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COMMUNITY CARE FOR ORPHANS AND VULNERABLE CHILDREN: GOOD PRACTICES IN IMPLEMENTING COMMUNITY-BASED CARE PROGRAMS IN ZAMBIA

By

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Community Care for Orphans and Vulnerable Children: Good Practices in Implementing Community-Based Care Programs in Zambia

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Emma Manda Mwanza

A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of Manitoba in partial fulfillment of the requirements of the degree

of

MASTER OF SOCIAL WORK

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Abstract

This study identified and examined practices that lead to building community capacity in providing for the well being of orphans and vulnerable children (OVC) in Zambia. The objective of the study was twofold:

- To examine principles/elements that are characteristic of effective OVC community-based programs and link them to community capacity building theory.
- To identify and document good program implementation practices that can enhance community capacity to care for the OVC in Zambia.

The study involved an analysis of existing documents on community-based care for OVC in Zambia as well Sub Sahara Africa. The documents analyzed included both published and unpublished articles, journals and books on community based programs for orphans and vulnerable children. Government reports and research documents by aid agencies such as USAID, UNICEF and World Bank were also analyzed. In order to minimize distortions and bias, interviews were also conducted with key informants presumed to have expert knowledge about community-based programs in Zambia.

The study findings showed that successful design of community-based programs requires tapping into local capacities as well as understanding and building on the strengths of existing community structures. The study also clearly indicated the need for the national government as well as external aid agencies to create an enabling environment for community capacity building. This requires defining the changes needed in intermediary

implementing agencies to support community action. An important finding in this regard is that to be effective a community must own and enforce its own rules defining the allocation of responsibilities, contributions, and benefits; and the mechanisms for ensuring accountability and resolving conflicts.

The conclusion reached was that in order for successful community capacity building to occur, the following criteria must be met:

- Communities must address their own felt needs and common interests.
- The community must have the capacity, leadership, knowledge, and skills to manage the task.
- Community members must own and enforce their own rules and regulations including those related to ensuring that the children, whom the programs are trying to help also participate in the programs.

Dedication

This thesis is dedicated to my two children Wongani and Chanju. The Lord has been your shelter and a strong tower (Psalm 6I: 3). I will praise Him forever.

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I wish to sincerely thank my Advisor, Dr. Don Fuchs whose guidance, encouragement and support enabled me to complete this thesis. I will always be grateful for his support both academically and socially during my one and half years in Manitoba.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASCAs	Accumulating Savings and Credit Associations
CHIN	Children in Need
CBO	Community Based Organization
CINDI	Children in Distress
COVCC	Community Orphans and Vulnerable Children Committee
CRC	United Nations Convention on the Rights of the Child
CSO	Central Statistic Office (Zambia)
DCOF	Displaced Children and Orphans Fund
DOVC	District Orphans and Vulnerable Children Committee
FHT	Family Health Trust
HIV	Human Immune Deficiency Syndrome
IGAs	Income Generating Activities
GRZ	Government of the Republic of Zambia
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
RoSCAs	Rotating Savings and Credit Associations
SIDA	Swedish International Development Agency
UNAIDS	United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

Chapter 1: Introduction

The HIV/AIDS pandemic in Zambia, as elsewhere, is not only increasing as the cause of death among adults, infants and young children, it is also slowly impoverishing and dismembering families, leaving growing numbers of orphans in its wake. At all stages of the epidemic, families bear most of the social and economic consequences of HIV/AIDS (Donahue, 1999).

Communities have responded by providing assistance to their most destitute members. Most children who have lost both parents are taken in by their extended family, usually by someone who is elderly, female and widowed. Research indicates that nearly 40-48% of orphaned children are cared for by grandparents (usually grandmothers) and another 30% are looked after by uncles or aunts, usually their mother's sister (PAG, 1999; Guest 2001). The care of orphaned children tends to fall on poorer families within the community.

External aid agencies are now assisting communities through the implementation of community-based care programs. These programs support informal traditional ways of caring for children in need, most commonly by extended family or kinship members. As opposed to the traditional spontaneous support that is characteristic of the Zambian culture, aid agencies focus on mobilizing communities to help the orphans and vulnerable children (OVC). They also provide financial and material support to help communities in providing for the OVC.

Although this approach is meant to encourage community participation and community ownership of the programs, it has mostly led to the unintended consequences of community dependency on donor funding rather than building the capacity of the communities (Foster, 2000). The questions that arise are; how can community efforts be sustained over time and how can the number of those slipping into destitution be kept to a minimum?

This study was designed to identify good community program implementation practices that can help communities to cope beyond donor funding. The focus was on what efforts appear to be successful and what circumstances may affect those efforts. The study focused on programs that are supported by external change agents in urban areas because more than 60% of the population in Zambia live in urban areas. Furthermore, most external change agencies tend to focus on implementing programs in urban rather than rural areas (Tembo, Kakunga, & Manda, 1999).

Definition of the Problem

Zambia faces a great challenge of meeting the needs of the growing number of OVC. It is estimated that 45% of the total population is under the age of 15. By 1997, 9% of the children in this age group were orphaned because of AIDS (UNAIDS, 1997). By 2001, according to Hunter & Williamson (2000), an estimated 23% of all Zambian children under the age of 15 were missing one or both parents. Hunter and Williamson further estimate that by 2010, Zambia may have at least 1 million AIDS orphans. While statistics on orphans are not always accurate, they are consistently alarming.

Basic social services are inadequate and very few support systems exist outside the extended family (McKerrow, 1996; Guest, 2001; Kelly, 2001). While the Zambian government has professed increased support for children in response to the child rights movement of the early 1990s, investment in the social infrastructure actually declined in the 1980s and 1990s as economic conditions deteriorated due to economic Structural Adjustment Programs (SAP). SAP has resulted in massive devaluation of the local currency, the removal of price controls from consumer necessities, a major reduction in state support for social services and significant retrenchment from the public sector. Such a severe economic crisis has created serious problems for the families and communities as poverty increases, and for the country as external debt obligations/demands increase.

There are no formal foster care government services for the orphans. Churches or individuals run the few orphanages that exist in the country (McKerrow, 1996). As the number of orphans increases, community-based programs seem to be the only way to provide care for the children orphaned as a result of the AIDS pandemic.

Institutional care has generally not been successful in Zambia. It is neither financially nor practically sustainable considering the magnitude of the HIV/AIDS pandemic. Moreover, research conducted by various organizations, including United States Agency for International Development (USAID) and the United Nations Children Education Fund (UNICEF), has indicated that community-based OVC care is the best and most cost-effective way of caring for the OVC (Linbald, Jones & Hunter, 1998). It is argued that institutions cannot replace the sense of well-being and the belonging that family and community can provide.

Community-based care can be the best option for providing care for the children affected by HIV/AIDS. However, little is known about how well communities can cope when donor funding is no longer available, what efforts appear to be successful, and what circumstances may affect those efforts. Even less has been documented about how effective community mobilization approaches may be scaled up to benefit more children and families (Phiri, Foster & Nzima, 2001).

Objectives

The objective of this study was to identify practices that lead to sustained community capacity to provide for the well-being of orphans and vulnerable children. The intent of the study was twofold:

- To examine principles/elements that are characteristic of effective OVC community-based programs and link them to theory of community capacity building.
- To identify and document good program implementation practices that can enhance community capacity to care for the OVC in Zambia.

The study was qualitative. In line with qualitative studies, the research effort was exploratory and descriptive in nature and addressed a number of questions in its examination of good practices in implementing community-based OVC programs. To guide the analytical process the following questions were addressed:

1. Who are the stakeholders in the implementation and development of the program and what are their roles?

2. How are community-based programs for the care of OVC implemented? In other words, what principles are applied in implementing the programs?

