# APPENDIX 1: Summary of Data Review

One unfortunate consequence of the high prevalence of HIV/AIDS in many African countries has been a dramatic increase in the number of orphaned children. These children, and others affected by the epidemic, are believed to have an increased risk of negative outcomes during the remainder of their childhood that may well extend into their adult years.

This report provides estimates of the numbers of orphans and some other categories of vulnerable children in Zambia, describes their geographic and social distribution, and measures the extent to which certain outcomes are affected.

Our data come from the three surveys that Zambia conducted as part of the international programme of Demographic and Health Surveys (DHS) in 1992, 1996, and 2001/2. For all children aged 0-14 in the sample households, questions were asked about the survival of the mother and the father. Information was also obtained about whether the parents, if alive, lived with the child. These responses can be related to the child's age, sex, the household's location and other characteristics. Education is the most important of the available outcome variables, measured in terms of completed years of schooling and current enrolment.

Children who have lost one parent are "single orphans;" those who have lost both parents are "double orphans". The simple term "orphan" refers to a combination of these two types.

## Rates, Numbers, Trends and Distribution of Orphans

The table below gives the rounded percentage of children aged 0-14 who were orphans in the three surveys. It is clear that the percentages have increased steadily[29].

The rate of orphanhood for all children age 0-14 increased from under 8% to 12% to over 15% across the three surveys. Within each survey, the percentages are higher for successive age intervals. By the time of the third survey, about 20% of children aged 10-14 had lost one parent, and about 6% had lost both parents. The overall rate for children aged 10-14 (26.1%) was almost exactly twice the rate observed ten years earlier, in the first survey (13.1%). To a large extent, of course, trends in orphanhood are a direct reflection of trends in adult mortality from HIV/AIDS, which has been steadily increasing for two decades.

The actual number of orphans can be estimated by combining the percentages in the surveys with other data on the number of children in Zambia. This report estimates that of the 4.3 million children aged 0-14 in Zambia in 1995, 403,000 were single orphans and 49,000 were double orphans. Of the 4.8 million aged 0-14 in 2000, 548,000 were single orphans and 116,000 were double orphans. The report breaks these numbers into five-year age groups but, because of sampling error, it is not safe to make more detailed numerical estimates.

| | | 1992 | | | 1996 | | | 2001/2 | |
|---|---|---|---|---|---|---|---|---|---|
| **Age** | **Single** | **Double** | **Total** | **Single** | **Double** | **Total** | **Single** | **Double** | **Total** |
| 0–4 | 3.0 | 0.0 | 3.1 | 4.4 | 0.3 | 4.6 | 4.9 | 0.3 | 5.3 |
| 5-9 | 8.0 | 0.6 | 8.5 | 11.7 | 1.4 | 13.1 | 13.3 | 3.0 | 16.2 |
| 10-14 | 11.8 | 1.3 | 13.1 | 16.7 | 3.1 | 19.9 | 19.9 | 6.1 | 26.1 |
| **All ages** | | | | | | | | | |
| 0-14 | 7.2 | 0.6 | 7.8 | 10 | 1.5 | 12.0 | 12.2 | 2.9 | 15.1 |

[29] Differences in the totals columns are due to rounding error. Numbers were rounded to the nearest tenth of a percentage point, in order to avoid a spurious appearance of unjustified precision.

Some children do not live with either parent, even though one or both of the parents are still alive. This type of living arrangement has been stable at 13% to 14% of all children in each survey. It is a potential category of vulnerability that is explored in the report, but it seems not to be related to HIV/AIDS.

In 1992, the rate of orphanhood was somewhat higher in rural areas, but by the later surveys it had shifted to become higher in urban areas. There is considerable variation across provinces. In the 2001/2 survey, Central Province and Lusaka had the highest rates of orphanhood (18.3% and 17.4%), respectively. Eastern Province, the poorest part of the country, had the lowest rate (11.4%), less than two-thirds the rates of Central Province and Lusaka.

There do not appear to be any significant differences between boys and girls in the chance of being orphaned or in the distribution across different kinds of households. But because HIV/AIDS mortality has been higher for men than for women, there were approximately twice as many paternal orphans as maternal orphans in the 1992 survey. The sex differential in adult mortality is gradually diminishing, and this ratio had declined somewhat by 2001/2. Because of the nature of HIV/AIDS, it has a tendency to affect both parents. If a child has lost one parent, then the chance of losing the other one is more than twice what it otherwise would be.

## The Education of Orphans

Access to education is perhaps the most important resource that is measured in these surveys. It is possible to investigate whether orphans have fewer completed years of school or are less likely than non-orphans to be in school. This information is available for children aged 5-14 in the 1996 and 2001/2 surveys.

A comparison between orphans and non-orphans, in terms of an outcome such as education, is affected by the age difference between the two types of children. For any cohort of children, the chance that a parent has died cumulates over time. Thus there are more orphans in older age groups. In the 2001/2 survey, among children aged 0-14, the average double orphan is ten years old. The average non-orphan is only six years old, and single orphans are intermediate. Due simply to this age difference, the mean years of education of orphans is actually substantially *higher* than that of non-orphans. Even within age groups 5-9 or 10-14, orphans tend to be older and to have more education than non-orphans. It is necessary to control for age in single years, using a method such as multiple regression, in order to eliminate this spurious relationship.

