An Inventory of Social Protection Interventions in Kalomo District,

Southern Province, Zambia

(5th Report)



Report for the Pilot Social Cash Transfer Scheme Administered by the Public Welfare Assistance Scheme (PWAS) of the Ministry of Community Development and Social Services, Zambia, June 2004



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Consultants:

Katharina Wietler Email: kazzla@gmx.de

Dr. Bernd Schubert

Tel. in Germany: 00-49-30-805 82822 Email: bernd.schubert@agrar.hu-berlin.de

Mr. Chalo Mwimba (Advisor)

Tel: 095-954932

Email: chalomwimba@yahoo.com

Tel. while in Zambia:097-865186

GTZ long term Advisor to the Social Safety Net Project

of the MCDSS: Dr. Jörg Goldberg Tel: 097-770335 or 01-229446 Email: socsec@zamnet.zm

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List of Acronyms

AIDS Acquired Immune Deficiency Syndrome

ADP Area Development Program
CBO Community Based Organisation

CD Community Development
CINDI Children IN Distress
DA Development Agency

DAPP Development Aid from People to People
DDCC District Development Coordinating Committee
DFID Department for International Development

FBO Faith Based Organisation

FHT Family Health Trust

GTZ Gesellschaft für Technische Zusammenarbeit (German

Technical Cooperation)

HHs Households

HIV Human Immune-deficiency Virus IGAS Income Generating Activities

KPSCTS Kalomo Pilot Social Cash Transfer Scheme

MCDSS Ministry of Community Development and Social Services

NGO Non Governmental Organisation
OVCs Orphans and Vulnerable Children
PAM Program Against Malnutrition
PMC Project Monitoring Committees

RHC Rural Health Centre

SME Small and Medium Enterprises

USAID United States Agency for International Development

WV World Vision

Introduction

The following report has been prepared for the Pilot Social Cash Transfer Scheme (PSCTS), Kalomo District, that is implemented by the Zambian Ministry of Community Development and Social Services (MCDSS) and financed and assisted by the GTZ Social Safety Net Project.

The PSCTS will cover all villages in two agricultural blocks of Kalomo District (Kanchele and Kalomo Central) and assist the 10% most needy and incapacitated (non-viable) households in that region (approx. 1000 households) with K30,000 (US\$ 6) per month as a social cash transfer. The objectives of the Scheme are to reduce extreme poverty as well as generate information (pilot) on all positive and negative impacts of a social cash transfer scheme as a component of a Social Protection Strategy for Zambia (Schubert *et al*, 2004). For further information on the scheme, reports and survey results of the test phase can be requested from the Social Safety Net Project, Lusaka¹ or the District Social Welfare Office in Kalomo².

This report is mainly a result of data collection by staff members of the pilot scheme. There were a number of documents, reports and statistical data that were used in the development of this report and were especially valuable when it came to counterchecking the given information. A list of literature can be found at the end of this report. Special thanks go to Mr. Shikabeta from the district planning office in Kalomo for his valuable help on demographic issues.

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¹ GTZ Social Safety Net Project at the Ministry of Community Development and Social Services (MCDSS), Community House, Sadzu Road, Lusaka. Tel.: 01229446

² MCDSS- District Social Welfare Office, PO Box 620131, Government Plot 19, Freedom Way, Kalomo. Tel: 097720513

Objectives and Methodology

This report gives an overview of the different governmental, non governmental and faith based organisations and projects that are operating in the field of social development and especially target the critically poor and destitute (non viable) households or individuals in Kalomo District, Southern Province. It provides heads of development agencies (DAs) with information about which organisation is undertaking what kind of activity and where in the district. Emergency food relief interventions are not included.

The information contained in this report therefore gives different organisations an opportunity to link their activities, to build up an exchange of information to avoid overlapping of activities and develop synergy effects. The report needs to be updated when the landscape of projects and organisations changes or new projects are started.

The demand for a database on social development activities in Kalomo District arose with the expansion of the Kalomo Pilot Social Cash Transfer Scheme (KPSCTS) in April 2004. It was observed during the test phase that there was lack of communication and coordination between the DAs operating in the district. Although some DAs have the same target group and undertake activities in the same area, due to lack of communication they are not always fully aware of existing activities of other organisations. This might lead to a situation where some households get support from different DAs while other equally needy households are left out. As most of the organisations have resources that are too limited to cover all needy households in the region and have to restrict the number of beneficiaries, better coordination of activities would result in supporting a greater number of needy households and is therefore highly recommended.

The presented data were collected through questionnaires that included questions on the structure as well as on the objectives and activities of the DAs (see Annex 1). It was distributed by the District Social Welfare Officer and KPSCT staff to several projects of governmental, non-governmental and faith based organisations in the district. With regard to the interest of the social cash transfer scheme, the main criterion was that the agencies are focussing on the support of critically poor and incapacitated households and individuals or on a specific target group like OVCs, HIV/AIDS affected, single headed households, etc. The questionnaires were then collected and analysed (November 03 – May 04) and Maps produced (see part 3). In addition, household survey data collected in 8 villages in October, 2003 were used (see Part 4).

One of the biggest problems during the collection of the data was the identification of the exact location of activities. A uniform geographic system, which is used by all organisations, does not exist. Some organisations or projects refer to agricultural blocks, others on political wards or chiefdoms or even create their own zones (see part 1).

Another difficulty was to find good maps on the political and agricultural division of the district. The maps that were provided by the Kalomo District Council³ were not up-to date as they showed political wards that were no longer existent. In this context, compliments go to the electoral commission, Lusaka, who se map on polling district boundaries (2001)⁴ provided the latest information on the division of the district. Unfortunately it was not possible to get or produce a map that shows the geographical location of villages due to lack of GPS data. Concerning digital data, the maps in part 3 of this report refer to a digitalized copy kindly provided by the Central Statistical Office (CSO) Lusaka.

Most of the organisations didn't have data on the number and names of villages where they are undertaking activities but refer to committees, satellites or community schools for information of that kind.

The information contained in the report is based on the data supplied by the interviewed organisations and households. No attempt has been made to cross check or triangulate that information. The compiled data permit a preliminary analysis with regard to the geographical distribution of interventions. It was however, not possible within the scope of this study to evaluate the appropriateness, the quality and the positive and negative impacts of the social protection interventions implemented in Kalomo District. Questions such as: Is it appropriate to distribute food on a large scale when there is a bumper maize harvest? are not included in the analysis. In other words: the report is mainly of a descriptive nature.

³ Kalomo District Council/ddp sp, Strategic District Development Plan, Kalomo 2000 – 2004, Kalomo, 2000

⁴ Electoral Commission of Zambia, Kalomo District Polling District Boundaries Map, 2001, Lusaka

1. Demography of Kalomo District

Kalomo District has an area of 14, 500 km². In 2000 the population was estimated at 167.446⁵. It is divided into 4 reference zones, 6 agricultural blocks, 3 constituencies and 20 political wards as well as 4 chiefdoms. Unfortunately there exists no standard definition on the different forms of division (see part 3).

The different divisions of the district and their relationship to each other are shown in the table below (except for the Agricultural Blocks, whose boundaries are not officially mapped yet).

Table 1: Ward details for Constituency, Chief and Reference Zone

Ward #	Ward name	Constituency	Chief	Reference Zone
1	Chikanta	Dundumwezi	Chikanta	North
2	Chamuka	Dundumwezi	Chikanta	North
3	Kasukwe	Dundumwezi	Chikanta	North
4	Omba	Dundumwezi	Chikanta	North
5	Bbilili	Dundumwezi	Siachitema	North
6	Siachitema	Kalomo Central	Siachitema	North
7	Kalonda	Kalomo Central	Siachitema	North
8	Choonga	Kalomo Central	Sipatunyana	Central
9	Mayoba	Kalomo Central	Sipatunyana	Central
10	Namwianga	Kalomo Central	Sipatunyana	Central
11	Simayakwe	Kalomo Central	Sipatunyana	East
12	Chawila	Kalomo Central	Sipatunyana	East
13	Sipatunyana	Kalomo Central	Sipatunyana	East
14	Zimba	Mapatizya	Sipatunyana	Central
15	Luyaba	Mapatizya	Simwatachela	South
16	Nachikungu	Kalomo Central	Simwatachela	East
17	Chidi	Mapatizya	Simwatachela	South
18	Simwatachela	Mapatizya	Simwatachela	South
19	Siamafumba	Mapatizya	Simwatachela	South
20	Mbwiko	Mapatizya	Simwatachela	South

Sources: Kalomo 2001, p. 3; Kalomo District Polling District Boundaries Map, 2001

2. Development Agencies and their Activities

The inventory shows 17 projects carried out by 13 governmental, non-governmental and faith based organisations that undertake activities in Kalomo District. Except for World Vision's Siachitema Area Development Programme [ADP] (with offices in Choma) and Let's Build Together (Choonga Basic School), all of them have their offices in Kalomo town. Although they differ in institutional setting, sources of funding and areas of intervention, their projects have one thing in common: they are working in the field of social protection and their assistance is mainly aimed at critically poor and

⁵ C. Mulenga, Kalomo 2001. District Information Systems Report on Contents of the District Information Database, Kalomo 2001

destitute households and individuals such as OVCs, HIV/AIDS infected, aged and disabled.

2.1 Formal Structure of Development Agencies

Out of 17 Projects, 8 are supported by four international based non-governmental organisations, namely Care, Development Aid from People to People (DAPP), World Vision and The Red Cross. The Zambian government undertakes social development activities through four major departments or ministries (see table below) and is also operating through the Program Against Malnutrition (PAM), which will in this report be considered as a Zambian based NGO. The Catholic Church is active through the Catholic Women's League and the Zambian based NGO, Family Health Trust, with their program Children in Distress (CINDI). Though there are more locally based NGOs active in Kalomo, only the major ones, Mumuni Centre and Let's Build Together, will be presented as others did not respond. The following table gives an overview of DAs with respect to projects and sources of funding ⁶.

