mill, and Meadow Feeds plot rental.

The Street Kids Hostel has facilities for 40 children, although this component is not yet functional. The French Embassy wanted to sponsor a facility for street kids while the community needed a facility for vulnerable children. The Centre was built, and named, according to the donor's wishes – even though there are no street children in Bauleni. As a result, the hostel is not being used, and the Centre has gained the undeserved stigma of streetism.

The Home Based Care section started in 1995 at the parish but is now housed at the Centre. It has 44 volunteers in 10 Small Christian Communities looking after the chronically sick. The project also helps a number of widows and orphans not in the school.

Finally, there are support facilities such as playing grounds, a kitchen, staff houses, and a library.

The project has a four-tier management structure:

- the Advisory Board;
- the Management Board;
- Executive Committee; and
- Management.

Apart from two representatives of the Resident's Development Committee, most members of the different management structures represent various functions of the centre. The representatives from the RDC are chosen by the Residents' Forum (36 members with a 15 person committee). The various structures meet regularly to evaluate performance. The Management Board meets monthly, and the Executive Committee weekly.

The Ministry of Education pays the salaries for government teachers while those of other members of staff come from donations. The wages of people employed in the various production units is paid from income generated by the projects. Sponsoring organisations pay technical assistance personnel and the Catholic Church pays for its staff members. The local community members also provide labour contributions especially in the kitchen and the cleaning of the surroundings.

14.3. Useful Lessons

There are a number of important lessons from Bauleni:

14.3.1. A project that intends to get local community involvement starts rather slowly. It is better to lose valuable time to get the support of the community than to sacrifice their involvement for the sake of expediency.

14.3.2. Community involvement and "ownership" of the project does not necessarily mean community management. The management team should be made up of professionals who are given the responsibility of running the project according to the overall objectives of the project but under the supervision of a broad-based and representative board.

14.3.3. All income generating activities should be planned and managed by professionals and should generate sufficient income to ensure both the viability of the IGA and the sustainability of the project. Poor and disadvantaged people cannot be expected to conceive, plan and manage commercially viable enterprises.

14.3.4. A community-based project should not entirely depend on volunteers. Most of the voluntary work should be confined to the supervisory functions or one-off casual labour. Specialists should be paid living wages either on secondment or paid by some income generating business activity.

14.3.5. A community project should not become dependent on a single donor, who may be more concerned with their own goals than the community's. The solution is to broaden their base of stakeholders – as Bauleni have done, with other donors and the government departments – with each being involved only in a specific aspect of the project.

14.3.6. It is important to build on what already exists and to plan expansion in a phased manner. The Centre has evolved from what was already there but has added on new components, to ensure the sustainability of the institution.

14.3.7. Clean surroundings, a sense of service and dedicated leadership serve to boost the morale of everyone involved.

15. Field Report: City of Hope

15.1. Background

City of Hope (CoH) is a residential centre for "girls at risk". The centre is run by the Salesian Sisters of St John Bosco on a 13 hectare site at Makeni in Lusaka.

The idea of establishing a centre to cater for the growing numbers of girls at risk, most of whom are orphans, was first mooted in 1993 and CoH was opened in 1995.

The main aim of CoH is to provide support to girls at risk because of difficult family and other social circumstances.

The centre assists the girls in three main areas:

- residential home;
- basic education; and
- skills training.

The specific objectives of CoH are, therefore:

- to provide a home to orphans and other vulnerable girls;
- to ensure sustenance of the girls through food and clothing;
- to provide basic education;
- to provide survival skills; and
- to offer moral and spiritual guidance.

15.2. The Project

Five Salesian sisters run CoH and they constitute the management team. The project was started with financial support from the Catholic church, local and international donors. Although substantial amounts of money have so far been invested in the centre, the current running costs are estimated to be $1000 per month, excluding donations of food and other materials. The sisters augment the supplies of food by growing vegetables and keeping goats.

A number of organisation have worked with CoH in this endeavour, including the Ministry of Community Development and Social Services (MCDSS), Young Womens Christian Asssociation (YWCA), Children In Need (CHIN), Zambia Open Community Schools (ZOCS) and the Zambia Police through the Victim Support Unit (VSU). Most of these organisations identify and refer girls to CoH. The girls are then registered with the MCDSS.

There are 40 girls in residence, 400 girls in the open community school and 20 in skills training. The five sisters are assisted by local staff and volunteers. The centre employs 2 attendants, 14 teachers (2 for skills training and 12 for primary schooling - levels 1-4) and 2 volunteers. The community school teachers, although started as volunteers, are paid by ZOCS.

There centre has 12 rondawels which serve as classrooms. The majority of the 400 girls in school come from the surrounding densely populated shanty compounds of Chawama, John Lang and John Howard. Most of the girls are aged 9-17 years and have been deprived of formal schooling due to poverty or circumstances such as orphanage.

A Parent Teachers Association (PTA) was recently constituted for the community school. However, there seems to be a general feeling among most parents that the sisters are doing a good job and should be left to do everything.

The skills training offers a two year vocational training in agriculture, tailoring, home management and typing. The girls grow their own vegetables which they sell to raise funds for examinations.

The 40 girls in residence come from different parts of Zambia, with one girl coming from a neighbouring country. Most come from difficult family situations and have been physically and psychologically traumatised. The orphans would also have been deprived of adequate parental and moral guidance. Some of the girls were street kids.

The centre therefore has to play a significant role both as a provider of shelter and to try and correct personality disorders that may have resulted from the girls' past experiences. At CoH the girls follow a prescribed timetable as a way of training and instilling a sense of responsibility. They also work in the vegetable gardens.

The girls feel privileged as the centre offers them a better "home" than home. There is a

volunteer elderly woman (grandmother) who visits the centre every week to teach the girls (especially those that have come of age) how to conduct themselves as women.

The involvement of the community in the running of the centre generally is limited. There are various reasons for this, including:

- the competence of the sisters (the community appears content to leave the management in their hands);
- the fact that the centre is located in an agricultural area, some distance from the nearest residential compound;
- the management committee is made up of people from the Church, rather than the broad community.

Financial disclosure is limited, but this appears to be because nobody has asked for this information, not because the sisters are reluctant to reveal their income and expenditure.

15.3. Useful lessons

15.3.1. The centre has a solid management structure where responsibilities are clearly defined and shared among the Salesian sisters. The success of the centre rests heavily on the commitment of the sisters to the best interests of the girls in their care.

15.3.2. The high sense of vocation, especially among the community school teachers and the hostel attendants, is strongly rooted in religious conviction, and tested by their willingness to work for little or no payment.

15.3.3. The viability of the centre depends heavily on the ability of the sisters to secure donations from within the church, both locally and internationally, and to keep operating costs to an absolute minimum.

15.3.4. The centre has sufficient land to expand, and they are aware that there is a need to take in more girls, but they are concerned about their ability to raise more funds for operating costs.

15.3.5. For reasons given above, the community do not "own" the centre. This does not impact adversely on the running of CoH but it does mean this model could not be easily replicated as a community-driven project.

