

6. ADDRESSING THE NEEDS OF VULNERABLE GROUPS

A. Introduction

6.1 All poor households are vulnerable. But there are some individuals and households in Zambia that are very poor, and many lack the skills and assets to provide for themselves. Some became destitute as a result of shocks they have experienced in the past, while others were born into extreme poverty and have remained so throughout their lives. Regardless of the etiology, vulnerable groups are characterized by *chronic impoverishment* because they have low endowments (few private assets, limited access to public goods and services, and weak social capital) and few opportunities for advancement. Risk and its consequences are not necessarily of central importance when studying vulnerable groups. However there is considerable overlap in these two areas of attention, because their limited resilience and opportunities will make vulnerable groups especially liable to further impoverishment in risky environments. There is also considerable overlap in the policy arena, whereby 'traditional' instruments for social protection, such as targeted transfers, can both be used as a *springboard*, that allows households to take advantage of opportunities for wealth creation while being protected against risk-induced hardship, as well as for the *protection* of vulnerable groups suffering chronic impoverishment.

6.2 Zambia has only a few Government programs designed to address the needs of the chronically poor and other vulnerable groups, and, despite recognizing the problem of "poverty-induced destitution" in the PRSP,

*"In recognition of the high level of poverty-induced destitution, particularly among the aged and disabled, and taking into account those affected by the collapsing 'traditional' social security system of the extended family (e.g. street children and the blind), the PRSP explores how best social security-related aspects pertaining to, inter alia, state-funded safety nets are to be managed and financially supported"*⁵³

Since the early 1990s, Zambia has been reluctant to allocate funds for social assistance. Instead, there is a stated preference for spending on subsidies and programs that promote self-reliance, or at least graduation into self-reliance, such as fertilizer and other inputs subsidies, also food packs (these include seeds and fertilizer). Whether these programs have been effective at doing this remains to be shown; some have argued that Zambia's production subsidies are just another form of welfare spending albeit targeted at farmers. But within organizations and Ministries that work with the poorest and most incapacitated people, the prevailing ethos has been heavily against "creating dependency", instead favoring any attempt to build livelihoods, even when they are clearly unsustainable. The idea of providing social assistance even to child-headed households or the very elderly and incapacitated has until recently not been popular.

⁵³ PRSP, p. 15

6.3 However, a Social Protection (SP) Strategy is being formulated under the leadership of the Ministry of Community Development and Social Services (MCDSS) as part of the preparation for the National Development Plan. The challenge will be to make difficult decisions about how to prioritize and allocate scarce resources across competing needs. There is a temptation is to avoid this by including a very broad range of activities and objectives under the SP Strategy, which threatens the viability of the strategy, and risks burying key priorities for the most vulnerable under a morass of fragmented and competing programs. Even in the best of worlds and building on considerable support provided by the churches, NGOs, and the donor community, there will not be enough to provide even for all those who are in need. The SP strategy must be focused, well-targeted and achievable – and work to strengthen the capacity of the poorest and most vulnerable Zambians to better look after themselves.

6.4 This chapter draws on the data sources described in Chapter 5, augmented by findings from the qualitative surveys, to argue that:

- Certain types of households and individuals are more likely to be poor and shocks are an important cause of downward mobility and destitution. A substantial number of Zambians survive with great difficulty; they face significant barriers to rising out of poverty, and have few opportunities to improve their lives.
- The causes of chronic impoverishment and destitution are complex. In order to design effective policies, it is important to understand the causes and processes of downward mobility that lead erstwhile self-sustaining households into destitution. This will help to identify periods when individuals and households are most vulnerable and thus indicate possible points of intervention.
- Public resources are limited and Zambia must make hard choices about whose needs will be met and whose will not. It is difficult to identify the most vulnerable and even more difficult to design social assistance programs that will actually reach them. Crude targeting based on characteristics such as headship or orphan status will not be adequate.
- Better forms of social assistance are needed. These should be targeted using local knowledge and institutions, and aim to complement rather than replace indigenous systems of support. The latter continue to play an important role in Zambia. Recent efforts to identify the most destitute or “incapacitated poor” show promise (e.g. the Public Welfare Assistance Scheme, PWAS, and Pilot Social Cash Transfer Assistance Scheme). They highlight the value of local knowledge and decentralized approaches in identifying those most in need of assistance.
- Zambia’s emerging Social Protection Strategy focuses on the needs of the most vulnerable. In addition, many of the proposed transfer programs have the potential to serve both as a *springboard* (to help households take advantage of new opportunities) and a *social transfer* (to protect the living conditions of destitute and chronically poor). As the work progresses, it will be important for Zambia’s SP Strategy to focus more on prevention and *ex ante* risk management policies and instruments.

B. Identifying Vulnerable Groups

6.5 Better information is needed on the characteristics of households and individuals that among the poorest and most vulnerable. There is a tendency, particularly among the international community, to identify almost everyone in Zambia as vulnerable and thereby deserving. This runs the risk of creating a strategy and set of programs that are too costly, too difficult to implement, and not sustainable.

Box 6.1: Who is Vulnerable in Zambia?

A recent study by USAID *Analysis of Food Security, Health and Nutrition in Zambia (2003)*, which aims to help the agency determine program priorities, identifies the following vulnerable groups:

- Young children
- Pregnant and lactating women
- People living with HIV/AIDS
- Orphans and vulnerable children
- Households caring for people with AIDS and OVCs
- Smallholder farmers

Based on this list, nearly everyone in Zambia is considered vulnerable. Other agencies and international NGOs have developed similar lists. While no doubt many individuals in these groups are indeed vulnerable (i.e. more exposed to shocks and less able to cope), it is important for the aid community in Zambia to work together with Government and other stakeholders to move from broad lists of vulnerable and deserving groups to a prioritized list, and then consider what policies and programs are needed to address their needs. The Roadmap and process of consultation laid out for the preparation of the Fifth National Development Plan/PRSP provides an important opportunity to do this.