Using this method, and controlling also for place of residence and sex of the child (rural children have almost a year *less* schooling than urban children, and girls have about a month *more* than boys), the only significant effect of orphanhood is that children who have lost their mother, but not their father, have an average of 0.14 of a year less education than non-orphans. The loss of the mother is more damaging than the loss of the father in this respect.

In terms of current attendance, orphans are about 26% less likely to be currently enrolled, with the strongest impact for double orphans, who are 34% less likely to be enrolled. This is a very substantial effect, approximately as severe as a general decline in enrolment across the ten-year interval between the 1992 and 2001-2 surveys, for all children. There is no advantage or disadvantage for females, whether they are orphans or not.

## Households as Units

Most of the report treats children as the units, but in some analyses the units are households. It is therefore possible to identify variations and trends in the kinds of households that orphans live in.

There has been a substantial increase in the percentage of households that contain one or more orphans, whether single or double. In 1992, under 12% of all households in Zambia contained at least one orphan. In 1996 the figure had risen to almost 18%, and in 2001/2 to over 21%. Households with orphans tend to be larger than average. For example, in 2001/2, the mean household size in the entire country contained 5.4 persons. Households containing exactly one orphan had an average size of 6.2 persons, and households with more orphans were progressively larger.

Households that contain orphans are more likely to have female household heads. This is partly because single orphans tend to be paternal orphans, a consequence of the higher HIV/AIDS mortality for men. The surviving mother often becomes the head of the household. Overall, in 2001/2, nearly 23% of Zambian households were female-headed and 18% of households containing no orphans were female-headed. But of households with one orphan, over 30% had a female head; of households with two orphans, almost 45% had a female head. These households tend to have fewer economic resources, and the burden on the women who are household heads is often severe.

Households with orphans are also more likely to have older household heads. In 2001/2, the

average age of the household head was nearly 43 years. If there were no orphans in the household, it was under 42 years; if one orphan, over 45 years, and if two or more it was 48 to 49 years (50 to 51 in rural areas). Some of this pattern is due to the widowhood of older women with several children, and some is due to grandparents caring for double orphans.

## Household Amenities

For all children, household characteristics such as the source of drinking water, type of toilet facilities, and housing construction affect health and the quality of life. The report examines potential differences between orphans and non-orphans in these amenities.

It is clear that many children in Zambia, regardless of orphanhood status, live in households with poor amenities, such as open wells as the source of drinking water, a complete absence of toilet facilities, or an earth floor. The interest here is limited to whether orphans are more likely than non-orphans to be in such households.

The report finds no consistent evidence of such a handicap. Orphans do not seem to be worse off, in this respect, than non-orphans.

An index of household wealth, constructed by DHS mainly on the basis of household possessions, suggests that in 1996 (we do not have the index for 1992) orphans tended to be placed in households that were somewhat above average. These may have been extended households headed by a relatively more prosperous aunt or uncle, for example. (The only types of relatives who are specifically identified are adult siblings or grandparents.) By 2001/2, this pattern appeared to have ended. Considering the high percentage of households that contained orphans by 2001/2, it is plausible that the relatively more prosperous households have reached their capacity and cannot absorb more orphans without their standard of living falling.

In 2001/2, about a third (32.9%) of all orphans lived in a household headed by a parent, most often their mother. These are of course single orphans, who are predominantly paternal orphans. Another third (32.7%) lived in a household headed by a grandparent, most often a grandfather. Almost a quarter (23.8%) lived with another relative, usually male, and probably an uncle. These three categories account for the living arrangements of the great majority of orphans. Four per cent live with an older sibling; perhaps surprisingly, these households do not seem to be disadvantageous with respect to measurable characteristics and outcomes such as education. However, 4.7% of children are adopted, fostered, or live in some other household headed by a non-relative. These children have a marked disadvantage, particularly in terms of education.

The 2001/2 survey contained a module of household questions about possession and use of mosquito nets to reduce the risk of malaria. The principal finding from this module is that few households have these nets and of those that have them, few use them. Over 90% of all children live in households with no mosquito net; only 0.8% of all children actually used such a net during the reference time period. In the tabular analysis, orphans and non-orphans are indistinguishable except for a hint that use is *higher* for double orphans, but this difference is shown to be spurious in the regressions (see below).

## Multivariate Analysis

In order to analyse interrelationships among several variables, or to control for characteristics such as age, or to determine statistical significance, regression is often preferable to tabulation. Several regressions were done as part of this analysis.

As stated earlier, a control for age is very important, because the risk of becoming an orphan increases with age. Main effects for sex and interaction terms with sex are included to check for possible differences between male and female orphans. The regressions also include main effects and interaction terms for type of place of residence, to check whether effects differ for urban and rural orphans.