3. In relation to community capacity building, which of these principles or elements are working well and why?

4. In relation to community capacity building, what principles or elements are not working well and why?

5. What would need to be done to improve the aspects that are not working well?

In the search for good practices, the study focused on identifying and examining elements integral to the successful implementation and functioning of OVC community-based programs in the Zambian context. Context is very important in this study because we are dealing with community-based care programs within a particular historical, social, economic and political context. By emphasizing the context, we are concerned with placing issues under discussion within the Zambian social, political and economic context.

Significance of the Study

Good practices are essentially lessons learned through reflection and analysis of programs and projects based on practical field experiences and approaches (Goulet, 2001). Documenting good practices is one way of advocating for programs and basic services to which children are entitled. In the case of Zambia, documenting good practices is critical because community-based care of orphans is the only option that is working effectively. Given the magnitude of the orphan problem, it is especially

important that information is generated that will help in the development and implementation of OVC programs that will meet the needs of the orphaned children.

Various workshops and studies have been conducted to examine the effectiveness of community-based care for orphans in Zambia. Mainly, the very people who help to implement the programs have conducted these workshops and studies. This has somehow limited their critical analysis of the programs they implement. Moreover, the research conducted does not usually provide useful insight into the issues of community capacity building and how it relates to the well-being of children. Since this is an independent study, it will provide a more objective analysis and will tell much more about the community-based programs than what currently exists.

Implications for Theory

Community-based initiatives are the most significant advances in community development related to a growing demand for a form of planned change that empowers people at the grassroots level. "It is a community development strategy that focuses on the self-help concept. It is a style of planning, decision-making, and problem solving which is endemic to the very idea of community, especially that of the small, face to face community" (Christensen & Robinson, 1989, p. 43).

Furthermore, community-based care programs entail a great commitment to communities providing a normative specification of what community life should be. It is firmly embedded in the western democratic presumption, backed, in many cases, by national policies, that encourage self-help as an integral feature of a broader notion of social

development (Littrel & Hobbs, cited Christensen & Robinson, 1989). Therefore the idea of community based care of OVC needs to be examined as a strategy for accomplishing broader development objectives.

Helping communities to achieve a capacity for self-help is fundamental both to the theory and practice of community development. "If a spirit of self-help does not exist within a community as an extension of the members' dedication to common goals and mutual respect, then from the perspective of community development or empowerment, a capacity for self-help may be instigated with the assistance of an outside community development practitioner or organization" (Littrel & Hobbs, in Christensen & Robinson, 1989, p.49). While the community development approach does not assume that all important social, economic or political problems of communities can be resolved by a community's own efforts, the idea of mobilizing broad community participation is prescribed as a goal of any community development effort.

Summers (1986) notes that even though self-help embodies the improvement of people's living conditions, the process by which this is achieved is essential to the development of the community. The process is more important in the long run than the improvement of community services and quality of life. If community services are contributed by an outside agency or an organization with little or no community involvement, such "improvements" are likely to be transitory, to increase community dependency, to contribute little to a greater sense of community, and to diminish the community's future capacity to act on its own behalf. Thus, according to Summers (1986), a self-help approach not only emphasizes what a community achieves, but more importantly, how it

achieves it. Hence, the relevance of this is its focuses on the link between the processes taken to implement OVC programs and the impact they have on the outcome.

Implications for Practice

The general aim of community-based care programs is to provide an alternative model of care that supports the pattern of social relationships that make up the community while promoting solidarity, fostering self-management, and improving the life chances and well-being of the children. There has been considerable emphasis on creation of innovative, participatory, community-based organizations that empower residents, generate income and local job opportunities.

In the current economic and ideological environment, where debt reduction has become a priority rather than increasing the state's responsibility in social welfare, the author thinks that the Zambian government is depending on community initiatives that promote alternative forms of care to the OVC. Community members are most likely to act in the best interest of the children. It is therefore necessary to ensure that programs are carefully implemented so that they can strengthen existing community capacity. By documenting good practices, the author believes that this study provides information that is necessary for effective program implementation.

Implications for Policy

Externally funded community-based care for the OVC in Zambia emerged in the late 1990s. Since then, there have been a lot of discussions on the policy implications of the community-based programming (Guest, 2001). As far as the author is concerned, lack of

policy on community-based programs for the care of OVC has led to external change agents prescribing narrow remedies for the problem at the expense of a wider solution to the whole problem. As a result, the external agencies have made assumptions that care for the OVC can be effected at community level only. Due to pressure to act, in order to help the children, external change agents usually make decisions according to their own assumptions.

Documenting good practices is critical because the country is in the process of formulating policy on the care of OVC. As policy makers attempt to consider community-based care as the only option for the care of the OVC, there arises a need to affirm a community-based care initiative that will provide adequate and effective care. The formulation of policy depends greatly on information being generated about the programs that are implemented. In order to avoid the creation of narrowly defined policies, there is need to identify good practices that can inform policy.

As policy makers begin to formulate OVC care policies, it is necessary that community-based care programs be put to test so that the results can be used to inform policy. Well-documented good practices will help policy makers to pay more attention to issues of who influences the development of community-based programs, how programs are managed and who makes decisions. Questions that are raised on who influences this kind of policy development and how provisions are implemented enable the use of policy analysis to influence change in particular policy issues (Flynn, 1992 cited in Wharf & McKenzie, 1998).

The rest of the thesis is arranged as follows:

Chapter 2 provides background information on Zambia and orphanhood. Literature review on concepts and theories appropriate for this study is presented in chapter 3. Then chapter 4 explains the methodology used in conducting this study. Findings and analysis are given in chapter 5. Chapter 6 provides conclusions and recommendations.

Because no universal definitions exist for many of the concepts in this study, it is important to define the concepts that are used. A number of working definitions were adopted or modified and are outlined in the next section.

Definition of Key Concepts

Orphan: is a child, under the age of 18, who has lost one or both parents.

The English word orphan is derived from Greek and Latin roots meaning "a child bereaved by the death of one or both parents". In the Living Conditions Monitoring Surveys Report of 1996, an orphan is defined as a person aged 18 years or below who has lost one of the parents. The 18 years cut off mark was introduced because one is considered to be mature enough to fend for one self at the age (Central Statistics Office, 1996).

Community: is a group of people who share a common heritage (ethnicity, culture) that provides members with a strong sense of identity and a common system of values and beliefs (Rubin & Rubin, 1992). It includes a network of connections among people extending through varying degrees of relationship including multiple generations, over a wide geographic area and involving reciprocal obligations (Foster & Williamson, 2001).

Community mobilization: is the process stimulated by a community itself or by external change agents of helping communities to identify and take action on shared health or social concerns. The community mobilization also aims to strengthen the community capacity to address its future needs (Minkler, 1992).

OVC Community Based Care Program: The author defines an OVC community-based care program as a program or project, which supplies services to OVC and families taking care of OVC, to reduce their vulnerability. It is a program or project where the responsibility for making decisions on how to implement and run the project rests at community level either with local government or civil society. For the program to be "community-based" communities have to be able to actually have control, at least, of some key aspects of the project for example deciding on which services will be delivered and to whom.

Community-Based Organisation: is an inclusive type of organization created and controlled by local people for their own benefit. These can be traditional organizations or more recently formed groups designed to help members meet their basic needs and further their common interests. Examples include self-help groups, savings and credit groups and resident development committees.

Capacity Building: In this study, the author defines capacity building as a process by which individuals within communities and communities collectively enhance their abilities to identify and meet challenges concerning the care of orphans and vulnerable children in a sustainable manner. The process provides individuals, communities and

other institutions with capacities that allow them to perform in such a way that provides optimal care to the orphans and vulnerable children now as well as in future.

