

Acknowledgements

The Ministry of Sport, Youth and Child Development extends its gratitude to DFID, UNICEF and USAID for the financial support to undertake the Orphans and Vulnerable Children 2004 Situation Analysis. We thank Family Health International for taking the lead support to the Secretariat for this study.

In particular, acknowledgements go to John Zulu (Director of Child Affairs, Department of Child Development), Nicholas Banda (Child Affairs Officer, Department of Child Development), Gabriel Fernandez (Head Child Protection Section, UNICEF), Karen Doll Manda (Country Director, FHI), Batuke Walusiku (FHI), Janet Chime (FHI), Chibwe Lwamba (USAID), Kennedy Musonda (USAID) and Tanya Zebroff (DFID), who served as members of the working group undertaking various efforts to make the Situation Analysis a reality. We also express our gratitude and appreciation to Dr. Stella Goings (UNICEF Representative) and Dr Marta Levitt-Dayal (USAID) for their technical guidance and support during the entire process.

We are also indebted to the members of the steering committee for the valuable contributions during the fortnightly meetings.

Adern Nkandela, CHIN	Kennedy Mbewe, MoFND
Alex Kaba, MoE	Mavis K Bota, MCDSS
Anne Anamela, DCI	Mpala Nkokomalimba, ILO
Bishop Joshua Banda, ECR	Myers H Mudenda, SOS Children's Village of Zambia
Brivine Sikapande, MoH	Paul C Mulenga, MOLA
Carolyn Chibinga, MCDSS	Paul Mumba, MSYCD
Catherine Sozi, UNAIDS	Peter Kabungo, ZCSS
Clare Barkworth, DFID	Sibi N Lawson, WFP
Dr C Sichone, MoH	Solomon Tembo, CSO
Dr Henry M Sichingabula, ZAMSIF	Sr Audrey Mwansa, MoE
Dr Rosemary Musonda, NAC	Sr Doris Aregger, ZEC
Ernest Mwenya, CCF	Suya R Nthani, MCDSS
Grace Chibowa, DFID	
Gregory Mwanza, MCDSS	

The various consultant teams who undertook the individual components of the Situation Analysis should also be commended. Without your constant sense of responsibility to quality, this document would not be a reality.

Summary Report Charlotte Harland

Literature Review RuralNet Associates

Dennis K Chiwele	Stephen Tembo
Fisson Mujenja	Grant Mulenga
Richard Sikananu	Rhoda Chiwele
Jessica Tomlin	

Data Review Central Statistics Office

Solomon Tembo

Margaret Tembo Mwanamwenge

Patrick Mumba Chewe

Dorothy Simambo Kaemba

Stanley Kamocha

Chola Nakazwe Daka

Josephine Chewe

Palver Sikanyiti

Litiya Simbangala

Musumali Shindano

Gerson Banda

Makoselo C Bowa

Anthony M. Nkole

Michael Kunda

Chilekwa Munkonge

Margaret Mukemu Ndakala

Dr Buleti Nsemukila

Modesto F C Banda

William C Mayaka

Peter Mukuka

Clever Muyunda

Tom Pullum, SYNERGY Project

Institutional Response Legend Consultants

Gideon Bulwani

Chandawira Nyirenda

Edith Chilembo

Extended Family PMTC

Philimon Ndubani

Robert Tembo

Mr Kwibisa Liywalii

Mr Godfrey Chileshe

Models of Care Editors

Wendy Fisher

Batuke Walusiku

Karen Doll Manda

Chilufya Chilangwa

Document Editors

Julie Harrod

Felly Nkweto Simmonds

Monde Sifuniso

Last, but certainly not least, we recognize the most important contributors to the Situation Analysis. Countless families and children, NGOs, FBOs and Government agencies provided their time and energy to answer various questions and to provide the information contained in this report. It is our sincere hope that the information contained in this document will help all of us to improve our programming for orphans and vulnerable children.



Barbara Chilangwa

Permanent Secretary

Ministry of Sport, Youth and Child Development

Contents

Introduction.....	1
Summary of Recommendations.....	2
The Global Context.....	5
The National Context.....	6
<i>The economy</i>	<i>6</i>
<i>Population</i>	<i>6</i>
<i>The social sector.....</i>	<i>7</i>
<i>The HIV/AIDS epidemic.....</i>	<i>7</i>
Zambia’s Orphans and Vulnerable Children.....	8
<i>The orphan crisis</i>	<i>8</i>
<i>Vulnerable children</i>	<i>9</i>
<i>Children infected with HIV/AIDS.....</i>	<i>10</i>
Families of 2004.....	11
<i>Female-headed households</i>	<i>11</i>
<i>Moving home.....</i>	<i>12</i>
<i>Grandparents as parents.....</i>	<i>12</i>
<i>Extended families.....</i>	<i>13</i>
<i>Back to the village.....</i>	<i>14</i>
Children Living Without Parents or Adult Caregivers.....	15
<i>Street kids</i>	<i>15</i>
<i>Child-headed households.....</i>	<i>15</i>
Lives of Struggle.....	17
<i>Going to school</i>	<i>17</i>
<i>Health and nutrition</i>	<i>19</i>
<i>Struggling for a living.....</i>	<i>21</i>
<i>Stigmatisation, discrimination and grief.....</i>	<i>23</i>
What’s Being Done: Achievements and Challenges.....	25
Government.....	25
Achievements.....	25
Challenges.....	25

National OVC Steering Committee	25
Government Policy	26
Legal Framework	26
Institutional Responsibility	26
Social Protection	26
The Poverty Reduction Strategy Paper (PRSP)	26
<i>International Donors</i>	27
Achievements	27
Challenges	27
Coordination	27
Development of Good Practice	27
Multi-Sectoral vs. Packaged Interventions	27
<i>NGOs and CBOs</i>	27
Achievements	27
Challenges	28
Registration	28
Accountability and Transparency	28
Coverage and Accessibility	28
Monitoring and Evaluation	28
<i>Faith-Based Organisations</i>	29
Achievements	29
Challenges	29
Promoting Good Practice	29
Advocacy and Participation on a National Level	29
Expanding the Role of All FBOs	29
<i>District structures</i>	29
Achievements	29
Challenges	30
Maintaining Enthusiasm	30
Supervision and Support	30
<i>Mobilising Communities</i>	30
Achievements	30
Challenges	30
Long Term Engagement	30
Transparency	31
Multi-Sectoral Responses	31
Recommendations for the Next Five Years	32
Closing Comment	35
References	36
APPENDIX 1: Summary of Data Review	37
APPENDIX 2: Summary of Institutional Response Assessment	41
APPENDIX 3: Summary of Extended Family Response	43
APPENDIX 4: Summary of Models of Care	45
Acronyms and Abbreviations	48

Introduction

This document is the second Situation Analysis of Zambia's orphans and vulnerable children (OVC). The first, published in 1999, was a comprehensive analysis of the incidence, status and problems of these children in Zambia, and of the various responses to the situation. The 1999 report identified challenges and priorities for effective action.

Five years later, some significant steps have been taken towards meeting these challenges, which are highlighted in this report. Nonetheless, the numbers of orphans and vulnerable children and the problems they face have grown still larger.

We must remember that we can stop this problem getting worse. If we take this opportunity to learn from our successes and failures to date, and act with the necessary speed and scale, the numbers of orphans and vulnerable children, and the problems they face, could be significantly reduced in five years time. But to achieve this, we must be actors, not spectators.

The power to respond lies with us all – with Government, the international community, NGOs, churches, CBOs, communities and families. The future of Zambia's children lies in the balance: the test will be the commitment and determination of all actors to work together, honestly and tirelessly.

This Situation Analysis consists of five separate studies:

- **Literature Review**, which analyses and summarises key publications on orphans and vulnerable children of the last five years from Zambia and the region, and elsewhere.
- **Data Review** presents the latest available official figures on the socio-economic situation of orphans and vulnerable children, based on reanalysis of the ZDHS data.
- **Institutional Response Assessment** is an assessment and analysis of the activities of all registered organisations that work with orphans and vulnerable children in Zambia.
- **Extended Family Response** uses qualitative methods to examine the situation. It looks at changes in how urban and rural communities and families are responding to the orphan crisis, and coping with the day-to-day problems it presents.
- **Models of Care** presents case studies of good practice in a variety of activities and organisations working with orphans and vulnerable children.

This chapter is an overview, which uses information from all of these studies to provide a picture of the situation of Zambia's orphans and vulnerable children, and of the changes, current response and future challenges for improving the situation. Whilst the key issues raised in each of the studies are highlighted in the overview, much more detail can be obtained from the individual reports.

Summary of Recommendations

These recommendations emerge from all components of the Situation Analysis 2004. They are discussed in full on page 41.

1 Government must give significantly higher priority to solving the problems of OVC	
<p><i>Justification:</i> Government is not giving sufficient priority to the problems of OVC. Inadequate funding to key ministries reduces the provision of effective services to OVC. Inadequate coordination reduces the quality of policy decisions that affect OVC. Inadequate services are devoted to protecting children, and to fulfilling the legal responsibility of care incumbent on Governments. Inadequate legislation means that Zambia's children do not enjoy the rights provided in the Convention on the rights of the Child and are not assured of protection.</p>	<p><i>Key results:</i></p> <ul style="list-style-type: none"> ❖ Revival of National OVC Steering Committee ❖ Clarification of roles between MSYCD, MCDSS and NAC ❖ Significantly increased funding in key institutions ❖ Better staffing in key institutions ❖ Harmonisation of Zambian law with CRC
2 Government should provide adequate legal and regulatory protection for OVC	
<p><i>Justification:</i> The provisions of the CRC (ratified in 1991) are not reflected in Zambian law. The requirements for organisations to register are not adequately implemented, which prevents adequate inspection and capacity building. Awareness of standards for institutional care is being raised, but needs to be raised further. The Victim Support Unit of the Zambia Police and other interventions offer useful support against property grabbing, abuse of women and children, sexual cleansing etc., but these practices are still prevalent and should be eliminated.</p>	<p><i>Key results:</i></p> <ul style="list-style-type: none"> ❖ Provisions of CRC domesticated into Zambian law ❖ Full registration of organisations working with OVC ❖ Increased inspection and capacity building for organisations working with OVC, including providers of institutional care ❖ Reduction in property grabbing, domestic and sexual abuse, and other harmful practices
3 Reduce the incidence of HIV/AIDS	
<p><i>Justification:</i> The HIV/AIDS pandemic is fuelling the OVC crisis. The impact of the OVC crisis is falling on the shoulders of today's grandparents, who are struggling to cope. The next generation has already lost one-third of its grandparents, meaning that in future society will be even less able to cope with the impact of HIV/AIDS. The only long-term way to avoid the continuing downward spiral of the OVC problem is to reduce significantly levels of HIV infection.</p>	<p><i>Key results:</i></p> <ul style="list-style-type: none"> ❖ Reduced HIV infection rates amongst all age groups

4 Provide universal access to ARV therapy	
<p><i>Justification:</i> With the development of ARV therapy, there are now greater opportunities to reduce the number of children who are orphaned, by providing the drugs that can keep their parents alive. Children who are themselves infected with HIV should also be provided with ARV therapy, thereby reducing their vulnerability.</p>	<p><i>Key results:</i></p> <ul style="list-style-type: none"> ❖ More people accessing ARV therapy in all provinces of Zambia ❖ Assessment of the direct and hidden costs of accessing ARV therapy ❖ More children accessing ARV therapy ❖ ARVs suitable for children (e.g. paediatric syrups) made available
5 Improve access to quality education and training	
<p><i>Justification:</i> The CRC provides for the right to universal, free, compulsory basic education. Although the FBE policy is a step towards achieving this, there is still a long way to go. Too many of Zambia's OVC receive scant education, or no education at all. For those that do go to school, facilities are poor and teachers are few. For OVC, the prospects of finding funds to continue education or training after grade 7 are very limited indeed. Girl OVC are at a particular disadvantage in accessing education and training.</p>	<p><i>Key results:</i></p> <ul style="list-style-type: none"> ❖ Improved primary school attendance rates ❖ Improved attendance rates for OVC, including girls ❖ Progression beyond grade 7, including girls ❖ More teachers ❖ Increased funding for education sector (for staffing and non-staff costs) ❖ Increased access to training
6 Introduce comprehensive programmes to address the needs of children without parents or adult caregivers	
<p><i>Justification:</i> Street children and children living in child-headed households have special needs reflecting their extreme circumstances. Yet there is little information on them, and their needs are addressed by a small number of NGOs. Efforts by Government to coordinate interventions or to intervene directly to address the needs of street children and child-headed households are marginal. Government services, including health and education, are inaccessible to street children and child-headed households.</p>	<p><i>Key results:</i></p> <ul style="list-style-type: none"> ❖ Improved information on the status and needs of street children and child-headed households ❖ Increased coordination and intervention by GRZ to meet the needs of street children and child-headed households ❖ Improved access to social protection programmes by street children and child-headed households, providing secure access to basic needs

7 Introduce social protection programmes to protect and promote the livelihoods and welfare of especially vulnerable households

Justification:

An increasing number of OVC live with their grandparents, whilst a significant number live in female-headed households. Other households lack access to sufficient labour capacity to generate a reliable income. Current efforts to provide social protection should be expanded, to provide well-targeted and appropriate support to vulnerable households.

Key results:

- ❖ Adoption of Social Protection Strategy
- ❖ Incorporation of social protection into new PRSP
- ❖ Improved funding of PWAS and other key programmes identified in the SPS

8 Significantly increase the scale of the response to OVC, based on lessons from good practice and successful interventions

Justification:

There have been many successful small scale and pilot programmes that provide lessons for replication or policy change. Increased funding is needed from GRZ and the international community to take these programmes to scale, expanding significantly the depth and coverage of programmes targeting OVC and the families they live with.

Key results:

- ❖ Availability of useful M&E on good practice and successful programming
- ❖ Improved levels of funds / coverage / distribution of interventions directed at OVC programming from GRZ and international community
- ❖ Policy changes based on lessons of good practice, e.g., abolition of health user fees for children below 15 years
- ❖ Establishment of a minimum package of services for OVC

9 Increase availability of information on OVC through practical research and critical M&E of existing programmes

Justification:

Practical research is needed to support more effective interventions for OVC. Experiences in various interventions should be documented to enhance learning. The quality of research needs to be high, with accurate use of statistics and validity in analysis and conclusions. All information and research needs to be easily accessible to all stakeholders.