These regressions have helped to identify some specific vulnerabilities resulting from the loss of one parent. As described earlier, children who have lost only their mother tend to have fewer completed years of schooling. On the other hand, the loss of the father tends to reduce the standard of living of the household in which the child lives. There is some negative effect upon education when the household head is anyone other than a parent or older sibling, and particularly when it is someone to whom the child is not biologically related. The loss of either or both parents tends to reduce the chance that the child is currently attending school. With controls for age and place of residence, orphanhood also tends to reduce the level of protection from malaria, but the level of protection is remarkably low for all children.

Some of the potential negative impact of orphanhood is undoubtedly reduced when such children join a favourable household. As described earlier, there is

evidence that in the mid-1990s, at least, orphaned children tended to be absorbed into the households of their grandparents or other relatives, probably typically aunts or uncles, which appears much preferable to living with non-relatives. But there is also a suggestion in the 2001-2 survey that those households are reaching their limits and cannot absorb more orphans without their own standard of living deteriorating.

## Recommendations

It is hoped that this report will assist agencies that deal in one way or another with orphans and vulnerable children, and help with the formulation of policies that involve these agencies. Several ministries of the Government of Zambia have such a role, as do many international agencies and NGOs.

**Our first recommendation is simply that all relevant agencies, as well as the general public, should be made better aware of the high, and steadily increasing, prevalence of orphanhood.** Over a ten-year interval, the percentage of children aged 0-14 who are either single or double orphans has approximately doubled. Roughly one quarter of all households contain at least one child who has lost a parent. These numbers alone should make it clear that the HIV related deaths of adults have led to major difficulties for the children and households that are left behind.

**Second, those organizations and agencies need to be strengthened in order to accomplish their mission.** Many Government policies relating to orphans are in place and do not necessarily need to be changed. For example, the objective of placing children in the households of relatives, rather than institutionalising them, appears from our data to be optimal. The objective of having orphans legally adopted into these families appears to be in the children's best interest because it helps to provide stability and legal rights. However, the implementation of procedures to help poor families make the adoption legal and permanent, as well as providing various kinds of direct and indirect subsidies, and extending services into rural areas, will require a higher commitment of resources.

**Third, we recommend better coordination of the various organizations and agencies**, perhaps with a working group that meets regularly and shares information.

**Fourth**, consistent with the function of the CSO and the periodic surveys discussed here, **we recommend the establishment of an ongoing database that could be shared by all relevant organizations and agencies, to improve coordination**. This database would include updated estimates of the spatial and social distribution of single and double orphans; a specification of the responsibilities of each agency; and data about what had actually been delivered by each agency. Ideally, it would be structured in such a way that information could easily be aggregated or disaggregated, from the national level down to smaller areas within provinces.

**Fifth, we recommend that the ZDHS data, the Living Standards Survey, and other epidemiological data on HIV/AIDS, be combined to provide an even better description of the demographic links between adult mortality and morbidity, the incidence of orphanhood, and the restructuring of households that absorb orphans**. This could lead to a better understanding of how the incidence and prevalence of orphanhood would be affected by a reduction in HIV infection, or by a change in the male / female rates of infection, the longer lifespan resulting from treatment with ARVs, and so on. It would also give a solid basis for projections of the rate and distribution of orphanhood, at least for the next few years, that could be incorporated into the database described above.

**As a final comment and recommendation**, we recognize that by focusing on numerical estimates and relationships, this report has imposed a quantitative aspect onto a circumstance that has been truly tragic for millions of Zambians, both adults and children. The data that were available for this report describe only a small part of the impact of HIV/AIDS and of orphanhood. **Further research, using qualitative data and methods, is needed** if we are to identify the many potential social and psychological consequences, and to approach a complete understanding, of this high and increasing level of orphanhood.

# APPENDIX 2: Summary of Institutional Response Assessment

The Institutional Response component of the Situation Analysis is intended to give an overview of the formal response by the Government of the Republic of Zambia (GRZ), Non-Governmental Organisations (NGOs) and donors to the orphans and vulnerable children crisis. The study seeks to provide a complete inventory of organisations with a budget of more than K25 million (US $5,000) per year, and to determine their location, coverage and major activities.

The study drew most of the respondents from the records of the Registrar of Societies, as well as from the listings of national networking organisations. A total of 424 organisations were identified and basic data obtained. Seventy-six were interviewed in depth.

Since the last Situation Analysis, the number of registered organisations addressing the problems of OVC appears to have risen, and is estimated by this study at 424. However, accurate information is not available for two key reasons. Some organisations do not register because the registration process demands very accurate information on organisational objectives and activities, and few organisations can comply with the reporting requirements of the Registrar of Societies. Others choose to register as non-for-profit charitable companies, rather than as societies.

There are more registered organisations working in urban than in rural areas. The most remote provinces have proportionally fewer organisations than the more accessible provinces on the line of rail.

The study cannot provide conclusions on the number of children covered by the registered organisations listed. Although most provided a figure on the number of beneficiaries, the total would suggest that almost all orphans and vulnerable children are covered. One reason why this cannot be so is the geographical bias towards urban areas and those along the line of rail – children in remote areas are clearly not being helped. And if the total number of beneficiaries were correct, one might expect most urban OVC to be benefiting from multiple sources of assistance. Since this is not the case, it is probable that estimates of beneficiaries are inaccurate, and biased towards overestimation.