16. Field Report: Buyantanshi Community Schools

16.1. Background

Buyantanshi Open Community Schools (BOCCS) was an initiative by a missionary couple to help needy people in Kabwe. Initially they channeled funds from a private life-trust fund through the local office of the social welfare department. However the central government's allocation to this local office was reduced, apparently as a result of this private funding. As a result the couple redirected their life-trust funds through the church and the idea of starting BOCCS was conceived.

BOCCS applied for membership with the Zambia Community Schools Secretariat (ZCCS) to have a legal base for operating the schools. The first of the seven centers opened in May 1998 under the leadership of the missionary couple working with the Christian Community Churches in Zambia.

16.2. The project

The Open Community Schools are situated in seven compounds in Kabwe, namely Buyantanshi, Katondo, Kawama, Makululu, Kaputula, Ngungu and Waya. These schools use existing infrastructure such as churches or disused bars (pub). In one location the project has bought an old bar while in another, buildings were donated by World Vision to the community, who voted that the school should use the premises.

BOCCS' objective is to provide education from the nursery age through primary and secondary education, to orphans and youths who are deprived of any form of basic education. Priority is given to girls, orphans and underprivileged children, whose guardians or parents do not have the means to send them to school due to lack of financial resources to pay for school fees and uniforms.

Minimal fees are charged, ranging from K500 (US$0.20) for double orphans to K1 500 (US$0.60) for under-privileged children. Scholars in grades 8 and 9 are required to pay K5 000 (US$2.00). If children cannot pay they are not excluded from admission. There is no requirement for uniforms.

Unlike most community schools, which follow the SPARK manual, these schools follow the approved government syllabus from the Ministry of Education. The teachers are volunteers from within the communities. There are two categories of teachers – those that are trained retired teachers and the grade 12 school leavers who undergo short-term training.

Both categories receive an allowance from the project. BOCCS has employed a total of 54 staff including the supervisor, deputy supervisor, senior teacher and six teachers-in-charge. Altogether the schools accommodate nearly 1 400 pupils. Statistics for each school are shown in the attached table.

In three of the centers, double orphans (about 250) and teachers are given a meal of nshima (thick maize porridge) and relish each day during school term. In this regard the project has employed 10 cooks. Occasionally the double orphans receive clothes that are donated from Germany. In the cold season this year, all the double orphans will receive a blanket each.

Among the double orphans some – especially those in the care of grand parents – have sponsors in Germany. These orphans receive monthly rations of 25kg maize- meal, 2,5L cooking oil, a packet of washing detergent and two tablets of bath soap.

BOCCS are run by a school board comprising:

- Buyantanshi Christian Center/Christian Community Church leadership
- Director of Life Trust (one missionary) as chairman of the board
- Chief Settlement Officer from Council
- Chief Community Development Officer from Council (to coordinate Residents Development Committees)
- District Education Officer
- The Coordinator (the other missionary)
- The Deputy Coordinator
- School Supervisor (ex-officio)

16.3. Useful lessons

16.3.1. The use of retired teachers (who receive an allowance) and the fact that the schools follow the normal government syllabus, means the children are assured of a quality education.

16.3.2. BOCCS' liberal approach to fees and their food programme ensures many children who would otherwise stay home and starve are able to receive, and benefit from, their schooling.

16.3.3. This does, however, raise questions about dependency-creation and sustainability, which is underlined by the local nick-name for the school, which is *Kabulanda* – meaning "place of paupers".

16.3.4. There was no community participation (needs analysis and identification of solutions) in the formation of BOCCS and, as a result, the perception is that the project – however welcome – is "owned" by the missionaries. It was mentioned that efforts are being by the RDCs to mobilise communities

16.3.5. While local people are involved in the running of the school, they are not fully informed about financial issues or involved in fund raising. They are simply on the receiving end. There was a clear difference of opinion on sustainability, with the missionaries believing the project could continue if they left, while members of the community were sure it would close down.

16.3.6. The practice of paying community members such as cooks and cleaners means others are unwilling to become involved without payment of some sort. To change this scenario would require a lot of sensitisation of all communities.

Name of school	Number of teachers	No. of double orphans	No. of single orphans	No. of needy children	No. of children
Buyantanshi	20; 11 trained, 9 untrained	102; 52 boys, 50 girls	82; 39 boys, 43 girls	164; 96 boys, 68 girls	348
Natuseko	8; 4 trained, 4 untrained	31; 11 boys, 20 girls	33;18 boys, 15 girls	174; 88 boys, 86 girls	299
Katondo	6; 2 trained, 4 untrained	84; 50 boys, 34 girls	54; 30 boys, 24 girls	119; 53 boys, 66 girls	257
Makululu	4; 2 trained, 2 untrained	16; 6 boys, 10 girls	65; 39 boys, 26 girls	122; 69 boys, 53 girls	203
Ngungu	2 – both untrained	8; 3 boys, 5 girls	20;10 boys, 10 girls	16; 11 boys, 5 girls	44
Waya	4; 2 trained, 2 untrained	14; 10 boys, 4 girls	15; 8 boys, 7 girls	55; 30 boys, 25 girls	84
Kawama	5; 1trained, 4 untrained	48; 22 boys, 26 girls	33; 18 boys, 15 girls	31; 16 girls 15 boys	112
TOTAL	49	303	302	521	1 347

17. Field Report: CINDI Kitwe

17.1. Background

CINDI is an acronym for Children in Distress. The initial planning for their programme began in 1993 through a network of churches involved in home-based care, and sprang from their concern for children left after the death of one or both parents. The churches collected data through their neighbourhood networks on the number of orphans. They registered with Family Health Trust who assisted with a constitution and provided extensive technical advice. The first social welfare services began in 1994. They currently assist nearly 12 000 single and double orphans.

Their catchment area is the Kitwe District, with 11 designated programme areas including urban, peri-urban and one rural site. Many people in the catchment area work in the informal sector, for example selling vegetable and household commodities that have been repacked in small amounts. Most households have access to a small plot of land for cultivation during the rainy season. The main source of income is in-kind payment from the Food for Work Programmes. At the rural site the people engage in subsistence agriculture and sell fresh vegetables.

Health clinics are scattered throughout the catchment area. However, many people are far from a clinic, so transport is a major expense beyond the direct medical costs. These two expenses act as a barrier to medical care for many.

17.2. The Project

CINDI's objectives are:

- to identify and monitor the status of orphans in Kitwe,
- to provide social relief support to orphans,
- to assist orphans meet some of their educational requirements,
- to assist orphans with access to medical facilities,
- to advocate on behalf of orphans, and
- to provide HIV/AIDS education to all stakeholders.

Their programme interventions include education, agriculture, income generation and an extensive social relief programme.

Their education activities include:

- advocacy on behalf of orphans to have them exempt from school fees,
- provision of subsidised uniforms and school requisites to community committees,
- bursaries for a small number of post secondary education places, and
- payment of school examination fees for all children in their programme.