6.6 Using the LCMS III data, this section examines a number of groups that have been identified in previous studies as being very poor/vulnerable i.e. (1) orphans, particularly AIDS orphans; (2) female-headed households, including widows; (3) households that depend on female and child labor; and (4) households that include disabled members. It also discusses some ‘emerging’ vulnerable groups i.e. households headed by elderly persons, particularly those living alone or raising the orphans and deserted children left by their own deceased children, nieces, and nephews. While not found in the survey, street children were mentioned frequently in the Urban Participatory Study as being among the poorest, as were deserted or recently widowed women, who were reported to sometimes turn to prostitution or other destructive coping mechanisms in order to support themselves and their families.

6.7 LCMS III tabulations provide some insight into the economic status of these vulnerable groups in relation to the Zambian population at large. (Table 6. 1) Elderly (65 years and older) and female-headed households are more likely to be poor compared the rest of the population, particularly among urban households: over 10 percent of households in the poorest quintile are headed by an elderly person (one-third third of whom are female-headed) in contrast to 1.9 percent of households in wealthiest urban quintile. In contrast and somewhat surprisingly, households with no working-age males living in the household were wealthier on average than other households. This is in large part due to remittances received e.g. from spouses and other erstwhile family members living and working outside the household (Chapter 4).

Table 6. 1
Percentage of Vulnerable Groups in Zambia,
by National Welfare Quintiles and Urban/Rural Location (2002-03)

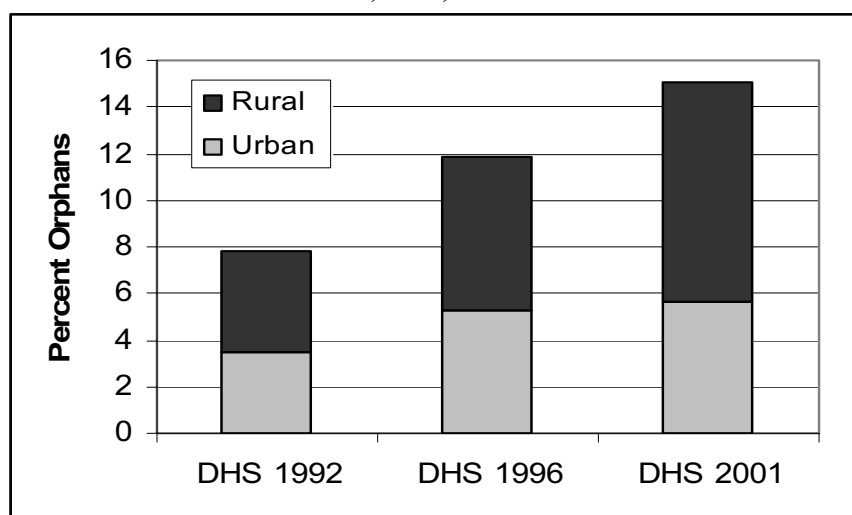
	National Quintile Distribution (Percent)		
	Poorest 20%	Wealthiest 20%	Total
Rural			
Orphans	19.0	19.0	18.0
Disabled in household	2.8	2.2	2.4
Female-headed households	26.6	23.5	24.1
Female labor dependent (no working age males)	12.8	18.1	14.2
Elderly-headed households	14.8	13.1	12.9
Urban			
Orphans	22.0	20.0	21.0
Disabled in household	1.9	1.2	1.5
Female-headed households	26.5	20.7	21.3
Female labor dependent (no working age males)	8.5	13.2	10.6
Elderly-headed households	10.3	1.9	4.8

Source: LCMS III tabulations

Orphans and Vulnerable Children

6.8 The second Situation Analysis of Zambia's orphans and vulnerable children was completed in 2004 (MSYCD, UNICEF, DFID, USAID, 2004). Its findings are no surprise to those living in Zambia: the orphan crisis continues to grow and families are struggling to cope with an ever growing number of orphans. The prevalence of orphans in Zambia is high even by African standards. By 2001, one-fifth of Zambian households were raising one or more orphans, and orphans comprised 15 percent of all children (under 15 years) as compared to 7.8 percent in 1992. By the age of 18, it is estimated that over one-third of children have lost one or both parents. These rates are higher than in most other countries of the "AIDS belt" that extends from East into Southern Africa: Uganda, Kenya, Tanzania, Malawi, Mozambique, Zambia and Zimbabwe. All of these countries have orphan rates of excess of 9 percent with Zambia, Uganda and Zimbabwe in the lead with over 12 percent (Case, Paxson and Ableidinger, 2004). Notably, although the HIV/AIDS prevalence is substantially higher in Zambia's cities and town, there are almost twice as many orphans living with rural households as with urban households.

Figure 6.1
Orphans as a Percentage of Children Aged 15 Years and Under:
1992, 1996, and 2001



Source: ZDHS surveys

6.9 This section addresses four specific questions that have been raised with respect to the vulnerability of orphans:

- (1) Are households that have absorbed orphans more likely to be poor than households without orphans?
- (2) Are orphans themselves less likely than other children to be enrolled in school? Are orphans educationally disadvantaged in relation to other children in the same household; e.g. do they exhibit lower intra-household levels of school enrollment?
- (3) If orphans are educationally disadvantaged in relation to other household children, is the presence or degree of disadvantage related to factors such as which parent has died and the particular living arrangement provided for the orphan (e.g. the relationship of the orphan to the household head)?
- (4) Is gender a factor that exposes some orphans to intra-household discrimination – i.e. are girl orphans less likely to be enrolled in school than boy orphans or non-orphans in the same households?

6.10 The programmatic implications of these questions are significant. Should food security and social support programs target households caring for orphans, or should orphans be targeted as individuals? If orphans themselves are at higher risk of failing to attend school, then programs aimed specifically at fostering and supporting the education of orphans should be prioritized. If, on the other hand, the entire household is more likely to be poor when an orphan is present, then caregiver households should be targeted. If neither is the case, then is there justification for singling out either orphans or the households caring for them for special assistance? These issues were explored drawing on the results of two recent surveys with information on orphans – the LCMS III and the 2001-02 ZDHS. Four types of orphans were defined for this purpose: maternal

orphans, paternal orphans, double orphans, and orphans of any type. The analysis includes only children of school age (7 through 16) who have lost respectively their mother, father, both parents or either parent.⁵⁴