As reported by the United Nations Development Program (UNDP, 1997), priority areas for capacity building include the following:

- Leadership development.
- Policy research and advocacy.
- Information access, use, and dissemination.
- Building of alliances, coalitions, networks, and partnerships.
- Financial sustainability.

Community Capacity: is the characteristic of communities that affects their ability to identify and address social, economic, cultural and environmental issues affecting their members. Community capacity operates at the individual, group and organizational levels and develops in stages. Community capacity requires supportive local organizational structures and processes (Irish Aid, 1998).

Empowerment: For the purposes of this study empowerment is defined as a process by which communities and individuals within the communities gain mastery over issues concerning the OVC.

Participation: is the process through which community capacity building can be achieved. It implies that people in the community are active agents in deciding what they need to do in relation to the care of OVC. Communities need to be involved in project planning, implementation, management, including monitoring and evaluation.

Sustainability: There are various types of sustainability. The focus in this study is on the institutional aspect of the concept. According to the author, a community-based program is deemed sustainable if it is likely to be able to provide a continuing stream of activities and outputs that are valued by its stakeholders. Thus, an OVC community-based program is sustainable if it has the strength to survive and, preferably develop over time in its provision of the care that the OVC need. At the community level sustainability includes the ability to secure external and internal inputs and support necessary to continue activities at a steady or growing rate.

External change agents: are organizations or individuals based outside a community who are involved in mobilizing the community through activities such as technical assistance, capacity building, networking support, funding and policy influence (Phiri, Foster & Nzima, 2001).

Chapter 2: Background Information On Zambia and the OVC Situation

General information

Zambia is a landlocked country located in the southern part of Africa, extending from 8^0 to 18^0 south of the equator. It shares borders with Democratic Republic of Congo and Tanzania in the north, Malawi and Mozambique in the east, Botswana and Zimbabwe in the south, Namibia in the southwest and Angola in the west (see appendix A). The country covers an area of 752,614 km^2. There are 9 administrative provinces, each province further divided into districts. Currently, there are 72 districts (Central Statistics Office, 1997).

Zambia is a former British colony and attained independence in 1964. Since then, the country has undergone three major phases of governance. After independence, it had a multiparty political system up to 1971 when it became a one party state before reverting to a multiparty system in 1991.

The climate is tropical with three distinct seasons. The warm and rainy season from December to April, a cool and dry season from May to August and the hot dry season from September to November. The annual rainfall ranges from 600mm to 1400mm per annum in the different parts of the country.

Zambia's population was estimated to be 10.8 million in 1996 growing at an average annual rate of 3.3%. The proportion of the population living in urban areas has increased steadily from 29% in 1969 to 39% in 1990 and an estimated 44.9% in 1996. Zambia is the most urbanized country in Sub-Sahara Africa. The most urbanized area in the country

is Lusaka province, where about 80% of people live in urban areas (UNDP, 1998). There are significant variations in population density across provinces. Copperbelt and Lusaka provinces have 45 persons per km^2 compared with less than 6 persons per km^2 in Northern, Western and North-western provinces.

Table 1 below illustrates the country's demographic indicators.

Table 1: Zambia Demographic Indicators

Indicator	1969	1980	1990	1996
Population in millions	4.0	5.7	7.8	10.8
Percent urban	29.4	39.9	44.0	44.9
Crude Birth Rate per 1000	47.7	50.0	49.5	45.0
Crude death Rate per 1000	19.7	16.7	18.3	-
Total Fertility Rate	7.1	7.2	6.5	6.1
Life Expectancy at Birth				
Male	41.8	50.4	52.9	47.0
Female	55.0	52.5	55.0	49.0
Infant Mortality Rate	147.0	97.0	89.6	109.0

Source: CSO cited in Zambia Demographic and Health Survey, 1997.

Zambia is a low-income country with a poorly functioning economy. The Gross National product is US$3.6 billion with a growth rate of 0.6% per year over the past 10 years. The average per capita income is about US$400 annually. The country's economic

performance was generally good from 1964 to 1975 when the price of copper was high in the world market. This income enabled the governments' development of a social, physical, and economic infrastructure (Ministry of Health, 1999).

Poverty data from the Living Conditions Monitoring Survey revealed that people living below the poverty line levels increased from 69.2% to 72.9% during the period of 1996 to 1998 respectively. The incidence of extreme poverty (i.e. people who can only afford one meal per day) increased from 53.2% to 57.9% during the same period. The poverty incidence is higher in rural areas than urban areas (UNDP/World Bank, 1999).

The common health problems are due to poor environmental health, nutrition deficiency and, complications of pregnancy and childbirth. Currently, tuberculosis and HIV/AIDS have emerged as serious public health problems increasing morbidity and mortality rates in both children and adults. The prevalence of HIV in the adult population is estimated at 19.9 % (Ministry of Health, 1999).

Orphanhood and Vulnerability in the Zambian Context

Orphanhood is not a recent phenomenon in Zambia. However, the impact of AIDS has worsened the situation. Before the AIDS epidemic, orphans existed but they were easily absorbed within the traditional extended family (McKerrow, 1996). McKerrow notes that, with an increase in the number of orphans, it is becoming increasingly difficult for the extended family to absorb them.

Families who are also worn out by the widespread and extreme poverty are facing difficulties coping with the situation. Their anxiety about children's futures is growing and they are constantly asking questions such as: With whom will children live? Who

will provide food, clothes and shelter? Who will pay school fees? Who will make sure children are safe and treated well in their new homes? (Stecker, Sun, & Mullenix, 2000). In a country that is characterized by extreme poverty, these questions cannot easily be answered. As a result many children end up being plunged into great economic crisis and are constantly struggling on their own without basic services.

The vulnerability of children affected by AIDS starts even before the parent dies. Children suffer from the social, economic and psychological consequences of the epidemic several years prior to the death of a parent, as they live with prolonged or recurrent parental illness (Gilborn et al, 2001). In fact, some studies suggest that the severity of the epidemic's impact on a child may be greater before he or she is orphaned than it is in later years. Most children show psychological reactions to parental illness and death such as depression, guilt, anger and fear. Furthermore, the recurrent impact of AIDS at the household level can be associated with continuous traumatic stress syndrome and a second generation of problems such as alcohol and drug abuse, severe depression, violent behaviour and suicide.

One study on Zambia found that 32% of orphans in urban areas were not enrolled in school; as compared with 25% of non-orphaned children. Half of the 75,000 - 90,000 homeless children in Zambia are orphans. This number has more than doubled since 1991 (Hunter and Williamson, 2000). Children whose parents are dead accumulate ever-greater burdens of responsibility as head of household when a grandparent or other guardian or caregiver dies. When a parent dies, children, particularly in the case of girls, may also be denied their inheritance and property. In addition, laws and practices that deny widows their rights and property have devastating consequences for children after their father's

death. Orphaned children, who may be emotionally vulnerable and financially desperate, are more likely to be sexually abused and forced into exploitative situations, such as prostitution, as a means of survival.

In some cases, children are fostered by relatives and do not live with either biological parent. In this case, the impact of the loss of a relative on fostered children may be as great as the loss of their natal parent. Extended families can be overburdened by the need to care for relatives suffering from AIDS. Better-off households may slip into poverty, and poor families can slide into destitution. This generalized decline in levels of living increases the vulnerability of children to a range of consequences including illiteracy, poverty, child labour, exploitation and unemployment (Hunter & Williamson, 2000). For example, children orphaned by AIDS are often the first to be denied education when their extended families cannot afford to educate them. In addition, they may be denied access to schooling because of the stigma and the often irrational fear surrounding AIDS (PAG,1999).

Chapter 3: Literature Review

Strategies for Community Capacity Building

Although community based programs that are implemented in Zambia may differ in approaches and resource base, they are all framed by strategies for community capacity building. This community empowering process refers to characteristics of communities that affect their ability to identify, mobilize and act to resolve community issues and concerns (Irish Aid, 1998). In order to examine good practices, three great areas of concern emerge as relating to the implementation and development of community-based programs. These are community capacity building, participation and empowerment. This section deals with these three concepts.