Most organisations are involved in three or four different activities. The most common activities, reported by over 280 organisations, are those that assist orphans and vulnerable children by improving the economic status of the households in which they live. Other organisations promote improved access to services, including health and education. A new approach since the last Situation Analysis, reported by almost half the organisations listed, is to promote psychosocial support, which focuses on the emotional, psychological and social well-being of children, and also the households they live in. Just over 150 organisations report being involved in institutional care. Other activities include policy advocacy, and promoting community participation in dealing with OVC.

Many organisations would benefit from capacity building, in technical as well as administrative skills. Greater awareness of OVC issues and improved capacity to reflect in organisational activities and objectives is being promoted through networks such as the Children in Need (CHIN) network and the Link Association for the Relief of Children (LARC). Less attention is paid to skills in administration, accountancy, and data collection and analysis, although there is a clear need for improvements in this respect.

Government has made some significant improvements in services for OVC in the past five years:

- The free basic education (FBE) policy of 2002 has removed a significant barrier to accessing primary education, although other barriers remain to be overcome.
- GRZ also provides bursary support for a limited number of children to access primary and secondary school, and grant support and teachers to selected community schools.
- The redesigned Public Welfare Assistance Scheme has helped OVC to access health and education, as well as other basic needs.
- The Victim Support Unit has expanded to over 300 police stations, supporting victims of property grabbing, and intervening in cases of violence, child abuse and sexual abuse.
- The Food Security Pack has provided free farm inputs to up to 150,000 'vulnerable but viable' farmers, enabling them to plant enough food to provide a daily meal for the average household.

More progress in providing universal access to basic education and essential health services is needed.

Orphans and vulnerable children are expected to benefit from targeted availability of anti-retro-viral (ARV) therapy, particularly where it enables parents to stay alive longer, and delays or reduces the number of children who are orphaned. However, supporting costs such as for transport, improved diets and lab tests need to be considered in the design of programmes targeting the most needy.

The National OVC Steering Committee was established in 1999, under the direction of the Ministry of Sport, Youth and Child Development (MSYCD). However the committee no longer meets, which has a negative effect on the design, implementation and coordination of policies and programmes for OVC. With the expected revival of this committee, Government will be better able to meet its outstanding commitments to the redesign of the National Child Policy, and the integration of the provisions of the Convention on the Rights of the Child into domestic law. The needs of orphans and vulnerable children are also expected to be a major focus of the new social protection strategy, being designed by the Ministry of Community Development and Social Services (MCDSS) for integration into the new Poverty Reduction Strategy Paper (PRSP).

There have been improvements in local / district level coordination in the past five years. All districts have had training for District Aids Task Forces (DATF) and District Welfare Assistance Committees (DWAC), which both deal with important issues for OVC. In twelve districts, experiences with District Orphans and Vulnerable Children Committees (DOVCC) have provided useful lessons in the benefits of coordinating GRZ, local councils, NGOs, churches and the private sector.

In the past five years, faith-based organisations (FBOs) have strengthened their response to HIV/AIDS through the registration of two networks concerned with OVC. The Expanded Church Response is intended to scale up the quality and coverage of all activities addressing HIV/AIDS by the Catholic Church, and all members of the Evangelical Fellowship of Zambia and the Christian Council of Zambia. The Zambia Inter-Faith Network has similar aims, and is open to all FBOs.

The activities of the Zambian private sector and of international privately run charities and NGOs are not easy to monitor. However, it appears that there are substantial resources channelled to OVC by such organisations, supporting education costs, institutional care and household economic security programmes.

More work is needed to address the specific problems of children living without parents or adult caregivers. Such children are found in child-headed households, and on the street. Little information on either group is available to help design or monitor activities, and the good experiences in working with street children are not well documented or easily accessed.

The international donor community is allocating more resources to the problems of orphans and vulnerable children. More bilateral and multilateral donor organisations are addressing these issues as part of their programmes in Zambia. Additional funds have become available for GRZ, NGOs and health service providers through the Global Fund. The arrival of large international private foundations has also increased access to funding for OVC programming at all levels.

More and better intervention is still needed throughout the country, and from all possible stakeholders. Despite the rich and diverse experience in OVC programming, most needy children still only access whatever their families can provide, with no support or protection from GRZ or any other outside agency. To do this will require greater prioritisation and political commitment to OVC from Government, and increased levels of resources from outside Zambia.

# APPENDIX 3: Summary of Extended Family Response

## Background

The extended family in Zambia, as in many other African countries, is changing because of a number of socio-economic factors. The decline in economic performance in the last ten years has affected family composition and structure for the worse. The process of economic restructuring during the 1990s had serious repercussions on the Zambian population. The proportion of employed persons in the formal sector declined from 17% in 1992 to 11% in 1999. This decline in turn resulted in an increase in informal sector employment from 74% in 1996 to 79% in 1998. The formal sector job losses led to the reduction in household income earnings, increasing poverty levels from under 70% in 1991 to 73% in 1998.

The HIV/AIDS epidemic has also played a significant role in undermining the economic development of the country. Zambia has one of the highest prevalence rates for HIV/AIDS, and the disease is particularly devastating because it affects the most economically active and productive members of the society, leaving children and the aged to face difficult economic circumstances. The proportion of grandparent- and child- or youth-headed households has risen over the last decade.

