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**Report on DCOF's
Zambia Program (PCI)
Project No. 690-A-00-97-00074-00**

John Williamson

October 14-28, 1997

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I. EXECUTIVE SUMMARY

As consultants for USAID's Displaced Children and Orphans Fund (DCOF), Susan Hunter and Jill Donahue visited Zambia June 5-12, 1997, to review the situation of children being orphaned by AIDS, current efforts to assist them, and ways their needs could be addressed through the USAID Zambia Integrated Health Package and HIV/AIDS activities of Project Concern International, Zambia (PCIZ). Their report included broad recommendations for addressing the needs of orphans.

Subsequently, Namposya Serpell was engaged as a consultant to develop a strategy for the development of USAID assistance to orphans of AIDS and other vulnerable children. Her report of August 1997 presented an overview of a program to be implemented by PCIZ. This report was sent to DCOF for comments, which were provided. PCIZ took these comments into account in revising Ms. Serpell's work and submitted to the mission a proposal, dated September 25, 1997.

PCIZ has been assured by the mission that it will be provided \$750,000 in DCOF funds, to initiate a program for orphans and other vulnerable children for the period October 31, 1997-September 30, 1998. This is seen as a bridging effort, as USAID anticipates issuing a request for applications for a new program that will include HIV/AIDS prevention and activities to benefit orphans, which would start September 1, 1997.

At the request of USAID's mission in Lusaka, I visited Zambia October 14-28, 1997, on behalf of DCOF. The scope of work for the visit was as follows:

- 1) Finalization of the PCIZ Orphans Strategy
- 2) Participate in some of the policy analysis discussions with key stakeholders
- 3) Review and provide technical assistance on the guidelines for the small grants.
- 4) Review the PCIZ and USAID/Zambia monitoring and evaluation frameworks and make concrete suggestions for establishing a baseline for the measuring the results of the AIDS

orphans activities funded by DCOF.

Most of my time during the visit was spent at the PCIZ office working individually and collectively with the staff members having responsibilities for the development and implementation of the program for orphans and other vulnerable children. With Sitwala Mungunda, PCIZ's manager for this program, I visited several organizations engaged in work relevant to orphans and other vulnerable children. At the beginning and at times during the visit I met with Dr. Paul Zeitz of the mission. A list of the contacts made and topics discussed during the visit is attached.

Three draft documents were the primary products of the visit. The first was "The PCIZ Strategy for Orphans and Other Vulnerable Children," which elaborates and to an extent modifies the approaches presented in the PCIZ proposal. It presents an overview of the situation of children being orphaned by AIDS in Zambia, strategies for intervening to address their needs, and four components of a PCIZ program:

- community mobilization
- improvement of health service delivery
- policy development and advocacy
- information sharing, networking, and capacity building.

The second document was a draft work plan for the program identifying activities, time frames, responsibilities for implementation, and the kinds of resources required. The third draft presented possible indicators for the program's strategic objectives and intermediate results. It includes two sets of intermediate results. One is from the September 25 proposal, and the other is from PCIZ's request to USAID for an extension of its HIV/AIDS prevention project for the period November 1, 1996-September 30, 1998. The two sets of intermediate results are included because, during the visit, Dr. Zeitz suggested that PCIZ consider using the same intermediate results for its projects for HIV/AIDS prevention and orphans and other vulnerable children because there is significant overlap in the two sets, and using the same set of intermediate results for each project would simplify PCIZ's reporting requirements. Copies of these documents are appended to this report.

I prepared these documents with the active participation of the PCIZ staff, but they are intended for their use and should be carefully reviewed, revised, and completed by them as they decide appropriate. While it was possible during the visit to present these documents to the PCIZ staff and begin their review, regrettably, on October 28, the last day of the visit, a coup attempt prevented the final set of meetings, including the debriefing with the mission.

APPENDICES

L LIST OF CONTACTS

All meetings were in Lusaka. Unless otherwise indicated, meetings were at the PCIZ office.