The project began by using an existing home-based-care structure for data collection and setting up community committees. To enhance the service delivery skills of the communities, in-service training on HIV, child abuse and psycho-social support was held. All distribution of educational requisites, agricultural inputs and social welfare is done through these local committees.

Local committees receive some agricultural inputs to augment community donations for their "orphan gardens". The point of these gardens is to provide orphans with skills through working in the fields; to give orphans, guardians and care givers a chance to interact; and, in a small way, to supplement the food grants.

Pupils are monitored by teacher-CINDI committees in local schools. In some instances where CINDI negotiated an exemption from school fees enrolment increased, but when this exemption lapsed, enrolment and/or attendance dropped.

The largest activity within the CINDI is their social relief programme. Basic foodstuffs are distributed monthly to all households caring for orphans. A clinic is open several times a week to attend to orphans needing medical care. In outlying areas, local committees raise funds for to send orphans needing help to the nearest clinic.

CINDI is run by a board which sets policy. Their general membership is a body of individuals who pay an annual membership fee. Local committees send representatives to the district annual general meeting, collect data, manage social relief distribution, offer moral support to orphans and care givers, and organise activities such as gardening and income generation.

The programme is well funded by donors. However, the long term sustainability of the project is not yet well defined. Considering the high level of intervention with the community at large, there is an obvious and urgent need to ensure there is no lapse in funding before sustainability is achieved.

CINDI aims to be financially self-sustaining. Their approach is for community members to make contributions for start-up capital and/or seeds for gardening. Although this plan is in place, little investment by CINDI or communities has taken place. Their board is in the process of preparing a strategic plan that will enable them to meet their project vision which is to have:

- some orphans stand on their own and sustain themselves,
- capacity building of volunteers and care givers,
- income generating activities to sustain operations and commitments to clients.

17.3. Useful Lessons

17.3.1. The project has a very streamlined administration with clearly defined financial control, organisation at community level, rationalised staffing and regular monitoring systems. The top-down approach, coupled with good management, ensures that goods and services reach the clients.

17.3.2. The role of community committees needs to be clearly defined –lack of clarity about duties and responsibilities leads to inefficiencies and possible failure. If the committees are given too much work to do, they tend to select those activities which offer short-term benefits, rather than sustainable returns.

17.3.3. Income generating activities (IGAs) do not work in the presence of social relief programmes ("handouts"). At best, those involved keep up the IGAs as "window dressing" to please the donor. At worst, IGAs absorb material and human resources which should have been used to benefit society, and persuade the communities that they are incapable of helping themselves.

17.3.4. Income generating activities should be planned and managed with sufficient business expertise and resources so that they can generate enough income to have a real impact in the project.

17.3.5. Group agricultural projects are known to be more social than productive. While social activities may have some value, the rewards from a successful farming venture are far greater. To be productive, agricultural activities need significant investments in planning, training, capital inputs and management skills.

17.3.6. CINDI's extensive network of community committees offers a unique opportunity to give orphans and their families access to information and contacts – such as planning, training and technical expertise.

17.3.7. The supply of free food, education and health care by donor agencies cannot be sustained indefinitely. However, the sudden withdrawal of these benefits would have reverberations way beyond the CINDI and its direct beneficiaries.

17.3.8. The *carte blanche* provision of goods and services to all orphans in the catchment area – regardless of their personal circumstances – is not an appropriate use of resources.

18. Field Report: OVC Programme – Kitwe

18.1. Background

The Orphans and Vulnerable Children (OVC) programme in Kitwe District is a community-based programme facilitated by the Social Welfare Department of the Ministry of Community Development and Social Services, supported by Project Concern International (PCI).

The programme operates in eight compounds in Kitwe where the most vulnerable communities are found. These are: St Anthony, Chipata, Kamakonde, Kamatipa, Itimpi, Malembeka, Mulenga, and Musonda. The study team was able to visit only four of these communities. From the records, we believe that the sites visited were representative of the other areas where the programme is in operation.

All the communities visited were typical of shanty townships on the Copperbelt. Unlike the mine or council townships, these compounds are unplanned and attract people who cannot pay high rents. The quality of housing is poor and people do not have services such as piped water, water borne sanitation and electricity. Many residents earn a living from petty trade, sale of charcoal, firewood and illicit beer. Those in employment are in low-paying jobs such as piece-workers, security guards, office-orderlies or domestic servants. Extreme poverty is endemic.

The townships vary in size, population and service provision. For example, Kamatipa has a population of 28 000 while in St Anthony the population is less than 5 000. Due to their location near the city, most services such as schools and clinics are available within walking distance. However, owing to dire poverty, these services are not affordable to a large number of people living in these townships.

It was noted that the townships had different administrative structures. Some were subdivided into zones while others were not. In those with zones, each had its own local leadership structures. In those without zones, the local leadership was made up of leaders from various organisations represented in those communities, such as churches, political parties, councillors or NGOs.

18.2. The Project

The programme was initiated by PCI, who commissioned a participatory learning and action (PLA) exercise involving various NGOs and CBOs. The Department of Social Welfare was used a focal point for this activity. This lead to the formation of the Kitwe District Orphan and Vulnerable Children Committee (DOVCC) with broad based representation from organisations working with orphans and vulnerable children. The Department undertook to provide secretarial services to the DOVCC.

The objectives of the DOVCC were stated as follows:

- To examine all aspects of the problem of orphans and vulnerable children in the district.
- To develop, implement and monitor district level responses to orphans and vulnerable children.
- To mobilise local resources and access international support for orphans and vulnerable children.
- To work closely with communities doing or not doing orphans and vulnerable children activities.
- To be a forum for partnership between different NGOs, churches, private companies and individual for mutual support.

The Department of Social Welfare together with PCI and the DOVCC identified four communities where further PLAs were conducted. The communities selected were: St Anthony, Chipata, Kamatipa and Mulenga. The PLAs in these communities culminated in the formation of Community Orphan and Vulnerable Children Committees (COVCCs). It should be noted that the PLA exercises merely formalised interventions that were already, albeit in a very rudimentary way, being done by the communities. Later another four communities were added, after PLA exercises.

The COVCCs have their own structures. These include the general membership, a community council, the board and the executive committee. In addition, there are facilitators and sub-committees in each community.

Facilitators are defined as a body of trained personnel whose aim is to bring community awareness on the OVC problems and the need for joint participation. The work of the

facilitator is "to co-ordinate, monitor, educate and encourage the community programmes, progress taking place and render a report to the higher authorities and shall therefore work tirelessly hand in hand with all the committees."

The sub-committees vary according to the number of activities undertaken by the community. For example, the St Anthony's COVCC has five sub-committees: health, nutrition, counselling, fundraising, and community school.

18.3. Useful Lessons

18.3.1. The PLA exercise is an important catalyst in highlighting the problems that the community is faced with, and for brainstorming possible interventions. However, there is also the danger of fostering despondence if increasing awareness is not accompanied by workable solutions to the problems.