Key results:

- ❖ Increased availability and accessibility of practical research, documented experiences / M&E reports, and accurate statistics
- ❖ Increased access to capacity building for improved M&E

The Global Context

Over the past two decades, the spread of HIV/AIDS around the world has emerged as one of the biggest threats to development, affecting the health of the poor and many aspects of social and economic development. HIV/AIDS has caused ill-health and death amongst parents, leading to rapid expansion in the numbers of orphans in affected areas. HIV/AIDS has also killed many children, infected during pregnancy, birth or infancy.

The greatest impact of HIV/AIDS has been felt in sub-Saharan Africa. Fuelled by the poverty of the continent, the disease has claimed millions of lives over the past two decades. To date, AIDS has orphaned around 12.3 million children in sub-Saharan Africa, and the number is expected to rise substantially over the next decade¹. UNAIDS/WHO estimates that in 2002, there were 2.78 million children living with HIV/AIDS in sub-Saharan Africa, with 550,000 deaths and 810,000 new infections². For the millions of infected children and adults in sub-Saharan Africa, many will die with virtually no access to decent health services or anti-retroviral therapy.

Throughout Africa, the HIV/AIDS epidemic has created diverse problems. As families and communities struggle to cope with the emotional and economic burden of sickness and death, children bear the brunt of the problems. Having a sick parent and being orphaned leaves children vulnerable to malnutrition and illness, and jeopardises access to education and training. The trauma and distress of losing a parent is hard for children to bear, and made worse by the stigma and even discrimination faced by those affected by HIV/AIDS. The effects of HIV/AIDS have increased the number of children facing exceptionally difficult problems: street children, children without adequate adult protection and care, and children vulnerable to exploitation and abuse, and to HIV infection.

Not all vulnerable children are affected by HIV/AIDS, or orphaned. The extreme poverty of the continent threatens the well being and future of many more children, even where their parents are alive. Lacking access to school and being forced into unsuitable and often dangerous work

leaves children vulnerable to exploitation and sexual abuse, and denies them their rights. Poor environmental health and nutrition further damages their opportunity for a decent life.

Throughout Africa, action to reduce the number of orphans and vulnerable children and to ease the problems they face has been taken. There are some commendable interventions by Governments, FBOs and NGOs, often supported by the international community. Yet in total, responses are fragmented, resources are limited, and the coverage and impact of OVC programmes has been insufficient. The problems of orphans and vulnerable children have continued to grow.

The conventional requirement of 'sustainability' has made direct investment in millions of African families an unfashionable proposition. Yet an increasing number of households looking after orphans and vulnerable children are simply not able to provide sufficient care at present. By not facing the need for direct support, we are denying the food, care and education to children that they need for their sustainable future, and for their dignity and development.

The scale of the OVC problem in Africa has overwhelmed the international decision-making process, which appears unable to embrace the implications of the crisis in terms of required resources and necessary responses. In some affected countries, Governments and key opinion leaders have not accepted the problem of orphans and vulnerable children as a priority, perhaps shying away from issues related to HIV/AIDS, or from the scale of the crisis facing their nations. Throughout, there is a further problem in getting resources 'to the base' – to families and communities and to the orphans and vulnerable children themselves; to provide real and effective help to people who are in extreme need, today.

In this context, Zambia's 2004 Situation Analysis is timely. This document presents the realities facing our children, and makes our case for an expanded, effective response. We do so at a time when the global community is starting to recognise the need to scale up their responses to Africa's orphans and vulnerable children, and to invest in their future for the development of the continent.

¹ Children on the Brink 2004

² UNAIDS 2004

The National Context

Zambia is a country rich in natural resources, with forests, rivers, minerals, generally adequate rainfall and fertile land. The urban population is concentrated in Lusaka, the Copperbelt and a few other small towns, while the rural population is thinly distributed across the rest of the country. Infrastructure is generally poor, with poor road, telecommunications and railway networks in most parts of the country.

The Economy³

At independence in 1964, Zambia was amongst Africa's richest countries. However, a dependence on copper mining together with an expensive and highly centralised one-party state left the

In 1998, 73% of Zambians lived below the poverty line. Amongst rural people, 83% were poor.

In 2004, the per capita income was estimated at US \$351.

Three-quarters of Zambian children live below the poverty line, with little measurable difference between orphans and other poor children.

economy vulnerable. In 1976, when copper prices fell sharply whilst fuel prices rose, the economy collapsed, and Zambia resorted to heavy external borrowing to finance its budget deficit and invest in import-substitution. Funds were easy to access, even when investment decisions were destined to fail. The industrialisation policies did not work, and there was no investment in Zambia's alternative exports. The economy continued to fail, and Zambia accumulated an external debt currently worth around US \$6.6 billion.

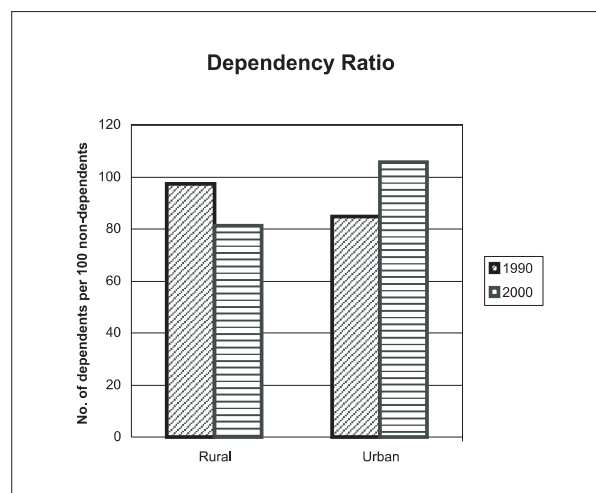
Since the end of the one-party system in 1991, Zambia has pursued a programme of liberalisation and private sector development. The closure of state-owned companies and the end of subsidies to agriculture created formal sector unemployment

and highlighted the inefficiencies in the small-scale farming sector. In urban areas, most people seek formal employment or struggle with micro-scale businesses and trading. In rural areas, the vast majority live on small-scale agriculture, supplemented by fishing and charcoal burning in suitable locations. Poverty remains high, and many households struggle with daily uncertainty in earning a living and accessing basic services. The majority of professionals, successful business people and commercial farmers live in urban areas or on the 'line of rail' that runs from Livingstone, through Lusaka to the Copperbelt.

Population⁴

The population of Zambia is approximately 9,885,000, of which 45% is under 15, and 55% is 15 years and over. The population in 2000 was 65% rural – an increase from 60% in 1990 and 1980. The average household size in 2000 was 5.2, which had fallen from 5.6 in 1990.

With a large population of children, and the growing number of cases of HIV/AIDS, the dependency ratio would be expected to worsen. The 2000 Census found that this was the case over the past decade in urban areas, where there are now more dependents than there are people to depend on. In contrast, there has been an improvement in rural areas, although the ratio remains high.



³ Poverty figures from LCMS 1998.

⁴ Population statistics from Census 2000; Census 1990; Census 1980.

The Social Sector

During the 1960s and 70s, Zambia invested in schools and hospitals suitable for the much smaller population of those days (under 4 million at Independence). There has been little money for maintenance and expansion since the 1980s, and these facilities are now inadequate in number, and generally very run down. Health professional staff are also in short supply, with only 739 doctors in the entire country⁵. This number is clearly inadequate – Luapula, Eastern and Northern Provinces have the lowest number of doctors per person, at one for 43,000, 39,000 and 35,000 people respectively⁶. Since 1991, the economic structural adjustment programme brought about the introduction of cost-recovery user fees, which obliged most people to pay for basic services. Over the past thirteen years, user fees have created significant barriers to accessing adequate education, training and health, as well as most other Government services.

There are too few teachers: as the *Institutional Response Assessment* points out, Zambia has 9,000 qualified but unemployed teachers whose jobs cannot be funded because of the IMF's imposition of restrictions on the overall level of public service remuneration, and delays in public sector reform. Social workers too are in short supply: only 158 of the 227 established social worker posts in the Ministry of Community Development and Social Services are currently filled.

The HIV/AIDS Epidemic

The first cases of HIV/AIDS in Zambia were reported in the 1980s. Since that time, the epidemic has spread throughout the country, and has affected all social groups. It is estimated that currently, around 920,000 people in Zambia are living with HIV, with about 94,000 deaths as a result of AIDS per year⁷.

It is estimated that currently, around 920,000 people in Zambia are living with HIV, with about 94,000 deaths as a result of AIDS per year.

HIV/AIDS is a major cause of the current OVC crisis, having multiple effects on individuals, families and communities, and on national development. As the majority of its victims are those in productive middle age, this compounds the shortage of health, education and social work professionals highlighted above.

It has often been said that there is no-one in Zambia who has not been touched by HIV/AIDS. This has been true for many years now, and we have all been affected in various ways.

⁵ CBOH Staff Distribution 2002

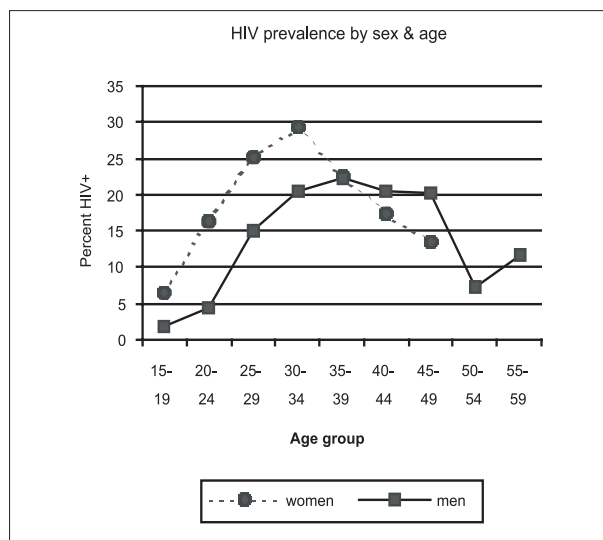
⁶ CBOH Staff Distribution 2002 and Census 2000. Note that high-cost clinics providing primary GP service plan to provide one doctor for 1000-1200 registered patients.

⁷ UNAIDS 2004

Zambia's Orphans and Vulnerable Children

The Orphan Crisis

Zambia's epidemic of HIV/AIDS has created many orphans. With infection rates currently estimated at 15.6% of people aged 15 to 49⁸, it is clear that many more children may lose their parents.

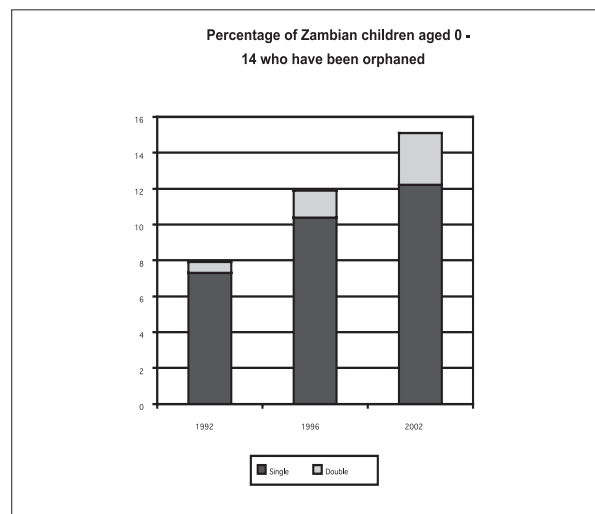


An orphan is defined in Zambia as a child below the age of 18 years who has lost one or both parents. A single orphan has lost one parent, while a double orphan has lost both. A maternal orphan has lost their mother (but may or may not still have their father), whilst a paternal orphan has lost their father (but may or may not still have their mother).

Zambia's orphan crisis is growing. The CSO review for this Situation Analysis shows that in 2002, over 15% of children under the age of 15 had lost one or both of their parents (amounting to over 710,000 children). This official figure has grown steadily since 1992, and has shown no sign of slowing down. According to figures in Children on the Brink 2004, by 2003, 19% of Zambian children under the age of 18 had been orphaned, totalling 1,100,000 children. This suggests that Zambia has amongst the very highest proportion of orphans in sub-Saharan, much higher than any country in Asia, Latin America or the Caribbean⁹.

Many of Zambia's children have been orphaned by HIV/AIDS, usually meaning that they lose one parent, and later the other. This is reflected in the rapidly growing proportion of "double" orphans. In

1992, 8% of all orphans were double orphans. By 1996, this had risen to 13%, and in 2002, 19% of all orphans were double orphans¹⁰. Having lost both parents, double orphans are particularly vulnerable to the hazards that threaten Zambia's OVC, and this trend is therefore of great concern. This is explained further in *Extended Family Response*.



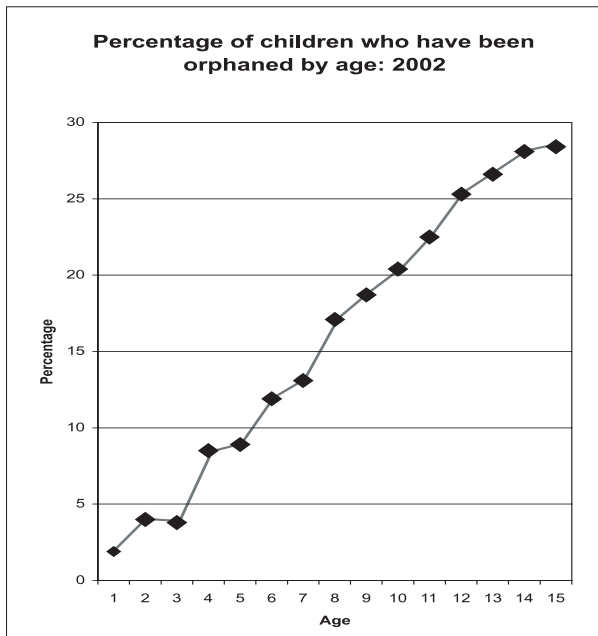
The *Data Review* shows that as they grow older, greater proportions of children have been orphaned. Even so, significant numbers of very young children lose a parent before the age of five. In 2002, 12% of 5-year-old children had already been orphaned. At this young age, losing a parent (particularly the mother) presents an immediate threat to a child's survival, as well as grave problems for their emotional and physical development.

Even more children lose parents during middle childhood and early adolescence. Even though prospects of physical survival may be better, older children face emotional and social problems as a result of being orphaned, as well as the effects of deprivation, lack of schooling, sexual exploitation and poverty. For the 14-year-olds of 2002, 31% of urban children and 27% of rural children had lost one or both of their parents. Comparable figures for children aged 15 to 18 and above are likely to be even larger, and all the figures suggest that the number of orphans in Zambia will grow for years to come.