Community Capacity Building

Capacity building is a strategic element in the sustainable development of community-based programs. It is a supportive process that enables individuals, institutions and organizations to function effectively (Irish Aid, 1998).

As defined by McLeroy (1996), community capacity building is the characteristic of communities that affects their ability to identify, mobilize, and address social and public problems. Essentially, community capacity building is based on the premise that people can, will and should collaborate to solve community problems. In addition to problem solving, it builds a stronger sense of community and a foundation for future collaboration. It embodies the notion that a community can achieve greater self-

determination within constraints imposed by the larger political economy in which it is embedded (Littrel and Hobbs, 1971 in Christensen & Robinson, 1989).

Alaerts (1996) defines capacity building as "the process to provide individuals, organizations and the other relevant institutions with capacities that allow them to perform in such a way that they can perform optimally, now as well as in future". He elaborates on the fact that, the purpose of capacity building is to provide the individuals with the intellectual skills, and the institutions with skills and procedures that help them to meet their objectives.

According to Alaerts (1996), the capacity building process is able to:

- assist in the diagnosis of institutional strength and weaknesses
- articulate and prioritise the required capacities that need to be imparted to the individuals and institutions (e.g. through capacity building needs assessment); and
- implement support by using a variety of tools and instruments.

His definition of capacity building emphasises the role of the individual as well as of the institutions, (which includes organizations). As far as Alaerts (1996) is concerned, what is achievable in terms of capacity building greatly depends on the environment in which the capacity building is taking place.

From a political science approach and in the context of strengthening national; development processes, Morgan (1996) defines capacity building as "...the process of increasing the ability of individuals, groups, institutions and organizations to identify and

solve development problems over time". He suggests that capacity building is synonymous with development.

Morgan's (1996) view of the concept limits its full operationalization. Focus should not only be on strengthening of human resources and technical organizations. It should be recognized that contextual factors, such as the economic and political, are an important part of the picture, and that the exclusive attention to human resources or to organizations only is too narrow an approach and often a cause of disappointing development performances.

Abrams (1996) defines capacity building as a process whereby a community is equipped to undertake the necessary functions of governance and service provision in a sustainable manner. It is aimed at increasing access to and use of resources and changing the poor relations between the parts involved. Abrams uses community in a generic form to incorporate the concept of appropriate local level responsibility within the framework of local government. This community can be a local government, community committees or even central government department. He recognizes that all communities have capacity. As such he suggests that capacity building should be undertaken to ensure that the threshold is reached.

In documenting experiences in working with communities in Zambia, Irish Aid (1998) uses data from research and experience in working with communities to develop a community empowerment strategy for community capacity building. Irish Aid identifies many dimensions to the concept of capacity building in the Zambian context. Capacity building is seen as a process that should take place at both the individual and community

levels. At the individual level it is seen as an interconnected triad of social, political and psychological empowerment. At community level it is seen as a process that embodies freedom for communities to decide and act in managing their own affairs and in pursuit of agreed outcomes for the betterment of those living in their settlement. It also implies community capacity to liaise with intermediary local and central government structures in relation to the issues that affect the community.

The important element in Irish Aid's definition is that capacity building by definition is to be considered a dynamic, interactive process. From Irish Aid's perspective, developing empowerment will depend on building shared values, gaining consensus, communication and organization. The purpose of capacity building is to foster conditions that strengthen the characteristics of communities that enable them to plan, develop, implement and maintain effective community programs. The ideal level of full and true participation is when people are empowered to organize themselves to identify and address needs, plan solutions to problems and take responsibility for development actions (Irish Aid, 1998).

At the most general level, community capacity building has an underlying theme of the "betterment of people," meaning that it is all about people initiating a social action process to improve their situation through self-help. The assumption of the concept of self-help is that by working together, people can improve their own situation (Christenson & Robinson, 1989). Community development's emphasis on self-help emerged as a component of a modernization strategy aimed at improving living conditions while at the same time advocating for a democratic version of empowerment, but within a framework of maintaining political stability. Self-help is more of a process-

orientated approach than a task oriented one (Christenson & Robinson, 1989). It is also described as the approach whereby people arrive at group decisions and take action to enhance the social and economic well being of their community (Cebotarev & Brown, 1972, in Christenson & Robinson, 1989).

One major assumption underlying community capacity building is that communities can understand their own needs better than anyone else and consequently should have the power to both define and act upon the issues affecting them. However, some critics argue that, through this community capacity building approach, change agents involved in the development of community programs can easily adjust their vision to the goals the local communities desire and help them to strive towards these goals. For example, it is argued that the way participatory exercises are conducted to determine the needs and solutions to address those needs cannot remain uncoloured by the change agents' knowledge and experience (Cox, Erlich, Rothman & Tropman 1979). It is also argued that professionals, and the programs they administer, often weaken community potential to address local needs (Kretzmann & McKnight, 1993).

Kretzmann and McKnight (1993) argue that needs assessments, conducted by change agents, to determine how communities can address problems create more problems than they solve. "Needs assessments determine how problems are to be addressed through deficiency-oriented programs. Organizations translate these programs into local activities that teach people that nature and extent of their problems and the value of services as the answer to their problems. ... Communities begin to see themselves as deficient, victims, incapable of taking charge of their lives and for the community's future," Kretzmann and

Knight (1993, p.4). Kretzmann and McKnight further argue that providing resources on the basis of needs assessment underlines the perception that only outside experts can provide real help.

Despite the critiques, capacity building is an essential component of the community-based care program. The model adopted by most agencies assisting communities is guided by concepts typical of urban community development and organization such as needs identification and assessment, client involvement, intergroup coordination, intergroup relations, local development, and citizens' organization (Katan, York & Korazim cited in Campfens, 1999, p. 227). The aim is to build community capacity to take charge of the problems affecting them.

Participation

Participation is a key aspect of community capacity building. It is defined as a process through which stakeholders influence and share control over development initiatives and decisions and resources that affect them (World Bank, 1996). It means that "the less privileged are not merely passive beneficiaries of the program but should also take an active part in the selection, supervision and implementation of program activities" (Tenhaeff, cited in Campfens,1999, p.167.).

Participation involves mobilizing, motivating, and organizing target groups and improving their opportunities for problem solving (Stafleu cited in Campfens, 1999) Through the participation process, communities can make informed commitments. However, to be correlated with community capacity building, participation must be associated with the belief that one really can influence decisions being made and have an

effect on actions taken. Too often, the involvement of community residents (in community planning for example) is little more than tokenism. This kind of participation does not result in meaningful change and usually ends in frustrating communities that genuinely want to do something (Irish Aid, 1998).

Studies of community participation have demonstrated that active involvement together with perceptions of influence and control contribute significantly to the personal empowerment of community members ((Rich, Elderstein, Hallman & Wanderman, 1995). In communities that are in great need, thoughtful work is required to ensure that participation is meaningful and effective (Keenan & Pinkerton, 1991).

Participation can take many forms such as involvement in committees, decision-making, service delivery and program planning and management. Through such participation and control the community is able to meet the needs of its individuals (Gerchick, cited in Schulz, Isreal, Zimmerman, & Checkoway, 1995).

Participation alone is not sufficient. In addition to participation, Cottrell (1997) suggests another concept of community competence, which is defined as the ability of any kind of community to problem solve effectively and thus to master social and environmental challenges (Eng, Salmon & Mullan, 1992).

Cottrell (1997) suggested that the process of enhancing community competence typically involves the following:

- Activities that strengthen investment and commitment.
- Clarification of issues and interest in the community.