18.3.2. The use of a government department as a forum for all stakeholders to focus on a problem (the "task force" approach) is highly commendable. However, the task force should not be turned into an institution, especially if their goal is to empower communities to solve their own problems. Institutionalising a task force (especially if it is in turn attached to a donor) can easily create the impression that local initiatives are subordinate to "higher authorities".

18.3.3. Complete dependence on volunteers for problems that are of a long-term nature is not sustainable. In fact, such a practice deepens the poverty situation of volunteers and discourages those in the community who are in a better position to give.

18.3.4. It became very obvious that income-generating activities should be separated from skills training projects. A small vegetable garden, however well tended, cannot meet the financial requirements of an open school.

18.3.5. Serious long-term problems cannot be solved by relying on the generosity of those who have little to give. Serious problems require a radically new way of doing things. They require huge investments in skills and financial resources.

19. Field Report: CINDI Kalomo

19.1. Background

CINDI Kalomo started in 1992 as an initiative by teachers at Chonga primary school to help orphans who could not pay their school fees. Initially the teachers contributed to a fund from their own salaries, calling themselves the Kalomo Orphan Care Programme. As the number of orphans increased the teachers sought assistance from UNICEF who, in turn, referred them to the Family Health Trust (FHT), an NGO established in 1987 to address the impact of HIV/AIDS in Zambia.

FHT agreed to support them if they changed the organisation's name to CINDI, adopted an HIV/AIDS related approach in line with other projects operating under FHT's umbrella – such as the Anti AIDS Project (AAP), Children in Distress (CINDI) and Lusaka Home Based Care (LHBC) – and included local health functionaries on their project committee. These stipulations led to a difference of approach and by the following year the teachers had pulled out of the programme.

19.2. The project

The goal of CINDI Kalomo is to improve the care of distressed children under the age of 20 who have lost one or both parents. The project provides direct support to orphans according to criteria approved by FHT. Those who qualify for direct support are:

- Orphans living with aged persons, 55 years for women and 65 year for men,
- Orphans living with chronically ill single parents,
- Orphans living with single female headed households
- Double orphans living on their own.

The direct support takes the form of paying part (usually 50%) of the school fees for qualifying children. Occasionally assistance is also given for uniforms or medical costs. The support is largely funded by NORAD through FHT, and currently supports about 3 000 orphans.

In addition to providing direct support to orphans, the project also helps in capacity building by providing various training sessions and workshops for members who are involved in CINDI activities.

CINDI aims to be self-funding by running income generating activities (IGAs). These include hammer-mills (to grind maize), tuck-shops (informal stores) and oil presses (making cooking oil). Occasionally community members engage in fundraising activities such as sponsored walks. These events also serve to raise awareness of HIV/AIDS and the orphan issue

Organisationally, CINDI is made up of members who pay an annual membership fee (usually K500 or US$0.20). Paid-up members are entitled to vote or stand for election to the various committees. The organisation has a District Committee made up of the chairpersons and treasurers from the nine branches, which extend from Chikumi in Monze in the north, to Mukuni in Livingstone in the south. Each branch has several sub-branches (giving 42 in all) which in turn have elected committees.

At provincial level the project is managed by a Co-ordinator assisted by a Community Development Officer, both of whom are based in Kalomo. They are the only salaried employees of the project.

Orphans are identified, registered and categorised according to need by community members. However, communities tend to register only as many orphans as they can support, for fear of creating expectations, so the numbers are of limited value in assessing the extent of orphan-hood in those areas.

Branches and orphans registered:

Branch	orphans registered
Nsalali	250
Chikuni	350
Kancomba	100
Choonga	215
Kaloma Central	669
Livingstone	350
Choma	55
Mukuni	125
Zimba	700
TOTAL	2 814

19.3. Useful lessons:

19.3.1. The project has established a framework to empower communities to support orphans in their midst. The children are kept within familiar social structures, rather than placed in institutions.

19.3.2. The committee structure has exposed community members to certain organisational skills such as programme planning, development and implementation, although at a very modest level.

19.3.3. Community involvement in CINDI's projects is not broad-based. The paid-up member system means relatively few people within the community are involved in policy-making and management. This raises issues of responsibility (what influence do non-members have in a project which affects their children?) and sustainability (what happens when experienced people move out or burn out?)

19.3.4. Although a strategy for self-help through IGAs has been established, extreme poverty and a lack of business skills makes it very difficult for them to succeed. Even projects which are regarded as successful are producing negligible returns in relation to the donor capital and human resources invested in them, while many other IGAs are dormant or showing losses.

19.3.5. The fact that the IGAs are managed by unpaid volunteers drawn from within impoverished communities means they are vulnerable to pilferage, and the close-knit nature of these communities makes it difficult for neighbours to act against the perpetrators. At least one project simply became dormant, because the committee was unable to act against their own chairperson.

19.3.6. Various references were made to dwindling support for the CINDI committees, which was attributed to a lack of commitment to "the orphans". However, this is more likely to be a manifestation of a growing disillusionment with a strategy (to become self-sufficient through IGAs) which is clearly not working, and a fear of what will happen if and when the funders pull out.

20. Field Report: OVC Programme – Livingstone

20.1. Background

The OVC programme was introduced in Livingstone in January 1998. It followed a community planning exercise initiated by Project Concern International (PCI) under the auspices of the Ministry of Community Development and Social Services (ie: social welfare department).

The exercise began in December 1997 by taking an inventory of organisations working with orphans and vulnerable children (OVCs) in Livingstone. A total of 40 people drawn from community based organisations (CBOs) non governmental organisations (NGOs), communities and district HIV/AIDS task force were invited to participate in a participatory learning and action (PLA) exercise. This exercise is designed to identify common goals and strategies.

The participants were then divided into groups of eight people each, to go into five compounds, to assist the communities in turn to identify the main needs of OVCs and to come up with action plans to address them. In each case the main need identified was for the education of these children, and the strategy was to establish an open community school and to embark on income generating activities (IGAs) to fund them.

20.2. The project

The OVC programme is overseen by a district OVC committee (DOVCC) which comprises representatives from NGOs, churches, government departments and private sector organisations. The secretariat is the district social welfare office.

At community level the OVC programme is overseen by Community OVC Committees (COVCCs) which are made up of representatives from CBOs such as neighbourhood health committees (NHC) and residents' development committees (RDC). These committees have formed sub-committees for activities such as education, counselling and projects (ie: income generating activities).

The Livingstone OVC programme is currently operational in five compounds namely Malota, Sakubita, Nakatindi, Linda and Zambezi Sawmills, most of which are peri-urban. In each area the COVCCs have set up community schools, which charge no school fees and rely on voluntary teachers.