⁸ ZDHS 2001-2002

⁹ Children on the Brink 2004. The report lists Zambia and Zimbabwe with 19% of children under 18 as having been orphaned, and Botswana estimated at 20%. Only four countries outside sub-Saharan Africa are estimated to have more than 10% of children as orphans (Haiti, Afghanistan, Laos and North Korea).

¹⁰ Data Review for the Situation Analysis, using figures from ZDHS 1992, 1996 and 2002



Being an orphan is undoubtedly hazardous, and these effects last through life. The *Literature Review* points to numerous qualitative and quantitative assessments of these manifestations. Orphans risk uncertainty and insecurity in their childhood, and have poor access to basic services. They often live in poverty, and face stigmatisation and psychosocial problems. As orphans become adults, they may lack the traditional strength and daily support of a family as they begin to earn a livelihood and have children themselves. As a nation, Zambia is increasingly relying on its grandparents to bring up today's children¹¹ – but up to a third of the grandparents of the next generation are already dead.

In 1996, 13% of Zambian children were orphans. 13% of orphans were double orphans.

By 2002, 15% of Zambian children were orphans and 19% of orphans were double orphans.

In 1995, there were 218,000 orphans aged 10-14. By 2000, this had increased to 326,000. The proportion of children who are orphaned increases with age.

Zambia's response to this crisis, detailed in the *Institutional Response Assessment*, stretches from families and communities, to churches and NGOs, and to Government and the international community. Amongst these responses at all levels are some shining examples of care and of good practice, which are described richly in both *Models of Care* and *Extended Family Response*. However, the scale of these responses is inadequate to meet the

¹¹ See 'Grandparents as Parents', page 12

¹² LCMS 1998

needs. For most orphans, there is no help beyond what little their grandparents or close relatives may have to offer. With 73%¹² of Zambia's population living below the poverty line, most households are quite unable to provide adequately for their own children, let alone the needs of orphaned and dependent relatives.

Development in Zambia is not just around the corner. There is a long road ahead to a decent life for all – with employment and opportunity for working adults, protection and fulfilment of rights for children, and security for the elderly and incapacitated. With the burden of the HIV/AIDS epidemic largely responsible for the crisis of today's children, it is imperative that adequate and effective interventions help tackle the problems that have already been created, and prevent future expansion to even worse proportions. Failing to deal with the current situation will at the very least hamper development for decades, and at worst could result in diverse disorder and breakdown, as a new generation of adults suffers from the fall-out of their disastrous childhood.

Vulnerable children

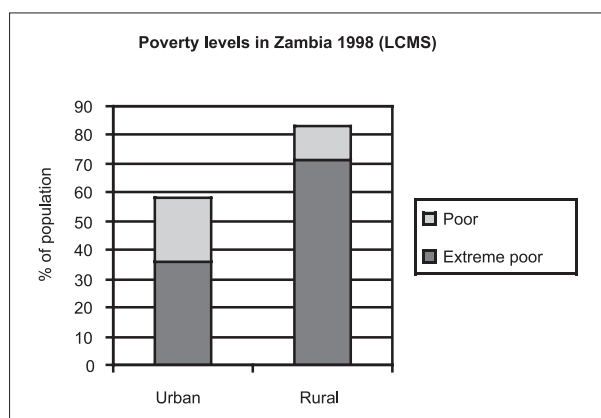
Besides orphans, there are many other extremely vulnerable children in Zambia. Although we recognise this, there is no common understanding or definition of vulnerability, either as a general condition or specifically in terms of its manifestations amongst children. However, the various components of this Situation Analysis all point to various forms of vulnerability in Zambia today.

For many children, vulnerability is an effect of HIV/AIDS – children who have an ill parent; children whose families are stretched beyond coping by additional orphaned cousins and relatives; children whose families previously looked to richer relatives for security in times of need, who can now only turn to people as impoverished as themselves.

Usually, children's vulnerability is inextricably linked to poverty. As a direct response to poverty, children may be involved in work, either at home or outside. This work may keep them from school, and may be extremely dangerous. Girls in particular may bear heavy responsibilities for caring for younger siblings and also for sick parents, depriving them of the opportunity to go to school, and placing unimaginable emotional burdens on children as young as 10.

Poverty prevents children from enjoying their rights. They have inadequate food, suffering from malnutrition and ill health as a result. Standards of shelter, water and sanitation pose further serious risks, and most children do not have adequate

access to health services. Poverty encourages early pregnancy, marriages and sexual exploitation of children, and may deprive children of adequate time, care and love from their parents.



As many as 150,000 children may be completely without adequate adult care; living in child-headed households or on the streets. The numbers are hard to estimate accurately, as surveys are generally limited to established households. However, estimates suggest that there may be over 75,000 street children¹³, and over 20,000 child-headed households in Zambia¹⁴. The *Institutional Response Assessment* shows that interventions that seek to assist them are limited, although some of those that do can provide important lessons of good practice.

Although often linked to orphanhood, not all children who lack an adult caregiver are orphans. Other causes may drive children away from their families – these include domestic violence, sexual abuse, drug and alcohol abuse, prostitution and abandonment. These experiences are sometimes reported anecdotally through the limited interventions that seek to assist these children, but they are not well understood or documented. The extent of these ‘invisible’ causes of vulnerability cannot be stated, although it is likely to be significant.

There are many aspects of vulnerability that are not well documented in Zambia. We recognise a range of problems, but the depth and quality of our knowledge is often poor. The *Literature Review* points to many areas where more knowledge is needed. We do not know enough about the specific disadvantages faced by girls or boys; we know little about street children or children engaged in illegal or dangerous work; we do not have really good insight into psychosocial issues, or into what works or does not work in improving livelihoods for vulnerable households; and we have very little information about children infected with HIV/AIDS.

Improved knowledge would help us implement better programmes that provide protection and

support for vulnerable children. But the temptation to suggest that more research is necessary as a *prerequisite* for action should be resisted, as urgent action is needed on a broad scale without delay.

Children infected with HIV/AIDS

In the past few years, there has been greater attention internationally to the situation of children who are themselves infected with HIV. Children can be infected by HIV/AIDS in the womb, during birth, from breastfeeding, or can acquire the virus during childhood, as a result of unprotected sex or sexual abuse. Rates of infection as a result of sexual abuse are unknown. In Zambia, however, the issue of infected children has so far received only limited attention.

There are programmes that aim to reduce transmission from mother to child. NAC and other donors have prioritised the prevention of mother to child transmission. HIV counselling in ante-natal clinics is moving towards being a routine practice. Expectant mothers who are HIV-positive can access neviraprine during delivery to reduce the potential for HIV transmission during birth. Additionally, mothers are counselled on risk reduction through exclusive breast feeding and rapid weaning at six months.

Despite these efforts, the CBOH estimates that 90,000 children are living with HIV in Zambia. HIV in children is often diagnosed late, due to similarities with other common childhood illnesses. Globally, half the children infected with HIV die before their third birthday.

Once a child becomes infected, there is little available to assist the child and family. Most home-based care programmes have not addressed issues of children with AIDS. Some hospices offer specific care for children, and some orphanages are attempting to address the unique needs of children infected with HIV.

Zambia has recently begun offering ARV therapy free to children under five, and the free service is expected to be extended up to the age of 18 or 20. However, the clinical management of paediatric HIV faces serious limitations. Paediatric ARV syrups are more expensive than equivalent adult pills. The country has not stocked large enough quantities of the syrups, and families crushed pills for child consumption. This means that doses can be wrong, threatening drug resistance. Storage of the syrups often requires refrigeration, which raises viability issues for both health centres and consumers. Most HIV clinical management training is focused on adult treatment, leaving a void of paediatricians, nurses and clinical officers with the skills to treat HIV infection in children effectively.

¹³ Lungwangwa, 1996

¹⁴ The 2000 Census reports 1,884,741 households in Zambia. Small sample surveys and field reports suggest a prevalence of child-headed households in the region of 1-2%.

The *Data Review* provides a full analysis of the latest available data on orphans and vulnerable children. This section gives highlights from that report. It also draws substantially on the *Extended Family Response*, which provides insight for the interpretation of the CSO data.

Who do children live with?

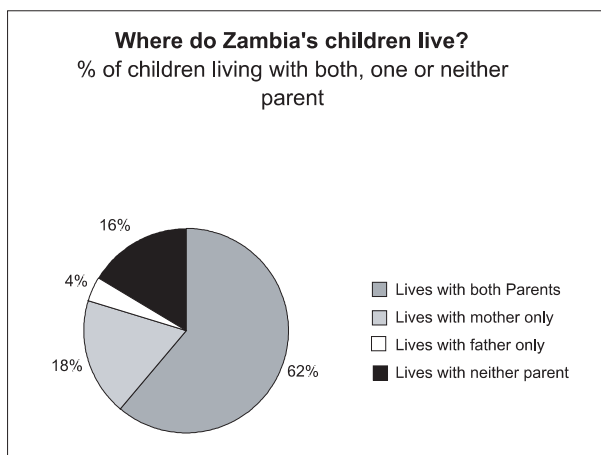
6% of Zambian children are single orphans who remain living with their mother after their father has died.

12% of children live with their mother alone, even though their father is alive.

33% of orphans live with their grandparents (2002), together with 12% of non-orphaned children. In 1992, 20% of orphans lived with their grandparents

Female-headed households

For the majority of Zambia's orphans, one parent will die, usually followed by the other within a period of a few years. Even the death of one of their parents creates a significant impact on the lives of many children, involving a great many changes and increased vulnerability.



The majority of single orphans have suffered the death of their father, whilst their mother remains living. Around 6% of Zambian children are single orphans who remain living with their mother after their father has died. Besides orphans, a further 12% of children live with their mother alone, even though their father is alive.

Orphans or not, these children are highly vulnerable, and their numbers are increasing. Numerous qualitative and quantitative research

studies highlighted in the *Literature Review* have pointed to the precarious livelihoods that female-headed households depend upon. When consulted, communities throughout Zambia consistently highlight the vulnerability of female-headed households.

For widows, problems start immediately on the death of their husband. The incidence of property grabbing is still high, with members of the late husband's family taking as much of the family's property as they wish; even the house in which the widow and children are living. This practice renders many newly widowed women virtually destitute, even where they previously had a comfortable life. Over the past few years, the Victim Support Unit of the Zambia Police has carried out programmes to educate people on the law, which bans property grabbing, and to assist women and families who have been victims of this practice. The Permanent Human Rights Commission, the Gender in Development Division of the Cabinet Office and local NGOs have also been active in civic education programmes and awareness creation on this issue. These efforts have helped many newly bereaved families to defend themselves against this practice, although much greater coverage is still needed.

"Before my husband died, we were living very well. He had a good management job in a parastatal. I was also working as a teacher. But when my husband died suddenly in 2002, his relatives grabbed almost everything, including what I had bought using my own money. They got the house and put it on rent. I had to relocate to this area".

A widow in a low-income area of Lusaka

The practice of sexual cleansing is also still prevalent in many areas, ignoring the rights and wishes of the widow as provided for in modern law, and risking the spread of HIV/AIDS. In some areas, work with traditional leaders and community opinion leaders has helped to reduce the incidence of sexual cleansing. However, the promotion of such change takes time, as it involves addressing fundamental beliefs and traditional practices that are deeply part of the communities involved.

For rural women, life as a female head of house is very difficult. Women find themselves solely responsible for household finances, and for meeting the requirements of their dependents. They become solely responsible for decisions that they may have had little part in before their husband died. Women find it difficult to take over

traditionally male agricultural tasks, including land preparation, animal husbandry and building decent accommodation and crop storage structures. Although women traditionally provide a lot of labour in agricultural activities, without a man they cultivate less land, and are less likely to grow high-value cash crops. For widows who are sick, or have sick dependents to care for, the situation worsens as their time is dominated by the domestic needs of the patient, and they have less opportunity to farm or otherwise tend to the family livelihood.

Moving home

A smaller number of single orphans have lost their mothers, whilst their father remains alive. When this happens, only a third of the children will remain living with their father, whilst two-thirds move elsewhere¹⁵. This occurs when the father feels he cannot care for the children, when other relatives say they "need" the children (often for domestic or agricultural work), or when the father re-marries a new wife who does not want the children.

The same move threatens children who have lost both their parents (2.9% of all children), and a sizable number of children who are not orphaned but nonetheless live in households without either of their parents (8.4% of all children).

Allocating orphans and other children to rural households is sometimes seen as a means of providing youthful labour to elderly people living alone or other relatives in need of help. In most cases extended families can exercise some choice in where children go, and their choice usually has an impact on the children. Choices may discriminate against girls, negatively affecting their future prospects.

In one family in the Zambezi valley, two girls under the age of twelve were sent to stay with an elderly great-aunt, to cook and draw water for her. The house was dilapidated, they ate once a day, and they did not go to school. Their elder brothers, aged fourteen and fifteen, were selected to live in their grandfather's house in the neighbouring village, which had land and cattle. Besides working on the farm, the boys lived well and were encouraged to study and to finish their basic education.

Grandparents as parents

Five years ago, the Situation Analysis of orphans and vulnerable children found that the chief caregivers for orphans were aunts: this has now changed. Since 1992, the number of children who live with their grandparents has increased substantially. From 20% in 1992, 33% of orphans now live with their grandparents (2002), together with 12% of non-orphaned children.

My children's children are my blood. My children are alive through them.
Grandmother looking after five orphans

The burden of care is often focused on the grandmother, who often accepts orphans with love despite having virtually no means of caring for them. Households looking after orphans have older heads than others, a particularly notable pattern in female-headed households. The average age of female household heads rises with the number of orphans being cared for – that is, in female-headed households, elderly women look after greater numbers of orphans than younger women. The *Extended Family Response* suggests that younger women look after their own orphaned children, whilst grandmothers look after their grandchildren, often from more than one family.

Being brought up by a grandparent presents difficulties, for both the grandparents and the children. Children may have increasing workloads, as their grandparents get older and less able to take responsibility for domestic work, farming and income generation. Children, especially girls, may have to nurse their grandparents, reducing their chances of education and play. And if they have already lost their parents, children acutely fear the future uncertainties that will be caused by the death of their grandparent.

Grandparents have difficulties in becoming caregivers again in their old age. Traditionally, their children would have looked after them when they were old. Now they have responsibilities for looking after their grandchildren, creating increased demand on them to generate income. In urban areas, people who have retired from formal employment very rarely receive adequate pensions, and few if any have private social security arrangements. Although health care is free to people over the age of 65, there are few if any other forms of support for the elderly. In rural areas, the HIV/AIDS pandemic has

¹⁵ 1.1% of Zambian children live with their father whilst their mother is dead. 2% of Zambian children have lost their mother but not their father, but do not live with their father. The *Data Review* figure 2.3 provides more details.

left old people responsible for more agricultural work than was traditionally the case, or is physically feasible. Households headed by elderly people are very vulnerable, particularly those headed by widowed grandmothers.