Date	Contacts	Topics
Oct. 14	Stefan Paquette, Deputy Director, PCIZ; Karen Romano, Technical Advisor, PCIZ; Sitwalla Mungunda, Orphans Program Coordinator	PCIZ structure and activities in Zambia, scope of work for visit, organizational context and interventions regarding HIV/AIDS, proposal for orphans program,
15	Paul Zietz, Health Officer, USAID (at the USAID mission)	Scope of work for visit, the orphans program in the context of USAID Zambia's Strategic objectives framework, microcredit, key contacts
	Mr. Paquette, Ms. Romano, Mr. Mungunda, Masauso Nzima, Program Director, PCIZ; Robie Siamwiza, Technical Advisor, PCIZ; Dr. Mukuka, Technical Advisor, PCIZ; Perry Mwangala, Monitoring and Evaluation Specialist, PCIZ; Mike Sinyinza, Grants Officer, PCIZ; Yvonne Mungunda, Program Assistant, PCIZ	DCOF conceptual framework for addressing problems among children and families made vulnerable by HIV/AIDS, potential applicability of this framework in Zambia
16	Douglas Webb, consultant to UNICEF Zambia on HIV/AIDS; Nicola Oberzucher, Assistant Communications Officer, UNICEF Regional Office, Nairobi (at UNICEF office)	Approaches taken to orphans's problems in Zambia and their shortcomings, psychosocial needs, UNICEF research findings, key actors regarding vulnerable children, microcredit as a programming approach, street children
	PCIZ program personnel and technical advisors	Development of the community mobilization and capacity building component of the PCIZ program for orphans and vulnerable children, an objective on identifying approaches that could be taken to scale in the long term
17	PCIZ program personnel and technical advisors	Defining program initiation and implementation steps to be taken

18	Work day at the Kabwata Orphanage and discussion with U.S. Ambassador	Community mobilization approach, inheritance issues
20	Mr. Mungunda	Community mobilization process, Program Manger's role, policy development and advocacy
	Ms. Siamwiza	Current policy context, work of Law and development Commission, roles of Department of Child Welfare and Ministry of Local Government and Housing,
	Ms. Romano	Home-based care, community mobilization efforts in Zambia, exchange visit to COPE
	Mr. Nzima	Community mobilization, role of private sector, advocacy objectives, coordination between home-based HIV/AIDS activities and initiatives for orphans and other vulnerable children
	Dr. Pam Foster and Dr. Fred Phillips	Approaches taken by Progressive Life Center in Washington, D.C.
	Mr. Paquette and Ms. Romano	Preparation for presentation to Mr. Zeitz
	Mr. Zeitz, Mr. Paquette, Ms. Romano, Mr. Mungunda (at USAID mission)	Presentation and discussion on community mobilization, targeting, monitoring and evaluation, coordination with health activities
21	Mr. Paquette and Mr. Mungunda	Targeting, community-level training, meetings to arrange
	Mr. Mungunda	Program components, potential key actors,
	Ms. Siamwiza and Mr. Mungunda	Key national level actors in policy development for children, Reference group on National Program of Action for Children, a policy situation analysis, consensus building, strengthening policy implementation
	Mr. Louis Mwewa, Liaison Officer, Children in Need (CHIN) Network and Mr. Mungunda (at the CHIN office)	Activities of CHIN Network and proposed community mobilization role of PCIZ