More detail is given in the following table:

Compound	Population	OVCs	Activities undertaken
Malota	15 000	597 orphans 430 vulnerable	Community school with six volunteer teachers; football/net ball; drama group for health education
Sakubita	3 000	40 orphans 64 vulnerable	Community school and pre-school with four volunteer teachers; football/net teams; tuck shop for income generation
Nakatindi	11 760	124 orphans 300 vulnerable	Community school built by community; income generation through knitting; health education through drama
Linda	5 280	45 orphans 120 vulnerable	Community school; football/net ball; and drama group for health education
Zambezi Sawmills	2 500	107 orphans 125 vulnerable	Community school with four volunteer teachers and two paid untrained teachers; football/net ball; income generation through sale of charcoal and firewood, knitting; counselling and drama group dealing with youth reproductive health education

20.3. Useful lessons

20.3.1. The involvement of the Department of Social Welfare encourages other roleplayers to take the process seriously, keeps the government in touch with community activities, and helps with sustainability (eg: by providing secretarial services).

20.3.2. The creation of the DOVCC has enabled various actors to co-ordinate their work with communities, and to introduce new methods – for example CARE PROSPECT to

train communities in livelihood improvement issues.

20.3.3. While "community mobilisation" exercises like PLA are a useful social planning tool, they can also create false confidence that the resulting strategies will succeed, in spite of the limited knowledge- and skills-bases of participants. If the strategies fail, this has serious implications for the confidence of these communities, both in themselves and in the institutional actors involved.

20.3.4. It is doubtful that the community schools are sustainable in the long term. The teachers are not paid and see their work as a stepping stone to paid careers, there are little or no teaching aids or learning materials, and the IGAs which are designed to fund these things are unlikely to do so. The research team did not have an opportunity to explore what impact the setting up five community schools is having on local government schools, nor the implications for local children if the community schools were to collapse.

20.3.5. Although the planning process is supposed to foster a sense of "ownership" by the community, the involvement of PCI at every level (planning, funding, training, technical assistance, monitoring) means the community do not feel they are in control of the programme, or responsible for its success.

20.3.6. The quality of inputs at various stages of community projects (eg: planning, implementation, evaluation) is critical to the outcome of the project:

- The facilitators of the planning and evaluation processes should be impartial. Obviously it is not possible for the organisation which provides funding and technical assistance to be impartial.
- In the case of interventions, in-depth planning and support skills are vital. Eg: income generating activities should be supported by a feasibility study, adequate training, funding and extension work.
- It is highly desirable to involve different donors in different activities, so that the communities do not feel dependent on one organisation.

None of these qualities was evident at OVC Livingstone.

21. Field Report: Chikankata Community Based Orphan Support Programme

21.1. Background

The Community Based Orphan Support Programme (CBOSP) at Chikankata Salvation Army Mission Hospital, was started in 1995 as a component of the Community Based Support Care Unit of the hospital. The other components are Community Counselling and Community Based Rehabilitation.

The CBOSP is under the supervision of a Children In Need (CHIN) Coordinator based at the hospital. CBOSP works through local level committees called CHIN committees and is currently working in five communities with a total of 1183 registered orphans, of whom about 70% are double orphans.

The programme has five specific objectives:

- Create awareness among community members about the problems of orphans;
- Facilitate income generating activities (IGAs) by CHIN committees at local level;
- Conduct HIV/AIDS prevention activities among children, especially those who are vulnerable;
- Provide survival skills for orphans; and
- Facilitate the link between local communities with agencies outside of the area that are interested in issues of orphans.

Chikankata Community Based Orphan Support Project operates within the catchment of the hospital. The catchment population for Chikankata hospital is 65 000. The CBOSP works in five communities, each consisting of about 15 villages under a village headman.

The main source of household income is agriculture. The main crops are maize, millet, sun flower and cotton. These crops are grown for both domestic consumption and sale (maize, millet, cotton, sunflower). Yields differ according to the households' abilities. It was reported that some households were already experiencing hunger as their yields were not good this year.

Chikankata hospital serves as a referral centre for three health centres. HIV/AIDS is prevalent and deaths from AIDS are the main cause of orphanhood. However HIV/AIDS rates are not available as testing is not routinely done at Chikankata hospital. Although in the past ritual cleansing of surviving spouses was responsible for the transmission of HIV, this is no longer the case as ritual cleansing through sexual contact is being abandoned for safer ways of cleansing.

Orphans and other vulnerable children are cared for in the extended families, mostly by their surviving mothers and grandparents. In many instances the property of the fathers is shared among relatives leaving orphans without any means of subsistence. However, the fact that most orphans are cared for in the families mitigate against severe alienation of the orphans and allow use of their dead parents' property.

Some communities are taking the initiative to sustain their vulnerable members through, mostly, gardening. These initiatives were found even in those communities that did not have CHIN committees but have Prevention and Care Teams (PCTs). The driving force behind these initiatives was reported to be pressure arising from orphanhood, widowhood and old age. PCTs lay firm ground for the formation and subsequent success of CHIN committees as they endeavoured to tackle the many community problems.

21.2. The Project

The programme is coordinated by a CHIN Coordinator at the hospital. In the five communities where the programme was implemented, local CHIN committees were formed. These local committees consist of 24 members from different sectors of the community, such as school teachers, Community Health Workers (CHW) and village headmen. Each village is represented on the CHIN committee and there is gender balance. At Ngangula Community, there were 12 men and 12 women.

The CBOSP was started with funding from UNICEF at an initial cost of K90 million (US$ 36 000). This amount was used to set up the programme and maintain it for two years. UNICEF has continued funding the programme and the current budget is K66 million (US$ 26 000) which is expected to cover the period 1999 to 2001. The other programme inputs consists of very small amounts of funds from within the hospital, hospital paid up staff and local level volunteers

The programme has three distinct elements: community mobilisation and information; capacity

creation through IGAs; and monitoring (identification and registration) of orphans.

The initial funding was used mainly to rehabilitate primary schools in two communities. In these schools orphans are exempt from paying fees apart from school requisites such as books and uniforms. The programme also reaches a small number of vulnerable children whose parents are extremely poor, chronically ill or are mentally or physically disabled.

Part of the funding was also used for training CHIN committees, training of orphans in life skills and training of school teachers in Child to Child project. The local CHIN committees are working through community members to target individuals and households. They identify orphans and vulnerable children and decide who to assist. The CHIN committee members (known locally as "care-givers") are given training in community education; advocacy in situations of child abuse; family education and counselling.

The programme works very closely with the CHIN Secretariat in Lusaka, District Social Welfare Officer in Mazabuka, UNICEF, the Ministry of Education through the Child to Child Project and local primary schools.

21.3. Useful lessons

21.3.1. Chikankata has an association with local communities dating back to the 1930s. The CBOSP capitalised on this relationship to foster community acceptance of new ideas such as change of some negative cultural values. The local chiefs and headmen were consulted and involved in the orphans programmes.

21.3.2. The planning process was done very carefully without promising much. This allowed the communities to take full charge of the orphan programme. What was interesting was the fact that the local community did not see themselves as an appendage of the hospital. During the discussions with local CHIN members, very rarely did they mention the hospital.

21.3.3. Although most of the funds come from UNICEF, there is evidence that the programme could continue if funding were discontinued. The programme has a very small staff who are paid by the hospital, so their involvement is viewed as part of their regular work. The hospital has IGAs which could sustain the programme. At community level, so far only two communities have received funding from UNICEF. The other three, although struggling on their own, have made strides towards assisting orphans.