There is a lack of information on the situation of the elderly in Zambia. More data is needed on how many old people are looking after orphans, and greater understanding is needed of their livelihoods, problems and coping strategies. More information on how communities assist the elderly in their new roles would also be useful. There are few interventions aimed specifically at grandparents providing care to grandchildren, or at the very elderly who have lost the family that would traditionally have cared for them.

Extended families

The *Extended Family Response* provides an interesting and timely review in an area where there is often more speculation than information. This section provides a brief overview, whilst the study itself is rich in detail and insight.

The extended family is often cited as Zambia's traditional coping mechanism and social safety net. Over recent years, with increasing poverty and the effects of HIV/AIDS, this mechanism is often said to be over-stressed or on the point of collapse, as the demands grow to impossible levels.

In 1999, the Situation Analysis questioned whether the extended family would buckle under the stress, and fail to survive the growing demands of HIV/AIDS, orphans and poverty. However, five years on we can see that rather than failing, extended family support has changed. The range of relatives who are prepared to contribute significant levels of care is narrowing, and there is growing dependence from a greater number of orphans on a smaller number of relatives.

"If you get everyone on board, you deprive your own children; even yourself".

Wife in Senanga district

The first "narrowing" is the increased emphasis on close family and blood relatives. People are increasingly likely to offer care to children only when they are directly related to them and, for married households, only where the relationship is through the wife. Women in particular appear to be more and more reluctant to offer care to children unless they are their own, or their immediate brother's or sister's children – this reluctance even extends to

caring for the previous children in a new marriage. Men often attribute this untraditional selectivity to selfishness, but feel unable to ensure that their own children or dependent nieces and nephews will be nicely treated if they insist that they join the household. Women may attribute their insistence to practical reasons, either in terms of using the total resources available to the household effectively, or of choosing which children might be more likely to provide support in return in later life.

The second "narrowing" is the changing share of responsibilities and capacities of richer and middle-income relatives. Income inequality in Zambia is high, with the top 10% of the population owning 41% of the national resources, whilst the bottom 10% sharing only just over 1%¹⁶. However, in spite of this, the richest relatives are increasingly isolating themselves from their extended families, maintaining less and less contact with their relatives, particularly from rural areas. It is very unusual for poorer orphaned relatives to come to live with richer families, and any assistance is likely to be only in the form of occasional donations. Any support is usually aimed at survival standards, with no attempt to provide similar standards for poorer orphaned relatives as for the children of the rich. This isolation is maintained even when children of the rich are orphaned – they are usually cared for through provisions made in their parents will, and often depend on social networks of their late parents friends, rather than relatives. Support from relatives is usually limited to family members that share high standards of economic well being.

Middle-income households are much more likely to remain involved with their extended families, and bear a significant burden in supporting orphans and other vulnerable children and family members. They are more likely to travel to visit remote relatives; more likely to take orphans into their houses; and more likely to support orphans living with other relatives. The impact of HIV/AIDS on these households creates significant pressure, stretching previously adequate incomes to breaking point. Children from middle-income households are more likely to be thrown into dependency on the extended family if their parents die, and may suffer a significant deterioration in their lifestyles, their expectations of education, and employment prospects. Such changes are likely to have a significant psychosocial impact.

Many orphans - said by communities to be the majority - are cared for by the poorest members of the extended family. The problems they face and how they cope are discussed on page 21.

¹⁶ UNDP 2004

The narrowing of extended family support limits the opportunities for children to stay with their siblings. In one study, 56% of orphans had been separated from their siblings, and of these four-fifths saw their brothers and sisters less than once a month¹⁷. Inevitably, such separations are bound to increase the trauma of being orphaned, and intensify feelings of grief and loss.

There are reports in the *Literature Review* of orphans being abused by the extended family they live with. They may be taunted with the stigma attached to HIV, reminded that their parents died of a shameful disease. They may be made to work whilst their cousins are allowed to play, or they may be given less food or otherwise discriminated against, or sexually abused. Through psychosocial support interventions, some of these problems are being tackled successfully, particularly where solutions involve raising the awareness of guardians of the effects of grief and loss on the children in their care.

However, reports of abuse are anecdotal, and do not indicate frequency. We do not know how widespread these abuses are. It is likely that most orphans, although poor, are treated with love and affection. The 1999 Situation Analysis of orphans and vulnerable children concluded that abusive treatment is occasional, rather than widespread, although nonetheless of critical importance to those that suffer from it. There is no reason to suppose that this has changed significantly over the past five years.

Back to the village

Reports from a number of rural areas suggest that there are increasing numbers of orphans being sent from the urban areas to live with their rural relatives, as single orphans if their mother dies, or later on as double orphans. These reports come from teachers, agricultural workers, mission stations and others who have long-term knowledge of the communities they work with. However, there is no statistical information available to confirm or quantify this trend.

Children being sent to rural areas are particularly vulnerable. They have little knowledge or practical skills for rural life, and often do not even speak the local language¹⁸. Their previous experience of school is likely to be very different, and they may find it very difficult to adjust to their new lives.

"These days our children do not listen to any advice. If you try to give them advice on how to lead a good life, they tell you that you are old fashioned".
Old man, Mufumbwe

Older people in rural areas may find it hard to adjust to the incoming urban youths. They complain that they do not listen properly to adults, and bring in new and disrespectful attitudes towards tradition and advice. Children brought up in town may find it very hard to adjust to the more traditional ways of their rural relatives.

¹⁷ FHI 2003

¹⁸ "Town" versions of Zambia's vernacular languages have migrated from the "deep" rural languages, and in any case children may speak the prevailing urban language rather than their mother's traditional language. For example, sites in Southern Province report the influx of children from town who speak Nyanja (from Lusaka) or Bemba (from the Copperbelt), but not the local Tonga language.

Children Living Without Parents or Adult Caregivers

Street kids

Children who live on the street are extremely vulnerable. In Zambia, estimates of total numbers of street children are out of date, but the figures from 1995, putting the number at 75,000, are unlikely to have fallen. More information on the numbers and distribution of street children is urgently needed. The *Literature Review* demonstrates the scarcity of research on street children.

Most children on the street have relatives or even parents: in 2002, a study of Lusaka street children found that over 75% had at least one parent still alive, whilst 42% had both parents living. About a quarter of street children report that they have no home at all, and live on the street day and night¹⁹.

Children may initially take to the streets in search of an income. By vending, car-guarding, begging or stealing, children may be raising funds to take home as a contribution to (or even the sole source of) family income. However, the dangers that they face make a permanent life on the street more likely as time goes on. Substance abuse, sexual abuse, delinquency and crime make it less and less likely that these children will want to go home, or be accepted there if they do go.

Children experiencing neglect, domestic violence or sexual abuse by parents and guardians may also take to the streets to get away from this situation. They may run away completely, or at least seek to maximise the time they spend away from the house.

The majority of children who take to the streets are boys. For girls facing similar neglect and abuse, the streets are very dangerous, as many will end up in prostitution. Even if they avoid the streets, they are vulnerable to sexual abuse, early pregnancy, STIs and HIV/AIDS.

The majority of children who take to the streets are boys. For girls facing similar neglect and abuse, the streets are very dangerous, as many will end up in prostitution.

Programmes that support street children aim to take children away from the street, into appropriate rehabilitation and education, and ultimately to reintegrate them into their families or appropriate foster families. The process is long, as the children may distrust the initiative, struggle with substance dependency, have little confidence in themselves or belief in their future, and dislike (and be disliked

¹⁹ PCI/UNICEF 2002

²⁰ CSO 2001; FHI 2003

by) the relatives they are supposed to live with. A number of programmes exist, particularly in Lusaka, which succeed by using very intensive one-on-one methods to reach out to children and gain their trust, before slowly inviting and supporting them to progress through rehabilitation, education and resettlement. These are discussed in *Models of Care*. The skill of the outreach workers in the initial stages of this work seems particularly critical, and has been guided by some notable individuals who themselves were formerly street children. However, although experience is rich, there has been little documentation and analysis of successful interventions with street children, and lessons learned 'in the field' are mostly not available for learning and replication. It would be useful to know, for instance, about how children have been successfully rehabilitated from the street into satisfactory home life, with relatives or foster families. Such studies would improve the effectiveness of new interventions, by improving programme design and implementation.

In the 1999 Situation Analysis, the comment was made that street children interventions were not well coordinated, with different schemes behaving as competitors rather than collaborators. However, in 2001 the Government, through the Department of Social Welfare, started a coordination programme, holding regular meetings with all active NGOs. This initiative helped increase the communication between NGOs, as well as with Government, and promoted the sharing of experiences as well as information on particular children and gangs. The Children in Need network, an umbrella organisation for NGOs working with children, has also sought to promote best practice through capacity building, information sharing and professional training.

The programmes that reach out to street children offer vital services, but only after they have taken to the street. The extension of preventive programmes into communities, where children in extremely difficult circumstances, including girls, could be assisted before they experience the extreme vulnerabilities of the street may prove effective and desirable.

Child-headed households

Child-headed households are believed to be a small but growing phenomenon in Zambia. Small-scale research studies²⁰ have found an incidence of around 1 to 2% of all households being child-headed, making a possible total of 20,000

households nationwide (see page 11, footnote 14 of this overview).

In both rural and urban areas, there are child-headed households consisting of siblings, for whom no home or relatives were found after their parents died. The eldest amongst them takes principal responsibility for supporting the younger children. Strictly speaking, child household heads are under 18 years old, although there are many others where the head of house is a little older, but still equally unprepared and ill equipped to bring up their siblings.

Expanding this definition further, to include households where children are *de facto* heads, would probably increase the number substantially. In these cases, there may be a nominal adult household head, but that adult is sick or infirm, and unable to contribute to the household livelihood and management.

In all these cases, the young people who try to run households and bring up children are extremely

"I was very intelligent. If I had completed school I would have been able to help my brothers and sisters."
21-year-old household head

vulnerable. They are unable to attend school, and may have dropped out of promising careers in secondary school or college as a result of their new responsibilities. They do not fit social expectations of a household head in either urban or rural areas, and find it hard to participate as household heads or *in loco parentis* for their younger dependents. Expectations they may reasonably have had for their own futures may be sacrificed for their new roles – young household heads complain that they are much less likely to find a good spouse whilst they are bringing up their young siblings. Young

"How will I find a good wife whilst I have my three sisters to look after?"
24-year-old man, Lusaka

women in this position risk being left pregnant by a disappearing boyfriend.

Children being brought up by their brothers and sisters do not enjoy the protection of an adult

parent or guardian. Their carer is less likely to be able to negotiate school places or access to other services, and less likely to provide a secure livelihood. Whilst there is no doubt that many older siblings sacrifice enormously and care deeply for their younger brothers and sisters, they do not have the experience or peers to help them to be very good parents, and to provide the guidance and protection needed by their younger siblings.

In rural areas, there are reported cases of child-headed households that survive through active community supervision. In such cases, children do not live with local relatives but are guided and to an extent supported by community members. In a report from Southern Province, the active participation of local Headmen has been identified as significant in making this approach work successfully. One NGO has created a programme of "low-labour food security packs" which provides planting materials and inputs for basic household food security²¹, targeted at rural households comprising children and adults with very limited capacity to work.

In urban areas, child-headed households are more likely to have to be self-selecting to succeed in accessing support through drop-in centres or other service providers. There are no programmes that specifically target child-headed households, or systematically seek them out for assistance.

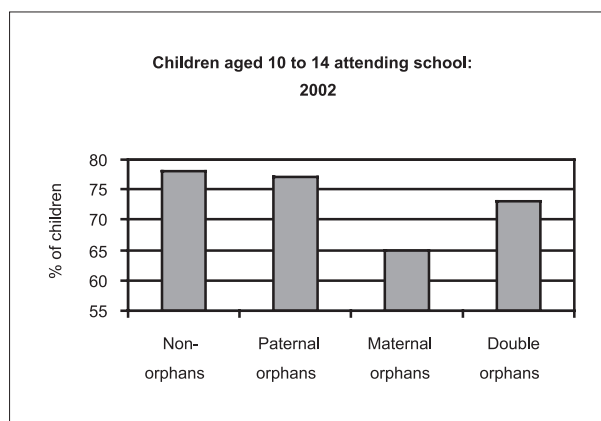
Whilst the number of children living in child-headed households is still small, the impact for all concerned is likely to be significant. Child-headed households are, by definition, extremely vulnerable, and usually suffer from absolute poverty. Every risk that is faced by orphans and vulnerable children in Zambia is very much heightened where children face that risk alone, without an adult caregiver. There is a strong and clear case for the provision of direct assistance for children living in child-headed households, to provide food security, access to health and education, psychosocial support and the opportunity to develop into independent, self-reliant and successful adults.

²¹ Includes crops such as cassava, sweet potatoes and vegetables, which can be grown easily and will provide a source of food for such households.

Going to school

Accessing school in Zambia presents problems for many children, both orphans and non-orphans. In 2002, 27% of 15 to 24 year olds had never been to school, and only 8% had finished secondary school²².

The *Data Review* for this Situation Analysis shows that in the early years of schooling, orphans appear to have slightly higher levels of access to school than non-orphans (although this may be because there are more orphans in urban areas, where children start school younger). However, as the years go by, orphans are more vulnerable to dropping out than non-orphans. Around a quarter of children aged 10 to 14 do not go to school, and orphaned children are less likely to attend school than non-orphaned children. Children whose mothers have died are very likely to have moved house as a result (see page 14) and are least able to access school. This risk also affects double orphans, although they may be more likely to access the various bursary and school support programmes that exist.



In 2002, the Government introduced a Free Basic Education (FBE) policy, discussed in more detail in the *Institutional Response Assessment*. The FBE policy says that children should be allowed to attend school from grade 1 to 7 free, without having to provide uniform or fees, or the previously common payments in kind (reams of paper; cleaning materials). Since FBE was introduced, GRZ has made an additional termly payment to schools to substitute for the loss of income from fees that were previously charged. In larger urban schools the grant is much less than what was previously collected, whilst in smaller rural schools, it is more than direct compensation.