There are strong indications that HIV/AIDS-related mortality has altered the composition and the structure of the family. In Zambia, the extended family was seen as providing support to family members and it is assumed to play a significant role in offering support to orphans and vulnerable children. This study is an effort to understand challenges faced by the extended family in caring for its members, especially the orphans and vulnerable children in Zambia.

## Selection of study districts and sites

The study covered seven districts (three urban and four rural) in seven provinces. The urban districts were selected because of high prevalence of HIV/AIDS and visibly high numbers of orphans there. The rural districts were deliberately selected to provide diversity in family systems and support mechanisms for orphans and vulnerable children (OVC). The low and medium density sites in Livingston and Lusaka were selected to provide high and middle-income family perspectives of the OVC situation.

## Conclusion

Whilst the number of orphans and vulnerable children has significantly increased, the economic situation in Zambia has deteriorated. These have combined to erode the capacity of the extended family to support orphans left behind by their relatives. Extended family support has narrowed down to very close and immediate family members, and it is no longer able to fulfil its traditional role as a mutual support system beyond close blood relatives. This study reaffirms the assumption that the extended family system has weakened and that its role as a traditional support mechanism is diminishing. However, it is still the main support system for most orphans, in the absence of a comprehensive social welfare system in the country.

The situation of orphans and vulnerable children has reached crisis levels, largely because of the failure by the Government to respond adequately. For instance, the Department of Social Welfare has no explicit budgetary commitment to these children. The coping strategies adopted by families and communities are not sustainable and are beginning to fail. Although the efforts of institutions supporting orphans and vulnerable children are laudable, they are insufficient. Consequently, there is an increase in household poverty, increasing numbers of child- and youth-headed households, and reduced numbers of children going to school. Coping is a myth because many households affected by HIV/AIDS do not cope at all. Short term solutions to the crisis have medium and longer term negative effects and costs. These include low or non-existent educational attainment, poor nutrition (with associated stunting or wasting), poor socialisation and resorting to criminal activities or hazardous occupations to earn a living. The HIV/AIDS epidemic also means that resources are being lost in these communities at the same time as demands rise.

This study has, however, left some key questions unanswered and future studies should focus attention on these. For example, it is increasingly clear that many orphans are being brought up either by non-adult siblings or grandparents who may not have skills or are too old to bring up children who are well prepared to meet the challenges of modern life. How are these orphans being prepared for adult roles that will ensure that they become good future citizens?

## Recommendations

1. Increase and intensify HIV/AIDS prevention measures and the roll out of anti-retroviral therapy to prevent additional deaths. The Ministry of Health at local levels can play a leading role in coordinating HIV/AIDS prevention efforts and a rapid and effective treatment plan for those infected with HIV.

2. Help families to continue caring for orphans and vulnerable children. A combination of efforts to provide access to credit, agricultural inputs and in some cases social safety nets is urgently needed.

3. Give child-, female- and grandparent-headed households priority in acquiring business loans and access to business skills training. For households in more desperate situations, improve direct assistance in the form of food, clothes and other basic needs

4. Exempt orphans and vulnerable children from paying fees in basic and high schools: the need to educate OVC cannot be overemphasised. The Ministry of Education should formulate a national policy that will make it mandatory for such children to be exempted.

5. Provide psychological support to both the orphans and their guardians. These programmes can have three broad goals: developing of responsible attitudes towards child rearing; establishing satisfying and good relationships both within the family and the community; and building of skills in decision making and the exercise of choice in matters relating both directly and indirectly to family life.

6. Treat child-headed households looking after siblings as participants in the care process; they need to be looked upon as both recipients and carers.

7. Increase Government funding to existing OVC programmes, especially through the Department of Social Welfare, so that the services can be improved. Other stakeholders, particularly international donors, civil society and the private sector should complement Government efforts.

8. Encourage community-led initiatives. Community-led coalitions can take responsibility for identifying, assisting and monitoring families with OVC if their organisational capacities are strengthened. They require financial assistance and links to other sources of support.

9. Enhance cooperation between institutions supporting families and orphans and vulnerable children. This recommendation was made in 1999 but there is no clear evidence that this was implemented. The Departments of Social Welfare, Child Development, the Office of District Commissioners and the CSO should be mandated fully to participate in monitoring and coordination of OVC programmes as well as collection and maintenance of up to date statistics at the district levels.

10. National leaders (Members of Parliament, Mayors, local Government officials, traditional leaders) must make public their priority to act for OVC, reflect this priority in national plans and budgets and develop alliances with civil society to act in liaison for the common interest of OVC.

11. Conduct further research into areas that are not well understood. These include how orphan-headed households interact and maintain social relationships with the general community.

# APPENDIX 4: Summary of Models of Care

The 1999 Situation Analysis revealed that a number of organisations were responding to the special needs orphans and vulnerable children (OVC). Five years on, lessons have been learned and programmes and strategies have been revised to take into account the experience gained so far. Descriptions of successful interventions can help future planning: some of the programmes described in this section could be replicated or scaled up to provide much-needed care for the increasing numbers of orphans and vulnerable children in Zambia

This part of the report documents examples of good practice in Zambia in nine thematic areas. It does not put forward any single intervention as 'the best'. Rather, the assessment describes a variety of interventions in nine key areas.