 Table 2.1:
 Formal structure of Development Agencies

Type of DA	Name of Organisation	Name of Project	Funding
International	Care Reach	C-Safe	External: DFID (UK)
based NGO	Care Reach	Food for Assets	External: DFID (UK)
	Care International	Scope OVC	External: USAID
	DAPP	Child and Environment	External
	DAPP	Hope Station	External
	World Vision	Kalomo Central ADP	External
	World Vision	Siachitema ADP	External, Child Sponsorship
	Zambian Red Cross Society		ECHO, Red Cross Netherlands
Government	Dep. of Community Development		Government/External
Organisation	Dep. of Social Welfare		Government/External
	Kalomo District Health		Government/External
	Management Board		
	Ministry of Education		Government/External
Zambia based	Family Health Trust (FHT)	Children IN Distress (CINDI)	External: USAID, FHT
NGO	Program Against Malnutrition	,	Government/External
	(PAM)		
Locally based	Let's Build Together		Community, International Org.,
NGO			Government
	Mumuni Centre		External
FBO	Catholic Women's League		Own resources
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⁶ See also: Viness L. Mangoye: Directory of Service Providers and Funding Agencies for Community Level Self – Help Projects in Southern Province, Choma, 2004

2.2 Targeting mechanisms

Targeting responsibility:

Most programs are working through grass root structures like Community Based Organisations (CBOs), committees or clubs, either by using already existing government or community structures or by forming new ones. Except for the Ministry of Education and the District Health Board that use birth or clinic records, these committees are also responsible for the actual targeting of beneficiaries.

The high number of different committees that are working parallel to each other is problematic. It may not only create confusion but may also prevent the flow of information about who is benefiting from which agency. Multiplicity of committees is a waste of man power. Consolidation of the various committees used by various organisations into a single committee is therefore highly recommended and should be considered especially when introducing new schemes or projects to the district. In this sense, the Community Welfare Assistance Committees (CWACs), the grass root structure of the Public Welfare Assistance Scheme (PWAS) formed in 2001 can act as a relevant village / community level committee through which different organisations can channel their aid. The CWACs, however, are hardly recognized or used. This is mainly due to the fact that they were only recently introduced when organisations had already built up their own structures. In addition, the CWACs are not very visible in the public.

Targeting methods:

Unfortunately, little information was given on the targeting methods, except that they almost always involve identification through the committees. Projects emphasising on health might also refer to hospital records or results from voluntary counselling and testing (VCT) sites. In most cases the targeting criteria seemed to be imprecise and left under the responsibility of the committees without supervision or regular monitoring. See Table 3.1 in Annex 3 for more detailed information on the different targeting methods.

2.3 Fields of Interventions

The variety of activities undertaken by organisations and projects covers different kinds from home based care for HIV/AIDS patients, psychological support of OVCs to training vulnerable farmers in conservation farming and social welfare for incapacitated households. Nevertheless, they could be summarized into seven main fields of interventions as shown in Table 2.2.

This strict division is only a theoretical one for overlap between the different fields is usual when it comes to implementation on the ground. For instance, most programs target HIV/AIDS infected or affected households, even when they don't undertake one of the activities directly aimed at this target group (stated in Table 2.2). For the objective of this report, it was nevertheless necessary to differentiate the target groups

and related activities to find out which projects support viable and non-viable households. When a DA did not state one of the above-mentioned activities <u>and</u> the related target group in the questionnaire, it was not associated with this field of intervention.

2.4 Projects and their Activities

The four international NGOs organize their projects either according to fields of interventions with specific target groups (Care Reach, DAPP) or divide them according to geographical areas (World Vision). In the former case, all DAs use the same project to support HIV/AIDS infected and affected households and individuals and to support at the same time orphans and vulnerable children (OVCs). The different Area Development Programs (ADP) of World Vision differ slightly in their activities. Nonetheless, ADPs seem to cover all major social sectors like education, health and agriculture without a specific emphasis on certain target groups except that their interventions in general are aimed to benefit the children.

The government programs all refer to their ministries and therefore undertake activities according to their sectors, working through institutions like schools and clinics and/or government committees. CINDI offers help specially aimed at OVCs whereas the locally based NGOs are mainly active in community support by distributing grants, both with a focus on HIV/AIDS.

In general, most of the projects work in the field of education (11 out of 17) and household food security (also 11) and eight projects are distributing food. Eight projects work in the field of health and seven are undertaking HIV/AIDS related activities, six of them under non-governmental organisations. The least activities are undertaken in the field of gender, where only 2 governmental and 2 non-governmental organizations have an emphasis on women empowerment and training.

In detail, the 11 Projects in the field of **Education** are active in different ways; Care Scope OVC, the Catholic Women's League, CINDI, DAPP -Child & Environment, World Vision (WV) Siachitema ADP, the Ministry of Education and the Department of Social Welfare support schools and school going children (e.g. through paying school fees or providing books and school material), WV Kalomo Central ADP and the Department of Community Development are active in Adult Literacy and DAPP Child & Environment, DAPP Hope Station and Let's Build Together support youth programs, e.g. by forming youth clubs.

Table 2.2: Fields of Interventions

FIELD OF INTERVENTION	TARGET GROUP	ACTIVITIES
HIV/AIDS RELATED ACTIVITIES	HIV/AIDS infected/affected individuals and households (HHs)	 Home based care Sensitization / awareness building VCT/Prevention Training of Community members Distribution of Food Information on Health, Hygiene & Sanitation Provision of Drugs Distribution of agricultural inputs Provision of clean water Household Economy Security
OVC RELATED ACTIVITIES:	OVCs/Children (Orphans and Vulnerable Children, malnourished children)	 Distribution of Food Household economy security Psychological support of OVCs Support to Community based Organisations working with OVCs Nutritional Support to OVCs
HOUSEHOLD SECURITY:	Poor and Vulnerable individuals and households (elderly, chronically sick, single headed HHs, disabled, non viable HHs)	 Distribution of Food Social Welfare Household Economy Security (e.g. providing loans to vulnerable households) Distribution of agricultural inputs Training in Income Generating Activities (IGAS)
HEALTH:	HIV/AIDS patients, OVCs, School children, pregnant & lactating mothers, community	 Provision of Drugs and Micronutrients Information on Health, Hygiene and Sanitation Provision of clean water
EDUCATION:	Schools, School going children, community members	 Support to schools and school children (e.g. bursaries) Girl child education School health and sanitation Adult literacy Youth programs
GENDER RELATED ACTIVITIES:	Women (Female headed HHs, pregnant and lactating mothers, Women's Associations)	 Training in Small and Medium Enterprises (SME), Gender, Skills for Women Loans/Agricultural inputs for Women Food supplementation Information on Health, Hygiene & Sanitation
AGRICULTURE:	Viable but vulnerable farmers	 Distribution of agricultural inputs Training in conservation farming Root and tuber crops and special crops e.g. rice

11 projects work in the broad field of **Household Security**, which, in general, describes activities that secure the survival of critically poor households. Most of the development agencies are distributing food, namely Care C-Safe, the Catholic Women's League, Mumuni Centre, PAM, WV Kalomo Central ADP, the Zambian Red Cross Society and two governmental organizations: the Department of Social Welfare and the District Health Board. The Department of Social Welfare is implementing a pilot social cash transfer scheme (see "introduction" of this report). Care Scope OVC, CINDI and DAPP Child & Environment are active in Household Economy Security, which includes the provision of loans (instead of agricultural inputs) to vulnerable farmers.

Except for the Ministry of Education and the District Health Board, the non governmental projects DAPP Hope Station, DAPP Child & Environment, Mumuni Centre, WV Kalomo Central ADP, WV Siachitema ADP and the Zambian Red Cross Society are working in the field of **Health**. All of these projects include information on health, hygiene and sanitation. Both projects carried out by DAPP, the Ministry of Education, Mumuni Centre and the Zambian Red Cross are also providing drugs and/or micronutrients to their target groups (e.g. HIV/AIDS affected households (Mumuni Centre) or school going children (Ministry of Education)). All World Vision ADPs and the Zambian Red Cross are providing clean water by establishing water points.

In the field of **HIV/AIDS**, the seven involved DAs are Care C-Safe, DAPP Hope Station, Let's Build Together, the Ministry of Education, Mumuni Centre, WV Siachitema ADP and the Zambian Red Cross. They emphasise on creating awareness and/or offer voluntary counselling and testing. Care C-Safe, Mumuni Centre and the Zambian Red Cross are also distributing food. The two locally based NGOs, Mumuni Centre and Let's Build Together are providing home based care services through community based organisations (CBOs).

Out of the six organisations active in **OVC related activities**, Care Scope OVC, CINDI, DAPP Child & Environment and WV Siachitema ADP respond to the increasing number of OVCs by strengthening the community or CBOs (e.g. through grants) that support children and OVCs. They also offer psychological support for children. World Vision Kalomo Central ADP and the District Health Board are distributing food to households caring for orphans.

In **Agriculture**, the five DAs: Care Food for Assets, PAM, WV Kalomo Central ADP, WV Siachitema ADP and the Zambian Red Cross distribute agricultural inputs to vulnerable but viable farmers and, except for WV Siachitema ADP, also provide trainings in conservation farming and crop diversification.

The Department of Community Development, the Kalomo District Health Board, PAM and WV Kalomo Central ADP are involved in **Gender related activities**. The Department of Community Development and WV Kalomo Central ADP focus on the training and empowerment of women. PAM distributes agricultural inputs to women and the District Health Board is supplying food to pregnant women and lactating mothers.

The following table is a summary of the activities undertaken only by non governmental organisations. The rows show the seven fields of interventions and their respective activities, the columns represent the 13 projects carried out by NGOs. The last two columns are a summary, stating the number of projects carried out in each of the activities (column 14) and the fields of interventions (last column). For an overview of all activities including the governmental organisations, see the Table in Annex 4.

2.5 Monitoring and Evaluation

The monitoring of projects falls in most cases under the responsibility of the respective committees. In general, the monitoring and evaluation of projects seems to lack a systematic procedure. It is mainly based on monthly visits by community members to beneficiaries, open group discussions and/or the writing of reports, in some cases also on monthly weighing and the measurement of nutritional status. The field visits though don't seem to include questionnaires or other tools suitable for estimating quantitative outputs or impacts. The measurement of the impact a project has seems therefore mainly to rely on the personal impression of the committee members.