²² ZDHS Ed Data Survey 2002

²³ Cecily's Fund, working with CINDI and CHEP in Kitwe, and (more recently) with Bwafwano in Lusaka

FBE is undoubtedly an important step towards the provision of universal, compulsory education as recognised in the Convention on the Rights of the Child. However, it has not removed all barriers to education. Children still need money to attend primary school, to pay for adequate clothing as well as books and pencils. There is an insufficient number of school places available, so many children are turned away from school, especially in urban areas. Children from very poor households or with sick parents may have to work, and hence not have time to attend school.

ARE UNIFORMS COMPULSORY IN YOUR SCHOOL?	Rural %	Urban %
Compulsory	14	46
Not compulsory	86	54
Total	100	100

Answers from head teachers survey of 342 schools, in two districts per province, 2003 (Ministry of Education 2004)

Despite the introduction of FBE, some schools still require pupils to wear uniforms, particularly those in urban areas. The data shown opposite may even include a tendency to under-report, as the respondents know that policy states that uniforms may not be compulsory. The decision to insist on uniforms is usually made by Head Teachers and PTA members. They have little incentive to lift the uniform requirement, and in fact their own children may benefit from a greater proportion of education resources through measures that exclude orphans and vulnerable children.

Bursary schemes exist to support primary school pupils for other school requisites, such as books and pens. Government runs two national schemes for primary-aged children. Analysis of these schemes shows that some bursary funds are still being used on uniforms, against the FBE policy, whilst the rest is spent on books, pens and pencils.

An unknown but possibly large number of other children are supported through regional and local schemes organised by NGOs, churches, the private sector and informal assistance. In one case alone in Kitwe, a small international NGO funds a scheme that supports over 8,500 orphans and vulnerable children from primary school right through to post-secondary training (including 36 now being trained as teachers)²³.

Girls who get pregnant have in the past been banned from school, before and after delivery, as a 'bad example' to their classmates. The new re-entry policy supports improved access, by requiring schools to re-admit girls within a year of giving birth, and threatening legal action against girls' parents who do not send them back to school. The effectiveness of this policy will be seen over the next few years.

The *Data Review* for this Situation Analysis does not distinguish between attendance at Government schools and community schools. But elsewhere, research shows that amongst children who attend school, orphans are more likely to go to community schools than their non-orphaned peers. According to the *Institutional Response Assessment*, Zambia now has an estimated 1,925 community schools, run by NGOs, communities, churches and ad hoc committees. This number has grown vastly over the past three years, demonstrating the importance being attached to education at local level, and the motivation and capacity of communities to respond to the problems of orphans and vulnerable children. However, experience shows that making a long-term success of a community school is very difficult, and many that open do not last long.

Zambia now has an estimated 1,925 community schools, run by NGOs, communities, churches and ad hoc committees.

Community schools are responsible for the education of a sizeable proportion of Zambian children. They make up about one-third of the primary-level schools in Zambia (although, as they have fewer pupils than Government schools, they do not account for a third of pupils). Community schools usually offer a four-year SPARK²⁴ primary curriculum, intended to offer pupils a 'fast track' to the official grade 7 exams. Quality varies between community schools in all respects – most notably in terms of buildings, teachers, materials and access to resources.

Community schools must register with the Ministry of Education (MoE), which is supposed to monitor performance. However, the level of support and supervision from the MoE varies substantially, with some schools getting a termly grant, salaried teachers and professional guidance, whilst others get nothing. Some community schools receive significant support from the national coordinating network (ZCSS), whilst others operate in greater isolation.

Strengths	Weaknesses
Children can attend without wearing uniforms or paying fees, and classes may be in 'shifts' to accommodate children's other obligations	Teachers are usually untrained and supported only by elementary teachers' guides
Children can catch up to grade 7 standard in just four years	The four-year curriculum is ambitious, especially without good facilities and teachers, and progression rates are often low
Schools can be a physical and practical activity to encourage the community to address the problems of OVC	Buildings may be 'borrowed' for the school, and may be repossessed by the owner
Communities influence the running of the school, and can ensure that the school meets their needs	Successful schools may depend on one or two highly motivated people, but not survive if that person leaves
Volunteers and organisers can be excellent leaders and role models for the community.	Attendance at community school can stigmatise / label OVC
	Teachers are volunteers and may be de-motivated or distracted by the need to earn an income, and may leave if offered a better paying job
One significant change since 1999:	
Government now has a community school policy, and contributes K2.6 million per term to some schools (approximately US \$500)	Schools are very short of resources, and the Government contribution (if paid) is very little even for a small school.

²⁴ Skills, Participation, Access and Relevant Knowledge, developed by the Zambia Community School Secretariat

The 1999 Situation Analysis describes the strengths and weaknesses of the community school system, which have not changed significantly over the past five years:

Having passed grade 7, either at Government school or community school, orphans and other vulnerable children face further difficulties in accessing grades 8 and 9 (still part of the basic education years), and even more in securing secondary education (grades 10 to 12). After grade 7, schools are no longer limited by the FBE policy. Even Basic Schools (offering grade 1 to 9) charge fees for grade 8 and 9, as well as demanding PTA levies, payments in kind, and uniforms. Secondary school, the only route to grade 12 school-leaver exams and most other opportunities for further education and training, is even more expensive, requiring uniforms, books, transport, tuition fees and often boarding fees.

For an OVC to progress beyond grade 7, grade 9 and grade 12 is increasingly expensive and difficult. There are fewer schemes to support the participation of orphans and vulnerable children in school after grade 7 – the focus is usually on achieving increased participation in primary education²⁵. However, targeted programmes such as CAMFED and FAWEZA offer bursaries to vulnerable girls in four districts, to improve gender equality in education access after grade 7.

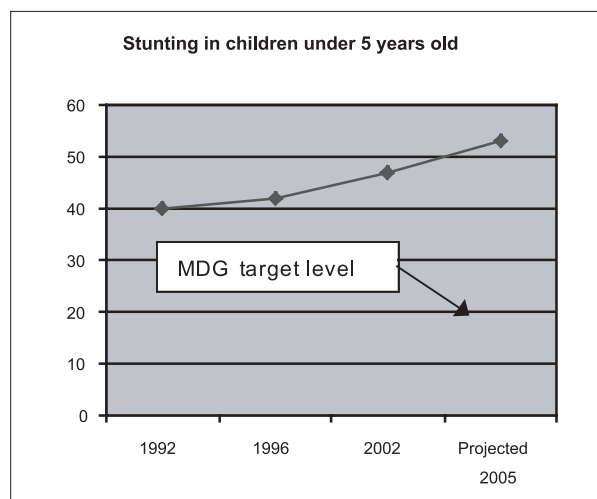
Orphans and vulnerable children may be offered opportunities for 'life-skills' training at various facilities, often meaning training in carpentry or tailoring. Such skills are aimed at producing self-employed artisans, yet the business skills needed to run a small enterprise are not usually included in training. Further, there is little evidence that these businesses offer good income possibilities for trainees, or that there is adequate unsatisfied market demand in these areas.

Accessing appropriate education and training up to and well beyond grade 7 is critical for Zambia's orphans and vulnerable children. Educating all children, including orphans and the vulnerable, will give Zambia the human resources required for future development. Without adequate education, the next generation will be unable to meet the challenges that need to be met for long-term stability and economic growth, risking previously unknown frustration and chaos.

Health and nutrition

Poor children are particularly vulnerable to health problems. With less home care, less food, worse shelter and bad water supplies, the poor in Zambia can expect to suffer a range of chronic and acute conditions, including infectious disease, parasite infestations and chronic health problems. This will affect children's growth and development, as well as their immediate coping capacity and school attendance.

The *Data Review* shows that child malnutrition amongst under-fives in Zambia is high, and has been rising over the past decade. Rural children show higher levels of malnutrition, in line with the higher rates of poverty in rural areas. There is no evidence that orphans of this age suffer higher levels of malnutrition, or indeed higher rates of morbidity or mortality, since this research has not been carried out.



The Millennium Development Goals identify child nutritional status as a key target for the decade. Although this is reflected in the high priority attached to nutrition in the Poverty Reduction Strategy Paper, there has been little progress in activities or in achievement of targets. Besides policy development and institutional capacity building at the National Food and Nutrition Council, the programme has developed teaching materials for primary school children, and promoted the fortification of sugar with Vitamin A²⁶. Supplementary feeding programmes are focused on hospitals, with high-energy protein supplements and other food available for children admitted with malnutrition, and for families accessing home-based care programmes.

²⁵ Zambia's basic education is a full programme of grades 1 through to 9. However, FBE applies only to grades 1 to 7, reflected in the structure of Government and most non-state bursary / education support initiatives.

²⁶ PRSP Implementation Progress Report 2004

School feeding programmes have started in some places, usually targeting children attending community schools. Community schools have a higher proportion of orphans and pupils from very poor families, and thus serve as a useful targeting mechanism. School feeding is aimed at improving child nutritional status, as well as improving school attendance and performance levels.

The *Institutional Response Assessment* discusses policy that affects orphans and vulnerable children, including health policy. Since the mid-1990s, user fees have been payable for attendance at health centres, clinics and hospitals. This fee covers consultation and prescriptions from the essential drugs supplies, although additional prescriptions may have to be bought privately (either because the drugs have run out, or because the medicine required is not one of the listed essential drugs). From inception, fees have not been payable by people under 5 or over 65, pregnant women, or by people suffering from TB, HIV/AIDS, other STIs, or chronic conditions such as diabetes or hypertension. Preventive services and family planning are also free.

Recently, subsidised ARV programmes have been expanded, including free provision for people under the age of 20 (although it is unclear whether this includes the necessary supporting laboratory tests). For children infected with HIV this is a big step forward. Many other orphans and vulnerable children will benefit if their parents can access ARV programmes, keeping parents alive and reducing the incidence of orphanhood. However, whether free or subsidised, accessing ARV therapy requires money. Treatment demands cash for direct costs (such as transport), as well as for unexpected purposes including the good diet necessary to accompany the drug regime.

Subsidised ARV programmes have been expanded, including free provision for people under the age of 20

Health policy states that people will not be excluded from health services because they are unable to pay. In practice, this policy is highly subject to the attitudes of the personnel at each health centre. In some, a high proportion of patients pay nothing, whilst in others this is very rare, even in low-income areas. Patients who cannot pay may be directed for assistance to the Department of Social Welfare, but there has never been a policy or guidelines agreed

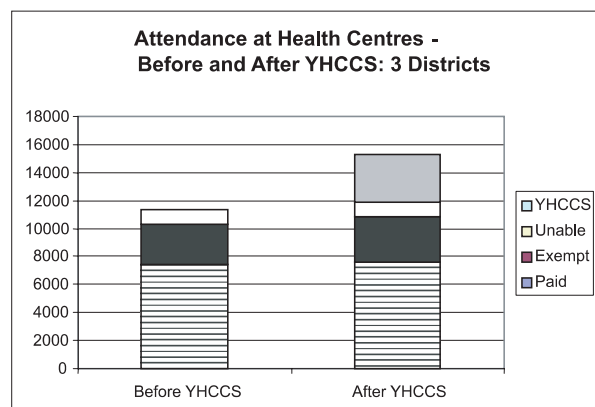
between the Ministry of Health and the Department of Social Welfare for support to people who cannot pay.

Orphans and vulnerable children often fail to access health services because of this policy. As children, they have less access to cash to pay fees, or to information about the limited free services on offer. Even where children might be accepted as 'unable to pay', they may lack the confidence to present themselves for treatment without money. Furthermore, the free services are oriented mostly to sexual and reproductive health, and not for malaria, infectious diseases, upper respiratory tract infections, and other complaints common amongst children.

Failing to access health services is often manifested as a tendency to seek treatment late, perhaps when a previously easy-to-cure condition has become complicated or expensive to treat. This burdens orphans and vulnerable children with lengthy illnesses, which threaten development and hamper access to education.

For street children, accessing health services is even harder. Attitudes amongst health service providers towards street children, whom they may consider to be promiscuous, immoral and/or substance abusers, are often very negative. Fees are demanded from street children outreach programmes for medical services for these children, with additional allowances charged by health workers for screening and medical examinations. Other service providers, including community schools and home based care programmes, complain that sourcing funds for health charges is a significant problem.

The Department of Social Welfare, through the Public Welfare Assistance Scheme (PWAS) piloted a programme to provide health care exemptions to orphans and vulnerable children, targeting around a third of children in each of five districts. The



results showed that attendance for services that are usually subject to fees rose by over 43%, indicating that fees present a significant barrier to accessing health care for these children. Before PWAS, the graph shows attendance for paid services, free services, and for children being treated free for services that are normally charged for. After providing orphans and vulnerable children with a free pass for services that are usually charged for, attendance rose by 43%-45%.

The Youth Health Care Cost Scheme (YHCCS) results provided a compelling argument for the revision of health charging policy, at least for children. However, in the last two years since these results were published, no serious dialogue has taken place.

After providing orphans and vulnerable children with a free pass for services that are usually charged for, attendance rose by 43%- 45%.

FBOs and Churches Health Association of Zambia health facilities play a significant role in the provision of health and nutrition support (for rural children in particular), offering feeding, health and nutrition education and medical services.

Struggling for a living

The core problem facing Zambia's orphans and vulnerable children is poverty. If families and communities were not so poor, the number of orphans might be smaller, and the capacity of the extended family as well as Government to provide for their needs would be greater. It is arguable that poverty also exacerbates the psychosocial needs of these children, as economic insecurity and the uncertainties of the future heighten the grief and loss felt with the death of a parent.

It is probable that most orphans and vulnerable children work as soon as they are able to do so. The CSO 1999 Child Labour Survey concluded that about 10% of 5-17 year olds work, with 87% of this agricultural labour on family farms. However, it is likely that a far higher proportion of older children work either on farms or in the home, including collecting water and firewood, and other domestic work. Some work is illegal or hidden, and not reported (street children, crime, prostitution). Where household livelihoods improve, children are likely to have more time to play and study, and are less likely to be engaged in dangerous activities.

In common with previous studies, *Extended Family Response* developed a categorisation of livelihoods, opportunities and assets in consultation with communities. This model, developed in North-Western Province, helps us to understand where orphans are, and how they are affected by livelihood issues. The model presented here excludes the very rich, because they were not present in these communities. The very rich were said to drive cars, employ domestic servants, eat a full breakfast every day – and not take in orphans.

The *bayanji* and the *bayanjisha* struggle to survive on a regular basis. When they take additional children into the home, the demands of survival become even greater. The *Extended Family Response* describes 'coping strategies' which households adopt in response to increased demands. Many coping strategies involve actions that damage the resource base for future capacity for income generation – these might include selling productive assets or cattle, or engaging in livelihoods that are illegal or dangerous. Other coping strategies, like withdrawing children from school or reducing the number of meals eaten, harm family members directly. Where 'coping' involves damaging household resources or endangering family members, it is clearly of great concern.