## Household Economic Empowerment

Enabling impoverished families to help themselves in the long term is the aim of this kind of intervention. However, it is vital that the immediate needs of a poor family (for food, clothing, shelter, medical care and education) are not overlooked: some households simply need direct assistance, at least in the short term.

Households can be empowered economically by, for instance, providing seed and fertiliser in rural areas and small loans in urban areas. If families become even a little better off as a result, they will be better able to support orphans and vulnerable children within the community. It is recognised that offering such assistance without training the recipients will not be successful, so many schemes, such as the Rainbow Project in Ndola, include elements of skills training and guidance on how to run a small business.

Micro-finance initiatives have been successful, especially where they have targeted groups rather than individuals. This may be because group members are able to support each other during the process of learning how to produce and then carefully use an income.

## Legal Issues

Legal initiatives include lobbying to highlight the fact that the protection of children and their rights is not yet embedded in the legal framework in Zambia. Laws do not yet reflect the provisions of UN Convention on the Rights of the Child, despite Zambia's having signed up to this and other treaties. As part of this formalisation of children's rights, it is also important that all the organisations working with orphans and vulnerable children are properly registered with the appropriate authorities, to safeguard the interests of children.

One Government intervention has been the establishment of the Victim Support Unit (VSU) of the Zambia Police, offices of which are attached to police posts around the country. These work to prevent, investigate and if necessary bring to court offenders against families, especially women and children, but this initiative is not yet available countrywide, because of financial constraints.

The YWCA, which was strongly involved with developing the VSU, is now able to bring the victims of family crime to the units to seek legal redress.

## Education

The two main types of intervention in this field are bursary schemes, such as those offered by CAMFED (the campaign for female education) and community schools. Bursaries may be offered to orphans and vulnerable children who would otherwise be unable to attend school at all. Although Zambia's free basic education policy means that a child should be able to attend a Government school without paying fees, there are other requirements (such as uniforms, books and examination fees) that make school an unaffordable luxury to the poorest families.

Most bursary schemes target basic education levels, but more are now supporting children (especially girls) at high school, and some schemes help children to attend community schools instead.
Local community committees, often including traditional leaders, select children for inclusion in bursary schemes. This is to ensure transparency in the awarding of bursaries, and because local people are best placed to choose the most needy children.

Community schools, such as the one at Bauleni, Lusaka, are an alternative to conventional education, initiated and managed by a community. Funding for such schools may come from a variety of sources, and there is no one pattern for a successful community school. Many use the specially developed SPARK curriculum, which compresses the seven-year Government curriculum into just four years. Others use the Government curriculum, and many offer skills training to older children.

As there is no set pattern for community schools, they vary enormously in their facilities, the number and quality of their teachers, and access to resources. It is common, however, for them to offer feeding programmes, as many of the pupils come from households where the next meal is uncertain: hungry children do not find it easy to concentrate on their schoolwork.

## Increasing Access to Health Services

There are various interventions that aim to increase the access of orphans and vulnerable children to health services. The Family Support Unit at the University Teaching Hospital in Lusaka offers psychosocial support to children and their families living with HIV/AIDS. This includes voluntary counselling and testing for the virus, and post-test counselling for all, whether the results are positive or negative.

At a wider level, the provision of clinics to communities can be a part of interventions aimed at orphans and vulnerable children. However, unless medical care is provided free of charge, children are unable to access this.

## Institutional Care and Support

Institutional care is usually provided in the form of orphanages and transit homes. These are not seen as permanent places for children to live; the ultimate aim is always to return children to families, whether biological or adoptive.

Caring for small babies who have lost their mothers (as is done by the House of Moses in Lusaka) is the most intensive type of intervention, requiring trained, dedicated staff working both day and night. Older children do not need such intensive care, but they have other needs, such as education, which should be met while they are waiting to move back into a family.

Where possible, help is also offered to families who wish to take back a child but lack the means to do so. Through linkages with other organisations, poorer households can be economically empowered so that they can afford to be reunited with their children.

Projects providing institutional care to children should be registered with the Ministry of Community Development and Social Services, through the Department of Social Welfare, and should have written minimum standards of service provision. This is not currently the case for all such projects.

## Community-Based Care and Support

As it is widely accepted that the best place for a child to grow up is within a family (or at the very least within their own community), encouraging community-based programmes is a good response to the needs of orphans and vulnerable children. The Nyampande orphanage and community school, Lusaka, is an example of such a programme.

An effective response takes into consideration the integration of various services that might be provided for all ages within a particular community: a community school, an adult literacy programme, feeding programmes, improved access to health care, skills training and income-generating activities might be the component parts of such an approach. It is important to select beneficiaries of these programmes in an open, transparent way, and to ensure that those who benefit are properly representative of the community as a whole. By including community members in the selection process, this potential pitfall is avoided.