Well-being of Care-giver Households

6.11 Since Zambia is host to a mature HIV/AIDS epidemic of long standing, adult death rates have been high for a decade or more. As a result, a very large proportion of Zambian households are currently caring for orphans. Regression analysis performed on the results of the LCMS III confirms what we see in Table 6. 1: in rural Zambia, households caring for orphans are no more likely to be poor than those without orphans. The implications of this are either that households at all welfare levels are equally affected by high mortality levels in the reproductive age groups, or that even if poor children are more likely to lose their parents, they are absorbed by related households that are as likely to be well-off as to be poor. In the early days of the epidemic, the wealthier relatives were more likely to take in orphans. As the epidemic has progressed however, orphans are increasingly likely to live with grandparents or other elderly relatives, often located in more distant rural areas. Wealthier relatives have begun to disassociate themselves

6.12 These survey findings are consistent with the findings from the rural and urban participatory studies. There is no clear evidence that the presence of orphans has systematically depressed the economic well-being of rural households. In fact, in many cases orphaned children were providing assistance in rural households headed by elderly grandparents or other relatives. In the urban areas, slightly more households caring for orphans were found in the lowest than in the highest quintile (27 percent in contrast to 24 percent). Although this difference is small, it suggests either that urban orphans are slightly more likely to be absorbed by poorer households, or that the presence of an orphan may have a small negative impact on the economic standing of urban caregiver households.

Types of Orphans: Maternal, Paternal and Double

6.13 The ZDHS 2001-02 has provided information as to the living arrangements and the presence of a parent in the household where the orphan is raised. First, it is clear that paternal orphans far outnumber maternal orphans, despite the fact that HIV rates are currently higher among women. The results of the LCMS III substantiate this finding, in that paternal orphans account for more than two-thirds of all. This pattern is found in a number of high-prevalence countries in Africa. There is no clear single explanation for this phenomenon, and it is likely that there are many causes interacting to produce a greater number of paternal orphans. One explanation is the higher mortality rate for men (apart from HIV/AIDS): according to the LCMS III, there is an average age gap of 5.7 years (rural) and 6.6 years (urban) between heads of household and their spouses in Zambia⁵⁵. Men marry younger women and have lower life expectancy; thus there are more widows than widowers in the population. Another possible explanation is the selective mortality rate of orphans. Children with mothers who die are less likely to survive themselves, either because of direct transmission of HIV or simply because children without mothers may have higher mortality from all causes. A child's mother had to be alive and relatively healthy at the time the child was born; whereas his/her father might die very

⁵⁴ According to Ainsworth and Filmer (2005), 12.9 percent of 7-16 year olds are paternal orphans, 4.6 percent maternal orphans, and 5 percent are double orphans (ZDHS, 2001-02)

⁵⁵ This number may not include (younger) married couples living in multi-generational households. In addition many household in rural areas are polygamous; the age-gap is estimated based on the senior wife living in the household.

soon after or even prior to their births. In addition, there is a possible enumeration error, resulting from the fact that men are more likely to remarry than women, and subsequently the new wife would be accepted as the mother of the children – who are hence culturally no longer considered orphans. Unless translation and enumeration are very thorough, this mistake could occur frequently. It is likely, however, that the preponderance of paternal over maternal orphans reflects the fact that more males than females were infected early in the epidemic. For children of school age, the mortality rate for their parents will reflect the infection rates of 5 –10 years ago. Most of the males infected at that time would have died, leaving paternal orphans, while the majority of infected women may be still living. If so, then we can expect a reversal of maternal and paternal orphanhood rates in the decade to come. This is an alarming because children whose mothers have died are themselves extremely vulnerable.

6.14 Maternal orphans are less likely to live with either parent than are paternal orphans. The ZDHS for 2001-02 found that 3 percent of all children (less than 15 yrs) are maternal orphans; and only 36 percent of these maternal orphans are likely to live with their father. Paternal orphans account for 9 percent of all children less than 15, but 67 percent of them are likely to live with their mother. Therefore, while paternal orphans are more likely to suffer disadvantage as a result of being members of a female-headed household, maternal orphans are more often deprived of the presence of a biological parent in the home. The impact of this absence on the economic well-being of the orphan depends to some extent upon whether or not the recipient households provide them with resources and opportunities equal to those offered to the household's own children. As the discussion below will demonstrate, orphans (particularly female orphans) may not be given equal treatment within recipient households.

Well-being of Orphans and Vulnerable Children as Individuals Within Households:

6.15 As in other countries of the region, Zambia's traditional kinship networks function as safety nets at times of crisis such as the death of parents. While this network might work effectively under normal circumstances, its carrying capacity is limited. The number of orphans has been steadily rising since the inception of the AIDS epidemic in the mid-1980s and these numbers will increase: according to the 2001 ZDHS, 23 percent of adults in urban areas are living with HIV/AIDS and 11 percent in rural areas. Infection rates among women are even higher.

6.16 The resulting death rates are extraordinary in the history of human experience, and the number of orphans that must be absorbed has burgeoned as a result. Under these unusual conditions, it is possible that this pressure might lead to weakening and dismantling of the informal system of care. Neglect of or discrimination against orphans within extended family households might be one early symptom of the deterioration of the system. When the number of orphans is unusually high, orphans might experience intra-household discrimination because the limited resources of substitute caregivers are strained by the presence of several additional children. When choices must be made, substitute caregivers may be more willing to invest in their own children; both because of a natural affinity with their own children, and because they are more likely to receive transfers from them later in life (Case, Paxson, and Ableidinger, 2004).

6.17 The problem of orphan neglect might be especially common in Africa, where even the death of one parent often results in a change of living arrangements, even if the death is not accompanied by an immediate decline in income. For instance, it has been shown that household expenditures on "child-related goods" – in particular, on healthy foods – is lower when a child's birth mother is absent (Case, Lin and McLannan, 2001) and that mothers invest more than stepmothers in children's health (Case and Paxson, 2001). Bishai et al (2003) finds that

biological relatedness is an important predictor of quality of care offered to Ugandan children, for instance. In addition, the literature has also offered evidence that female orphans are even at a further disadvantage. World Bank (2002) states that “girls are more likely than boys to be retained at home for domestic work when household income drops due to AIDS death or to care for sick relatives.”

6.18 How serious, then, is the problem of intra-household neglect of orphans and vulnerable children? To address this question, a series of regression models were run on the LCMS III data. The overview of the key results is given below (details are provided in Annex Tables).