21.3.4. Income generation through agriculture at the hospital and in the communities is working very well.

22. Field Report: Minga Orphan Project

22.1. Background

Minga Orphan Project is located at Minga Mission in the Eastern Province, 40 kilometres west of Petauke. This rural project serves a catchment area of 100 square kilometres and a population of 60 000. Minga Hospital has four rural health centres and 15 health posts serving over 600 outpatients a day.

The project began with a survey of orphans in 1992. Through a process of consultation with communities, mission and hospital staff and traditional leaders it was agreed to provide formal education for orphans with little or no support. Community orphan committees were established (modelled after church and home-based care interventions) which included headmen, church women's groups, teachers and religious leaders. To support these activities, donations were sought from local business and individuals. Orphan Sunday was used by all denominations to collect donations.

The main ethnic group in the area are the Nsenga who are matrilineal. This being the case, upon the death of the parents, the children are returned to the mother's traditional home to be looked after by the mother's family. In many cases the children are left with the maternal grandmother. However, few if any possessions and property will be handed to the grandmother with the children. It is not unusual for the grandmother to be guardian of all the children of her deceased daughters.

The residents are mostly subsistence farmers who do not normally grow enough food to satisfy their own needs. There is usually some sort of food relief every year before the new crops can be harvested. The 1997-98 growing season was not good, so many families will have little to take them through to the next season. This cycle appears to repeat itself yearly.

22.2. The Project

In response to this situation the Minga Orphan Project (MOP) was established. Their objective is to help the growing number of orphans in their area to attend school. Their constitution defines orphans as the poorest children, being double orphans or having a remaining parent who is seriously ill, and families who are completely unable to send the children to school without the assistance of the MOP.

An inter-denominational and community-based central committee selects the families whose children will receive bursaries. The committee is guided by family-assessments carried out by the local orphan committees. However, the committee does not invite family-assessments unless it has places to fill. This year there may not be any new families helped, as those already in the programme have more children reaching school-going age than leaving school. Currently there are 150 families in the project with 700 children, of whom half are of school-going age.

To the dismay of the volunteers, more girls than boys drop out of school – with 34 in secondary school only five are girls. One-sixth of the children leave the programme each year, through movement, deaths or drop outs. The programme pays for school fees, uniforms, pencils and exercise books. In 1997 they purchased a bale of clothes for the children in the programme and still have some clothes left over.

To support the families' educational needs, a tuck shop was established. The building was built with a loan from Chipata Diocese which has been paid back. The tuck shop is managed by an employee and supervised closely by the central committee. This successful income generating activity (IGA) supports the school requisites of the children enrolled in the programme. The central committee purchases goods in bulk, monitors stock and keeps an inventory worth more than K7 million (US$2 800) and a K15 million (US$6 000) reserve. The latter is earmarked for a second income generating project, yet to be decided, and has been saved from small donations from local and outside well-wishers. Minga's constitution states that the first IGA must support over 100 orphans for two consecutive years before a second project can be embarked upon. The tuck shop currently makes a profit of over K1 million (US$400) per annum which provides the funds for the pupils currently enrolled in the programme.

A field officer is employed by the project. He provides liaison between the stakeholders, being the central committee, community committees, schools and families, and carries out the day-to-day administration of the project.

In 1998 the project arranged awareness meetings for the 54 headmen in the area. Through a participatory exercise access to land for orphans and their care givers, exhausted land, and lack of adequate shelter were identified as areas where headmen could be influential in the improvement of orphans' lives. Since these meetings, needy families in eight areas have increased access to productive land.

The field officers provide quarterly reports to the central committee. As all committee members are volunteers and are involved in other activities such as employment or farming, they have limited time to devote to outside activities. To this end the committee works toward streamlining its dealings with families and its IGAs. In terms of funding, they are not interested in donor funding with conditions attached, but are looking for a second sustainable IGA which would sustain the project's activities. They do not propose to change the present focus of activities.

If they were to start again they would have asked for more investment from the community from the beginning such as donations and time so that ownership would be felt more at the community level. There was too much dependence outside of the local communities for the initial work, and the central committee is investigating ways of getting local communities more actively involved. This would reduce the burden on the voluntary central committee, and ensure the benefits reach the right children.

22.3. Useful lessons

22.3.1. Beginning the project at mission level, even though the community was involved, has caused the project to be identified as a mission project. The project now faces the challenge of increasing the role of the community. The central committee feels they used too many outside resources to start up.

22.3.2. This project is managed by volunteers that have their own livelihoods. These community leaders are able to offer management skills to run the project within the objectives set in the constitution.

22.3.3. The employment of skilled persons to manage the IGA on business lines is critical to its success. It is also important that the business is kept completely separate from the project's social relief activities.

22.3.4. The real involvement of local leaders with a definite role, not just a courtesy invitation, can impact beyond the project activities such as the improvement of housing and land access to orphans and their families.

22.3.5. It is important to plan and implement one aspect of the programme before embarking on the next. For the Minga project, this is even defined in the constitution to guard against growing too fast and jeopardising the first activities whether they be in social welfare or IGAs.

22.3.6. Big is not necessarily beautiful. The project must be able to judge the limits of time and resources to run a successful project. Minga is not interested in large outside donations as neither the time nor the infrastructure is available to satisfy the needs of a donor. A one-off request for a specific input for long term income generation could, however, be appropriate.

23. Field Report: Kanyanga Orphan Project

23.1. Background

Kanyanga Orphan Project (KOP) is situated some 40 km north of Lundazi district in the Eastern Province. The project forms part of the service delivery of the Kanyanga Zonal Health Centre. It is run by the centre's AIDS Management team and has two components which impact directly on the wellbeing of orphans – a nutrition centre and an intensive agricultural extension service to households caring for orphans.

Kanyanga Orphan Project has four main objectives:

- To establish Income Generating Activities (IGAs) for vulnerable orphans (mostly AIDS orphans) and caregivers;
- To facilitate the establishment of IGAs by mothers widowed by AIDS and other caregivers (especially grandmothers) who have no means of caring for orphans;
- To provide vulnerable caregivers with tools, seeds, chemicals, in order to enable them start agricultural IGAs; and
- To provide some training to orphans, widows and other caregivers in agriculture (in legume and cotton production, processing and marketing).

Kanyanga Zonal Health Centre caters for a population of 12 527 people. The main form of subsistence is agriculture. However the term "peasant farmer" cannot be generally applied as many people are growing some cash crops and appear to be well resourced and economically better off.

The majority of the population are Tumbuka speaking, and follow a patrilineal and viri-local pattern of family and residential arrangements. This has great advantages for orphan placement and care. The orphans and the surviving spouse(s) often remain on the dead man's land and keep most of the household property left behind by him.

Conversely, most households are polygamous, which has grave implications for HIV/AIDS. One village lost three polygamous household heads leaving over 30 orphans and some of the wives as AIDS patients.