	Ms. E. N. Mataka, Executive Director of Family Health Trust (FHT), Mr. John Musanje, Manager of the Children in Distress (CINDI) program of FHT, and Mr. Mungunda (at the FHT office)	CINDI activities, its role in relation to the Ministry of Community Development and Social Services, sustainability of community-based efforts, income generation, sharing of lessons learned and best practices
	Dr. Alphonse Kamanzi, Project Officer, Zambia Law and Development Commission and Mr. Mungunda (at the Commission's Office)	The work done by the Commission on the reform of the Juveniles Act
	Mr. Fanwell Hibajene, Trainer, Development Commission, the Episcopal Conference of Zambia (at the office of the Episcopal Development Commission)	Training for transformation
22	Work at the PCIZ office	
	Mrs. Angela Miyanda, co-chair of OPERATION KIDZLOVE and Second Lady of Zambia, Mr. and Mrs. Zeitz (at the home of the Vice President and Mrs. Miyanda)	Plans for the Kabwata orphanage, experience in the region addressing the needs of orphans
23	Mr. Paquette and Mr. Nzima	Coordination of health activities and interventions to benefit orphans and other vulnerable children, income generating activities
24	Zambian independence day	Work at hotel
26	Mr. Mungunda (at hotel)	Review of the draft work plan
27	Senior PCIZ staff members	Review of proposed strategy for program for orphans and other vulnerable children and draft work plan
	Ms. Grace Muzyamba, Director of Social Welfare, Ministry of Community Development and Social Services, and Mr. Mungunda	Proposed PCIZ strategy for orphans and other vulnerable children, services of the Ministry,
28	Abortive coup- all meetings canceled	
	Departure from Lusaka	

II. STRATEGIES FOR THE PCIZ PROGRAM FOR ORPHANS AND OTHER VULNERABLE CHILDREN

The following supplements and elaborates on the PCIZ proposal to USAID of September 25, 1997.

Faced with the overwhelming impacts of HIV/AIDS on the country's health care systems, the Government of Zambia has initiated a multisectoral reform process that emphasizes devolving to the community level much greater responsibility for providing health services. For the same reasons that this approach has been initiated in health systems, the most viable way to address problems among orphans and other children being made vulnerable by HIV/AIDS will require mobilizing community responses through a multisectoral approach.

A total of \$750,000 has been allocated to PCIZ for the period November 1, 1997 - October 31, 1998 for a program to benefit orphans and other vulnerable children (OVC).

Recognizing that the scale of orphaning and other effects of the HIV/AIDS epidemic on children and families in Zambia is already very large and can be expected to increase for at least 10 years and that responses to date have been largely urban, small scale, and *ad hoc*, it is extremely important to identify how these problems can be addressed on a scale that approaches that at which they are occurring. For this reason, in addition to the current strategic objective of the OVC program of "Increased service delivery to orphaned and vulnerable children in their families and respective communities," an additional objective is proposed:

"Identify and refine approaches and interventions that can be taken to scale to improve the health, safety, and development of orphans and other vulnerable children."

Achievement of this objective will provide groundwork for a long-term response by USAID and other actors.

Since the PCIZ program for orphans and other vulnerable children bridges the one year period before the start of the five year Zambia Integrated Health Package (ZIHP), achieving this objective will lay necessary groundwork to jump start the orphans component of the ZIHP.

The OVC Program of PCIZ will incorporate four parallel components:

1. Community mobilization
2. Improvement of health service delivery
3. Policy development and advocacy
4. Information sharing, networking and capacity building

While each of these components will involve a particular set of activities, each will be supportive

of the others and so far as possible, their implementation will be integrated. For example, increasing health service delivery will complement and reinforce community-initiated activities. Policy development and advocacy will support community mobilization by providing information about existing laws and policies that protect and benefit vulnerable children. The community-level activities will also help identify areas where policies or their implementation need to be strengthened. The small grants program can provide some resources to community groups mobilized by the program. Where possible field work to increase health services will be coordinated with community mobilization activities.

PCIZ will identify, initiate, strengthen, assess, and advocate for programs and activities that show potential of being implemented at scale in Zambia. The criteria below will be used to identify approaches and interventions that have the potential of being implemented at scale. They should be:

- targeted to the most vulnerable geographic areas, communities, and population groups
- targeted by each community to its most vulnerable children and households
- have a low cost per beneficiary¹
- effective in reducing the vulnerability of orphans and other vulnerable children
- sustainable or achieve sustainable impacts
- widely replicable
- coordinated.