Table 6. 2
Impact of Orphans on Household Consumption and Determinates
of Enrollment Rates (Children 7-15 years)
Maternal, Paternal, Double, and Total Orphans (2002-03 LCMS III)

	Model 1 Effects of Orphans on Household Welfare (inter-hhold)	Model 2 Enrollment Rates by Orphan Status (inter-hhold)	Effect on ... Model 3 Within Household Enrollment Rates by Orphan Status (intra-hhold)	Model 4 Within Household Enrollment Rates by Orphan Status, Gender (intra-hhold)	Model 5 Within Household Enrollment Rates by Orphan Status, Gender, Wealth (intra-hhold)
Dependent Variable:	Household consumption per adult equiv	Enrolled in School	Enrolled in School	Enrolled in School	Enrolled in School
The effect of being an:					
Orphan	not significant	-3%**	-6.7%***	not significant	-7.6%***
Orphan in wealthier household					Not significant
Female orphan				-7.2%**	
Maternal orphan	Not significant	-6.8%***	-11.4%***	not significant	-12.3%***
Maternal orphan in richer hh					Not significant
Female maternal orphan				-10.5%***	
Paternal orphan	Not significant	not significant	-4.6%**	not significant	-5.3%**
Paternal orphan in richer hh					Not significant
Female Paternal orphan				-7.3%**	
Double orphan	Not significant	-5.3%***	-8.4%***	not significant	-9%**
Double orphan in richer hh					Not significant
Female Double orphan				-12.8%***	

Notes: "Not significant" refers to coefficient in estimation not being significant at 10 % confidence level. *** significant at 1%, ** significant at 5%, * significant at 10%. Refer to Annex A for full presentation of results from the estimation.

6.19 The regression analysis confirms that households caring for orphans are no more likely to have low consumption levels than are those with no orphans. (Model 1) However, the table also indicates (Model 2) that, controlling for age and sex, orphans are significantly less likely to be in school than are non-orphans. In particular, maternal and double orphans are at greater risk of not being in school than are non-orphans when looking across households.

6.20 A series of fixed effect models were estimated to determine whether orphans receive equal treatment compared to non-orphaned children living in the *same* household. Before looking at these results, it is important to note that outcomes differ according to which parent has died. For example, paternal orphans are more likely to live in poorer households than are maternal orphans. This difference is related to the fact that children usually remain with the mother after the father has died; and female-headed households are on average less wealthy than male-headed households. Maternal orphans are usually absorbed by the households of either their grandparents or their parents' siblings. The same is true of double orphans, though they more commonly live with grandparents. (Table 6. 3)

Table 6. 3
Children's Living Arrangements, by Orphan Status (2002-03)

Relationship of Child to Household Head	Orphan Status (Percent)				
	Not ⁵⁶ Orphan	Maternal Orphan	Paternal Orphan	Double Orphan	Total Children
Own child, Step Child	83.3	36.8	57.7	5.7	73.2
Grandchild	8.8	30.7	22.5	41.3	13.5
Brother/Sister	1.2	4.8	2.4	9.4	2.1
Niece/Nephew, other	6.7	27.7	17.4	43.6	11.3
Total (percent)	100	100	100	100	100

Note: Children are defined as all individuals less than 15 yrs

Source: LCMS III survey tabulations

6.21 Clearly, maternal orphans are less likely than paternal orphans to be the biological child of the household head, and both maternal orphans and double orphans are more likely than paternal orphans to be living with aged grandparents. The pattern with respect to school enrollment differs noticeably in consequence. Overall, the enrollment rate for orphans is 3 percent lower than for non-orphans of the same age and sex. Paternal orphans, however, are just as likely to be enrolled in school as are non-orphans living in the same household; while maternal orphans and double orphans are much less likely than household non-orphans to be enrolled. Double orphans are 5 percent less likely than non-orphans in the household to be enrolled, and the difference may be as high as 11.4 percent for maternal orphans.

⁵⁶ Children may be living with their parents in multi-generational households but still not be the child/stepchild of the household head.

6.22 These discrepancies are in part explained by the residence patterns of different types of orphans. In general, the degree of discrimination experienced by an orphan is higher the more distant the relationship of the orphan is to the household head. Since paternal orphans are more likely to be living with their mothers, it appears that the presence of the mother in the home is sufficient to protect the child against the loss of educational opportunities; despite the fact that female-headed households are more likely to be poor. When orphans are living with grandparents or aunts/uncles, however, (as is usually the case for maternal and double orphans), then educational investment in the orphan tends to be lower than investments for other children (not orphaned) living in the same household. This suggests that, when they are not living with a natural parent, orphans suffer an intra-household educational disadvantage. These factors should be taken into account when designing policies to ensure that all children have adequate levels of schooling. It may be necessary in Zambia to target maternal and double orphans in particular to ensure that adequate levels of school enrollment are maintained for the growing orphan population.

6.23 The educational disadvantage experienced by orphans is particularly acute if the orphan is female. The LCMS findings indicate that girl orphans are at significantly greater risk of not being enrolled in school, particularly if they are double orphans. Male orphans are 7 to 14 percent more likely to be enrolled than are girl orphans. The disadvantage to maternal and double orphans is compounded by gender: female double orphans are even less likely to attend school than are male double orphans. Girl orphans who have lost their mothers or both parents, therefore, should receive special priority in educational support services, regardless of the wealth of the caregiver household

Female Headed Households

6.24 Nearly one-quarter of all households in Zambia are headed by women, and many of them have been widowed or deserted by spouses. For purposes of this chapter, the question is whether female-headed households are significantly worse off than male-headed households on key indicators of well-being such as income levels, school enrollments, and the health status of children.