- Development of the ability of community members to articulate views, attitudes, needs, and intentions.
- Enhancement of communication skills.
- The ability to negotiate differences and manage conflict.
- Membership participation.

To respond correctly to people in their community settings, actors involved in implementing community-based care programs must develop what is called "habits of mind" that direct attention to context as well as the client (Nirus, Kemp & Gibson, cited in Mattain Lowery & Meyer, 1998). Such habits should be reinforced by routine use of methods that open up issues for attention, such as social, economic, political issues and how they affect the clients. Examples of such reinforcers or prompts that encourage contextual mindfulness include efforts to ensure community participation in planning, delivery and monitoring services.

Community Empowerment

The term empowerment refers to a process by which individuals, groups, communities and organizations gain mastery over issues of concern to them (Rappaport, 1987). Empowerment as a process is a lifelong endeavour; that is, people develop individually, socially, and politically throughout their lives (Irish Aid, 1998). This process focuses on different levels from individual change to a group or collective emphasis, and to organizational, institutional or community change.

In their *Community Empowerment Strategy* document, Irish Aid (1998) note that community empowerment also implies communities liasing with intermediary local and central government structures in relation to their own development. It involves officials listening to and valuing community members' input to decision making. It also involves transparency and accountability both to external sources and within the community. The document emphasizes the fact that community empowerment will depend on building shared values, gaining consensus, communication and organization.

An effective community empowering process begins with a thorough understanding of a particular community and its needs. What works well in one community may not work in another (Poole, 1997). Since communities can never be the same, assumption on what works and where it works should be made with great understanding of the context of the particular community, even if it is within the same country.

Kretzmann and McKnight (1993) do not agree with the needs based approach. Rather they emphasize the fact that there is a need to identify community strengths, competencies, and resources as well as needs and challenges. They warn that providing resources on the basis of needs assessment underlines the perception that only outside experts can provide real help. According to them, the key to community development is to locate all the available local assets and then connect them in ways that help the community to be more effective. They note that focusing on local assets does not mean that outside help is not needed. Rather it simply suggests that outside resources will be more effectively used if communities really know what those resources are meant for (i.e. building on what is already there).

According to Johnson (1992), an accurate mapping of what constitutes a particular neighbourhood is very critical to the success of a community-level intervention. He notes that major domains for community profiling include: Physical setting; history; demographics and population; cultural factors; economic factors; political system; sociocultural system; human services system; major problems and concerns of the community and general community functioning (such as sense of identity and belonging, decision-making structures, and autonomy).

In summarizing this section on strategies for community capacity building, it can be noted that there are many diverse views around the concept of community capacity building, participation and empowerment. However there are some common underlying assumptions. One assumption is that individuals can understand their own needs better than anyone else (particularly the expert) and consequently they should have the power both to define and act upon them. It is also assumed that all people possess strengths upon which they can build.

Based on the analysis/review of current literature and the researcher's practice experience, it can be concluded that capacity building for communities involved in the care of OVC needs to be seen as an active process by which communities influence the direction and execution of the OVC programs. It also has to be viewed as a process for enhancing the well-being of the vulnerable children through personal growth and self-reliance.

Additionally, communities must be given the necessary support in having access to adequate resources, skills and information. This is the best way to meet the needs of OVC

in the present without compromising the ability of future generations to meet their needs. Community-based programs for the OVC stand a better chance if they are managed by local citizens and organized in the context of particular communities.

Enabling Environment for Community Capacity Building

The AIDS/HIV orphans issue in Zambia is a multi-dimensional problem, which consists of a tangle of problems relating to income, housing, knowledge, work, welfare, health and the environment. Problems created by the poverty/AIDS situation manifest themselves on different levels: the micro level of the individual problem itself, the meso level of the disadvantaged and the macro level of social economic discrepancies (Donahue, 2001). It is essential to create an enabling environment among ordinary citizens, local government and professional workers from donors and non-governmental organisations. By enabling environment, we do not only refer to the overall orientation of the economy but also to appropriate legislation, including an adequate set of rules and regulations that will clearly state the conditions for the community care of OVC.

This section provides literature on issues related to the creation of an enabling environment, which can result in the implementation of successful community-based programs. As mentioned earlier, in Zambia, the programs are basically driven by external aid agencies. There seems to be little sense of urgency at the government level and quite limited political will to support the changes that need to be in place if the initiatives are to be successful (Guest, 2001).

The role of the National Government

Community-based programs have great potential to empower poor community members to provide the care that the OVC need. Kelly (2001) comments that the community-based programs focus on an interactional problem solving process where all parties involved should play their appropriate roles. He further notes that it is the role of government to create an enabling environment within the political, social and economic environment where the programs are taking place.

Harper (1998) cautions that while community care can certainly give individuals a better quality of life than they would have in an institution, community care can equally be a convenient cover for the neglect by the state. It is therefore necessary that national governments create an enabling environment that contains a number of intrinsic ingredients including political leadership, informed national policies, appropriate legislation and provision of resources (Phiri, Foster & Nzima, 2001).

McLeod and Tovo (2001) suggest that it is important that community care projects fit within the overall policy framework so that projects are complemented and guided by a larger system of norms and standards that can help insure quality, facilitate monitoring and promote consistency across the country. As with most projects, politics and policies can greatly influence the effectiveness of community-based projects. In addition political leadership can help raise awareness about social care. For example, in all countries that have seen a decline in AIDS infection rates, political leadership has been the driving forces behind change (Subbarao, Mattimore & Plangemann 2001). Without central government planning, the community capacity building process can lead to inequalities

that emerge as different communities pursue their own priorities with unequal resource bases.

Because community based projects in Zambia tend to operate outside government ministries, it is essential that they are complemented and guided by sectoral policies, which can provide criteria, guidelines and quality standards (Mudenda et al., 1999. It is especially important to ensure that the projects occur with the consent, whether formal or informal from Government at the lowest possible level. The ideal situation would be one in which the local governments agree to take on recurrent costs, since they will remain in the community while NGOs may not always be there and CBOs may disband (World Bank, 2000)

External Change Agents

External change agents are organizations or individuals based outside the country who are involved in the mobilization of the communities though activities such as technical assistance, networking support, funding and policy influence (Phiri, Foster & Nzima, 2001).

While it is acknowledged that there is a role for outside agencies to expand the of community possibilities, they should never advocate a particular course of action. Change agents should avoid manipulating people towards specific ends in the self-help approach. "Such manipulation often leads people to undertake tasks which they do not have the skills, desires or the resources to achieve" (Batten, cited in Christenson & Robinson, 1989, p.33). Christenson (1989) suggests that the change agent should help people to explore alternatives and organize for action.

The starting point for external agents to assist in creating effective responses to the care of orphans and vulnerable children is to recognize that families and communities are the principal safety nets for children (Donahue, 1998). It is therefore vital to increase the capacity of communities to take care of the orphans and vulnerable children. Intervention by project designers, policy makers and others has significant, sustainable impacts on children's vulnerability and well being largely to the extent that they sustain ongoing capacities of affected families and communities to protect and care for the vulnerable children (UNAIDS & UNICEF, 2002).

Experience with much large-scale international development assistance is that it has often been poorly targeted and produced little impact at community level, with extremely low levels of resources reaching the poorest (Foster, 2000). Williamson, Lorey, and Foster (2001) note that donors have short time frames and they impose externally agreed indicators and are accountable to outside sources rather than beneficiary representatives. They further note that the political environments in which donors operate and, consequently, their own management systems, require that they produce results quickly. Doing things quickly is a mismatch to the situation, both to the slow progression of long-term impacts of HIV/AIDS and to the requirements of communities who must build, strengthen, and sustain social structures that will need to last for decades.