Based on experience in Zambia, Malawi and Zimbabwe, action to assist orphans and other vulnerable children by community-based groups appears to have good potential for meeting the above criteria. The PCIZ program will demonstrate, monitor, and evaluate initiatives in rural and urban communities in Zambia. Because PCIZ's initial OVC program is only for 12 months, it will limit its testing of approaches and interventions in a limited number of areas within the five districts where its larger HIV/AIDS Prevention program is working. The community mobilization component of the program will be limited to two districts.

The concept of reducing vulnerability underlies PCIZ's program for orphans and other vulnerable children. Factors that contribute to children's well-being, or whose absence constitutes vulnerability, that will be given primary attention in the program are health (which has both physical and psychosocial dimensions), safety, and development (satisfaction of developmental needs). Factors that contribute to health, safety and development are listed in attachment 1.

Recognizing that a small percentage of especially vulnerable children require such services as removal from an abusive situation, placement in interim care, and permanent placement in an adoptive family, PCIZ will give attention to such programs in its program, even though they may have a relatively high cost per beneficiary.

A. COMMUNITY MOBILIZATION

There is growing international recognition that HIV/AIDS-affected households and communities are the front line of response to the pandemic and that the principle efforts to mitigate its impacts on children must be community-based. Members of affected communities must find ways to increase the capacity of families to care for vulnerable children, improve their own ability to support the most vulnerable children and households, and help orphans prepare to support themselves and younger siblings. Over 99 percent of Zambia's orphans are living in households and communities. Working through NGOs, CBOs, religious bodies, and government agencies, the community mobilization component of the program increase and strengthen community-based efforts to assist orphans and other vulnerable children. Examples of this type of approach in Zambia and neighboring countries include:

- Family Health Trust's CINDI and Kwasha Mukwenu in Zambia
- Family AIDS Caring Trust's FOCUS (families, orphans and children under distress) program in Mutare, Zimbabwe
- the COPE (Community-based Options for Protection and Empowerment) program of Save the Children Federation (USA) in Malawi.

Each of these programs has its own particular characteristics, but they all are based on mobilizing people at the community level to identify and respond to the needs of the most vulnerable children. The community-based initiatives they have helped catalyze are "owned" and operated by community volunteers and are based on the community's own assessment of the priority needs of orphans and other vulnerable children. PCIZ has a strong commitment to implementing such an approach.

The following are the types of initiatives that PCIZ will promote through community mobilization:

- identification, monitoring, and assistance of orphans and other vulnerable children
- referral of especially vulnerable children to health and social welfare authorities
- training for home-based care of people who are chronically ill
- fund raising or income generation to establish a community emergency fund
- cooperative labor to benefit vulnerable households
- structured recreation to promote psychosocial well being
- apprenticeships for out of school adolescents
- community-based child care.

In any areas where PCIZ can partner with a competent extending microcredit to poor households, it will seek to do so.

Recognizing that PCIZ has only 12 months to implement and evaluate the impacts of this initial program for orphans and other vulnerable children, work at the community level must start as soon as possible. The mobilization process, however, will require action at national and provincial levels to secure the cooperation, partnership, and support of key actors.

When considering potential partners who can be trained and supported to mobilize particular communities in a target geographic area, PCIZ will consider the following:

- Does the group have a social orientation (i.e., is it concerned about the welfare of vulnerable children and households)?
- Does it have an existing network that extends to the community level?
- Does it have a solid structure for communication and action?
- Does it have the physical infrastructure it will need?

It is anticipated that in order to assess the initial results of community mobilization, efforts at the community level will have to begin by the end of April 1998 to allow at least five months of activity to be reviewed. By the end of the 12 month project life, the following should be achieved by the communities that have been mobilized:

- Established criteria to define vulnerability
- Identified the most vulnerable children/households
- Identified and implemented interventions that *they* can carry out
- Recorded the numbers of vulnerable children identified, services provided, and (so far as possible) results achieved
- Feel ownership of the process

Some of the community-based organizations mobilized through the process described above may make use of small grants provided by PCIZ, but the focus of community mobilization is to develop recognition at the community level of problems among the most vulnerable children and households and to assume responsibility for taking action to address them. If the mobilization process is seen by community member essentially as a way to achieve access to grant funds, it will not produce sustainable results. The process will include training and other capacity building activities at the community level, which will include improving the ability of community groups to access any resources that may be available from outside the community, as well as generating resources from within the community. While the community mobilization component of the program is expected to make some use of small grants, these must be used in ways that enhance rather than undermine the sustainability of community-based initiatives.