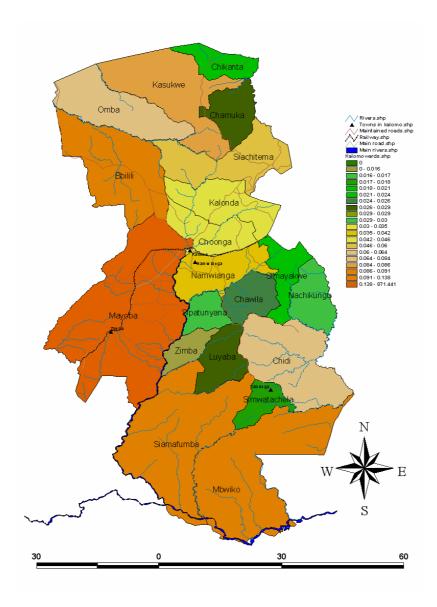
Table 2.3: Summary Table on Activities undertaken by Non Governmental Organisations in Kalomo District

		Organisations in Italomo	1						1			1					
	Nar	ne of Project ACTIVITIES	Care C-Safe	Care Food f. Assets	Care Scope OVC	Catholic Women's	CINDI	DAPP -Child & Env.	DAPP Hope Station	Let's Build Together	Mumuni Centre	PAM	WV Kalomo Central	WV Siachitema ADP	Zambian Red Cross	Projects per activity	Projects per Field
		Home based care								X	X					2	
	HIV/	Sensitization/ VCT	X						X	X	X			X	X	6	6
	AIDS	Awareness building Distribution of food (Particular)	X								X				X	3	
		Psychological support			X		X	X								3	
	OVCs	Community support/ Capacity building for Org.			X		Х	X						X		4	5
		Distribution of food (Particular)											X			1	1
uo	Health	Provision of Drugs/Micronutrients						X	X		X				X	4	
Fields of Intervention		Information on Health, Hygiene& Sanitation						X	X		X		X	X	X	6	6
2		Provision of clean water											X	X	X	3	
Inte	Edu-	Support of Schools and School children			X	X	X	X						X		5	
<u>6</u>	cation	Adult literacy											X			1	8
S		Youth Programs						X	X	X						3	
Fie	Agri-	Training in Conservation farming/Diversification		X								Х	X		X	4	5
	culture	Distrib. of Agric. Inputs to vulnerable farmers		X								X	X	X	X	5	
		Women empowerment, Training in skills											X			1	
	Gender	Loans/Agricultural input for women										Х				1	2
		Distribution of food (Particular)															
		Household economic security			X		X	X								3	
	HH security	Social Welfare															9
		Distribution of Food (general)	X			X					X	X	X		X	6	

3. Geographical Location

This report refers to the political division of the in 20 wards (see part 1). It was not possible to refer to villages as geographical locations because of lack of GPS data. When projects stated more detailed information about their areas of activities (e.g. villages or sub centres), this information will be presented under "catchment area" in Annex 5. Map 3.1 shows the division of the district into the political wards.

Map 3.1 Wards of Kalomo District



3.1 Development Agencies in the Wards of Kalomo District

Most of the organisations are active around the township of Kalomo, in Choonga, Zimba, Namwianga and Mayoba wards. There is no ward that is not covered but the intensity of development activities decreases significantly with distance from the town, especially going northwards. The main reason for this could be poor infrastructure and the large size of the district. Transport is a major problem, which makes it very difficult to reach the rural areas. Chikanta, Chamuka, Kasukwe and Omba are the most northern wards of Kalomo district and have the least number of DAs: Chikanta is covered by only those three DAs that cover all the wards in the district: Care C-Safe and two governmental organisations: District Health Board and the Ministry of Education. Looking only at the presence of NGOs, their activities are concentrated in two wards: Choonga and Zimba.

3.2 Distribution of Projects

Governmental organisations:

The Department of Community Development and the Department of Social Welfare should ideally work in all wards. However, they stated that they were practically not operating everywhere. The Department of Community Development has sub district staff in Simayakwe, Sipatunyana, Zimba and Nachikungu ward whereas the Department of Social Welfare works through Community Welfare Committees in all except for the northern wards Chikanta, Chamuka, Kasukwe, Omba, Siachitema and Kalonda. For detailed information on the catchment areas of the Public Welfare Assistance Scheme (PWAS) and the Pilot Social Cash Transfer Scheme (PSCTS), the District Social Welfare Officer can be contacted. He can also provide a list of names of beneficiaries and the villages covered by the PSCTS. The Ministry of Education and the Kalomo District Health Board did not give detailed information of that kind and are therefore assumed to be present in all wards of the district (see Map 3.2).

Non-governmental organisations:

Out of the four international based NGOs, Care C-Safe is the only project that systematically covers the whole district. The other two projects carried out by Care International concentrate on the central and southern wards of the district. The Area Development Programs of World Vision are operating in the north-central wards Bbilili, Siachitema, Kalonda, Mayoba, Choonga, Namwianga and Zimba. Projects carried out by Development Aid from People to People (DAPP) cover the central wards of Choonga, Namwianga, Chawila, Zimba, Luyaba and the eastern parts of the district (Simayakwe, Nachikungu, Chidi wards). The Zambian Red Cross is active in the southern wards Chidi, Luyaba, Siamafumba and Mbwiko and the Program Against Malnutrition (PAM) covers all northern wards (except for Chikanta) but doesn't

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⁸ Kalomo District Social Welfare Officer, Tel.: 097-720513

Table 3.2 Summary Table of Non Governmental Organisations according to their Presence in the Political Wards of Kalomo District

Name of Project	fe	l f.	oe OVC	Vomen's		ild & Env.	DAPP Hope Station		entre		ion entral	ion a ADP	ion ion ADP	Sed	Ward
Ward	Care C-Safe	Care Food f. Assets	Care Scope OVC	Catholic Women's League	CINDI	DAPP -Child &	ДАРР Нок	Let's Build Together	Mumuni Centre	PAM	World Vision Kalomo Central	World Vision Siachitema ADP	World Vision Twachiyanda	Zambian Red Cross	Total per Ward
Chikanta	Х														1
Omba	Х									Х					1
Kasukwe	Х									Х					1
Chamuka	Х									Х					1
Bbilili	Х		X		X					Х		X			4
Siachitema	х									X		X			2
Kalonda	Х								X	Х		X			3
Choonga	Х		X	Х	X		Х	Х	X	Х	Х				8
Mayoba	Х	Х	X		Х				X	Х	Х				6
Namwianga	Х		Х		Х		Х		X	Х	Х				6
Simayakwe	х	х				Х				Х					3
Chawila	Х	х				х				Х					3
Sipatunyana	Х	Х								Х					2
Zimba	Х	х	Х		Х	х				Х	Х				6
Luyaba	Х	х				Х								Х	4
Nachikungu	Х	х				Х									3
Chidi	Х	Х				Х								Х	4
Simwatachela	Х	х													2
Siamafumba	Х	х												Х	3
Mbwiko	Х	Х												Х	3

undertake activities in the south below Zimba and Luyaba wards. The Catholic Church and the locally based NGO Let's Build Together are only operating in Choonga Ward, Children In Distress (CINDI) operates in Choonga, Namwianga, Mayoba and Zimba ward. The local NGO Mumuni Centre stated that due to the problem of transport they could only be present in Kalonda, Choonga, Namwianga and Mayoba wards.

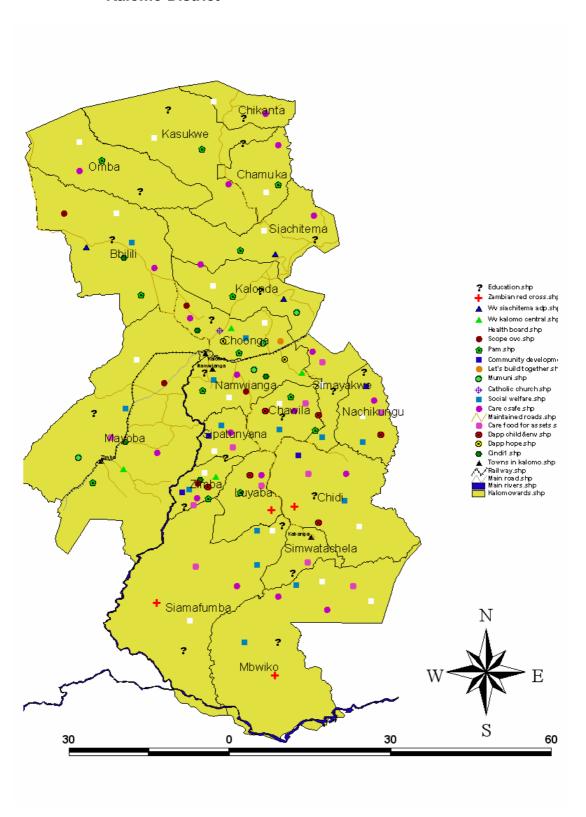
In general, the distribution of projects gives the impression that Development Agencies select regions or areas where to carry out their developmental interventions on a random basis without specific criteria. With only one project covering the whole district, other projects are scattered in different wards and places and do not seem to follow a systematic coverage. The northern wards are almost completely left out. When looking at sub centres and distribution points, the tendency seems to scatter activities instead of covering a whole area. Projects work mainly through focal points: rural health centres, schools and villages that are distant from the focal points are likely to be left out by all projects active in a particular region. The fact that a project is present in a certain ward therefore does not mean that it actually covers all villages in that ward or covers at least a significant number of villages. Instead the activities of most DAs are distributed in a patchwork fashion. Here again, the coordination of activities and areas of interventions between DAs could result in support being rendered to a greater number of people and therefore provide greater benefits to destitute households.

3.3 Maps

The following maps are all based on the digital data provided by the Central Statistical Office, Lusaka, and have been changed according to the latest information from the electoral commission, Lusaka. GTZ's Support to Decentralised Rural Development Southern Province (SDRD) Programme in Choma and Care International, Lusaka, provided additional digital data. Development agencies that are interested in a digital copy of maps and data can contact the District Social Welfare Office in Kalomo (required software: ArcView GIS 3.2).