Networking with Government and other organisations is vital for community-based programmes, as they require expertise in different fields and differing resources. The final aim of such broad-based interventions is that community members can become independent to some degree and not simply passive recipients of support. However, this goal of creating a self-sustaining virtuous circle of empowerment and improvement, in which orphans and vulnerable children receive all the care they need, is some way off being realised.

## Social Safety Nets

The Government, whose responsibility it is to provide social safety nets for vulnerable groups, has embraced other stakeholders to help provide these safeguards. A successful welfare assistance scheme should offer social assistance to the most vulnerable and destitute through the allocation of resources to meet the basic needs of food, shelter, clothing, health and education. The Public Welfare Assistance Scheme (PWAS) has developed a matrix to identify and select the most needy households.

A social cash transfer scheme has proved effective in helping the poorest households. Beneficiaries receive a small monthly cash transfer (sufficient for two meals a day and some health and education costs) to spend as they wish.

Schemes may bring together Government departments and programmes working to provide services to vulnerable groups and children. Creating networks between NGOs and Government should guard against the duplication of efforts, allow easy

verification of cases of vulnerability, and guarantee that only the most vulnerable are targeted. However, the success of the social welfare system depends on sufficient and regular allocation of funding.

### Psychosocial Support

This is a new type of intervention for OVC programming in Zambia, which has arisen from the finding that the lack of emotional support when their parents die may be as important as the lack of financial and material support in making children vulnerable. Approaches to psychosocial support include counselling, education, health, economic empowerment and community mobilisation. It has already been recognised that these forms of support are not effective if they are offered to children to the exclusion of their parents or guardians. SCOPE-OVC is one of the leaders supporting this type of intervention.

A successful intervention will build capacity, raise awareness and scale up existing initiatives. Capacity is built through staff training or providing support to organisations that implement psychosocial support interventions. Awareness is raised by various means, including holding community meetings and producing information packages for wide dissemination. Scaling up existing initiatives means widening support programmes to include not just the children but their caregivers too.

One tool that has found to be useful in preparing children for the death of a parent is the memory box (or book). This is assembled by the parent and child together, and contains important family information, words of wisdom, family history, names and stories. Those who are illiterate can deposit items, pictures or possessions instead. Creating such a repository of family information can help both children and parents deal more openly about death and bereavement.

### Street Children

Organisations providing interventions for street children now recognise that it is as important to address the underlying problems that may cause a child to leave home as it is to help such children once they are living on the street.

Interventions in this area, such as the one run by Jesus Cares Ministries, aim to put children back into their own families. If the parents have died or there are other problems, a child may instead be placed with their extended family. Fostering and adoption may have to be considered, but keeping children in institutions such as orphanages is seen as a measure of last resort (although many children may need temporary accommodation while the reintegration process moves forward).

Removing children from the streets is a delicate process, and usually involves teams of outreach workers who gradually gain the children's trust and are able to encourage them to consider reintegration with their families. Once a child has agreed to leave the streets, most interventions offer some kind of short-term institutional accommodation. Here, children can begin to relearn the habits of a normal household while their parents are if possible traced. They are also offered medical care where necessary, and access to schooling.

Bringing children and their families together is also a delicate process that requires counselling for both parties if it is to be successful. Most families whose children have turned to the street are extremely poor, and in many cases they cannot afford to take back a child without some help in the form of food, clothing or other tangible assistance. Programmes recognise this and provide such assistance where they can. Skills training and help to start income-generating activities may also be offered, in the belief that if a family can support itself there will be less reason for children to take to the streets.

### Conclusion

It is clear that there are many ways in which orphans and vulnerable children need to be (and can be) helped. The interventions described in this part of the 2004 Situation Analysis provide a snapshot of just a few of the programmes currently being implemented. It is to be hoped that when future interventions are being planned, those responsible will take note of both the successes and failures of existing efforts. We owe it to the children who are the subject of this analysis to build on and expand programmes that work, and not to repeat earlier mistakes.