Richardson (2000) notes that successful external aid must consider the future when working with communities and must implement programs based on a clear understanding of the past history of the area. Poor communities must be able to manage their own affairs once the outside influence is gone. When long-term sustainability and

effectiveness is the goal, it is more important to influence the functioning of the entire system than it is to provide a product or service that may be needed in the immediate present.

It is clear from the discussions above that empowering communities means creating an enabling environment. People involved in implementing the programs need to be filling the gap between rhetoric and reality by focusing on the relationship between the community-based programs and the overall patterns of national development.

Many cultural, economic and political barriers effectively prevent the poor from having any real stake in meaningful care of the OVC. Such barriers include illiteracy, poverty and lack of knowledge on civil rights. Without special efforts by the designers and sponsors of projects and without appropriate policies to address and overcome these obstacles, communities will not effectively provide the care that the OVC need.

Perspective on Community Care

The development and implementation of OVC community care programs has been with the idea that orphans and vulnerable children are better taken care of within the community rather than in institutions (Hunter & Williamson, 2000). The assumption of community care is that communities have families, or capable women and men, who are willing and able to provide the care. This assumption is questionable when you examine issues related to child care in relation to the Zambian context. This part of the literature review discusses issues related to kinship care and the concept of caring from the United Nations Child Rights Perspective.

Kinship Care

The community care program seems to rely on the concept of kinship care. The phrase "kinship care" was inspired by the work of Stack (1974) who documented the importance of extended kinship networks in the African-American community. The term "kin" often includes any relative by blood or marriage or any person with close non-family ties to another (Takas, 1993). The non-family ties refer to unions without blood ties or marital ties. People can become part of a family unit or, indeed, form a family unit simply by deciding to live and act toward each other as a family (Billingsley, 1992). It is necessary to examine the strength of the kinship bond as evidenced by Zambian history and to correct and balance some of the deficits-based interpretation of history. According to Kelly (2001), the primary family unit in Zambia has always been the extended family, which incorporated the entire community. Children belonged to the entire community and responsibility was collective.

The extended family functions as a survival mechanism for children who have lost their parents. It provides tangible help such as material support, income, assistance in household tasks, as well as non-tangible support such as expressive interaction, emotional support, counselling, instruction, and social regulation (Wilson, 1989 in Ewalt, Freeman & Poole, 1998). Increasing numbers of children are being taken care of within the extended family. The Zambian government estimates that more than 70% of Zambian households care for one or more orphans (Central Statistics Office, 1996).

Caring

The concept of caring is of considerable value in this study as it will help us to move beyond some of the assumptions that underlie the development of community-based care.

This section of literature tries to define the concept of caring so that it can provide the theoretical and historical perspectives of community-based care. The concept of caring has been criticized as theoretically underdeveloped (Thomas, 1993; Graham, 1993). It has spawned a large and diverse, and frequently fragmented literature that tends to reflect the concerns and interests of individual academic disciplines and specific orientations. These include feminist debates, professional literature and social policy writings.

Caring refers to the physical, mental, and emotional activities and effort involved in looking after, responding to, and supporting others (Baines, Evans & Neysmith, 1998). What is common to caring, whether paid or not, is that it is highly gendered and typically viewed as the responsibility of women. In addition, as Thomas (1993) explains, care work involves a relationship that is defined in terms of ties or bonds signifying degree of personal familiarity and obligation. Baines, Evans & Neysmith (1998) identify that there are various factors that influence the caring responsibilities and these include culture, race, politics, and changing economies.

Child Rights Perspective on Caring for Children

According to Cook (1998), governments in the southern region of Africa have ratified the Convention on the Rights of a Child. Issues related to the OVC in the region are supposed to be guided by the United Nations Convention on the Rights of the Child (CRC). CRC contains useful features in relation to programs for children:

- It is an internationally recognized framework for addressing the welfare of children.

- It looks at children's rights and development holistically without discrimination, taking into account all aspects of child development, from the role of the family to the right to be heard.
- It holds that the "best interest of the child shall be a primary consideration" in all deliberations considering the child's welfare.
- It advocates the promotion of healthy development of children. It emphasizes that the state has obligations to protect the individual child and adopt national legislation to protect the principles set forth in the CRC to guarantee the rights to survival, development and protection.

From a child and youth perspective, the CRC includes a series of important participation articles. Articles 12-17 recognize that children have the right to privacy, to be heard in decisions that affect them, to express their opinions, to exercise freedom of thought, conscience, and religious association and to access information. Articles 42-25 outline specific monitoring and implementation mechanisms to measure a states progress in achieving its obligations to children (UNICEF, 2000).

The rights of the child listed in the 54 articles of the CRC can loosely be grouped into four themes:

- Survival: implies providing adequate food, shelter, clean water, primary health care and a safe environment.
- Protection: implies protection from abuse, neglect and exploitation.

- Development: implies supporting the child's normal physical, emotional and psychological development through provision of formal education, health care and a caring and nurturing environment.
- Participation: implies supporting meaningful involvement of the child in all levels of decision-making and having input and access to information in different aspects of their lives (Cook, 1998).

Implementing the CRC articles is a considerable challenge for those implementing programs for the care of orphans in Zambia due to cultural, social and economic factors. At the Eastern and Southern Africa Conference held in Zambia in 2001, the delegates noted that if programs are to succeed in taking the Human Rights Approach, sufficient time needs to be invested in building commitment among role players (UNICEF/USAID, 2001).

Throughout sub-Saharan Africa, tradition holds that children do not belong only to their parents, but to wider extended families, clans and villages (Nsamenang, 1992). Nsamenang further notes that it is normal, for a child, to grow up with multiple 'mothers' and 'fathers'—with kin- and community-networks collectively participating in one's care. Aunts, uncles, grandparents and close family friends are involved in making decisions on behalf of children.

Meeting the needs of children in a country characterized by poverty is quite a daunting task not only for the family but also for the country as a whole. There is no financial security at any level, be it family or national. As financial security decreases, a cycle is created which cannot easily be broken, that is, basic needs are not met; emotional support

decreases; ability to continue education decreases, access to health care decreases and so does the ability of children to cope (Donahue, 1999). Britain's Department for International Development (DFID) has estimated that 85% of the population of Zambia lives in extreme poverty and 42% of children under five are so malnourished that they are growing up stunted (Christian Aid, 2001). In this situation, the vulnerability of children is greatly increased.

Chapter 4: Methodology

Conceptual and Theoretical Framework

Communities and individual families in Zambia are really facing the challenge of taking care of the OVC. Despite being faced with great challenges, their sense of duty and responsibility to the OVC has always been without limits. Even though a family may not have sufficient resources to take care of the existing members, orphans are taken in (Foster, 2000). It is, therefore, critical to advocate that community-based programs should focus on building and strengthening the capacity of communities to be able to take care of the orphans. Because the family and the community seems to provide the most practical response to the orphan problem, strategies and interventions should focus on strengthening community structure and operations so that they can adequately discharge their child care role.

The theoretical framework that was used for this study was both pragmatic and eclectic. It does not only address practical issues that concern community-based programs but also the ideas, values and ideals that fall under the theme of community development. The study used the capacity focused approach advocated by Kretzmann and McKnight (1993). This framework allowed the researcher to suggest approaches that can help program planners in developing sustainable community-based programs that can build community capacity as well as meet the needs of the OVC.

By using this framework this study did not advocate for program implementation that ignores needs assessment. Rather it sought to emphasize the fact that needs assessment

should go along with identification of community strengths, competencies, resources as well as challenges.

The strength of the capacity-focused approach lies in its emphasis on tapping into the already existing capabilities within communities rather than just focusing on needs.

First, the approach acknowledges that significant community development takes place only when local people are committed to investing themselves and their resources in the effort. The approach discourages program planners from focusing on needs assessments to determine how problems are to be addressed. According to this framework, deficiency oriented programs result in communities thinking that their problems can only be solved by outsiders. Communities begin to see themselves as deficient victims incapable of taking charge of their lives and for their community's future.