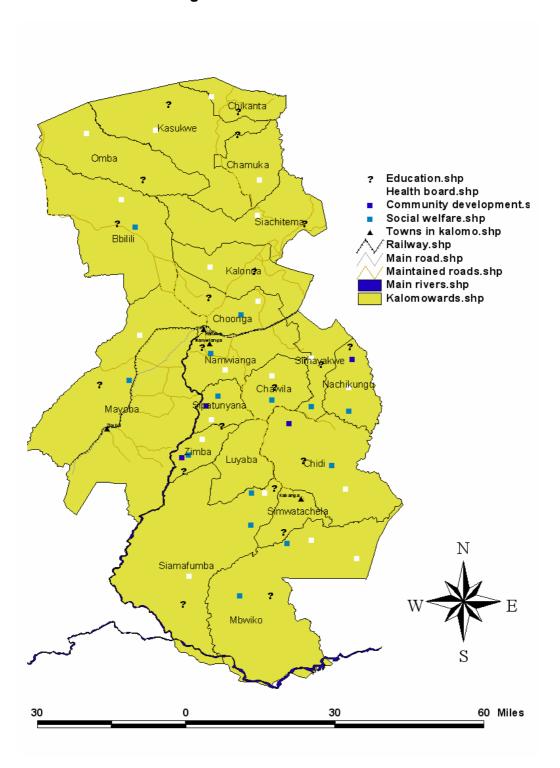
Map 3.3 gives an overview of the presence and distribution of projects in Kalomo district according to the wards. It is not showing their area of operation on the ground (e.g. in relation to villages or where they reach beneficiaries) due to lack of GPS readings and due to the type of information that was provided.

Map 3.3.1: Projects of Development Agencies in the Political Wards of Kalomo District

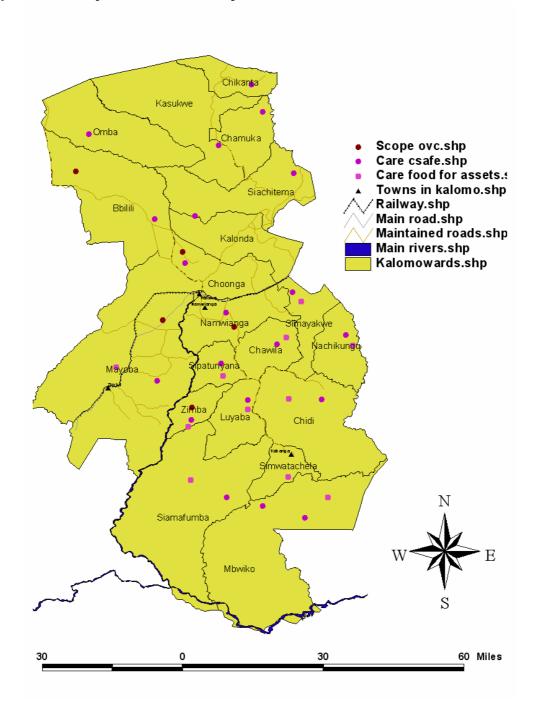


The following maps show in more detail the presence of projects according to the organisation they belong to or groups they were divided into.

Map 3.3.2 Governmental organisations in Kalomo District



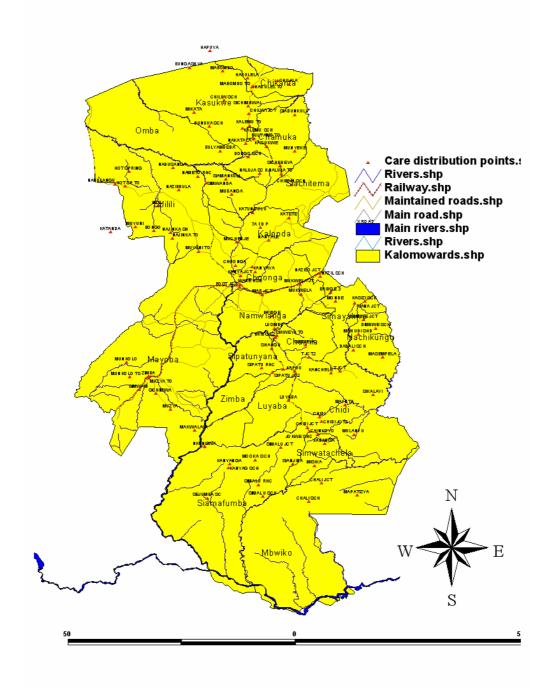
Map 3.3.3 Projects carried out by Care International



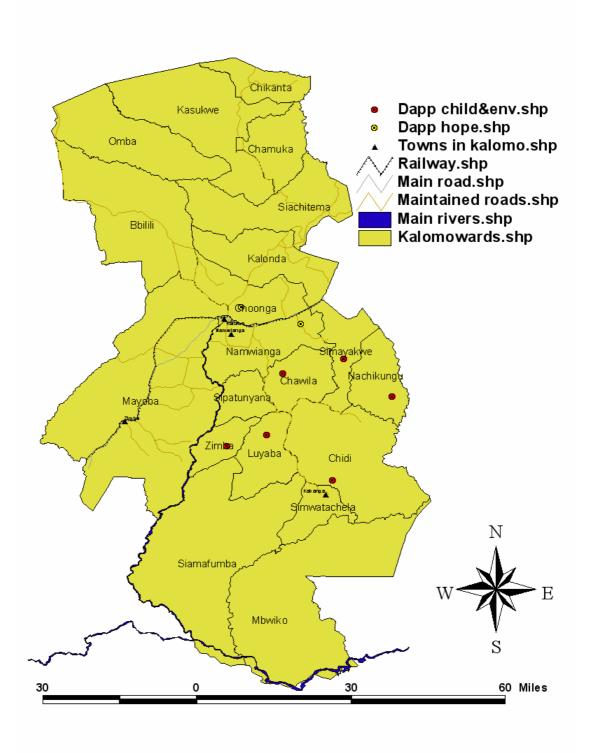
Care International had the most comprehensive data on geographic locations and could even provide GPS Readings on Food Distribution points. The headquarters in Lusaka also keeps a list of all beneficiaries with details on names, the village they belong to and from which project they are benefiting. This kind of information is especially valuable for organisations that target the same households or individuals to avoid overlapping of activities and develop synergy effects and should therefore be shared with as many agencies as possible. The effort done by Care workers should

also set an example for other development agencies to go out in the field and find out the geographical location of their distribution points, meeting points of committees and benefiting villages and in sharing it with other DAs, cover the whole district with GPS data.

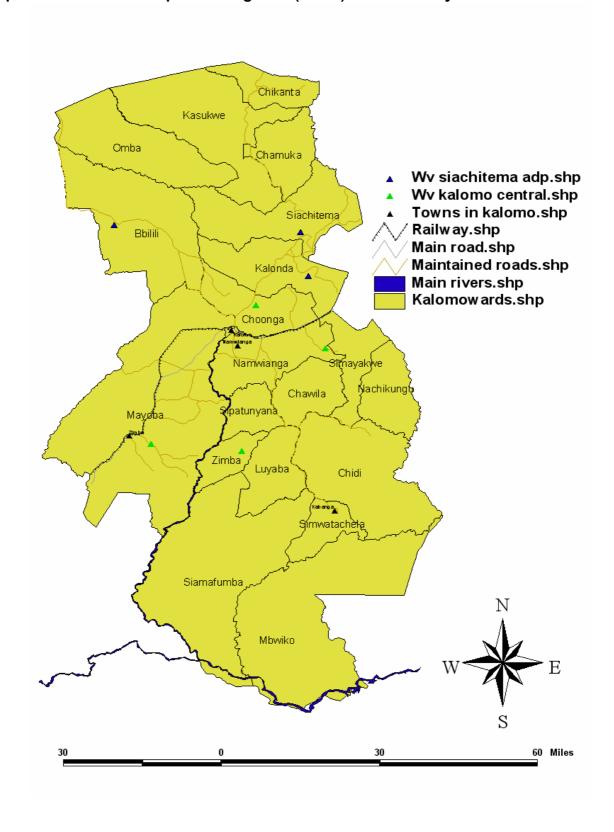
Map 3.3.4 Care Distribution Points



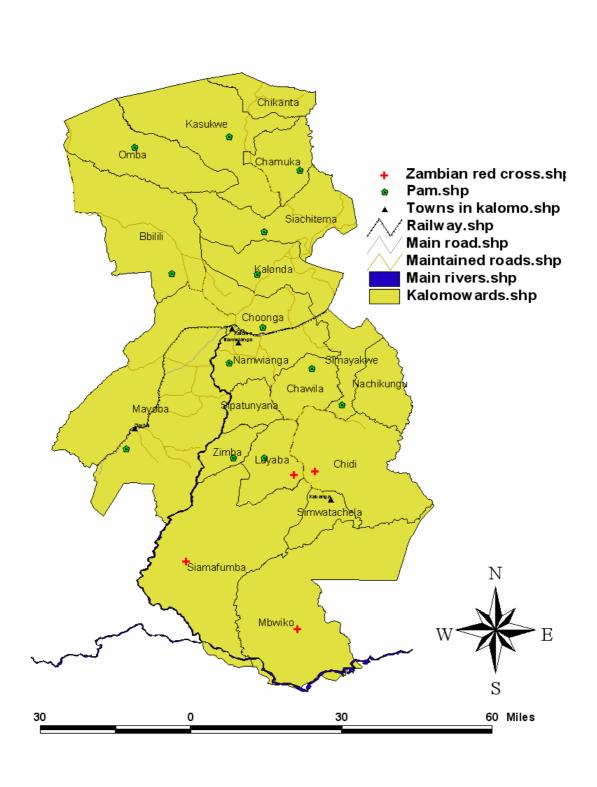
Map 3.3.5 Projects carried out by Development Aid from People to People (DAPP)