# Acronyms and Abbreviations

| | |
|---|---|
| ACC | Area Coordinating Committee |
| ADRA | Adventist Development and Relief Agency |
| AIDS | Acquired Immune Deficiency Syndrome |
| AMIZ | Association of Micro-Finance Institutions in Zambia |
| ARV | Anti-retroviral (therapy) |
| BEBS | Basic Education Bursary Scheme |
| BESSIP | Basic Education Sub-Sector Support Programme |
| CAMFED | Campaign for Female Education |
| CBO | Community-based organization |
| CBOH | Central Board of Health |
| CCUP | Child Care Upgrading Programme |
| CCZ | Council of Churches in Zambia |
| CHAZ | Churches Health Association of Zambia |
| CHEP | Copperbelt Health Project |
| CHEWS | Community Health Waiver Scheme |
| CHIN | Children in Need Network |
| CIC | Children in Crisis |
| CINDI | Children in Distress |
| CJW | Commissioner for Juvenile Welfare |
| CLS | Child Labour Survey |
| CLWA | Children living with HIV/AIDS |
| COVCC | Community OVC Committee |
| CRAIDS | Community response to HIV/AIDS |
| CRC | Convention on the Rights of the Child |
| CSEC | Commercial Sexual Exploitation of Children |
| CSO | Central Statistics Office |
| CWAC | Community Welfare Assistance Committee |
| DAPP | Development Aid from People to People |
| DATF | District AIDS Task Force |
| DCI | Development Cooperation Ireland |
| DDCC | District Development Coordinating Committee |
| DFID | Department for International Development (UK) |
| DHMT | District Health Management Team |
| DMMU | The Disaster Mitigation and Management Unit |
| DOVCC | District OVC Committee |
| DTEHA | Discrete Time Event History Analysis |
| DSWO | District Social Welfare Officer |
| DWAC | District Welfare Assistance Committee |
| ECCED | Early childhood care, education and development |
| ECPAT | End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes |
| EDRP | Emergency Drought Recovery Project |
| EFZ | Evangelical Fellowship of Zambia |
| EU | European Union |
| FAWEZA | Forum for African Women and Education (Zambia) |
| FBE | Free Basic Education |
| FBO | Faith-based organisation |
| FHANIS | Food, Health and Nutrition Information Survey |
| FHI | Family Health International |
| FOCUS | Families, Orphans and Children under Stress |
| GRZ | Government of the Republic of Zambia |
| HBC | Home-based care |
| HEPS | High-energy protein supplement |
| HIV | Human immuno-deficiency virus |
| IEC | Information, education and communication |
| IGA | Income-generating activity |
| ILO | International Labour Organisation |
| IMPACT | Implementing AIDS Prevention and Care |
| IPEC | International Programme on the Elimination of Child Labour |
| IRI | Instructive radio interaction |
| KID-SAFE | Kid Shelter, Advocacy, Food and Education |
| LARC | Link Association for the Relief of Children |
| LCMS | Living Conditions Monitoring Survey |
| LDHMT | Lusaka District Health Management Team |
| M&E | Monitoring and evaluation |
| MACO | Ministry of Agriculture and Cooperatives |
| MCDSS | Ministry of Community Development and Social Services |
| MDG | Millennium Development Goals |
| MoE | Ministry of Education |
| MoFND | Ministry of Finance and National Development |
| MoH | Ministry of Health |
| MoHA | Ministry of Home Affairs |
| MoJ | Ministry of Justice |
| MoL | Ministry of Labour |
| MSYCD | Ministry of Sport, Youth and Child Development |
| MTCT | Mother-to-child transmission |
| NAC | National AIDS Council |
| NACCW | National Association of Childcare Workers |
| NCP | National Child Policy |
| NFNC | National Food and Nutrition Commission |
| NGO | Non-Governmental Organisation |
| NHC | Neighbourhood Health Committee |
| NOVCSC | National OVC Steering Committee |
| OVC | Orphans and vulnerable children |
| PAGE | Programme for the Advancement of Girls' Education |
| PAM | Programme Against Malnutrition |
| PCI | Project Concern International |
| PHRC | Permanent Human Rights Commission |
| PLA | Participatory learning appraisal |
| PLHA | People Living with HIV/AIDS |
| PMTC | Project management training consultancy |
| PRSP | Poverty Reduction Strategy Paper |
| PSS | Psychosocial Support |
| PTA | Parent Teacher Association |
| PWAS | Public Welfare Assistance Scheme |
| RDC | Residents Development Committee |
| ROYCHIN | Rural Orphans Youth and Children in Need |
| SBC | School-based committee |
| SCOPE-OVC | Strengthening Community Partnerships for the Empowerment of OVC |
| SEDB | Small Enterprise Development Bureau |
| SHEMP | Smallholder Enterprise and Marketing Programme |
| SPARK | Skills, Participation, Access, Relevant Knowledge (curriculum) |
| SPS | Social Protection Strategy |
| STD | Sexually-transmitted disease |
| STI | Sexually-transmitted infection |
| SWAAZ | Society for Women and AIDS in Zambia |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNICEF | United Nations Children's Education Fund |
| USAID | United States Agency for International Development |
| UTH | University Teaching Hospital |
| VCT | Voluntary counselling and testing |
| VSU | Victim Support Unit |
| WFP | World Food Programme |
| WILDAF | Women in Law and Development in Africa |
| WILSA | Women in Law and Development in Southern Africa |
| WVI | World Vision International |
| YFDC | Youth Friendly Detention Camps |
| YFHS | Youth Friendly Health Services |
| YHCCS | Youth Health Care Cost Scheme |
| YWCA | Young Women's Christian Association |
| ZAMSIF | Zambia Social Investment Fund |
| ZANARA | Zambia National Response to HIV/AIDS |
| ZCEA | Zambia Civic Education Programme |
| ZCSS | Zambia Community Schools Secretariat |
| ZDHS | Zambia Demographic and Health Survey |
| ZEC | Zambia Episcopal Conference |
| ZECAB | Zambia Education Capacity Building (Project) |
| ZHABS | Zambia HIV/AIDS Business Sector |
| ZINGO | Zambia Inter-faith Networking Group on HIV/AIDS |
| ZLDC | Zambia Law and Development Commission |
| ZNAN | Zambia National AIDS Network |
| ZNFU | Zambia National Farmers Union |
| ZOCS | Zambia Open Community Schools |

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