6.25 Turning to the results of the LCMS III, it is clear from Table 6. 1 that, of all the groups identified, female-headed households are among the most disadvantaged. In urban areas, 27 percent of households in poorest quintile were female-headed, while only 21 percent of those in the wealthiest quintile were found to be female-headed. In rural areas, these figures are 27 percent and 24 percent, respectively. Female-headed households, then, are more likely to be poor, though the difference is not large in rural areas. Table 6. 4 presents information on additional indicators of (child) deprivation in female and male-headed households. The results are much in line with the consumption-poverty results: children (71.1 percent) living in male-headed households is somewhat more likely to be enrolled in school than children living in female-headed households (67.6 percent). Children in male-headed households are less vulnerable to malnutrition; particularly chronic or long-term malnutrition. Among female headed households, 57.9 percent of children were found to be stunted, while 50.2 percent of children in male-headed households were stunted. Female-headed households also had more children suffering from acute malnutrition (5.3 percent) than did male-headed households (4.2 percent), but this difference is less pronounced. The implication is that, while children in female-headed households are generally less well-nourished overall, it is the long-term or cumulative impact of poor nutrition that is of greatest concern.

Table 6. 4
Impact of the Gender of the Household Head on Nutrition Levels and School Enrollment,
Urban and Rural Areas (2002-03)

	Headship	
	Male Headed	Female Headed
RURAL	75.9	24.1
School Enrollment, Children 7-16 (percent)		
Enrollment Rate, Children 7-16	71.1	67.6
Nutritional status, Children 0-5		
Chronic Malnutrition, Stunting	50.2	57.9
Acute Malnutrition, Wasting	4.2	5.3
Underweight	24.0	28.7
URBAN	78.7	21.3
School enrollment, Children 7-16 (percent)		
Enrollment Rate, Children 7-16	85.8	82.2
Nutritional status, Children 0-5		
Chronic Malnutrition, Stunting	38.3	40.5
Acute Malnutrition, Wasting	5.1	4.0
Underweight	17.2	18.7

Source: 2002-03 LCMS

Female-labor Dependent Households

6.26 In a number of low-income countries, households that depend on women's earnings – i.e. that have no working age males living in the household – are among the poorest. Based on analysis of the LCMS III data, this is not the case for Zambia: in fact, households without working age males are better off on average than other households! (Female-labor dependent households tend to be smaller, obtain a higher proportion of income from farming, and – most importantly – receive substantial remittances. (Table 6. 5)

Table 6. 5
Household Structure and Sources of Income
How Do Households Manage Without Working-age Men?

Living Conditions	Structure of Household	
	Female-labor Dependent*	Not Female Labor Dependent
RURAL		
Average household size (persons)	4.0	5.5
Average number of children living in the household (aged less than 15 yrs)	2.1	2.6
Average number of orphans living in the household (aged less than 15 yrs)	0.9	0.5
Sources of Income (percent)		
▪ Salaries	1.7	7.3
▪ Business income	6.2	11.6
▪ Sales of crops and ag products	4.8	6.4
▪ Livestock sales	1.8	2.3
▪ Own consumption of agriculture production	63.2	53.1
▪ Rents	0.1	0.1
▪ Pensions	0.1	0.1
▪ Remittances	12.2	5.4
▪ Other income sources	9.9	13.7
Total	100	100
URBAN		
Average household size (persons)	3.8	5.8
Average number of children living in the household (aged less than 15 yrs)	1.9	2.4
Average number of orphans living in the household (aged less than 15 yrs)	1.0	0.6
Sources of Income (percent)		
▪ Salaries	32.2	52.2
▪ Business income	28.5	22.9
▪ Sales of crops and ag products	1.5	1.5
▪ Livestock sales	0.2	0.3
▪ Own consumption of agriculture production	6.9	5.1
▪ Rents	3.1	2.6
▪ Pensions	0.9	0.7
▪ Remittances	13.5	4.7
▪ Other income sources	13.2	10.0
Total	100	100

Note: Female labor dependent households are defined as all households that have no male members aged 15-64 residing with the household for 6 months or more

Source: LCMS III

Households Dealing with Disabilities

6.27 Many Zambians struggle with disabilities and existing statistics understate the extent of the problem. Although the LCMS III tried to collect information on whether members were disabled, reporting was low. Our analysis using this limited information suggests that (i) households with disabled persons were not more likely to poor; however (ii) children living in these households did tend to have somewhat lower school enrollments and higher levels of chronic malnutrition. Thus, it appears that children in households caring for the disabled may be at higher risk of long-term and chronic nutritional deprivation (or of higher disease rates).

6.28 Until recently information on disability and poverty in developing countries has been limited and of questionable quality. However, this is beginning to change. Based, in part, on the WHO's recently established International Classification of Functioning, Disability, and Health (ICF) a number of countries are upgrading their data collection systems to better capture disability. Previously, many developing countries reported disability prevalence rates of about 1 to 2 percent, but studies using an ICF-based approach are finding rates in the 10 to 15 percent range, which is closer to disability rates reported in developed countries. The UN has established a group on disability measurement (viz. The Washington Group on Disability Statistics) and it is currently piloting a series of census questions on disability and developing an extended survey module. In June, 2005, they will conduct regional training in Nairobi, where 14 African countries that have agreed to take part in the piloting work will participate. Similarly, UNESCAP is piloting an extended set of disability questions in several countries in South and East Asia. Major disability surveys have recently been completed or are underway in such countries as Kenya, Ecuador, Nicaragua, Afghanistan, and Vietnam. It is unfortunate that Zambia is not a part of the various pilot efforts; hopefully this would be rectified in the future.

Households Headed by the Elderly

6.29 The elderly informants in both the Urban and Rural Participatory Studies voiced a growing sense of insecurity and fear about the future. Many of them remembered the excitement and sense of endless possibilities in the 1960s, the rapid expansion of access to schooling and good jobs in the 1970s, and the subsequent decline in the Zambian economy, loss of jobs, sharply reduced pensions, and the government's withdrawal of subsidies and other supports for agriculture in the years that followed. Many witnessed the decline in education and health services in the 1990s; a significant number were better educated than their own children. Many of the elderly informants described how they had nursed their own children or other relatives through the final stages of HIV/AIDS, growing problems with other infectious diseases, and commented on the irony of raising their grandchildren when they had always expected to be looked after by their own grown children.