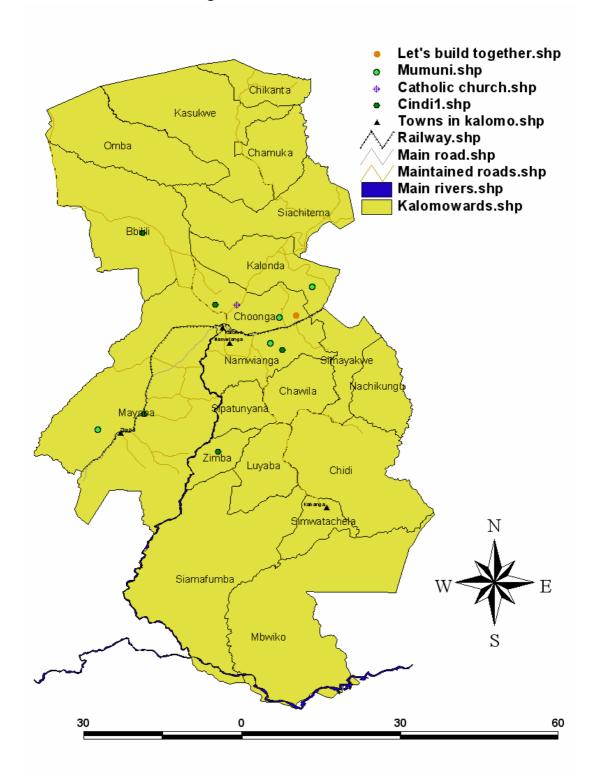
Map 3.3.6 Area Development Programs (ADPs) carried out by World Vision



Map 3.3.7 Program Against Malnutrition (PAM) and the Zambian Red Cross Society



Map 3.3.8 The Catholic Church, Mumuni Centre, Children In Distress (CINDI) and Let's Build Together



4. Observations on Household Level

The big number of organisations and programs involved in social protection interventions listed above give the impression that a large share of the destitute households in Kalomo District receive appropriate social services. This impression is not consistent with the findings of interviews conducted on household level in different villages of three Agricultural Blocks (Chinkoyo, Kalomo Central and Kanchele) during the situation analysis preceding the planning of the PSCTS. The names of the villages are: Chawila, Chikoli, Chikoli 'A', Lubumbo, Mangwanda, Mutasha, Simukabe, and Simundivwi.

During this situation analysis, the 10% poorest households in each village were interviewed. Most of the households were elderly-headed or headed by disabled or chronically sick persons. In the same households were a substantial number of children – mostly orphans – but no adult persons fit for productive work. All the households were in urgent need of social welfare interventions. The survey was done in October 2003, a time when the poorest households had already run out of food stocks.

Among other questions, the households were asked if they had received any assistance during the last month; and if yes, what kind of assistance and from whom. Of the 44 households, 21 had not received any assistance, 16 had received assistance from family members, 3 from neighbours, 2 from churches, 1 from PWAS and 1 had received assistance from Red Cross and from a relative. The type of assistance received was mostly maize or mealie meal, in 4 cases cash and in 3 cases clothes.

The survey is not representative. However, the results seem to indicate that the social safety net – even in a district like Kalomo, which is often regarded as over aided – has very big holes. The disturbing fact is that the selected villages were not remote but only about 15 to 60 km distant from Kalomo town. According to the maps in chapter 2 showing the "coverage" by the different programs, they should be well served.

Within the scope of this study, it is not possible to identify the reasons for the discrepancy between the large number of social protection programs and the marginal relevance of these programs from the perspective of the households included in the spot-checks. One reason may be that the benefits of these programs do not reach the households on a monthly basis, but maybe only once or twice a year. Some programs like PAM only target "viable" households, which by definition excludes many of the poorest. For other programs the quality of targeting may be a reason why the poorest of the poor are bypassed but this cannot be ascertained for sure. However, the fact that so many of the extremely poor and non-viable households included in the spot-check seemed to be unreached is a matter for concern.

5. Conclusions and Recommendations

The following observations – if considered by some DAs and by the coordinating committees like the DDCC and the DWAC – could possibly contribute to a better communication and cooperation between the DAs.

Targeting responsibilities:

The targeting is mainly done by numerous community level committees, which do not cooperate or cross check their beneficiaries. It should be considered to consolidate the members into one committee, which will be the channel of all organisations that target the same group of people. This will not only prevent the overlapping of activities but also develop synergy effects so that more beneficiaries can be reached and that the poorest of the poor are not bypassed.

Targeting methods:

The targeting methods in general seem to lack precise criteria and transparent procedures and are mainly up to the respective committee. It is recommended to establish certain criteria (qualitative) and numbers (quantitative) not only in order to reach the intended target groups but also to simplify the cooperation with other projects.

Monitoring and Evaluation:

In most cases, the same committees that are involved in implementation of developmental activities also do the monitoring and evaluation. Such committees may lack objectivity. No standard procedures seem to exist for monitoring and evaluation (only few DAs stated that they were using questionnaires). Quantitative results are in most cases not available. It is recommended that the monitoring data provided by the implementing committees are cross checked by spot checks using rapid appraisal methods which involve different community groups and stakeholders. These data should be supplemented by household level interviews focussing on the poorest of the poor.

Geographical distribution of projects:

It seems that DAs choose their areas of operation randomly without specific criteria or without aiming at covering the whole district or at least covering a certain area. This may be the reason why the wards in the north of the district are very sparsely covered by projects (see part 3.1). When looking at the additional information on sub centres and catchment areas that was given by some projects, most of the activities are undertaken near focal points like clinics or schools. The tendency seems to be visible as much as possible without really reaching all villages within one area. This leads to a patchwork fashion coverage were DAs are crowded in some villages and other villages are bypassed. Unfortunately, the left out villages are those most distant from the main roads which are at the same time the most needy villages. The coordination of activities and areas of interventions between development agencies should aim at a more equal and fair coverage of all villages.

Annexes

Annex 1: Projects of Development Agencies in Alphabetical Order

	Organisation	Type of DA	Address	Contact Person
1.	Care C-Safe	International NGO (Project)	Care International C- Safe Kalomo	Exildah Mfoku Tel.: 03 324339
2.	Care Reach – Food for Assets	International NGO (Project)	Care International C- Safe Kalomo	Jeremiah Chongo Tel.: 095 811416 Email: jeremiah_chongo@yahoo.com
3.	Care SCOPE OVC	International NGO (Project)		Ali Mubanga Tel.: 03 324383
4.	Catholic Women's League	Faith Based Organisation (F.B.O)	c/o Presentation Sisters, P.O. Box 620127, Kalomo	Fr. Jere /Mrs. Mukombo Tel.: 03 324394 Email: preslomo@zamnet.zm
5.	CINDI	Zambian based NGO	CINDI Office, Kalomo	Tel.: 03 324383 Email: alimubanga@wbmail.co.za
6.	DAPP – Child and Environment	International NGO (Project)	Plot No 191 Katapazi Way, Kalomo	Alex Halale Tel.: 097 707842
7.	DAPP Hope Station	International NGO (Project)	Plot No 191 Katapazi Vay, Kalomo	Jabez Kanyanda Tel.: 097 804581 Email: Jkanyanda@yahoo.co.uk
8.	Department of Community Development, MCDSS	Government Organisation	MCDSS-Kalomo Box 620131	Mr. K. Ngalande Tel.: 097-431144
9.	Department of Social Welfare, MCDSS	Government Organisation	MCDSS-Kalomo Box 620131	Mrs. Siamasamu (Acting Social Welfare Officer) Tel.: 097-720513
10.	Kalomo District Health Management Board	Government Organisation	Box 620085, Kalomo	Conrad Loonde (Nutritionist) Tel.: 032 65045
11.	Let's Build Together	Locally based NGO	Choonga Basic School	Mr. Malumo Malumo (Project Manager) Tel.: 03-324358 Email: malumomwinga@yahoo.com
12.	Ministry of Education	a Government Organisation	Kalomo District Education Board, P.O. Box 620132, Kalomo	Ms F.K. Michelo Tel.: 032-65018
13.	Mumuni Centre	Locally based NGO	Kalomo Mumuni Centre Box 620070 Kalomo	Gideon M. Zulu/Kakoma Tel: 032 65195
14.	PAM (District Committee)	Govenrment Organisation	MCDSS – Kalomo Box 620131, Kalomo	K. Ngalande Tel.: 097 431144
15.	World Vision - Kalomo Central ADP	International NGO (Project)	Plot Sub 63 Mwaata Compound, Kalomo	John Kabongo Tel.:03324377 Email: John_Kabongo@wvi.org
16.	World Vision - Siachitema ADP	International NGO (Project)	Pioneer Street, NAPSA Building, Choma	Veronica Akayombokwa Tel.: 032 20218 Fax: 032 20080 Email: veronica_akayombokwa@wvi.org
17.	Zambian Red Cross Society	International NGO		Chris Chipemba Tel.: 032 65015

Annex 2: Questionnaire

Kalomo Pilot Social Cash Transfer Scheme

Report on Social Development Activities and Agencies in Kalomo District

Information is to be gathered from Government Line Ministries / Organisations / NGOs, Community Based Organisations and any other organisation / institution with activities for the destitute and vulnerable people/households

1.	Name of Development Agency (DA):
2.	Information collected from (name) Title Date:
3.	Physical Address:
4.	Phone number: Email:
5.	Nature of the Development Agency (e.g. NGO, Government) etc:
6.	Objectives of the DA:
_	
7.	Formal structure / institutional setting / organisation:
8.	Short profile / description of the DA (inception, reports available, reporting mechanism, sources of finance, networking/ representation on other committees such as DWAC, etc)
9.	Main activities undertaken by the Development Agency (what they do):
10.	Why activities are undertaken (<i>Objectives</i>):
11.	Areas of intervention:
11.	Areas of intervention:

12.	Description of area (<i>where activities are undertaken</i>) : [e.g. name of place or village / chief / wards, distance from Kalomo, etc]
	Targeted groups (qualitative/quantitative) population and / or number of households to be reached (who they want to reach):
14.	How do they identify (target) the groups? What institutional arrangements are used or have been established?
15.	Detailed description of results (quantitative):
16.	Impacts/ results (achievements of the Development Agency):
17.	What mechanisms are in place for monitoring/evaluation?:
18.	Observations / Conclusions:

Annex 3: Main Activities, Target Groups, Targeting Methodology and Results/Impact in Alphabetical Order of Projects

The target group in the table below refers, in most cases, to the group of people the support is aimed at. Additional quantitative information under "Target group" describes the number of people/households the Project wants to reach, not the actual number of beneficiaries. The reached number of people/households, when given, can be found under "Results/Impact".