23.2. The project

The project was started in 1997 after the realisation that AIDS deaths were taking a high toll on the local community. At that time the AIDS Management Team at Kanyanga Zonal Health Centre, responsible for Home Based Care (HBC), decided to include orphan interventions in their programme of activities. A building was secured through donations for a nutrition centre and the centre started attending to under-nourished orphans.

The agricultural component began with the distribution of seeds to orphans and widows through the HBC programme. Initially the project used the Community Health Worker to supervise the agricultural activities but this did not work well. Consequently, the AIDS Management Team employed an agriculturist and used an existing nutritionist to provide intensive agricultural and nutritional services to households with orphans.

Functionally, the AIDS Management Team, the Nutrition Centre and the agricultural component of the orphan intervention are tightly integrated within the health centre. Strong collaboration between KOP and the Department of Social Welfare is evident, with the department offering welfare services such as paying school fees for some orphans in areas that are not reached by KOP.

The KOP targets households rather than individual orphans. Orphans are defined as a child who has lost one or both parents. All the orphans reached by the project live within household and are cared for by a surviving spouse or an extended family member. The project is reaching five families who are receiving agricultural inputs. In this area there was a grandfather looking after orphans, a rare phenomenon in many parts of Zambia. This seemed to be associated with the patrilineal nature of social organisation.

At a social level, the label of "orphan" is not usually applied except for the purposes of responding to questions of biological parentage. For example, an infant was an orphan when its mother died during birth or shortly after. At the nutrition centre a baby is an orphan from age 0-6 months and thereafter its just a baby who is perhaps malnourished or was in the orphan feeding programme. Children are integrated into the family system.

23.3. Useful lessons

23.3.1. The KOP approach uses an existing structure (home based care) to respond to a new need, rather than creating parallel structures as we are seeing in education with open community schools.

23.3.2. Also, the KOP offers an holistic approach to orphans as opposed to a single service. For example if a family cannot support the education of their orphans, money is made available from the project's agricultural activities for school fees.

23.3.3. The institutional support of these households through the local mission, health centre, Department of Social Welfare, agricultural extension and the participation of local headmen provides an integrated approach to resolving orphan problems.

23.3.4. Economic prospects and opportunities are linked to community efforts, to the land and to the care and preparation of the orphans for the future. For older orphans, economic opportunities lie in their own hands.

23.3.5. Replicability in other areas may be possible, but it is doubtful that the project could be scaled up effectively. Inhibitory factors are the capacity of staff, and the need to work in sympathy existing community coping strategies.

23.3.6. The project is fully integrated into village life. For example, a one hectare field has been made available by village headmen. Villagers work in the project field on a rotational basis or may donate food for malnourished children and orphaned infants instead. Involving headmen means the project does not ignore traditional responses, while making the response a part of the beneficiaries' lives means it should be sustainable in the long term.

23.3.7. Project sustainability is enhanced by the fact that very little came from outside the area. Apart from initial start-up funding from Canada of K7 million (US$ 2 800) most of the inputs are local. The Canadian funds were used for agricultural activities including the wages for the project agriculturist. Funds generated from the project field and vegetable garden are going into a revolving fund to ensure sustainability of the programme.

24. Field Report: Kaoma Saint Martin Cheshire Community Care Centre

24.1. Background

Kaoma Saint Martin Cheshire Community Care Centre, commonly known as Kaoma Cheshire Home, grew out of a need to care for infants left when mothers died while or shortly after giving birth. Many of the mothers were of ill health before giving birth and thought to have been affected by HIV/AIDS related illnesses. From 1986 the babies were placed with families in their local communities, but long distances between the foster homes made it very difficult to provide milk and to monitor the babies. As a consequence many were often ill and many died. Many were thought to be HIV positive although testing was not done.

Kaoma is located in the Kaoma District in the Western Province of. It has the usual government offices and departments under the supervision of the district secretary at the district headquarters. The Kaoma District Hospital is the referral health institution for the district with many outlying clinics and community health posts in its catchment area. The prevalence of HIV/AIDS is high. The orphan population is the highest in Zambia. There is a military barracks outside the town.

In the town people are in formal employment such as nurses, police officers, teachers and civil servants. In the centre of town there are small entrepreneurial activities as found all over Zambia. Most of the outlying population are peasant farmers who keep cattle and work small agricultural holdings with some cash crops. Although most families are extremely poor they are generally able to grow just enough food to carry them through from one agricultural season to the next.

24.2. The Project

The planning for Kaoma Cheshire Home began in 1991 with a public community meeting where a steering committee was elected. People from all walks of life attended the meeting. The steering committee was mandated to develop a plan of action to care for baby orphans.

First land was acquired and then a grant was secured from Irish Aid to build a dormitory. The first babies came to the centre in 1993. Since that time other buildings have been constructed with the help of donors and the community. These included an ablution block, kitchen, offices, laundry, and day room.

In late 1998 a 540 metre wall fence was constructed (for the safety of the children) using more than 800 volunteer days. Inter-denominational church groups made cement blocks and carried water to finish the wall in three months.

The babies are referred by the district social welfare office, the health institutions, community members and traditional leaders. Referrals from villages must be supported by a letter of verification from the local traditional leader. A relative living within the vicinity must be identified to take responsibility for the baby. This includes weekly visits, in kind or monetary payments for care at the centre and looking after the child if admitted in the hospital.

Children are discharged when they are between two and three years. It has been difficult for the staff to "let go " upon discharge when the child is not fully accepted at home or the home is very poor with the family barely able to look after themselves. Of seven children discharged in December 1998, reports confirm the deaths of three. This may be because the children's health was already compromised at or soon after birth, or there was a lack of a clean water supply at their new homes, or the change of diet made them susceptible to illness and death.

The centre has links with the local hospital, the district social welfare office, churches, Project Against Malnutrition, government offices, traders and the military. The committee makes a concerted effort to include a wide range of institutions and individuals in their activities to keep the local community aware of the orphans and to have the community take some responsibility for the centre. The affiliation to Cheshire Homes has made it possible for the home to access information and funding from the mother body in England.

The greatest challenge the committee faces is to ensure financial security. To date they have acquired six modest rental properties, keep a small herd of cattle, and have a kitchen garden. Funding is available to purchase land for a commercial farming venture. A guest house is also being considered. Running costs are in place for the next eighteen months.

24.3. Useful lessons

24.3.1. The high level of organisation of the Kaoma community could serve as a model to similar small communities, but the project could be disrupted by a constant flow of visitors seeking guidance.

24.3.2. The project has no plans to grow, as they feel they have already reached and surpassed their limits.

24.3.3. Staff are tempted to keep infants at the centre beyond their third birthdays when they have concerns about the desirability of the home environment to which the children are to be returned.

24.3.4. The older the child is when he or she is returned, the greater their chance of survival. However, infants at the centre are not prepared for the token responsibilities which children of three or older are expected to manage, which could lead to alienation within the family.

24.3.5. The timing of the return of the child to a relative's home is also important – in December there is less food available than in February or March.