1. Maintaining volunteer commitment

Five years of experience of the CINDI program has shown that for community-based volunteer efforts to be maintained the volunteers must experience some benefit from the activity. CINDI reports having some success with group income generating projects in Southern Province. Branch volunteers benefit from these as well as generating income that is used to assist orphans. These projects are to be evaluated in 1998. PCIZ will give careful attention to these initiatives as it seeks to identify best practices. Group income generating projects have been tried in many other situations, and do not enjoy a reputation for success. Where such initiatives are successful (i.e.

profitable and sustained) in Zambia, it will be important to identify the factors that contributed to success or failure so other programs can incorporate best practices and avoid pitfalls.

2. Economic Issues

Many of the problems among orphans and other vulnerable children are fundamentally the consequences of poverty exacerbated by HIV/AIDS impacts. Children's health is integrally linked with the capacities of their families to produce income. Effective economic interventions are, therefore, especially important to mitigating the impacts of the epidemic. In identifying best practices, PCIZ will give particular attention to microcredit and other potentially sustainable household and community-level economic interventions, although it will not seek to implement such activities itself.

3. Increase Health Service Delivery

This component will involve particularly close coordination with PCIZ's HIV/AIDS prevention program. PCIZ will explore with MoH possibilities for orphan friendly programs supportive of child health and how to increase targeting of health services to orphans. It will explore with the Ministry of Health ways to assess the health situation and needs of orphans. Consideration will be given, for example, to gathering information on orphans and other vulnerable children through the baseline studies to be done for the HIV/AIDS prevention program.

At district level PCIZ will identify and support partners with training, materials, and, where appropriate, small grants to increase services for orphans and other vulnerable children in such areas as the following:

- psychosocial support
- reproductive health
- STI prevention and treatment
- prevention of child abuse
- drug abuse.

It will also support with training, materials, and, where appropriate, small grants MoH services for orphans and other vulnerable children under five years of age. PCIZ will seek to involve health service providers in district and community level training for community mobilization.

B. POLICY REVIEW AND ADVOCACY

Constructive laws and policies are key elements in an enabling environment that helps HIV/AIDS-affected children and households to cope more easily. Recognizing the limited time available during this 12 month bridging period, PCIZ will focus its efforts in this area on the identification and assessment of current laws and policies and their implementation. It is foreseen that this will lead to some short term benefits for orphans and other vulnerable children and lay groundwork for policy development efforts in the longer term.

PCIZ will assist MCDSS invite representatives of the Ministries of Youth, Sports and Child Development; Local Government and Housing, Education; and Health as well as the Law and Development Commission to participate in a working group to identify and review laws and policies important to the health, safety and development of orphans and other vulnerable children. PCIZ will conduct and present to the working group for review a policy situation analysis that identify such laws and policies, assess their adequacy, and the status of their implementation. Incorporating the input of the working group, PCIZ will edit the report and present it to MCDSS for approval. PCIZ will disseminate the report, and assist MCDSS in convening a consensus building workshop of key stake holders to present and discuss its findings. Based on the report and workshop, PCIZ will prepare a simple handout document for use at the district and community levels providing information on protection and opportunities in current laws and policies important to the health, safety and development of orphans and other vulnerable children.

At district and community levels PCIZ and its partners will advocate for NGOs, CBOs, neighborhood health committees, religious bodies, civic organizations, and other groups to recognize and assume greater responsibility for responding to the needs of orphans and other especially vulnerable children. The handout will be used during the community mobilization process to raise awareness of protection and opportunities current laws and polices offer orphans and other vulnerable children. If appropriate opportunities can be identified, small grants can be used to strengthen implementation of existing policies.