Second, the approach recognizes the fact that the key to community development is to locate all assets within the community and to begin to connect them with one another in ways that multiply their power and effectiveness. It acknowledges that community initiatives begin with what is in the community, the capabilities of its residents, not what is absent or problematic or with what the community needs.

Third, it recognizes the need to link communities to resources and skills that are not available within the community. It suggests that outside resources can be more effectively used if the local community can define the agenda for which additional resources must be obtained.

Based on the literature review and documented experience in implementation of community-based care programs, the author uses Figure 1 to depict an overall conceptualization of community capacity building in the Zambian context. Figure 1 presents the overall conceptual framework.

Figure 1. The Conceptual Framework for overall community capacity building

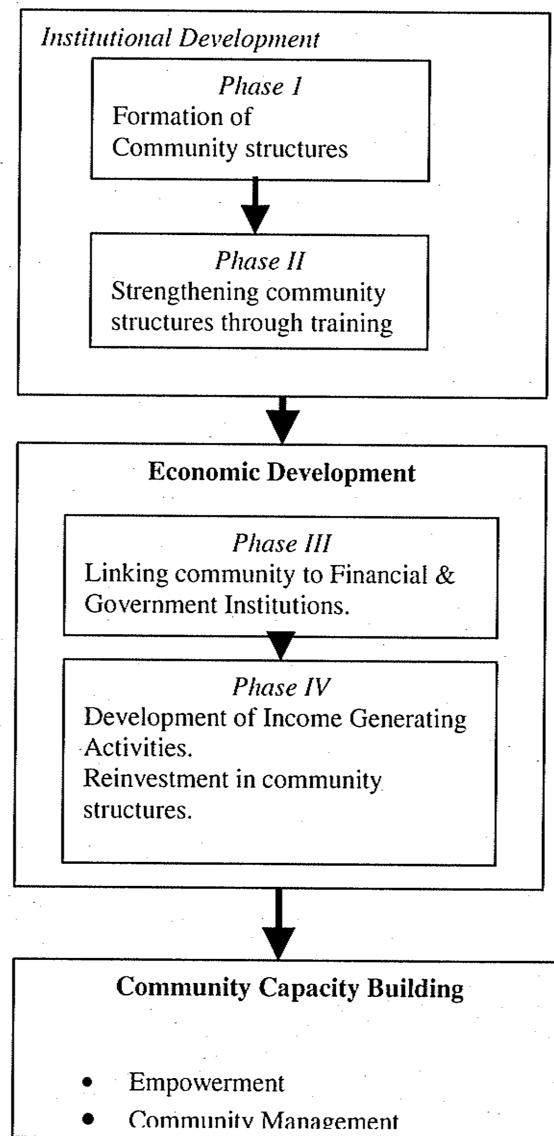


Figure1 depicts two levels where capacity building is needed in developing community-based OVC programs. These levels are further divided into four phases.

The first level of community capacity building can be referred to as *institutional development level*. At this level two phases are considered.

Phase 1 of the institutional development level involves the formation of community structures. These structures should be built on the already existing community structures such as church groups, Resident Development Committees (RDC), indigenous savings groups etc. Where such structures do not exist new structures can be created.

Phase 2 focuses on strengthening the community structures through skills development training. Most community leaders need training in leadership, communication and conflict resolution skills. Once the community structures are consolidated then the program can move to the second level.

The second level is called the *economic development level*. This level also involves two phases (i.e. third and fourth phases of our overall conceptualization of community capacity building).

Phase 3 of the overall conceptualization of community capacity building involves linking the formed community structures to financial institutions and relevant government institutions that can provide income generating skills and credit schemes. Market linkages are a crucial aspect of this stage.

Phase 4 calls for people starting to undertake individual and/or collective income generating activities (IGAs). The activities are meant to help community members to raise income that will help in meeting OVC needs.

All the stages outlined above should lead to community self reliance and empowerment (building community capacity).

Research Design

This study used an exploratory/descriptive design, which employed document analysis and survey research methods. It involved the study and analysis of existing documents on community-based care for OVC in Sub Sahara Africa, particularly Zambia. The documents analysed included both published and unpublished articles, journals, documents by aid agencies such as UNICEF, USAID, UNAIDS, UNDP, Government reports and books on community-based care for orphans and vulnerable children and community capacity building. Well-established informative websites to this research topic were also searched. These included UNICEF, World Bank, USAID, and Christian Aid.

In order to minimize distortion that could possibly arise from document analysis, standardized open-ended interviews were conducted with key informants (refer to appendix C). The key informants, who included both practitioners and community representatives, provided expert opinion as they were presumed to have special knowledge about community-based care programs in Zambia. It was important to include community representatives so that the likelihood of bias in the information to be collected

could be reduced. Both the practitioners and community representatives were chosen from projects showing success in terms of building community capacity to care for the OVC and also willing to participate in the study. The focus in these interviews was on describing patterns and linkages of the project processes and outcomes to community capacity building. They, therefore, helped in identifying issues related to community capacity building.

This approach was chosen not only because of limited resources and time available to conduct this research using primary data, but also because of the recognition that existing information can be valuable in research. Existing information provides a foundation for problem formulation, for design of new research, and for the analysis and interpretation of new information (Stewart, 1993, cited in Padgett, 1998). According to Stewart, there is no reason why existing information cannot be used for knowledge, interpretations and conclusions. He especially emphasises that "there is no point in rediscovering that which is already known." Since a number of studies have been conducted in Zambia and elsewhere in Africa, there was sufficient secondary data for this research to generate interpretations going beyond what existed.

Another advantage of using existing data was that it was the least obtrusive type of data collection method and yet it provided useful information. Documents and existing data lack reactivity effect, as the researcher does not have any impact on the natural course of events (Padgett, 1998).

Data and methodological triangulation (use of various data sources) were used in order to increase the authenticity and reliability of the interpretations. The logic of triangulation was based on the premise that no single method adequately solves the problem of rival causal factors. Because each method reveals different aspects of empirical reality, multiple methods of observation must be employed (Denzin, 1978, cited in Patton, 1987).

Sample Definition

The study focused on externally funded urban OVC programs. Program selection was done through a review of documents and was also based on the researcher's past experience in working with community-based organizations in Zambia. Selection was also based on the "core criteria" set by UNAIDS (2000). These included the following:

Relevance

The program must have been designed to address the challenges faced by orphans and vulnerable children an impoverished society. Relevance was defined according to the following:

- The goals and objectives of the initiative were clear.
- The objectives of the initiative realistically tuned to the available resources of the community.
- The process by which the objectives and activities were determined was clear.
- The strategies used took into account the existing social, economic and political context.

Efficiency

The design of the initiative provided for equal partnership by as broad and representative a group of community members as possible. Efficiency dealt with issues such as:

- The availability of resources (human and financial) were being used to the maximum extent possible.
- The project was doing something to improve the use of financial and material resources.
- There were particular skills and practices, which have contributed to the efficient use of resources that would be valuable for others to know.
- The project was adequately meeting the community's expectations of needed services and support.
- Proper monitoring of the use of resources.
- Co-ordination with partners.
- The process of volunteer recruitment and training matched the needs of the project.

Effectiveness/Impact

The design of the project was such that it built community capacity and ensured sustainability. It also maximized the use of existing community resources while identifying and using additional external resources as needed. Indicators pointing to effectiveness included the following:

- The project was achieving its intended objectives with some examples of the impacts achieved.

- Any unexpected positive and negative impacts were noted and something done about them.

- Impacts were being monitored in a clear way with follow up activities clearly defined.

Sustainability

Sustainability had to do with the fact that the program community members in decision making and project evaluation. Some indicators for sustainability that were considered included the following:

- The project was adequately resourced over time with a clear plan for future funding.