Table 3.1
1. Care C-Safe

Main activities	Target group	Targeting method	Results/Impact
Monthly food relief to	HIV/AIDS	Identification through	Registration of 5000
HIV/AIDS	affected/infected	local community social	beneficiaries
affected/infected and	patients, chronically ill,	workers,	
chronically ill people	OVCs, elderly headed	neighbourhood health	Discussions about their
Demonstrations of	above 60 years,	committees, DWAC,	illness between
Cooking methods for the	pregnant and lactating	CWAC, ACC, Food	beneficiaries
food provided	mothers, single headed	relief agents, Chiefs,	
Providing condoms	households e.g. widows	Area management	Request of VCTs
	and widowers,	committees	
	malnourished children		

2. Care Food for Assets

Main activities	Target group	Targeting method	Results/Impact
Agricultural projects:	Quantitative:	Targeted by the	Quantitative:
Conservation farming	On agricultural	community	-Food for work: reached
Root and tuber crops	projects/food for work:		6986 HH
and special crops as	13514 HH		-Food for Work and
rice			agricultural inputs:
	On Community projects:		reached 13005 HH
Community projects:	7000 HH.		-The project has reached
Rehabilitation/Setting up			40% of the total of HHs of
of new structures -			Kalomo
Schools and clinics,			-Out of 14 Food
feeder roads			Distribution Points 9 have
			done very well on
			conservation farming

3. Care Scope OVC

-			
Main activities	Target group	Targeting method	Results/Impact
-Capacity building for	Quantitative: 10.000	Through community	-Foundation of
organisations that look		committees, (COVCC)	committees
after children (facilitating	Qualitative: OVCs,		-Support of 2 community
and founding of	vulnerable households	Institutional	schools
committees)		arrangements:	-In 5 areas COVCCs are
-Grants for	Elderly	partnership with	working (4x in Zimba, 3x
organisations looking	/child-headed	CINDI-committees	in Kalomo)
after children	households		-OVCs reached through

-Training	direct grants: 5036
-Education	-OVCs reached through
-Psychological support	committees: more than
-Household economy	8000
security	-HHs reached through
-Household support	committees: >2000

4. Catholic Women's League

Main activities	Target group	Targeting method	Results/Impact
Paying school fees	Quantitative:	Identifying through	Kalomo High School:
Food supplementation	300 HH out of 11000	sub committees	G10: M 12 - F 15
to the aged and	Qualitative: OVCs,		G11: M 14 – F 13
chronically ill patients	elderly, chronically ill		G12: M 18 – F 20
	people, female headed		Mwaata Basic School:
	households, T.B.		G 9: M 10 – F 16
	patients and disabled		Green Acres Basic
	persons		School: G 9: M 15 – F 11
			Kalomo Basic School:
			G 9: M 9 – F 7
			Improved school
			attendance/completing
			People having meals
			three times a day

5. CINDI

Main activities	Target group	Targeting method	Results/Impact
-Education	Quantitative:	Work through partner	-Improvement of food
-Psychological support	20.000	organisations that	intake
of OVCs		have their own	-OVC talking openly about
-Household economic	Qualitative: OVCs	institutional	psychological problems
security		arrangements	-Improvement of Schools
-Support of			through provision of
organisations (CBOs,			school material
FBIs & NGOs) through			-Improvement of
capacity building and			nutritional status, school
grants to support OVCs			attendance of OVCs

6. DAPP - Child and Environment

o. Ditt i omit and Environment			
Main activities	Target group	Targeting method	Results/Impact
-Improve economy and	Qualitative:	-Committees are	-300 school dropped out
food security in the Area	-Children, families,	founded who identify	children are back in
-quarterly distribution of	communities, OVCs	beneficiaries	school
"rented" goats and	-HHs keeping orphans	-agreement by	-support of 200 families by
chicken	-widows	community	a revolving fund
-Orphan support	-female headed HHs		
program	-disabled		
-Preventive health care			
-Community preschool			
-Out of School youth			
clubs			
-School health and			

sanitation		
-Environment		

7. DAPP - Hope Station

Main activities	Target group	Targeting method	Results/Impact
-Post-test services	Quantitative:	-Targeted persons are	- 60 HIV positive persons
-Positive Living		referred from VCT	have been referred
advocacy		side by the	-prolonging lives of HIV
-Training		counsellors	infected people
-VCT	Qualitative: HIV/AIDS	-through post test	-Training of 40 PLHAs (2
-Health talks	affected and infected	clubs in the	Sets) in positive living
-Youth programs	people	community	advocacy,
-Councillor support			-2sets (HO) in positive
group			living training
-Work place programs			-10 post test leaders
-Promotion of affordable			-reached more than
remedies, esp. People			20,000 people in Kalomo
living with HIV/AIDS			District on HIV/AIDS
psychological support			
for HIV infected and			
affected people			

8. Department of Community Development (MCDSS)

o. Department of Community Development (MCDCC)			
Main activities	Target group	Targeting method	Results/Impact
Training in	-community	Identification of the	Establishment of 20 Area
-SME	-women	vulnerable by Area	Women's Associations
-Gender		women Associations	Dimbwe: buying of
-Skills for women		with help of	animals To improvefood
-Linking women groups		community, sub-	security of targeted
to Donors and NGOs for		district centres and	groups
funding		literacy committees	
-Formation of literacy			
classes and monitoring			
-Giving loans to women			
groups with agriculture			
inputs			

9. Department of Social Welfare (MCDSS)

Main activities	Target group	Targeting method	Results/Impact
-Statuary services:	Social Welfare:	Through Community	Social Cash Transfer: 169
court cases, foster care,	Qualitative: Poor and	Welfare Assistance	households (test phase)
adoption	vulnerable (PWAS	Committees	-Education Scheme: 35
-Non statuary services:	qualifiers) ⁹	(CWACs), the	beneficiaries
social support, health	Quantitative:	grassroots level	-Health Cost Scheme:
care costs and	Total population of	structure of the Public	4 beneficiaries
education costs	Kalomo District	Welfare Assistance	-Social support: 400
-social cash transfer to		Scheme (PWAS)	beneficiaries
10% of the most	Social Cash Transfer	,	
destitute and	(K30.000 per month):		

⁹ MCDSS: PWAS. Understanding the new PWAS, Lusaka 2003

incapacitated HHs in	10% of the most	
Kanchele and Kalomo	destitute and	
Central Agricultural	incapacitated HHs in	
Block (1,000 HH)	Kanchele and Kalomo	
	Central Agric. Blocks	

10. Kalomo District Health Management Board

Main activities	Target group	Targeting method	Results/Impact
-food supplementation	Malnourished children	clinic sessions,	Quantitative: 38.783
-enhancement of	under 5 years	monthly weighing of	children's visits at contact
knowledge, attitudes	-pregnant women	children	points in 2003
and practices in	-lactating mothers in		
nutrition, hygiene,	poor nutrition status		Reduction off prevalence
health and household			of malnutrition from 24%
food security			(21.053) in 2001 to 21%
			(28.365) in 2003

11.Let's Build Together

	· · · = · · · · · · · · · · · · · · · ·				
Main activities	Target group	Targeting method	Results/Impact		
-Training of Community	Youth, people living with	Trough Community	-People with STI are		
facilitators and peer	HIV/AIDS, general	Appraisals including	seeking early treatment		
educators	community	Cause Effect Analysis,	-Behaviour change in		
-Distribution of VCT		Question and Answer	sharing household chores		
and HIV/AIDS Material		Session and	due to gender education		
-Focus group		Participative Targeting	-Reduction of sexual		
discussions			cleansing among the		
-Home based care			target community		
related to HIV/AIDS			-Training of 266 people in		
and poverty reduction			2004 in HIV/AIDS topics		
			-Increasing use of		
			condoms		
			-Increasing number of		
			people going for VCT		

12. Ministry of Education

12. Wilnistry of E	aucation		
Main activities	Target group	Targeting method	Results/Impact
-Monitoring, Evaluation,	School going group,	Birth records for	-Increased Enrolment
Inspection, Community	teachers and other	school going children	-Some of the drop-out
Mobilization, Training	community members	(Grade 1 Enrolment):	children have come back
and infrastructure			-Improved progression
development			and retention rate
-Girl child education			-Improved literacy levels
-Community			-Quality teaching in
sensitization on			schools
HIV/AIDS related issues			-Improved management of
-School health and			schools and projects
nutrition			-Improved sanitation
-Provision of			leading to improved
Micronutrients and high			school attendance (esp.
protein supplements			girl children)
-Provision of de-			-Increased HIV/AIDS

worming drugs	awareness leading to
	implied reduction in
	infection levels
	-Increase in number of
	females in
	responsible/leadership
	position

13. Mumuni Centre Kalomo

Main activities	Target group	Targeting method	Results/Impact	
-Home based care for	In general: community,	Through CBOs	From Dec 2003:	
HIV-affected	CBOs, FBOs	Hospital records	-Have reached 250 clients	
households through		VCT Centre	through home based care	
CBOs	HIV/AIDS affected	Direct visits	-Worked with 15 partners	
-Identifying CBOs	households	12 Zone-leader who	on sensitizing on	
-Procuring drugs, food		have 10 CPTs as	HIV/AIDS	
-HIV prevention (incl.	Chronically sick people	assistance	-worked through 14 CBOs	
VCT)			-4 CBOs have been	
-Expanded CBO, NGO,			founded	
FBO, PCHA group			-have -approximately	
mobilization			reached 20.000 people	
-Technical support			with HIV/AIDS info	
project			-Forming discussion	
			groups on HIV/AIDS in	
			churches	

14. PAM (District Committee)

14.1 Am (Bistriot Committee)				
Main activities	Target group	Targeting method	Results/Impact	
-Giving revolving loans	Qualitative: -female	Satellite committees	Not known	
of inputs to vulnerable	headed h/h	identify targeted group		
but viable farmers	-Child headed h/h	and beneficiaries,		
(1x5kg maize, 1x50 kg	-widows	gives out application		
fertilizers Top, 1x 50 kg	-disabled	forms etc.		
Basal, 1 pack of	-farmers cultivating less			
legumes, 1 lima sweet	than 1ha			
potatoes per farmer or				
h/h)				
-Food Secure				
beneficiaries pay back to				
community a Grain Bank				