C. INFORMATION SHARING, NETWORKING, AND CAPACITY BUILDING

To provide a basis for its action in this program component PCIZ will prepare an inventory of services for orphans and other vulnerable children. This will include profiles of NGO programs and Government services. Selected CBO efforts will be included where they are demonstrating approaches and interventions that show potential for being implemented at scale. Wherever possible, profiles should include such aspects of programs as:

- address and other contact information
- names and positions of principle staff members or leaders
- activities and services provided
- description of how the program works
- number and types of staff (if any) and volunteers
- methods of maintaining volunteer participation
- geographic areas of operation
- number of children benefitting significantly
- number of households benefitting significantly
- estimated cost per beneficiary²
- sources of support
- total annual program costs

The criteria listed on page 5 should be used to identify interventions with better promise of being

implemented at scale. Descriptions should provide greater detail on these aspects of programs. Particular attention should be given to identifying and describing effective approaches to identifying and monitoring particularly vulnerable children, increasing the income of households caring for orphans, enabling orphans to continue in school, addressing the psychosocial and developmental needs of children in households affected by HIV/AIDS, protecting the inheritance rights of widows and orphans, improving the health of orphans and other vulnerable children, reducing the risks of HIV infection among orphans and other vulnerable children, and training vulnerable adolescents in marketable skills. Through its information sharing, networking, and capacity building, PCIZ will seek to identify possibilities for linkages and partnerships to increase the quality and availability of services for orphans and other vulnerable children.

PCIZ will use the inventory and monitoring and assessment findings from community mobilization and activities provided small grants to prepare a report on best practices. It will give particular attention to approaches and interventions that can be implemented at scale; are making an impact on such especially serious problems as abuse, neglect, and exploitation of children; or from which important lessons can be learned. As appropriate, information on programs elsewhere in the region with potential relevance to Zambia will be included. The report will be disseminated to key stake holders and serve as the focal point of a workshop on best practices to be held in October 1998.

1. Cross-Cutting Activities

Provision of Small Grants

One means that PCIZ will use to strengthen programs and activities that benefit orphans and other vulnerable children is the provision of small grants. Approximately \$100,000 will be available to make small grants. Requests for grants will be assessed considering their potential to fulfill the criteria listed on page 5. Prior to funding a proposal indicators must be specified to assess its potential for being implemented at scale in Zambia (Objective 2).

Particular care will be taken in relation to the community mobilization process. Small grants will only be a potential supplement to the process. Where they are used it will be on a selective basis after community groups have initiated activities to benefit orphans and other vulnerable children with other resources. It is recognized that if grants are seen at the district and community levels as an integral part of the process, community ownership and sustainability of activities will be seriously undermined.

In view of the need among a small percentage of especially vulnerable children for services that cannot be provided at a low cost per beneficiary, PCIZ will also consider the provision of two or three small grants to support activities that do not meet the criteria of a low cost per beneficiary.

Monitoring and Assessment

Achievement of objective two depends on the incorporation of monitoring and assessment

procedures into each component of the program. Because few, if any, of the measures initiated through community mobilization or supported through small grants are expected to be completed before the end of the project, it is more realistic to say that their progress will be assessed than to say they will be evaluated.

III. DRAFT -- THE PCIZ STRATEGY FOR ORPHANS AND OTHER VULNERABLE CHILDREN

A. OVERVIEW OF THE SITUATION IN ZAMBIA

Orphanhood threatens children's health and welfare in Zambia. It can impact nutritional status, access to health services and education, adequacy and availability of shelter and clothing, psychosocial well-being and development. It can also make children vulnerable to abuse and exploitation. It is one of many poverty-related factors that threaten the health and increases the vulnerability of children in Zambia, but because of HIV/AIDS, it will become a progressively greater factor affecting children's survival, safety, and development.

Already large, the number and the proportion of Zambian children who have lost one or both parents to AIDS can be expected to continue to increase for at least 10 years. The number of Zambian children below 15 years of age who are already orphans is very large, probably falling in the range of 600,000 - 1,300,000, which would represent 13 - 29 percent of all children.