6.30 Analysis of the LCMS III and other survey data indicates that elderly-headed households are emerging as a new and significantly vulnerable group in Zambia, and their situation will certainly worsen over time. (see also Kakwani and Subbarao, 2005) The Zambian traditional respect for the elderly extends through "normal" old age, with respect and status derived from being an old person. However, being very elderly treated with great superstition, often associated with witchcraft, creating social exclusion and even threats to life from community and even family members. The State provides very limited assistance, traditional forms of support are breaking down, and elderly men and women are increasingly being called on to look after orphans and other family members who are in need. At present, over 13 percent of all children in

Zambia are living with one or both grandparents, and roughly one-third of Zambia's orphans are being looked after by grandparents. (Table 6. 6)

Table 6. 6
Income Sources and Household Structure:
The Living Conditions of Elderly Headed Households

Living Conditions	Structure of Household	
	Elderly-headed*	Not Elderly Headed
RURAL		
Average household size (persons)	4.9	5.3
Average number of children living in the household (aged less than 15 yrs)	1.7	2.6
Average number of orphans living in the household (aged less than 15 yrs)	0.8	0.5
Sources of Income (percent)		
▪ Salaries	1.6	7.2
▪ Business income	5.9	11.6
▪ Sales of crops and ag products	5.9	8.4
▪ Livestock sales	3.5	2.1
▪ Own consumption of agriculture production	62.9	53.3
▪ Rents	0.1	0.1
▪ Pensions	1.3	1.2
▪ Remittances	11.0	5.7
▪ Other income sources	7.8	10.4
Total	100	100
URBAN		
Average household size (persons)	3.8	5.8
Average number of children living in the household (aged less than 15 yrs)	1.9	2.4
Average number of orphans living in the household (aged less than 15 yrs)	1.0	0.6
Sources of Income (percent)		
▪ Salaries	20.9	51.5
▪ Business income	24.7	23.5
▪ Sales of crops and ag products	2.5	1.4
▪ Livestock sales	0.0	0.0
▪ Own consumption of agriculture production	13.0	4.9
▪ Rents	6.6	2.5
▪ Pensions	3.1	0.6
▪ Remittances	18.0	5.0
▪ Other income sources	11.2	10.6
Total	100	100

Note: Persons 65 years and older are categorized as elderly

C. Responding to the Needs of the Most Vulnerable

Rural Areas: The Role of Non-State Actors

6.31 Social assistance programs targeting incapacitated and highly vulnerable families exist at local and national levels. At the local level, substantial numbers of households receive support from programs run by international NGOs, often based on a “sponsored child” model. International NGOs including Christian Children’s Fund, World Vision and Plan International seek to combine development interventions with direct assistance for schooling and other household basic needs. There is no overall monitoring of the number of households covered through this strategy, although a national figure of 70,000 households may be a good estimate. Targeting of beneficiary households is usually based on the detailed knowledge of the local community by local committees, applying criteria such as households headed by elderly or sick people, orphan status or widows.

6.32 A diverse range of NGOs, FBOs and CBOs base their social assistance programs on the distribution of free food supplied through the World Food Program. WFP seeks to distribute around 50,000 MT per year, although problems in meeting their intended targets mean that just over 30,000 MT seems a more realistic estimate for 2005⁵⁷. Most of this food is distributed through community schools, home based care programs, hospitals and hospices. School feeding programs reach 48,000 children (shortly to expand to 60,000) in 120 GRZ schools in chronically food insecure areas, and a further 81,000 children in 335 community schools in urban and rural areas. Around 60,000 family members have access to take-home packs distributed through the community school feeding program.

6.33 Food distributed through the WFP typically amounts to around 3 percent of national food requirements. Targeting of the food is in part at individual households affected by HIV/AIDS or malnutrition, and in part through geographical targeting. While the former is – at the extreme end of helping people to cope with shocks – usually very appropriate, the latter is subject to debate. A number of regions that have been demarcated as chronically food insecure because they are poor and subject to repeated drought. However, most of these regions are in agro-ecological zone I, which covers Zambia’s hot, dry, low altitude valleys – not good conditions for maize cultivation. The fact that free food is regularly available in these areas may work to maintain poverty rather than helping to reduce it. It creates a poverty trap, characterized by inappropriate cropping patterns supported by subsidized or free inputs; regular crop failures; relief food; and drought ‘recovery’ promoting the same inappropriate farming systems. Hence while geographical targeting is appropriate for locating areas where there is most certainly chronic food shortages, it is ultimately counterproductive to provide food aid to help households cope with food deficits without giving equal or greater attention to improving livelihoods.

⁵⁷ WFP Lusaka, Personal Communication – estimate provided *before* the rainfall shortages & subsequent crop failures of the 2004-05 rainy season.

State-run Social Assistance Programs

Public Welfare Assistance Scheme (PWAS)

6.34 The national social assistance program is the Public Welfare Assistance Scheme (PWAS). Redesigned in the late 1990s, PWAS uses community committees to identify likely beneficiaries and to allocate resources according to local needs. Selection is assisted and made more transparent by the use of a matrix, which enables committee members to consider the various cases before them and explain the choices they make. The matrix incorporates a range of qualifying characteristics, based on the judgment that greater vulnerability results from exposure to multiple factors.

Box 6.2: Qualifying for PWAS

1. **Social qualifiers:** In order to be considered for PWAS assistance, the client *must* fall into one of the following categories:
 - The client is a household headed by someone who is aged, or a child, or disabled, or sick, or female
 - The client is an orphan or vulnerable child, who may be considered as an individual regardless of the status household head
 - The client is the victim of an idiosyncratic (personal or household) disaster (e.g. their house has burned down)
2. **Economic qualifiers:** The client must then be established to be facing at least two of the following problems
 - No support can be realistically expected from their relatives
 - They are unable to work, or should not work (e.g. they are still a child)
 - They have no productive assets that they can use to earn an income
3. **Other qualifiers:** Potential clients are then ranked according to other criteria. PWAS committees can add other criteria that reflect local norms and conditions to this list.
 - There is not enough food for the family to eat
 - The children do not attend school
 - Housing is below average standard
 - They have suffered the recent death of the household head
 - They cannot access health services
 - Other....

6.35 When the community makes decisions about PWAS beneficiaries, the matrix is shown as a table, with potential clients listed in rows and the criteria for qualification are ticked off in columns. Experience with the matrix suggests that having a clear visual and transparent system helps local committees discuss options, and it is not unusual to find a rural committee assembled around a school blackboard using the matrix structure to discuss their choices.