15. World Vision Kalomo Central ADP

Main activities	Target group	Results/Impact			
	Poor and vulnerable	3L (Look, Listen,	-2318 TNS of drugs		
-Providing Drugs,	(40.000 people in	Learn)	bought and distributed		
Capacity Building	Kalomo)	Baseline survey	-Capacity Building for 22		
-Training of adult		(communities&	district health staff		
literacy instructors		stakeholders)	-Training of 22 adult		
-Training of Farmers		midterm evaluation	literacy Instructors, 27		
(Conservation Farming)		study	teachers in agric. Prod.,		
-Support of livestock		project monitoring	-1649 adults attending		

schemes	tools	adult literature classes,
-Providing water	Community structures	-loans for women trained
facilities, training	of project monitoring	in IGAS
-Customer Relation	committees	
Services (children		
support)		

16. World Vision Siachitema ADP

Main activities	Target group	Targeting method	Results/Impact
Community	Quantitative: 30,000 in 15	-Baseline Survey	Quantitative:
development with	years (until 2009)	-Needs Assessment	Children: 3,000
focus on children's			Men and women: 18,000
needs	Qualitative: OVCs,		
Interventions in	HIV/AIDS		3 Rural Health Centres
education, health,	affected/infected,		constructed (Mubanga,
HIV/AIDS, agriculture	women's groups, farmers,		Nameeto, Naluja)
environmental	aged/disabled		6 classroom blocks
development, water			rehabilitated
and sanitation,			4,500 farmers assisted
leadership and			with inputs
spiritual development			3,000 children assisted
			with basic needs

17. Zambian Red Cross Society

Main activities	Target group	Targeting method	Results/Impact
-Relief food	Quantitative: 961HHs	Identifying process	Quantitative:
distribution	Qualitative:	through Voluntary Aid	961 HHs have food to eat
-Distribution of	-HIV/AIDS affected	Detachments Worker	(monthly ration of maize
agricultural inputs	households		meal/
-Provision of save	-child headed h/h		beans/oil)
and clean water	-elderly headed h/h		720 Limas of agricultural
-Hygiene promotion	-female headed h/h		land have been cultivated
-HIV/AIDS awareness			(maize, sorghum,
-Dip tanks			cowpeas)
rehabilitation			Achievements:
-Dam restocking			-Reducing number of
			deaths because of
			improved health through
			provision of food
			-increasing children 's
			school attendance
			- crop-growing by
			vulnerable HHs (0.75 ha)

Summary Table of Projects and Development Agencies and their Activities in Kalomo District Annex 4:

	ld /	Distribution of food (general)	×			×			
	Household security	Household economic security			×		×	×	
	Ho	Social Welfare							
		Distribution of food (Particular)							
	Gender	Loans/Agricultural input for women							
	9	Women empowerment, Training in skills							
	Agriculture	Distribution of Agricultural Inputs to Aulnerable farmers		×					
Activities/Areas of Intervention	Agric	Training in Conservation farming/Diversification		×					
Interv	uo	Youth Programs						×	×
as of	Education	Adult literacy							
s/Area	Ed	Support of Schools and School children			×	×	×	×	
tivities	Health	Provision of Drugs/ Micronutrients						×	×
Ac		Information on Health, Hygiene & Sanitation						×	×
		Provision of clean water							
•		Distribution of food (particular)							
	OVCs	Psychological support			×		×	×	
		Community support/ capacity building for org			×		×	×	
	SC	Distribution of food (particular)	×						
	HIV/AIDS	Sensitization/ VCT Awareness building	×						×
		Home based care							
Name of	i		Care Reach C - Safe	Care Reach Food for Assets	Care Scope OVC	Catholic Women's League	CINDI	DAPP – Child & Environment	DAPP – Hope Station

	plo /	Distribution of food (general)		×	×			×	×
	Household security	Household economic security							
	Ho	Social Welfare/Cash Transfer		×					
		Distribution of food (Particular)			×				
	Gender	Loans/Agricultural input for women	×						×
	0	Women empowerment, Training in skills	×						
	ulture	Distribution of Agricultural Inputs to Vulnerable farmers							×
Activities/Areas of Intervention	Agriculture	Training in Conservation farming/Diversification							×
Interv	uo	Youth Programs				×			
s of	Education	Adult literacy	×						
s/Area	Ed	Support of Schools and School children		×			×		
tivitie		Provision of Drugs/ Micronutrients					×	×	
Ac	Health	Information on Health, Hygiene & Sanitation			×		×	×	
		Provision of clean water							
		Distribution of food (particular)			×				
	OVCs	capacity building for org							
		Community support/							
	DS	Distribution of food (particular)						×	
	HIV/AIDS	Sensitization/ VCT Awareness building				×	×	×	
	_	Home based care				×		×	
Name of DA			Dept. of CD (MCDSS)	Dept. of Social Welfare	Kalomo Distr. Health Board	Let's build together	Ministry of Education	Mumuni Centre Kalomo	PAM (District committee)

	pid /	Distribution of food (general)	×		×	_∞	2	
	Household security	Household economic security				က	က	12
	Ho	Social Welfare/Cash Transfer				-		
		Distribution of food (Particular)				-		
	Gender	Loans/Agricultural input for women				7		5
		Women empowerment, Training in skills	×			7	_	
	Agriculture	Distribution of Agricultural Inputs to Vulnerable farmers	×	×	×	2	4	6
Activities/Areas of Intervention	Agric	Training in Conservation farming/Diversification	×		×	4	က	
nterv	uo	Youth Programs				က	ო	
s of I	Education	Adult literacy	×			7	_	7
s/Area	Ed	Support of Schools and School children		×		9	2	
tivitie		Provision of Drugs/ Micronutrients			×	2	4	
Ac	Health	Information on Health, noitatins & Sanitation	×	×	×	ω	9	16
		Provision of clean water	×	×	×	ဗ	က	
		Distribution of food (particular)				-	-	
	OVCs	Psychological support				က	က	∞
		Community support/ capacity building for org		×		4	4	
	SC	Distribution of food (particular)			×	က	က	
	HIV/AIDS	Sensitization/ VCT Awareness building		×	×	7	9	12
	-	Home based care				7	7	
Name of DA			World Vision (Kalomo Centr. ADP)	World Vision (Siachitema ADP)	Zambian Red Cross Society	TOTAL	TOTAL NGOs	Total per field

Projects of Development Agencies in the Political Wards of Kalomo District Annex 5:

	_				_			_			_		_						
JATOT	20	12	2	-	5	9	7	4	4	20	_	20	4	13	4	3	4		
Мрміко	×	×							×	×		×					×	7	က
edmutemei2	×	×							×	×		×					×	7	က
Simwatache la	×	×							×	×		×						9	7
Chidi	×	×				×			×	×		×					×	8	4
Nachikungu	×	×				×		×	×	×		×						7	က
гиуара	×	×				×			×	×		×					×	œ	4
sdmiZ	×	×	×		×	×		×	×	×		×		×	×			1	9
Sipatunyana	×	×						×	×	×		×		×				7	2
Chawila	×	×				×			×	×		×		×				8	3
Simayakwe	×	×				×		×	×	×		×		×				8	က
sgnsiwmsN	×		×		×		×		×	×		×	×	×	×			11	9
Мауора	×	×	×		×				×	×		×	×	×	×			11	9
Сһоопда	×		×	×	×		×		×	×	×	×	×	×	×			13	8
Kalonda	×									×		×	×	×		×		8	3
Siachitema	×									×		×		×		X		7	2
Bbilili	×		×		×				×	×		×		×		×		6	4
sdmO	×									×		×		×				9	-
Каѕикwе	×									×		×		×				9	-
Сһатика	×									×		×		×				9	-
Chikanta	×									×		×						5	-
Name of DA	Care Reach C - Safe	Care Reach Food for Assets	Care Scope OVC	Catholic Women's League	CINDI	DAPP Child & Environment	DAPP Hope Station	Department of CD	Department of Social Welfare	Kalomo District Health Board	Let's Build Together	Ministry of Education	Mumuni Centre	PAM	World Vision Kalomo Central.	World Vision Siachitema ADP	Zambian Red Cross Society	TOTAL	TOTAL NGOs

Annex 6: Projects of Development Agencies by Wards and respective Catchment Areas

1. CHIKANTA WARD

Project	Catchment Area
Care C-Safe	Chilala, Chikanta, Habulile
Kalomo District Health Board	Chilala, Habulile
Ministry of Education	Schools

2. CHAMUKA WARD

Project	Catchment Area
Care C-Safe	Munyeke, Siabunkululu, Siantete
Kalomo District Health Board	
Ministry of Education	Schools
PAM	Munyeke

3. KASUKWE WARD

Project	Catchment Area
Care C-Safe	Kasukwe, Sichibeya, Kalemu, Dunuka, Nakatala
Kalomo District Health Board	
Ministry of Education	Schools
PAM	Kasukwe

4. OMBA WARD

Project	Catchment Area
Care C-Safe	Bulyambeba, Omba, Nkandanzovu, Shamba, Libala, Mikata
Kalomo District Health Board	
Ministry of Education	
PAM	Omba

5. BBILILI WARD

Project	Catchment Area
Care C-Safe	Bbilili, Nabusanga, 7A, Mabuyu, Nanjika, Nabulango, Hotsprings,
	Dongo, Muyuni, Mubanga, Simankuli, Nameto, Simwanda
Care Scope OVC	Nsalali
CINDI	Nsalali, Munakaasya, Sibusenga, Simalele, Malibu
Department of Social Welfare	Bbilili Shed, Katanda, Hot Spring, Nabulango, Nabusanga,
	Mabuyu
Kalomo District Health Board	Nameto, Mubanga
Ministry of Education	Schools
PAM	Nazibbula, Simwanda, Bbilili, Siamatendu, No. 3, No. 4,
	Simwanda, Siampayuma, Simbunji
World Vision Siachitema ADP	Mubanga, Simwaanda, Nameto, Siamankhuli