Banonshi Pacheche (moderately rich)	Bayanji (the poor)	Bayanjisha (the poorest)
Wear good clothes Eat enough food Children go to secondary school and college Have retail businesses Can assist others Can go to private clinics Can travel to urban places at will Urban: Civil servants, general workers Rural: better-off farmers, retail businessmen, own cattle, scotch carts can hire labour on their farms	Eat one or two meals a day but not always nshima ²⁷ Have large families Cannot afford school uniforms Do not have good clothes Do piece work Poor houses made from grass and sticks Rural: Cultivate small portions of land as they lack agricultural inputs Urban: marketeers, tuntemba ²⁸ sellers	Sometimes don't eat the whole day Usually beg for food Children don't go to school Have no household assets Torn clothes and blankets Do not cultivate any land Very poor shelters with failing roofs Elderly, chronically sick, disabled Grandmothers and widows Urban: scavenge in rubbish pits, can't afford water from standpipes
Do not usually take in orphans	Orphans come to live in these households	

²⁷ Maize meal porridge; Zambia's staple food

²⁸ Informal road-side booths selling sweets, cigarettes, soap and a few other basic commodities

By leaving the poorest households alone to take such decisions today, we are increasing the chances of having even greater problems to deal with in future. Programmes that provide direct assistance to the poorest invest in the human resources of the next generation, and avert the negative consequences of today's destitution.

The first stage in supporting livelihoods is often a decision as to what strategy to use:

"Other coping strategies like withdrawing children from school or reducing the number of meals eaten, harm family members directly."

some programmes aim to support the development of sustainable livelihoods amongst 'vulnerable but viable' households, whilst others aim to provide direct support to the livelihoods of very vulnerable households that lack the capacity to support themselves. A variety of programmes promoting household economic security as well as direct assistance are discussed in *Models of Care*.

There are many programmes to develop sustainable livelihoods amongst the 'vulnerable but viable'. This group is taken to mean households that could, if assisted, eventually build a sustainable livelihood for themselves. Government, through the Food Security Pack programme, provides a basic agricultural input package to rural households selected through the PWAS. As with many similar large-scale subsidised agro-input programmes, there are diverse issues of appropriate targeting, timeliness, appropriateness of crops and cost-effectiveness to be addressed as the programme moves into its fourth year. These were highlighted in a recent mid-term review.

Donor-funded programmes working through NGOs have targeted rural and urban households that care for orphans and vulnerable children with a variety of loans and grants aimed at helping establish viable farming and trading businesses. In such cases, beneficiaries highlight the importance of the accompanying training programme for the success of their businesses. Micro-credit schemes, often administered by NGOs, help people to access credit for the establishment of a business, overcoming one of the major barriers faced by would-be entrepreneurs.

Other programmes aimed at assisting poor households caring for orphans and vulnerable children recognise that they may lack the capacity to do enough work to generate a sustainable income. These may target households headed by widows, or households where the dependency ratio creates considerable or unmeetable demand. In such cases, appropriate agricultural activities may be promoted (provision of cassava cuttings and tubers; technologies such as 'weed-wipe'

designed to cut labour requirements), or subsidised food provided through food for work and similar programmes.

Programmes may offer direct assistance where households are headed by sick people or people incapacitated by age, or where there are no adults in the household at all. Several good examples are discussed in more detail in both *Models of Care* and the *Institutional Response Assessment*. These include a social cash transfer scheme that provides a monthly grant of K30,000 (roughly US \$6) to 170 households where elderly people look after orphans and vulnerable children. Also described are the GRZ Emergency Food Relief programme, which gives 20% of its food away free and without work to similar households; and the PWAS programme, which provides food and other assistance to around 100,000 households throughout the country. NGOs, FBOs and missions also participate in direct assistance, with numerous local programmes providing food and other relief to appropriate households.

Good targeting of programmes that address livelihoods is of great importance – a household that could sustain an appropriate livelihood is not helped by handouts; a household with no capacity to work derives no benefit from a micro-credit loan.

Free food programmes in particular may cause serious problems to farmers' livelihoods. Properly targeted, free or subsidised food can assist highly vulnerable households. But poorly targeted or even community-wide free food programmes can badly affect farmers, by destroying the local market for agricultural produce. This sometimes happens in Zambia, even when there is no drought or emergency. The pressure to hand out free food often comes from supply-driven programmes, when the international community has food to give away. It is politically very difficult for any Government to refuse such donations.

Good emergency programming is also essential for protecting orphans and vulnerable children. In times of crisis, such as drought, floods or high food prices, vulnerable households may be forced to sell productive assets in order to pay for short-term survival. Assistance to protect household assets helps to avoid the catastrophic erosion of livelihood potential.

Since the last Situation Analysis, there has been increased attention on legal entitlements to pensions and redundancy pay. Many of the grandparents currently looking after orphans and vulnerable children in urban and rural parts of Zambia are retirees who contributed for decades to mandatory pension schemes – only to be unable to access their

benefits, or to receive paltry payments. Decades of poor investment, Government interference and public sector arrears have left the pension funds without sufficient capital to meet obligations. Other families have fallen into deprivation when a former employee is made redundant without receiving legally payable benefits. The protection and provision of such entitlements would assist many households, and many orphans and vulnerable children, and relieve the demand for other forms of discretionary assistance.

Stigmatisation, discrimination and grief

Nearly two decades after the recognition of HIV/AIDS in Zambia, and in the midst of one of the poorest countries on earth, children still suffer shame, humiliation, stigma and discrimination because they are poor, or because their parents have died of HIV/AIDS. For children who are themselves infected with HIV, the situation can be much worse if their 'secret' gets out.

Children are stigmatised by HIV/AIDS long before the death of a parent. Carers, relatives and friends do not discuss their parents' illness with children, but may rather drop hints – often laced with judgemental or condemnatory comments. Parents may not discuss their condition with their children, dying without admitting the cause of their illness. Children are often excluded from the funeral, perhaps even sent away, and the cause of death again not discussed. Whether or not they are then ostracised or teased by other children, or subject to insensitive remarks from teachers and other adults, orphans feel deep shame and stigma as society silently communicates its condemnation of their late, loved parents.

Children are stigmatised by HIV/AIDS long before the death of a parent.

Poverty is also stigmatised throughout Zambian society. In rural areas, poverty may be associated with laziness. The poor feel that better-off members of the community and even family look down upon them. In urban areas, particularly amongst the young, an ever-changing variety of status symbols are sought after for social status and success. To suffer from poverty is a cause of shame to many Zambians. For the child that is poor, shame and even ridicule are mixed with a burning wish for nice clothes, good food and decent accommodation. This condition leaves them confused, stigmatised, and vulnerable to exploitation, sexual abuse, substance abuse and crime.

There is less evidence on discrimination against orphans. The *Literature Review* points to various studies and publications that touch this issue, but are not conclusive. At a household level there are many reports from orphans who have to do more work than the children of the house, or receive less food than the rest of the household. Many orphans believe that they would have been better off had their parents still been alive. Guardians, in contrast, say that children feel they are being discriminated against even when they are not – orphans may think they alone have insufficient food when in fact the entire household does not have enough.

For poor children, including orphans as well as other vulnerable children, experiences of exclusion are common. Unable to access education and health, without peers who share their experiences, without parents able to guide them through adolescence, poor children are vulnerable to many hazards, and unable to take part in opportunities for advancement or simply fun. Exclusion contributes further to the negative self-image and poor self-esteem of orphans and vulnerable children.

Interventions designed to help orphans and vulnerable children must take care not to contribute further to their sense of exclusion, by labelling them 'orphans', 'AIDS orphans', 'OVC' or 'the destitute'. Organisations may not be aware of the stigma of such labelling, or may ignore this consideration for the benefit of fund-raising or institutional profiling.

Since the last Situation Analysis in 1999, there has been progress in the implementation of psychosocial support programmes, addressing stigmatisation, grief and discrimination. There is greater understanding of the psychological impact of losing a parent – which changes with the age of the child – and of the pressures, misconceptions and anger that a struggling carer feels. As a result, there have been more programmes that provide psychosocial support.

Experience described in *Models of Care* and the *Institutional Response Assessment* highlights psychosocial support interventions that target both children and their guardians. Helping children and their guardians to understand more about the effects of grief and loss, and to communicate better, have helped smooth tensions in many households. This has contributed to the continued education and healthy emotional development of adolescent orphans in particular. However, psychosocial support interventions are still new. There is no common definition or understanding

of what psychosocial support involves, and no evidence of the usefulness of such interventions in the long term. Further research and carefully monitored pilot interventions are a priority for the next five years.

Interventions that start before the death of a parent place special demands on the outreach worker, but have provided invaluable opportunities for counselling, and encouraged parents to talk to children before their death. Assembling memory boxes and similar activities have helped parents focus on their children's needs before they die, and helped new guardians to understand the emotional and psychological stresses on the child they now care for.

Child counselling programmes have also emerged since the last Situation Analysis. Outreach workers in home-based care programmes first identified the need for child counselling, as they often counselled adults but excluded the children of the household who were witnessing the death of their parent. As a

result, more specialist training for child counsellors has been introduced in various counselling training centres. Child counsellors now operate in many districts, under the auspices of a range of NGOs and churches. Understanding of the emotional needs of a child dealing with grief and sadness is expanding in the communities where counselling activities are happening, to the benefit of orphans and vulnerable children.

The *Institutional Response Assessment* shows that counselling and psychosocial support, are both prominent interventions at present. However, caution should be exercised so as not to see such programmes as panaceas for orphans and vulnerable children. Counselling and psychosocial support are both difficult, and both require time-consuming one-on-one work. There is little information available about what really works, and what can be achieved through these interventions. As we progress down this avenue, professionalism and objectivity are paramount.

What's Being Done: Achievements and Challenges

Since the 1999 Situation Analysis, more is being done for orphans and vulnerable children at all levels. Government, the international community, NGOs, umbrella organisations, churches and communities are more aware of the complex social, economic and emotional needs of these children. A plethora of district and community committees to coordinate, deliver services and build capacity to respond to the needs of orphans and vulnerable children have been developed. There are more programmes to prevent children experiencing the worst outcomes of their poverty and orphan state, and there are more programmes to assist those that do. Communities have mobilised themselves to support vulnerable children, and have significant capacity in this respect. Children and adults are more aware of the children's rights, and Government and civil society support activities to ensure that these rights are protected. The *Institutional Response Assessment* describes the changes, achievements and gaps in response in detail.

This section outlines the main achievements and challenges facing the key stakeholders seeking to assist orphans and vulnerable children.

Government

In 1999, Government demonstrated its commitment to orphans and vulnerable children through the publication of the first Situation Analysis. Five years later, the Government has again led the process of preparing this comprehensive and analytical updated Situation Analysis.

Achievements

This Situation Analysis contains a great many examples of Government action to support OVC, particularly in the *Institutional Response Assessment* and *Models of Care*. In many aspects of the lives of these children, GRZ is providing action as well as leadership that benefits them and guides the activities of NGOs, CBOs and FBOs. Significant changes in the last five years include:

- The introduction of the free basic education policy;
- Improvements in the Public Welfare Assistance Scheme (PWAS), including its pilot programmes for health and education costs;

- Delivery of bursary support to primary and secondary pupils through ZECAB, BESSIP, CAMFED and other schemes;
- Greater efforts to register and monitor institutional care facilities, through the Child Care Upgrading Programme;
- Greater provision of data on orphans and vulnerable children from the Central Statistics Office;
- The spread of Victim Support Units to over 300 police stations and police posts;
- Greater efforts at district level to coordinate and improve the response to orphans and vulnerable children amongst all stakeholders;
- The signing of a memorandum of understanding with the Zambia Community School Secretariat, and the introduction of term payments and food supplements to community schools;
- The implementation of the Food Security Pack programme, promoting household food security for vulnerable families.

These changes show that Government responded across various sectors to the challenges identified in the 1999 Situation Analysis.

However, outstanding critical actions remain, where Government must act quickly. The actions identified here are needed to provide legal protection to orphans and vulnerable children, and to create a well coordinated enabling environment to support improved interventions by all stakeholders. These functions are the core role of any Government, and are required to ensure that all other actions are effective, responsible and legal.

Challenges

National OVC Steering Committee

In 2001, a recent and significant response to orphans and vulnerable children had been the establishment of the National OVC Steering Committee, comprising the Permanent Secretaries of five Ministries: Youth, Sport and Child Development (MSYCD), Community Development & Social Services (MCDSS), Education (MoE), Health (MoH), and Justice (MoJ). The effective functioning of this committee was considered essential for establishing a better policy and legal framework, and better monitoring and coordination of OVC programming by all actors.

However, since the functioning of the National OVC Steering Committee has been weak, this cross-ministry leadership of the national response to orphans and vulnerable children is missing. Improved and consistent leadership from MSYCD, which serves as Chair and Secretariat this key committee, is needed to bring about the urgent upgrading of its performance.

Government Policy

The MSYCD is drafting a National Child Policy, based on three national consultative exercises carried out in 2003. The preliminary draft is currently being reviewed to ensure that it is consistent with the Convention on the Rights of the Child (to which Zambia is a signatory), and fully reflects the needs of orphans and vulnerable children. The finalisation and timely approval of the National Child Policy is of great importance.

The needs of orphans and vulnerable children are also reflected in various sectoral policies, including education and health. Since the National OVC Steering Committee is not functioning, the opportunity for dialogue on these issues centred on the specific concerns of these children is significantly reduced.

The FBE policy, discussed in this overview and in the *Institutional Response Assessment*, demonstrates a strong policy commitment to orphans and vulnerable children. Over the next few years, the implementation issues that hamper the performance of the programme will be addressed. In contrast, the existing health user fee serves to exclude these children from health care services, and must be amended to provide free services to all children.

Legal Framework

Since 1991, when Zambia ratified the Convention on the Rights of the Child (CRC), there have been various changes to legislation that affect children. Most recently, Parliament has ratified laws that increase penalties for people who sexually abuse children, and provide greater controls on the participation of young children in paid employment.

However, there has been no comprehensive review of laws that affect children, to provide a complete assessment of how Zambian law should be revised to include all the provisions of the CRC. Whether this would result in the introduction of one new 'child law' or the amendment of a range of existing laws, the intention must be to ensure that Zambian law provides for the rights agreed in the CRC. Such a review should be undertaken urgently.