6.36 That said, community committees often find it easier to work on absolute rather than relative criteria. They report that in this case, their choices will be widely understood and accepted, even if the targeting is less accurate. An example of this problem was highlighted in a PWAS pilot program seeking to identify orphans and vulnerable children – communities reported that identifying orphans was easier, whilst the common sentiment that “*we are all vulnerable*” tended to make the latter choice more difficult. Community members are more willing to forego benefits in favor of others when the selection criteria are unequivocal.

6.37 The PWAS program seeks to target 200,000 households, 10% of the national total. This figure has often been mistaken with 200,000 individuals, or just 2% of households. However, most PWAS clients are households, with one individual listed on behalf of the whole household, who may receive diverse benefits according to need.

Building on PWAS: the Pilot Social Cash Transfer Scheme

6.38 The PWAS program has undertaken a number of pilots in limited areas, seeking to improve service delivery through various programmatic adjustments. One significant example of this is the Pilot Social Cash Transfer Scheme (SCT), targeting around 100 households in part of Kalomo district. The scheme uses the criteria of the PWAS matrix to target clients, adding a further consideration of the household dependency ratio. Households qualifying under these criteria are judged to be incapacitated, having no immediate prospect for generating a reliable income. In each community, the scheme targets 10% of households, which was estimated by the program designers to represent the extent of incapacitated households⁵⁸.

6.39 There are two key differences between the mainstream PWAS and the SCT. The first relates to regularity of benefits. In the PWAS, beneficiaries may change from month to month, and as their needs and status changes. This has the advantage of being able to respond to short term or seasonal needs, or to assist with specific needs e.g. the cost of sending children to school. However, it can mean in practice that the resources are spread too thinly, and that people with chronic needs receive only periodic assistance. The SCT guarantees monthly payments to the identified households, providing income support that can be allocated at the household's discretion.

6.40 The second important difference relates to the role of the community in determining benefits. The PWAS approach seeks to put decision making power in the community, and to build the understanding that the Government is providing resources to communities to solve their own problems of destitution and extreme poverty. The principle relationships are between Government and communities, and subsequently between communities and clients. This encourages community leaders to address local problems of the most vulnerable, and to use money thriftily and effectively. There are a number of examples of leverage, where community committees have generated additional resources (usually labor or food) to supplement PWAS funds. The SCT approach uses the community committees to identify the clients, but thereafter the principle relationship is directly between the scheme and the beneficiary. There is a risk that this will weaken rather than strengthen community engagement with those households, creating passive attitudes among community leaders towards the problems of the destitute. For beneficiary households, as long as the scheme continues and assuming that the monthly payment of \$6 per household is sufficient, this may not be a problem. However, since neither of these conditions are by any means understood or certain, caution should be exercised in the current enthusiasm for the SCT model.

6.41 There is widespread experience in Zambia to show that effective social assistance requires the full participation of local communities, supported by adequate training, clear criteria and support for transparency. The belief that social assistance is really just "hand-outs" is supported by negative experiences, where the benefits may have been inappropriate targeted, or

⁵⁸ However, analysis based on the LCMS III suggests these estimates may be too high. The Pilot Cash Transfer Scheme was only recently initiated and currently covers 1000 households. It is too early for there to have been a formal evaluation to assess whether the targeted households were indeed the most needy, or whether the selection process was influenced by local leaders or people with power.

appropriated by the powerful, or clothed in rhetoric designed to build political support or other allegiances. For social assistance to be used more positively, and to protect and promote the livelihoods of the poorest and most vulnerable, schemes need to be well designed and well delivered using local knowledge and with the help of community based organizations. Communities have traditional responsibilities for the genuinely incapacitated, and have access to more knowledge about the real circumstances and needs than any outsider can ever hope to learn. Therefore building and supporting community engagement with the target group is a more promising strategy than seeking to replace it.

6.42 It is important for the international community to think carefully about and accept the legitimacy of indigenous institutions and the importance of the community in the lives of Zambian people, even when, in the short term, resources appear to flow in less than ideal ways (at least from the perspective of a donor agency). Despite the strength of local knowledge and institutions, it remains important to support good local monitoring and strengthen local accountability systems.

Box 6.3: Indigenous Systems of Support

In Chawama compound in Lusaka, a church based-program provides free food on a monthly basis to the most destitute households. Among the beneficiaries identified was the household of an elderly woman, living with her two young granddaughters. Until the food program started, they survived by begging from friends or attending funeral gatherings in order to eat. In a periodic monitoring exercise, staff visited the household to find out what had happened. To their shock, they found that at the beginning of each month when the old lady received her ration, she welcomed all her neighbors to eat and the food was finished in just a few days. The staff told her that she was wrong, that she should save the food to feed herself and the girls through the whole month. The old lady listened to them, but did not agree. She explained that using the food in the way that she did gave her more security than keeping to look after only when the free food program came to an end.

Source: Harland, 2005: Unpublished Manuscript

The Role of Urban Communities

6.43 In large urban areas, however, these assumptions about community engagement are sometimes questioned. With more movement of people and mixed cultures and traditions, mutual knowledge, responsibility and care are less common. However, urban areas do offer some advantages as well, and experience suggests that these are best accessed by breaking down social assistance programming into sub-sections.

Box 6.2 Successful Committees in Urban Areas

Many development and social assistance activities in urban areas depend on a functioning community committee. Whilst there are many examples of failed committees, there are some outstanding successes. But what makes a successful committee?

“The community” is a heterogeneous mix of people, but always includes leaders, influential people, and people with pre-existing capacity, experience and commitment. A successful committee will usually have the active participation of some of these people to support them. For example, many successful widows groups supporting income generating programs for their members include at least some women who before their husbands died enjoyed a higher standard of living. Other committees benefit from the membership of retirees, teachers, church leaders and other similar leaders. They provide guidance to others, and give them confidence to make the decision to take up new activities.

Successful committees often focus on only one activity, or two at the most. The chosen activity depends on specific local needs, and on the interest of the committee members. Most successful committees have future plans that involved elaborating on what they had chosen to do, but not moving sideways into other types of activity. Observations at national level that there are too many diverse committees are not necessarily supported by community members.

Community committees often occupy a place of tremendous significance to members: people express love for their committee, and draw analogies to being a family. Members are often very dedicated to their agreed ends, driving community committees to achieve the results described in this study. They are often motivated by their personal experience, and will work very hard to organize their neighbors.