These are long term problems that require long term responses. The impact on any particular household is measured in years. The cumulative effects on the country, in terms of lost labor and demand on health and social assistance resources, for example, will be measured in decades. This means that the limited resources that the Government, donors, international organizations, and NGOs can bring to bear on problems must be used to achieve wide impacts in a sustainable way. There is a moral imperative to use all resources that can be made available as effectively and efficiently as possible to benefit as many of the most vulnerable children as possible. There is urgent need for national level consensus on how best to do this and for policy to guide and coordinate responses.

1. The Primary Focus

The most important responses to the impacts of HIV/AIDS on children are being made by families and communities. Not only are they on the front line of the impacts of HIV/AIDS, they are the front line of response to the health and welfare problems being caused by the epidemic. Over 99% of the children who have been orphaned in Zambia are living in family units in communities. Interventions by NGOs and ministries and government policies will significantly benefit children and families affected by HIV/AIDS largely to the extent they strengthen the capacities of the affected families, communities, and children, themselves to cope with their problems. When considering alternative approaches, a principle criterion to consider is how significantly the coping capacities of families, communities, or vulnerable children will be improved on an ongoing basis.

In households affected by HIV/AIDS children begin to experience serious problems long before they become orphans. There is serious economic hardship and material deprivation, but there are also serious psychosocial problems of emotional distress, grief, depression, and a lack of parental love and nurture.

Orphaning is not the only factor causing vulnerability among children in Zambia. There are a host of poverty-related factors that determine the level of welfare or vulnerability of children. Decisions about which children and households are the most vulnerable in a given community

must be made by the people of that community taking their specific context into account. In addition to orphanhood, factors communities have considered when assessing vulnerability of a household include the number of children, the number and age of the adults, the amount of land they have available (in rural areas), their level of income (including assistance provided by members of their extended family), children's nutritional status, whether they are going to school, whether they are being well looked after (or exploited or abused) by their adult care takers.

The fundamental approaches must be to strengthen capacity at family and community levels and among vulnerable children themselves to more adequately meet the needs of the most vulnerable children. The majority of resources available to benefit orphans and other vulnerable children should be directed to the most vulnerable among the much larger group of children living in families. Most assistance provided to vulnerable children and families must be provided by community volunteers and, as much as possible, they must use resources from within their communities to provide this assistance. The cost per beneficiary of NGO programs through which paid staff deliver direct services to orphans are too expensive to reach more than a tiny fraction of children made vulnerable by HIV/AIDS. Because of their higher cost per beneficiary, such programs must concentrate on the relatively small number of Zambia's most vulnerable children, those without adult care who are unable to provide for their own needs.

The Government has critical roles to play regarding the protection and placement of children who are abused or neglected, establishing and monitoring compliance with policies to guide action, and delivering such essential services as health care, education, and access to clean water.

Available resources must be multiplied by using them to mobilize voluntary community responses, for generation of resources at the household and community levels, and for securing contributions and other support from better off individuals and households and the private sector. NGO programmes that depend on paid staff making direct interventions are likely to be much more expensive than this.)

Considering scale, cost, and potential sustainability, there are advantages to working through organizations that already exist in many communities. Examples include:

- churches and other religious bodies
- health services
- neighborhood health committees
- schools
- civic organizations
- women's associations
- cooperatives.

The points above suggest five intervention strategies:

1. Increase the capacity of families to care for vulnerable children.
2. Increase the capacity of communities to support vulnerable children and households.
3. Increase the capacity of children affected by HIV/AIDS to support themselves and younger siblings.
4. Increase the capacity of the government to protect vulnerable children and provide essential

services.

5. Build and enabling environment in which it becomes easier for children and families to cope.

“Building an enabling environment” can include increasing the awareness and commitment of leaders and the public generally concerning children who are especially vulnerable, establishing laws and policies that protect children and widows, reducing stigma and discrimination associated with HIV/AIDS, improving the effectiveness and coordination among key actors NGOs and CBOs, monitoring the epidemic’s impacts.