6. SIACHITEMA WARD

Project	Catchment Area
Care C-Safe	Siachitema, Katete, Chifusa, Nakabanga, Namela, Naluja,
	Dongo, Kamuseka
Kalomo District Health Board	Chifusa, Siachitema, Naluja
Ministry of Education	Schools
PAM	Dongo, Sichibeya
World Vision Siachitema ADP	Dongo, Naluya, Sichibeya, Siampayuma

7. KALONDA WARD

Project	Catchment Area
Care C-Safe	Katundulu, Kalonda, Tara, Nanthale
Kalomo District Health Board	Kalonda
Ministry of Education	Schools
Mumuni Centre Kalomo	Sikwaazwa
PAM	Kalonda
World Vision Siachitema ADP	Katundulu, Munyenye

8. CHOONGA WARD

Project	Catchment Area
Care C-Safe	Choonga, Kanyaya, Muchenje, Simakakata, Mawaya,
	Magrimondi, Township
Care Scope OVC	Kalomo Community School, Choonga, Dafan
Catholic Women's league	Mawaya, Mwaata, Magrimond, Kalomo High School
	Mwaata Basic School, Green Acres Basic School, Kalomo Basic
	School
CINDI	Choonga, Mwaata, Magrimond, Mawaya, Daphan, Muchenge,
	Kanyaya, Boma, Munyenye
DAPP Hope Station	Mawaya (Tusoleke), Twasioma (Germany), Bridge, RiverSide,
	Niec Compound, Boma, Bwacha, Simakakata, Mafwafwa,
	Manaysi, Magrimond, Sikazuny, Nymianga, Tona
Department of Social Welfare	Mwaata, Daphane, Choonga, Kanyaya
Kalomo District Health Board	HAHC for Kalomo D. Hospital, Choonga, Kalomo District
	Hospital
Let's Build Together	
Ministry of Education	Schools
Mumuni Centre Kalomo	Kalomo High School, M.E., Greymond, German, Mwaata,
	Mawaya, Riverside, Bwacha, Boma, Choonga
PAM	Choonga, Magrimond, Daphan
World Vision Kalomo Central ADP	Magrimond, Mawaya, Choonga

9. MAYOBA WARD

3. IVIA I ODA VVAIND	
Project	Catchment Area
Care C-Safe	Malende, RR, Kinnertone, Mayoba, Bowood, Munkolo
Care Food for Assets	Munkolo
Care Scope OVC	Mayoba Women's Club, Mayoba Community school, Matondo Community School, Mayoba
CINDI	Mayoba, Matondo, Kalamba Sianene, Siamulunga, Mapenzi, Simwami, Sichimwa, Kanchele, Siachitema, Sibooli, Ngoma Bridge
Department of Social Welfare	Kinnertone
Kalomo District Health Board	
Ministry of Education	Schools
Mumuni Centre Kalomo	Matondo, Kina Tone Resettlement, Kalomo West Resettlement Scheme
PAM	RR, Matondo, Miancom
World Vision Kalomo Central ADP	Chilesha, Mayoba, Munkolo

10. NAMWIANGA WARD

IO. HAMMANOA WAND	
Project	Catchment Area
Care C-Safe	Mukwela, Namwianga, bbelo, Lubombo
Care Scope OVC	Mutala, Namwianga Mission
CINDI	Mutala
DAPP Hope Station	Namwianga
Department of Social Welfare	Lubombo, Mukwela
Kalomo District Health Management Board	Namwianga, Mukwela
Ministry of Education	Schools

Mumuni Centre Kalomo	Namwianga
PAM	Namwianga, Mukwela
World Vision Kalomo Central ADP	Namwianga, Mukwela

11. SIMAYAKWE WARD

Project	Catchment Area
Care C-Safe	Kanchele, Sikalayi, Moonde, Mulwazi, Nazilongo
Care Food for Assets	Kanchele, Moonde, Mulwazi, Nazilongo
DAPP Child & Environment	Masempela, Dimbwe, Moonde, Mulwazi
Department of Community Development	Kanchele
Department of Social Welfare	Kasizi, Kanchele, Moonde, Nazilongo
Kalomo District Health Management Board	Kanchele
Ministry of Education	Schools
PAM	Moonde, Kanchele, Mulwazi

12. CHAWILA WARD

Project	Catchment Area
Care C-Safe	Chawila, Sikweya Sichimbwali
Care Food for Assets	Chawila, Sikweya
DAPP Child & Environment	Chawila, Sikweya
Department of Social Welfare	Chawila, Shangu, Sikweya
Kalomo District Health Management Board	
Ministry of Education	Schools
PAM	Chawila, Kasizi

13. SIPATUNYANA WARD

Project	Catchment Area
Care C-Safe	Sipantunyana, Shangu, Mabombo, Bungashiya, Hapuya, Chilwi
Care Food for Assets	Sipatunyana, Shangu
Department of Community Development	Sipatunyana
Department of Social Welfare	Kasikili, Sipatunyana
Kalomo District Health Management Board	Sipatunyana
Ministry of Education	Schools
PAM	Sipantunyana

14. ZIMBA WARD

Project	Catchment Area
Care C-Safe	Chuundwe, Treasury, Mawaya, Simwami, Sichimwa, Muzya,
	Makwalala
Care Food for Assets	Zimba, Chuundwe, Simwami, Muzya, Sichimwa, Makwalala
Care Scope OVC	Muziya,
	Manyemunyemu, Mapenzi
	Siamulunga, Mabwa, Sibooli COVCC/NHC, Zimba Mission
	Hospital
CINDI	Zimba, Munkolo, Chinkozya, Namadula, Muziya,
	Manyemu-nyemu
DAPP Child & Environment	Namadula
Department of Community Development	Zimba
Department of Social Welfare	Inkumbi
Kalomo District Health Management Board	HAHC for Zimba Mission
Ministry of Education	Schools
PAM	Zimba, Chundwe, Zimba
World Vision Kalomo Central ADP	Simwani, Muzya, Zimba, Chuundwe

15. LUYABA WARD

Project	Catchment Area
Care C-Safe	Luyaba, Njabalombe, Kapaulo
Care Food for Assets	Luyaba, Kapaulo, Njabalombe
DAPP Child & Environment	Kashikili
Department of Social Welfare	Luyaba, Mafumba, Njabalombe
Kalomo District Health Management Board	Luyaba
Ministry of Education	Schools
Zambian Red Cross Society	Luyaba

16. NACHIKUNGU WARD

Project	Catchment Area
Care C-Safe	Dimbwe, Dabali, Kasizi, Masempela
Care Food for Assets	Dimbwe, Dabali, Kasizi, Masempela
DAPP Child & Environment	Dabali
Department of Community Development	Dimbwe
Department of Social Welfare	Dimbwe, Dabali, Masempela
Kalomo District Health Management Board	Masempela, Dimbwe
Ministry of Education	Schools

17. CHIDI WARD

Project	Catchment Area
Care C-Safe	Sianjina, Chidi, Mulamfu, Mafuta
Care Food for Assets	Mulamfu, Sianjina, Chidi, Mafuta Sikalaye
DAPP Child & Environment	Simundiwi, Mafuta
Department of Social Welfare	Chidi, Mulamfu, Sikalaye
Kalomo District Health Management Board	
Ministry of Education	Schools
Zambian Red Cross Society	Mafuta, Chidi, Mulanfu

18. SIMWATACHELA WARD

Project	Catchment Area
Care C-Safe	Chinkoyo, Misika
Care Food for Assets	Chalimongela, Chinkoyo, Misika
Department of Social Welfare	Kabanga, Misika, Sianjina
Kalomo District Health Management Board	Simwatachela
Ministry of Education	Schools

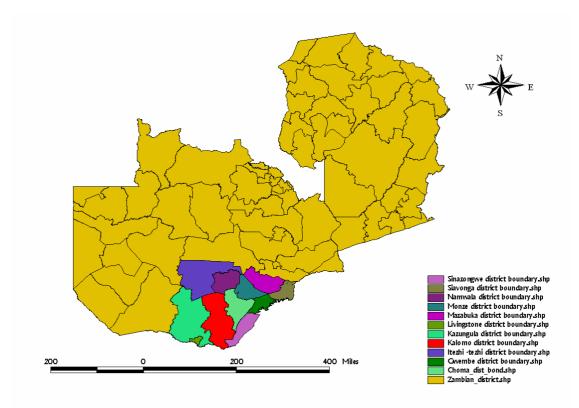
19. SIAMAFUMBA WARD

Project	Catchment Area
Care C-Safe	Siamafumba, Mafumba, Kanyanga, Nkungwa, Syejumba,
	Simalundu, Mooka
Care Food for Assets	Kanyanga, Nkungwa, Syejumba, Simalundu, Mooka
Department of Social Welfare	Mooka, Nkungwa, Kanyanga, Siamafumba, Simalundu
Kalomo District Health Management Board	Simalundu, Siamafumba
Ministry of Education	Schools
Zambian Red Cross Society	Mafumba, Siamafumba, Kanyanga, Mooka, Nkungwa, Siejumba

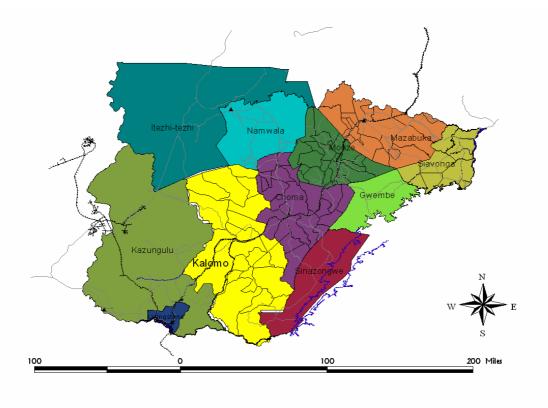
20. MBWIKO WARD

Project	Catchment Area
Care C-Safe	Mapatizya, Chalimogela, Siampondo
Care Food for Assets	Mapatizya
Department of Social Welfare	Chalimongela, Mapatizya
Kalomo District Health Management Board	
Ministry of Education	
Zambian Red Cross Society	Mapatizya, Chilobe, Chalimongela

Annex 7: Map of Southern Province, Zambia



Annex 8: Map of the Districts of Southern Province



Annex 9: References

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