Source: Harland & Mlewa (2004) Case Studies of Success in OVC Programming *Family Health International, Lusaka*

6.44 Compared with rural areas, urban interventions are more able to draw on people with appropriate capacity and experience to help build local initiatives. Larger communities also enable members of specific vulnerable groups to link with successful peer groups – whereas in rural areas, the population may be so low that, for example, widows and disabled people have no peers in the community.

D. Zambia’s Emerging Social Protection Strategy

6.45 Assessments of the 2002-2005 PRSP identified social protection as an important gap, and a Social protection Sector Advisory Group (SPSAG) was created in mid-2004 with a mandate to assess past experiences with social protection in Zambia, and to develop a new SP strategy. The SP strategy would provide an overarching framework for developing a five year action plan that could be integrated into the 5th NDP.

6.46 The SP-SAG is chaired by the Ministry of Community Development and Social Services, and draws its membership from most key ministries, NGOs, advocacy groups and the international community. Representation from the donor community is strong and has sometimes lacked coordination. Mechanisms for improved communication and harmonization would reduce the extent to which the SP strategy risks being driven by a wide range of external agendas.

6.47 A study to examine experiences of social protection in Zambia was carried out between June 2004 and March 2005, which included twelve case studies of existing programs. The study identified two key deficits in existing social protection programming – a lack of monitoring and

evaluation data, or even basic financial data (both of which significantly constrained analysis); and a lack of awareness of issues and debate about social protection among the programs studied, contributing to a lack of critical or reflective self-assessment. The box overleaf highlights the key lessons from the study.

6.48 Based on a careful assessment of existing work on risk and vulnerability, the SPSAG identified key risk and key vulnerable groups. The risks listed affect each of the vulnerable groups, who characteristically face multiple risks and shocks (see chapter 3):

Key risks	Key vulnerable groups
HIV/AIDS Lack of access to education and training Lack of access to health services Child malnutrition Lack of secure livelihoods in urban and rural areas Lack of access to social security Exposure to violence and abuse	Households with deficits in human capacity to generate a secure livelihood: significantly affected are widows, the disabled and other marginalized households Households with insufficient human capacity to generate a secure livelihood: similar types of households are affected, usually with no fit adult, or an unsupportable dependency ratio Children living without an adult care-giver: either in child headed households, on the street

Box 6.4: Lessons from Past Experiences with Social Protection in Zambia

1. Social protection programs that involve active community participation are more likely to have sustainable impacts. For this to happen, capacity building at the community level is often required;
2. Social protection programs may benefit from collaboration with other institutions or organizations. For this to be effective, realistic capacity assessment and appropriate capacity building measures are required;
3. Social protection is not easy to plan or implement. Hasty or ill-thought out programs may simply waste money and channel resources in an ineffective manner, or to the wrong people;
4. Programs that are spread too thin or have irregular funding have only a poor impact.
5. Situations of vulnerability change, often getting worse over time. Timely interventions in targeted situations may help prevent the occurrence of deeper vulnerability and deprivation;
6. Clear and carefully defined objectives and practical implementation methods are necessary to prevent social protection programs being used to provide untargeted general consumption subsidies for 'the poor', seeking to build political influence or simply avoiding making difficult choices.
7. Communities can participate in identifying incapacitated and low capacity households for assistance, without significant incidents of misappropriation. However, communities work better when clear guidelines and criteria that enable them to be transparent are provided. The circumstances of clients need to be reviewed regularly, to ensure that programs continue to target the most appropriate households. Communities will also mobilize themselves to assist the most vulnerable and incapacitated, although not usually with financial resources;
8. The success of social protection may be hampered by deficits in core services and other sectoral interventions. Spending on social protection may not have the desired impact in the absence of other more broadly targeted programs addressing poverty reduction and livelihoods development;
9. Effective social protection requires reliable and timely disbursement of adequate and known levels of funding, which will only come if there is high political commitment to implementing SP measures;
10. Monitoring social protection has been a low priority, and there is little useful information on the outcomes and impacts.

Source: RuralNet Associates (2005) *Experiences with Social Protection* Research study for the Social Protection Sector Advisory Group

6.49 The SP-SAG also agreed the following parameters for an initial social protection program in Zambia:

- Social protection must focus on addressing the needs of the *poorest and most vulnerable* people, and not allow the special needs of these groups to be lost in a more general program addressing any aspect of risk and vulnerability
- Zambia's initial SP program is principally *protective* – it chiefly targets mitigation and coping activities
- Social protection programming must remain a manageable size with achievable goals and a realistic budget

6.50 Nonetheless, maintaining a focus on core social protection activities for the key target groups has not yet been achieved. Two key factors create uncertainties. First, the ascendance of social protection on the development agenda has created multiple interpretations of how different sectors and interests can be presented as part of the social protection agenda. This creates a pressure to incorporate all possible approaches and activities that could be argued to be social

protection. Second, statements from Government and the approaches taken by many members of the international community has led to a realization that only activities included in the forthcoming NDP/PRSP will be funded – and hence social protection is becoming a home-of-convenience for a wide range of initiatives that otherwise risk exclusion.

6.51 Based on agreements thus far, the proposed SP program is intended to provide social assistance to the most needy; to assist low capacity households to develop more robust livelihood strategies; and to provide integrated services targeting preventive, mitigation and coping support for the groups identified as *most critically vulnerable*.

6.52 Many other possible aims and objectives have not been incorporated into the current SP strategy, in order to maintain a realistic and manageable set of activities. Critically, actions that deal with structural causes of risk and poverty – and that remain high priority for poverty reduction – are not included in the draft strategy. Broad based poverty reduction and risk prevention and mitigation activities (e.g. sustainable livelihoods development; national drought and disaster response) are also currently outside the remit of SP strategy. While these decisions may be revisited in the longer term, keeping a narrow focus in the shorter term will ensure that proposed actions remain manageable, and prioritize critical action for the poorest and most vulnerable.

6.53 The activities required for the implementation of the SP strategy are – to a greater or lesser extent – already in existence. They include both Governmental and NGO activities, with a strong emphasis on community based programming. Nonetheless, even existing component programs need to be strengthened, expanded and coordinated, with improved monitoring, and adequate and reliable budgetary allocations.