Institutional Responsibility

Since 1991, there has been a confusion of roles between the Ministry of Sport, Youth and Child

Development and the Ministry of Community Development and Social Services. Although this confusion is known, various attempts to resolve it have so far not yielded results. Added to this is the considerable mandate of the National AIDS Council, which has significant influence over resources that could support orphans and vulnerable children.

Having three institutions responsible for orphans and vulnerable children might be expected to result in a large volume of work, even if it is disorganised. However, each of these institutions is chronically under-funded and short-staffed. Even where activities fall under the Poverty Reduction Programmes of the GRZ budget, releases from 2001 to 2003 were often well below half what was expected. It is essential that GRZ demonstrates a high priority commitment to orphans and vulnerable children through improved funding flows to relevant institutions.

It is therefore important that the confusion in roles is resolved in a manner that reflects the capacities and opportunities available. The presence of staff from the Department of Social Welfare and the Department of Community Development in most districts suggests that most responsibilities that fall outside Headquarters or Provincial level should be mandated to MCDSS. In resolving this issue, it may be pertinent to consider whether two separate Ministries are required, or whether the functions might usefully be merged.

Social Protection

In 1999, Government introduced new guidelines for the Public Welfare Assistance Scheme (PWAS). Over the next three years, the redesigned programme was launched in 58 districts, and was judged innovative and successful in an independent review. However, further expansion was halted when the European Union shifted the focus of its country programme away from poverty reduction, and Government failed to disburse Poverty Reduction Programme budget allocations to the programme.

The PWAS, along with the smaller programmes piloting various forms of targeting and social protection, should be the focus of renewed commitment from GRZ, as a key part of the new social protection strategy.

The Poverty Reduction Strategy Paper (PRSP)

Since the last Situation Analysis, Government launched the PRSP 2002-2004 as the central focus of national development. The PRSP did not make specific reference to orphans and vulnerable children. Apart from mentioning access to primary education, the paper made little reference to child protection or development.

It is essential that a comprehensive response to orphans and vulnerable children be highlighted in the next PRSP, expected to be developed in 2005.

International Donors

Achievements

In 1999, there was very little donor engagement with programming for orphans and vulnerable children. Since then, however, more donors have become active in OVC work, and there are also more international NGOs working with OVC. New donors, including very large private foundations as well as small private fundraising initiatives, have also made significant commitments to Zambian children.

Donor-funded initiatives often support community and household initiatives, providing psychosocial support, promoting household livelihoods, and improving access to services including health and education. Other initiatives include support to activities that raise public awareness of children's rights, and advocate for the domestication of the Convention on the Rights of the Child.

Challenges

Coordination

Donor activity is not very well coordinated, particularly regarding funding provided to NGOs and CBOs. Information is not easily accessible from donors, and recipients of donor funding are reluctant to reveal the sources of their income. Improved coordination would enable organisations at all levels to share experiences of good practice, and facilitate monitoring of resource flows and utilisation.

Donor agencies are also not coordinated in terms of how they work with Government. In some other sectors, a coordinated approach from donors has very much simplified the demands on scarce GRZ time in dialogue with donors, and ensured that donors clearly express a single set of priorities and concerns.

Development of Good Practice

There is a strong incentive for implementing organisations to report 'success' to donor organisations. Many donors push hard to know the maximum number of children who have benefited from their intervention, without much interest in how much they have benefited, or why. A programme that gives a single pencil to 10,000 mothers with four children each is deemed to have benefited 40,000 children – there appears to be a

race to maximise the number of beneficiaries. The figures made available to the *Institutional Response Assessment* demonstrate this well, as the number of children reported to be benefiting from OVC programmes exceeds the total number of orphans and vulnerable children in the country, even though it is obvious that the vast majority have no contact with external support programmes.

Encouraging implementing organisations to understand fully the effectiveness of their intervention methods and the impact of their programmes is essential. With such learning, responses to the problems of orphans and vulnerable children can be constantly improved (in terms of performance and efficiency) for the benefit of Zambian children. It is imperative that donor organisations ensure that M&E is accurate and useful. Information on good practice (and also lessons from failure) should be easily available for widespread learning.

Multi-Sectoral vs. Packaged Interventions

Many donor agencies do not support genuine multi-sectoral responses, but rather arrive with pre-planned interventions that offer 'packaged' solutions, or at least channel resources into pre-determined sectors. Where flexible funding is clearly required to support communities responding to orphans and vulnerable children, it may be difficult to obtain. There appears to be greater concern with satisfying donor-generated priorities and results frameworks than with sustainable development and long-term impact.

'Packaged' interventions can sometimes play a useful role, so long as they are technically viable. But it is important to recognise that such interventions are not community driven, and attempts to give the opposite impression are damaging. There are too many disaster stories of projects promoting agricultural crops not suited to the local environment, unsuitable technologies, or crops for which there is no market.

NGOs and CBOs

Achievements

The *Institutional Response Assessment* has identified 418 organisations focusing on OVC legally registered with the Registrar of Societies. Not all active organisations are registered, and not all registered organisations are active. However, the increase in numbers indicates increased levels of activity, and the accessibility of the register has also improved since the last Situation Analysis.

NGOs and CBOs implement essential programmes for orphans and vulnerable children, particularly in the absence of adequately funded Government services and social protection. However, they are often not well coordinated, creating gaps and overlaps, and missing opportunities for most cost-effective intervention. This lack of communication is in part generated by a sense of competition between organisations, either for funding or for reputation. Hidden or acknowledged, this agenda works against the interests of Zambia's orphans and vulnerable children.

The key activities carried out by NGOs and CBOs are:

- **Raising awareness of OVC issues through information, education and communication:** providing educational materials to OVC, guardians and other key actors that address OVC rights and needs; offering outreach through drop-in centres, community counsellors, and training local leadership; spreading the message via broadcast and media programming.
- **Promoting improved livelihoods and better household economic security:** supporting programmes to for vulnerable families and households looking after OVC, through agriculture and small business development.
- **Improving access to services:** in particular by programmes to support education, especially through community schools and bursary programmes.
- **Building capacity for CBOs:** using programmes to support local responses to OVC, improving local problem identification, raising funds, implementing projects and accounting for resources.
- **Offering psychosocial support & child counselling:** whilst still new, increasing attention in NGO and CBO programming is being given to psychosocial support and child counselling.
- **Setting up programmes to help street children:** providing outreach, drop-in centres, shelter, access to health and education, rehabilitation and resettlement.
- **Providing, where necessary, institutional care:** a relatively small number of OVC live in residential centres. Whilst acknowledged to be the 'solution of last choice', for some children there is little choice but to recognise the necessity of staying in an institution for a limited period of time.

Challenges

Registration

Further efforts are needed to ensure that all organisations are properly registered. Registration allows Government to fulfil its duty to protect orphans and vulnerable children, by inspecting the activities of all organisations, providing appropriate guidelines and standards, and facilitating capacity building activities. In order to improve registration, there may be a need to simplify the process, and to make it cheaper. This is discussed at length in the *Institutional Response Assessment*.

Accountability and Transparency

The provisions of the Registrar of Societies Act require all registered organisations to make annual financial returns. However, in practice most registered organisations do not make any returns. Furthermore, most organisations interviewed in the *Institutional Response Assessment* were reluctant to give any information on their sources of funding or turnover, despite the Situation Analysis researchers being identified by the MSYCD.

The provision of the law should be communicated to all registered organisations, and implemented. This ensures accountability for public and private donations, and protects Zambia's orphans and vulnerable children, who are the intended beneficiaries of these funds. Capacity building to assist organisations keep proper financial records, could be provided.

Coverage and Accessibility

The *Institutional Response Assessment* shows a tendency for NGOs to cluster in towns and cities, and along the line of rail, leaving many remote areas unattended. The poor infrastructure and communications in Zambia, together with the sparse population in distant areas, can make working with remote communities very expensive. Nonetheless, NGOs should be encouraged to spread further, and to reach the most distant parts of Zambia.

Access to information, education and communication (IEC) materials, is often limited by the language of publications, broadcasts and other public awareness materials. Maximising the availability of vernacular language materials helps the poorest and least well educated to access the learning promoted by IEC campaigns.

Monitoring and Evaluation

Many NGOs do not carry out monitoring and evaluation activities, or do so at a very poor level. This deficit means that good lessons cannot be shared, and mistakes are hidden – destined to be repeated.

NGOs may lack the capacity to carry out M&E, and may not appreciate the importance of examining previous performance. The belief that admitting to failure may jeopardise future funding may very well be valid. Donors, formal or informal, may not demand such information from the NGOs they fund, and may not react well to reports of problems.

Improvements in M&E require resources for capacity building, as well as a renewed commitment to the development of good practice by NGOs as well as their various donors.

Faith-Based Organisations

Achievements

As reported in the 1999 Situation Analysis, Zambia's FBOs offer some of the most consistent and far-reaching responses to orphans and vulnerable children. Notable here is the work of the Catholic Secretariat and the Salvation Army. Through mission stations, churches and parish structures, FBOs offer home-based care, counselling and spiritual support, institutional care and health services through the Churches Health Association of Zambia (CHAZ) network of hospitals and health centres. Reaching remote rural areas, FBOs tirelessly support people in the most extreme circumstances.

Since the last Situation Analysis, the FBOs have been strengthened by the registration of two new networks concerned with orphans and vulnerable children. The Expanded Church Response is a joint initiative by the Catholic Church, the Christian Council of Zambia, and the Evangelical Fellowship of Zambia, intended to scale up the quality and coverage of the work of their member FBOs. The Zambia Inter-faith Network, open to all FBOs, has a similar aim.

Challenges

Promoting Good Practice

Recently, a variety of new FBOs appear to have sprung up, offering services to orphans and vulnerable children. In particular, new institutional care facilities and orphanages appear regularly. Often (but not always) motivated by admirable intentions, new initiatives nonetheless often lack knowledge of good practice, awareness of OVC issues and even of children's rights. The MCDSS is attempting to monitor and regulate such facilities, but would be more successful if the FBOs also sought to promote standards of good practice. Action to extend good practice to as many churches as possible remains a key opportunity for improving the lives and prospects of orphans and vulnerable children.

Advocacy and Participation on a National Level

FBOs have been uniquely active at community level, offering services in many poor communities and remote parts of Zambia. However, their participation at national level in speaking on behalf of the people they work with has been limited. The FBOs have a potentially significant advocacy role, which would add quality to GRZ and donor policies and practice. However, there is a tendency to avoid engaging in such activity, and therefore to isolate decision makers from the rich insights and forceful viewpoints the FBOs could otherwise express.

Expanding the Role of All FBOs

Improving awareness of OVC issues and appropriate responses amongst the widest possible range of churches was identified as a priority in the 1999 Situation Analysis. However, despite the establishment of two FBO networks, more could be achieved in this respect. Churches and other FBOs enjoy established trust, ownership and credibility at community level, which could be used to benefit more orphans and vulnerable children.

District structures

Achievements

In each district, a range of structures is found in the form of district committees. Since 1999, more committees concerned with orphans and vulnerable children have been established. These include the District AIDs Task Force (DATF), the District Welfare Assistance Committee (DWAC), the District OVC Committee (DOVCC) and others. Each committee tries to improve communication and coordination between relevant stakeholders, including NGOs and CBOs as well as Government departments and the local council. They may be sub-committees of the legally mandated District Development Coordinating Committee, which gives them higher priority amongst participating public sector bodies.

The effectiveness of district committees varies from place to place. However, a number of factors help. Having a clear mandate and some access or influence over resources helps significantly. Having committed personnel in key positions is critical. Having access to capacity building or administrative support is very helpful, although 'buying' performance through paying allowances is usually unsustainable.

District structures often reach out to community level, through Neighbourhood Health Committees (NHCs), Community Assistance Welfare Committees

(CWACs), Community OVC Committees (COVCCs) and other decentralised networks. The success of these is similarly dependent on good leadership and a clear mandate. Training and capacity building is critical, although the promise of too much external intervention can raise hopes too far, attract people with wrong motivations, and create dependency syndrome. Experiences in SCOPE OVC, PWAS and a variety of NGO interventions have provided lessons on how to build sustainable and effective decentralised networks.

Challenges

Maintaining Enthusiasm

District committees are often hampered by the conditions of the officers who are members. With poor terms of service and minimal operational funds, members become discouraged and apathetic. This problem extends beyond the social sector, into all aspects of district development. However, the recent Decentralisation Policy is intended to address the demoralisation and poor performance at district level, and to revitalise the operations of all district initiatives.

At community level, there is ample evidence that people will work tirelessly for an initiative that they feel brings genuine benefits. However, they quickly lose motivation if expected benefits are not delivered. Delays, shortages and broken promises quickly destroy a local committee. Members may even be accused of theft, being held responsible for the disappearance of expected benefits.

Working with local committees requires openness, explaining carefully what results can be expected, and what contributions are expected. Practices that encourage passivity and dependence should be put aside in favour of treating communities as genuine partners in the development process.

Supervision and Support

Community committees and their district promoters need to meet on a regular basis. However, with the poor resourcing of district offices, this may rarely happen. The new Decentralisation Policy, however, indicates that a greater share of GRZ resources will be sent to district level over the next five years. If this happens, it will improve the capacity of district officials to supervise and support activities throughout each district.

Mobilising Communities

Communities are critically important in supporting orphans and vulnerable children. With community support, children have better access to care, love, food and basic services. Without it, children are

vulnerable to material deprivation, as well as stigmatisation, exclusion and rejection. As the 1999 Situation Analysis said, the problems of orphans and vulnerable children, and their solutions lie within the community.

Achievements

Zambia's families and communities are responding boldly to the challenge of orphans and vulnerable children. Many children are cared for by their families, and many vulnerable families are helped by communities through home-based care, church groups, women's groups, development associations and so on. This assistance may not be able to address material deprivation, but still provides invaluable moral and spiritual support. External interventions can provide extra resources to these initiatives, in the form of additional resources or as capacity building and awareness creation. Effective programming must strengthen the capacity of the extended family and the entire community to protect and care for orphans and vulnerable children, and reduce the future incidence of orphans and the poverty of so many households and children.

It is important to remember that communities do have the inherent capacity to cope. Claims that entire communities are collapsing under the burden of orphans and vulnerable children, only able to depend on the elderly, sick and incapacitated, do not give the full picture. Of course, there is need to improve community capacity and to increase access to sustainable livelihoods and social protection. But underlying this need there exists genuine and accessible potential to respond and to recover – not the hopeless scenario that is often portrayed.