24.3.6. All financial information is vested in the treasurer, which inhibits planning and represents a threat to the organisation should the treasurer leave.

24.3.7. A diversified investment strategy such as that contemplated by the committee may ensure sustainability, but there are concerns about their ability to manage such a portfolio.

25. Field Report: Mongu Nutrition Group

25.1. Background

The Roman Catholic Church established the Mongu Nutrition Group (MNG) some 29 years ago in Mongu District, Western Province. Their overall objective was to improve the health and nutrition status of vulnerable rural communities in the district.

The MNG operates in the remote areas of the district where health and agricultural extension services from government departments are not easily accessed. Mongu is one of the seven districts which make up Western Province, where 87% of the population live in rural areas.

Western Province has the highest number of orphans per capita in Zambia, and is one of the country's poorest provinces in terms of the incidence, depth and severity of poverty, with low levels of agricultural production and disposable income. The communities serviced by the MNG are in the most remote and therefore worst-off parts of the district, with little access to amenities such as health and education, nutrition, maternal and child health services, water and sanitation. By extension, it may be assumed that there is a greater number of vulnerable children in this area.

25.2. The project

MNG is one of the few projects in the district addressing problems which are typical of rural poor communities. Its intervention is made up of various activities, some of which perform a social welfare function while others generate income and subsidise the provision of welfare services. The major activities are as follows:

25.2.1. A maternal child health-nutrition outreach programme, comprising a team of four who visit 13 stations every month. The team consists of a nutritionist, education specialist, social worker and nurse. During visits they carry out the following activities for orphans and the aged:

- growth monitoring and follow-up of orphans;
- immunisation, ante-natal and post-natal clinics;
- treatment of health problems;
- provision of supplementary food;
- health and nutrition education;
- family planning; and
- small charitable grants from a fund of K100 000 (US$ 40) a month.

25.2.2. A rice promotion programme, including a loan scheme to assist farmers with inputs and equipment, an extension service for rice-growers in selected areas, and a guaranteed market for rice producers by buying rice at a "fair price" – usually above the market price.

25.2.3. A milling section, operating two rice mills and one hammer-mill for maize. This section is mainly for income generation. A farm shop sells implements and inputs such as cement, stock-feed, beans and groundnuts.

25.2.4. The project operates six rural shops and there are plans to open two more. They sell groceries and farm-related requisites. The shops make a small profit but are seen as a service to the disadvantaged communities.

25.2.5. A transport section which hires out a 30-ton truck mainly for transporting cattle and timber. The section also has two tractors and a speedboat for hire. These are purely income-generating activities.

25.2.6. A craft-shop which buys Lozi crafts from the villagers for re-sale in Mongu or Lusaka. While this trade brings some income to the project, it also provides a market for rural people who cannot sell their products in the villages.

25.2.7. The MNG is the implementing agency of the Western Province Feeder Road Rehabilitation Project sponsored by the Royal Netherlands Embassy. This is a labour-intensive project designed to boost the local economies. While the MNG earns good money from this agency work, it is expected that the District Feeder Road Trust will take over the implementation, after which the MNG will become a contractor in Mongu District.

In terms of structure, the MNG is a church-run service organisation with a clientele who are non-members. It is also a hierarchical organisation with the Bishop of Mongu as the overall head, with a priest serving as the 'proprietor' of the project. The day-to-day administration is done by a (lay) Coordinator, assisted by departmental heads.

The Coordinator is changed every four years. The research team was informed that each incumbent has a free hand in determining the direction of the project according to his/her inclination and very often without consulting the departmental heads. This practice has tended to impose a recurring learning-curve on the project every time a new Coordinator is appointed.

The project has benefited from a number of grants and donations from different organisations. At the moment, the project is able to cover most of its running costs from the various income generating activities. However, these activities do not yet generate enough income to meet the replacement costs of major capital items.

25.3. Useful lessons

25.3.1. Rural development projects designed to uplift poor and vulnerable groups can also contribute to alleviating the problems which face orphans and vulnerable children. The reason these children are "vulnerable" is mainly due to the poverty of their guardians.

25.3.2. The use of government personnel drastically reduces project costs and the likelihood of project failure if technical assistance or external financial support are withdrawn. They represent a local pool of expertise and linkages, which is paid for by the government.

25.3.3. Social welfare oriented interventions are best sustained within a broad mix of income-generating activities, especially when some of these activities are directed at providing a market for various rural products. However, both welfare and income generating activities work best where clear distinctions are made between them.

25.3.4. Organisational structures that are rigid and non-participatory tend to lose out on the benefits of institutional memory, lessons from past mistakes and achievements as well as the valuable contributions that could come from middle management.

25.3.5. Health personnel and interventions are critical in the identification and care of orphans and vulnerable children.

26. Field Report: Sioma Women's Group

26.1. Background

Sioma Women's Group (SWG) is a small group who undertook a poultry project to generate income to support vulnerable women so they could look after their families – especially after the death of a spouse. The group was initiated by Catholic Sisters based at Sioma Mission, most of whom work in the Mission Hospital. In addition to health care, the hospital operates a small charity, which supports orphans.

Sioma is in Shangombo District, about 70 kilometres away from Senanga on the Senanga-Sesheke road, about 130 kilometres from Sesheke. It is bounded by the Zambezi River to the east, and the Silowana Plain to the west. Apart from the Sioma Mission and hospital, there is a secondary school with about 200 pupils and a small settlement. The area is very remote and the majority of the people derive their livelihood from cattle-keeping, fishing and some agriculture.

26.2. The project

Initially the SWG thought of producing eggs for sale from village chickens. Each member contributed chickens to the club until they had 30 chickens altogether, which they kept in a communal chicken-run in a disused domestic science training centre, some distance from their homes.

Unfortunately some of the chickens were stolen and, by the time the number had dropped to 17, the women decided it was time to remove the birds from the communal chicken-run and return them to the care of individual members.

However, in order to encourage the women to continue their collective venture, the Catholic Diocese gave them a loan of K1.5 million (US$600) to build a more secure chicken run, and to stock it with more chickens. They were told the money had to be spent on the chicken project, and not any other income generating activity.

At the time of our visit, the structure was partially complete but the women were not very keen to buy more chickens, as they are certain these would be stolen and they would be left with a substantial debt, which they could not repay.

26.3. Useful lessons

From this short experience, several useful lessons emerged regarding income-generating activities and community mobilisation.

26.3.1. Income generating activities do not necessarily require a communally-owned business venture. The women could easily continue with their poultry project without needing to keep their chickens in a communal run. In this setting, it is clearly better not to keep all your eggs in one basket.

26.3.2. When embarking on an income-generating activity, it is important to seek the counsel of people who know something about the business – and not merely the joy of working together as a group. By the time the loan was made, nearly 50% of the startup capital had already flown the coop.

26.3.3. What impoverished people need most is not debt, but ideas and skills. Credit is only appropriate when it can be justified on sound business lines. In other circumstances, it poses real risks of killing the goose (or chicken) which lays the golden egg.

27. The authors

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