Traditional leaders are very influential in rural areas. It is important to ensure that Chiefs and local Headmen are conversant with OVC issues, and prioritise community participation in supporting OVC and vulnerable households. Their awareness and support is helpful to any initiative that seeks to build community responses. Often, this is very effectively built through regular individual and practical contact with NGOs, CBOs and other interventions in their areas. Similarly, in urban areas the Residents Development Committees are often influential, and their support greatly enhances the prospects of success for any intervention.

Challenges

Long Term Engagement

Working with communities is slow work, and unsuited to 'quick results' projects. Zambians have been promised much in the past, and new initiatives are often treated with great caution. People

implementing community level interventions must understand that trust must be earned, which takes time. Equally, external interventions must avoid demanding large commitments of voluntary time from people who, whilst not the poorest members of their community, are still struggling to support their families.

Transparency

Community committees are commonly used as a means of building an improved community response to orphans and vulnerable children. Issues of communication, trust, transparency and representation need to be resolved if such committees are to be successful. Examples of good practice do not share a common approach

to resolving these issues, but do share the fact of having addressed them openly, and found a solution that is locally acceptable in that community.

Multi-Sectoral Responses

Multi-sectoral responses to OVC allow communities to analyse and prioritise local problems, and to identify appropriate solutions. Such interventions take time and require skilful facilitation, but can result in long-term successes. Not only can the livelihoods and other development goals of the community be achieved and sustained, but the capacity of the community to respond effectively to future hazards can also be considerably improved.

Recommendations for the Next Five Years

1. Government must give significantly higher priority to solving the problems of orphans and vulnerable children

Government is not giving sufficient priority to OVC problems, as shown by the poor levels of funding, coordination, service provision and legislative review. Inadequate funding to key ministries reduces the provision of effective services to OVC. Inadequate coordination reduces the quality of policy decisions that affect OVC. Inadequate services are devoted to protecting children, and to fulfilling the legal responsibility of care incumbent on governments. Inadequate legislation means that Zambia's children do not enjoy the rights provided in the Convention on the Rights of the Child and are not assured of protection.

To change this, Government at the highest levels needs to accept that the OVC problem is perhaps the greatest challenge to future development in Zambia. The risks presented by a generation growing up without adequate physical and emotional care, or access to good education, are grave.

GRZ needs urgently to revive the National OVC Steering Committee, and to harmonise the roles of key institutions, including MCDSS, MSYCD and NAC. Increased funding, commensurate with the roles and responsibilities of these institutions, is urgently needed. More staff are required at all levels, with improved capacity. Legal reviews must be carried out, to ensure the Government fulfils its duty of providing care and protection to all Zambian children.

2. Government should provide adequate legal and regulatory protection for orphans and vulnerable children

Zambia ratified the Convention on the Rights of the Child in 1991, but the provisions of the CRC are not yet reflected in Zambian law. A review of all laws that affect children is needed, to ensure that its provisions are fully domesticated, and give the protections agreed in the CRC to all Zambian children.

The regulations that provide for the registration of organisations working with orphans and vulnerable children are not currently being adequately implemented. This prevents adequate inspection of care facilities and other programmes, and hinders outreach and capacity building. Improvements in

registration are needed, and the process may need to be simplified.

GRZ has been working to increase awareness of standards for institutional care through the Child Care Upgrading Programme. However, this initiative needs to continue to reach all institutional care providers, and to monitor and guide new service providers.

The Victim Support Unit at police stations and various NGOs offer useful support against property grabbing, sexual abuse and violence against women and children, sexual cleansing, and other harmful practices. However, these practices are still prevalent. Existing interventions provide lessons in how to intervene effectively in these difficult areas. These lessons should be applied to a significant expansion of interventions by GRZ and other organisations to prevent and / or respond to harmful practices, with the objective of eliminating them altogether.

3. Reduce the incidence of HIV/AIDS

Five years ago, the Situation Analysis recognised the fact that by 2004, the number of orphans and vulnerable children would have increased – and this was correct. Again now, we can see from the HIV/AIDS figures that the numbers will again have increased by 2009.

HIV/AIDS has caused massive emotional suffering and material deprivation to Zambia's children. Although some indicators suggest that infection rates are stabilising, and others suggest improvements amongst young people, it is imperative that more is done to halt the spread of the disease. For people who are already infected, more must be done to improve their health and quality of life. Ultimately, a drastic reduction in the problems of orphans and vulnerable children depends on better control and management of the HIV/AIDS epidemic.

If Zambia does not manage to control the spread of the HIV virus, the next generation will be even less able to cope than the current generation. Increasingly, grandparents are taking on the burden of caring for orphans and vulnerable children. But already one-third of the grandparents of the next generation have died.

To reduce the spread of HIV, Zambia needs improved leadership and concerted action. Disjointed and contradictory messages support the spread of the virus. Judgemental attitudes and condemnatory statements encourage denial

and secrecy. Inadequate availability and clinical management of ARVs will create drug resistance, wasting the opportunity for treatment of millions of HIV patients.

It is essential for orphans and vulnerable children that Zambia tackles HIV/AIDS better – better prevention, better treatment and better care for everyone affected by the virus.

4. Provide universal access to ARV therapy

The availability of ARV therapy provides us with the opportunity to prevent many children becoming orphaned, by keeping their parents alive. In the next five years, ARV programmes must be rolled out throughout the country, to provide accessible therapy to parents. The costs of accessing therapy must be fully understood, and issues of equitable access for the poor must be addressed.

Children infected with HIV also urgently require ARV treatment. Programmes targeting children should ensure that appropriate drugs, including paediatric syrup, are available throughout the country.

5. Improve access to quality education and training

The education system is currently failing many Zambian children, who may not attend school, or may only access very poor services for an inadequate period of time. The Convention on the Rights of the Child provides for the right to universal, free, compulsory basic education. The FBE policy is a step in the right direction, but by itself will not achieve this. The objectives of the CRC must guide the provision of education services in Zambia, with significant efforts directed at improving access and quality of education. Whilst community schools form a significant component of primary school provision, standards must be raised and close cooperation with GRZ used to ensure that community schools have trained and paid teachers, as well as adequate access to teaching materials and appropriate facilities.

Orphans and vulnerable children have very limited access to education after grade seven, because they lack the funding to access secondary education and training. Targeted programmes are needed to increase access, and to ensure that all children have the opportunity to access education and training to support themselves through life.

6. Introduce comprehensive programmes to address the needs of children living without parents or adult caregivers

Children living in child-headed households and street children have special needs, because of their extreme circumstances. Every threat and hazard for an orphan or vulnerable child is heightened if the child is without a parent or adult caregiver. Government therefore has special responsibility for such children – yet there is little information on them, and their needs are addressed only by a small number of NGOs.

Government services, including health and education, are often inaccessible to street children and child-headed households. Rather than reaching out to such children, service providers may specifically exclude them.

GRZ must ensure that either directly or through other implementing agencies, all street children and child-headed households can access programmes to provide for their basic needs, and access basic services. To do this, improved knowledge and information is required, on the incidence and problems of these very vulnerable groups. Experience of good practice and successful interventions should be carefully documented, to ensure that lessons are learned for future replication.

7. Introduce social protection programmes to protect and promote the livelihoods and welfare of especially vulnerable households

The number of orphans and vulnerable children living with their grandparents has risen substantially in the last five years. A further significant number of children live in female-headed households, which are also very vulnerable. Other households lack access to enough labour capacity to generate a reliable income – either because of the sickness or disability of adults, or because of a very large dependency ratio that is simply beyond their earning capacity.

Current efforts to provide social protection should be expanded, to provide well-targeted and appropriate support to vulnerable households. The new Social Protection Strategy should be adopted and implemented, through its incorporation into new PRSP. There should be improved funding for the PWAS and other key programmes identified in the SPS, from Government as well as the international community.

8. Significantly increase the scale of the response to OVC, based on lessons from good practice and successful intervention

The need to 'scale up and scale out' was first identified some years ago. Yet there has been shyness on the part of the international community as well as the Government to act. This is not due to a lack of useful lessons - there have been a number of successful programmes that provide lessons for expanded intervention, or for policy change.

Most of Zambia's orphans and vulnerable children have no access to care and support besides their families. Increased funding is needed from GRZ and the international community to expand significantly the depth and coverage of programmes targeting orphans and vulnerable children, and the families they live with.

To support expansion, better and more critical M&E on good practice and successful programming is needed, to guide good decision making on how to expand. Expansion may include replication of successful programming, or could involve policy changes based on the lessons of previous interventions. For instance, the experience of the Youth Health Care Cost Scheme clearly demonstrates the need and cost-effectiveness of abolishing of health user fees for children.

9. Increase availability of information on OVC through practical research and critical M&E of existing programmes

Practical research is needed to support more effective interventions for orphans and vulnerable children. The quality of research and information needs to be high, with accurate use of statistics and validity in analysis and conclusions.

All research information needs to be much more accessible to all stakeholders, and a central repository established to ensure that information is not lost.

- Improved monitoring and evaluation will improve performance, by understanding the cost-effectiveness and impact of interventions. Such initiatives need to involve the communities and intended beneficiaries. Better M&E will only be possible with improved attitudes by international donors, as unrealistic expectations of immediate success may currently discourage implementing agencies from honest, critical reflection.

- Improved understanding of 'hidden' vulnerability is needed. As far as possible, research on domestic violence, sexual abuse, child-headed households, child labour and domestic discrimination needs to be carried out in order to support the design of effective interventions.
- More knowledge is needed on street children, to support improved knowledge and programming of this extreme form of vulnerability. At present, the most recent estimate of numbers is a 1996 report, which was the only Zambian publication on street children reviewed in the 1999 Situation Analysis.
- CSO should extend their analysis of OVC issues to children up to the age of 18, and introduce orphans and vulnerable children as a full module in future national surveys.
- More objective analysis of the role and performance of both Government and community schools in meeting the education needs of orphans and vulnerable children should be carried out regularly.
- Understanding more about OVC health, their health-seeking behaviour and the impact of user fees on their access to public health services would facilitate the adjustment of policy to best serve their needs.
- Better research on improving livelihoods and household economic security would also help support more cost-effective interventions.
- More information on psychosocial issues, and more research on the impact of interventions (as it becomes possible) would help to support expanded activities in this new but important area of activity.
- Continuous monitoring of the response to orphans and vulnerable children should be carried out, providing an accurate and up to date database on activities and mapping of coverage.

Closing Comment

This overview has presented the key findings of the 2004 Situation Analysis of orphans and vulnerable children.

Zambia has a growing number of these children. Many are living in very vulnerable households and some living without any parent or caregiver. Poverty and HIV/AIDS have combined to produce a crisis of unprecedented scale, posing a grave threat to Zambia's future development. Basic services are difficult to access, and many orphans and vulnerable children do not have secure access to food, shelter or care. Zambia's children do not enjoy the rights agreed to in the CRC, and committed to by our Government and the international community.

Over the past five years, however, there have been some significant achievements, and progress has been made towards an improved response to the OVC crisis. At local level, there have been some fine examples of good practice, and of interventions that make a real difference in the lives of vulnerable children. At national level, there have been some positive developments in improved policy and legal framework, and coordination activities.

However, the scale of the response still needs to be increased. Government needs to place higher priority on OVC issues, and successes need to be expanded and replicated. More funds need to be made available for social protection activities, the delivery of basic services, and interventions at community level.

The five component reports of this Situation Analysis provide a detailed insight into the problems of these vulnerable children, and the various responses by Government, the international donor community, NGOs and FBOs, and communities and families. It must be hoped that the reports will serve as a resource in the expansion of the response to OVC, and provide guidance for policy makers, project planners and researchers.

These reports are up to date at the time of publication. Just as the situation has changed substantially in the past five years, so we can expect more changes over the next five years. It is important that this Situation Analysis is again repeated in five years time, to ensure that programmes intended for Zambia's orphans and vulnerable children are based on a clear and objective analysis of their situation.

References

The following references are quoted directly in this Overview Report. Other information is drawn from the five reports that make up the full Situation Analysis, and is referenced in full in those documents.

Central Board of Health (2002) *Staff Distribution for 2002*, Lusaka: CBoH

Central Statistical Office, GRZ (1985) *1980 Population and Housing Census of Zambia Analytical Report Vol II* Lusaka: CSO

Central Statistical Office, GRZ (1994) *Census of Population, Housing and Agriculture 1990 Vol 10: Zambia Analytical Report* Lusaka: CSO

Central Statistical Office, GRZ, Ministry of Health and Macro International Inc. (1997) *Zambia Demographic and Health Survey, 1996* Calverton, Maryland, USA: CSO /Macro International Inc.

Central Statistical Office, GRZ (1997) *Living Conditions Monitoring Survey Report 1996* Lusaka: CSO

Central Statistical Office, GRZ (1999) *Living Conditions in Zambia 1998* Lusaka: CSO

Central Statistical Office, GRZ (2001) *Zambia Multiple Indicator Cluster Survey, 1999* Lusaka: CSO/UNICEF

Central Statistical Office, GRZ, Central Board of Health and ORC Macro (2003) *Zambia Demographic and Health Survey 2001/2002* Calverton, Maryland, USA: CSO/Central Board of Health/ORC Macro

Central Statistical Office, GRZ and ORC Macro (2003) *Zambia DHS Ed-Data Survey 2002: Education Data for Decision-Making* Calverton, Maryland, USA: CSO/ ORC Macro

Central Statistical Office, GRZ (2003) *Zambia 2000 Census of Population and Housing, Zambia Analytical Report Vol.10* Lusaka: CSO

Family Health International (2003) *Findings of the Orphans and Vulnerable Children Psychosocial Survey* Lusaka: FHI Zambia

Gaisie, K. A. Cross, and G. Nsemukila (1993) *Zambia Demographic and Health Survey 1992* Columbia, Maryland, USA: CSO / University of Zambia / Macro International Inc

Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund and the United States Agency for International Development (2004) *Children on the Brink 2004: A joint report of new orphan estimates and a framework for action* Washington, D.C.: Population, Health and Nutrition Information Project for USAID

Joint United Nations Programme on HIV/AIDS (2004) *2004 Report on the global AIDS epidemic*, Geneva: UNAIDS

Lungwangwa, G. and M. Macwan'gi (1996) *Street Children in Zambia: A Situation Analysis* Lusaka: University of Zambia/UNICEF

Ministry of Finance and National Planning (2004) *First Implementation Report of the Poverty Reduction Strategy Paper* Lusaka: MOFNP

Project Concern International and United Nations Children's Fund (2002) *Rapid Assessment of Street Children in Lusaka* Lusaka: PCI/UNICEF

United Nations Development Programme (2003) *Human Development Report 2003* New York: Oxford University Press for UNDP