- Linkages were established with structures beyond the project and the community.

- Some policy changes resulting form the project.

- A sense of ownership of the project by the community.

Ethical Soundness

Ethical soundness had to do with how the project upheld the rights and dignity of children and other people affected by HIV/AIDS. The project needed to be one that also

supported children's rights such as rights to information and health, right to non-discrimination, etc. In this case the project had to exhibit the following:

- Respect for confidentiality.
- Positive non-discriminatory messages about HIV/AIDS and orphaned children.
- Support for the rights of children including ensuring survival, protection and development of children.

Data Collection

Data collection for this study was mainly from documents. Key informant interviews were conducted to supplement the data collected from documents.

Documents

As mentioned earlier, data collected for this study was primarily obtained through the unobtrusive research method of document analysis. Documents included program documents such as annual reports, case reports, workshop reports, external aid reports, government reports and any prior evaluations. Most documents were accessed through various websites. The use of random and purposive sampling of the documents that related to community capacity building and community care of OVC enabled the researcher to review a broad cross-section of documents related to the subject.

A checklist for the document analysis was developed to guide the data collection (see appendix B). This checklist also provided a framework for analysis. Issues in this framework included various aspects of community-based programs such as type of

organization, resources, networking, process of identification and placement of orphans, support to care givers etc.

Key informant interviews

To complement the document analysis, interviews with key informants were conducted. The key informants included experts from government and non-governmental organizations, representatives from external aid agencies and community representatives. A total of six interviews out of the planned ten were conducted: three representatives from the selected two projects that had consented to participate in the study, one from government and one interview with a representative from donor agencies and one from the NGOs (refer to list of interviewees given in appendix C).

Four of the interviews were conducted by telephone, as the researcher did not have the resources to travel for the interviews. The interviews lasted between 45 minutes to one hour. One interview was an electronic mail interview with a short telephone follow-up. One was a face-to-face interview conducted by a researcher whom I had asked to help out because of the difficulty with travel.

The key informants provided the following information:

- How particular projects for the care of OVC were implemented?
- What principles were applied in implementing their project and why?
- The stakeholders who were involved in implementing the project and what role each of them played?

- How the project was managed and what role the community plays in the management of the project?
- In relation to community capacity building, what elements of the projects were working well and why?
- In relation to community capacity building, what were the principles or elements that were not working well and why?
- What needed to be done to improve the aspects that were not working well?

These questions were addressed through standardized open-ended questions "written out in advance exactly the way they were to be asked in the interview" (Patton, 1990, p. 285) (see Appendix B). Having standardized open-ended questions helped to ensure that all the interviews were conducted in a consistent thorough manner. Nevertheless, there was room for probes that were limited to critical issues only. Another reason for using the standardized, open-ended interviews was that the researcher had limited time and financial resources to pursue less structured methods for the number of respondent that needed to be interviewed.

Data Analysis

The analysis focused on linking the study into the knowledge base of community capacity building and empowerment. Although the researcher had some sense of the practices that would lead to successful implementation of community-based programs, themes for identifying the practices were derived from the data that was collected. Already existing documents on community-based care programs were studied

systematically to provide insight on the practices that lead to successful programs. The data collected from documents was further substantiated by findings from key informant interviews.

Since the study was exploratory, coding of data was used as a process of identifying pieces of information (meaning units) and linking these to concepts and themes around which the thesis findings were organized (Padgett, 1998). The coding scheme was designed on the basis of data from documents and responses of key informants to the open ended questions. In the initial coding, "open coding" was used to help the researcher to resist the temptation of relying on a priori concepts to understand the data (Padgett, 1998). Open coding involves unrestricted coding to produce concepts and dimensions that seem to fit the data fairly well (Monette, Sullivan & Dejong, 2001). This was necessary because there were many other pre-existing concepts from other researchers, who have studied community-based care programs that could have easily obscured the data collected.

In the next step of the analysis, concepts that related to or described issues related to community capacity-building were sorted into themes. This step involved a higher level of abstraction and conceptualization. As linkages between codes were discovered, themes began to emerge. Phrases, sentences or entire paragraphs became the themes. These included "community mobilization", "needs assessment", "community based economic support", "educational programs", "partnerships" etc. Upon comparing the content of some categories, if they seemed similar, they were later grouped together. In some cases, as the themes were developed subcategories became necessary. For example community based

economic support was further classified into income generation activities, savings and credit and market linkages.

The highest levels of abstractions involved the linking of the study findings into the conceptual framework as well as literature (this is what is contained in the implications section of chapter 5). As noted by Monette, Sullivan & Dejong (2001), "qualitative research often strives for understanding by generalizing beyond the data to more abstract and general concepts or theories" (p. 440).

Limitations of the Study

There were some limitations, mainly related to the research design, which need to be noted.

First, this study relied mainly on secondary data from reports on the community-based programs. Unfortunately, most studies that have been conducted have been carried out by the organizations that fund community-based programs. Likely, the information contained biases that were not readily apparent to the researcher. However, as indicated earlier, this bias was reduced through the use of key informant interviews.

Second, whilst multiple sources of information served to ensure reliability, this, in reality was very difficult for the researcher as she had knowledge and experience of the Zambian system and the way donor agencies operate. Consequently, this experience could have biased the findings. However, the use of standardized, semi-structured open-ended questions, as earlier described, helped to control this problem. The researcher also engaged another person to assist in the data collection.

Chapter 5: Findings and Implications

This Chapter begins with the findings from both the document analysis and the key informant interviews. Along with the general document analysis that was done, two programs that were showing success in building community capacity to care for the OVC were reviewed in detail (see appendix D) and are cited as examples.

The programs cited met the criteria described under sample definition in chapter 4. Although the intervention strategies varied in some ways, the programs represented practices or key elements from which lessons could be drawn. According to the Royal Tropical Institute (KIT) (2001), a practice describes a process that has been carried out by an organization/ institution/ community to address one or more specific problems. It can serve as an example and/or inspiration for others that are confronted with a similar problem. The practice describes, in a practical way, the whole process of implementation as it has taken place.

The process that was taken to arrive at the findings was elaborated upon in the preceding data analysis section. The themes that were developed in the data analysis pointed us to the key elements of the OVC programs that are showing success in building community capacity to care for the OVC.

Following the section on the key elements is the analysis and discussion of the implications of the findings. The implications focus on the critical issue of community capacity building and empowerment in the Zambian context.

Key Elements of Community-Based Programs

The elements discussed in this section were derived from the themes that were developed through data analysis. The elements include the following:

- Community mobilization and identification of community needs.
- Identification of vulnerable children.
- Economic resources/poverty alleviation.
- Meeting OVC educational needs.
- Children's participation and psychosocial needs.
- Partnership and program governance.
- Caring responsibility and gender issues.
- Policy environment and government involvement.
- Program monitoring and evaluation.

Each of the above elements is further discussed in the subheadings that follow.

Community Mobilization and Identification of Community Needs

The findings indicated that the main element of orphan programming was community mobilization. Various participatory methodologies were employed in assisting the communities to identify issues related to the care of orphans and to develop responses. Giving an example of Children in Distress (CINDI) Kitwe and the OVC programs supported by Project Concern International (PCI), the identification of community needs was done through Participatory Learning Action (PLA). The needs assessment laid the

foundation for the planning process as it generated information on what was known about HIV/AIDS and its effects on the community, particularly the children. Not only did the process provide an opportunity for all involved to identify the needs of orphans, but it also served as a way of building consensus among the stakeholders in making strategic choices on how to deal with the identified needs. The foundation of program implementation was, in general, based on the notion that if community members were mobilised to take ownership of their problems and solutions of those problems, long-term sustainable interventions would be put in place.

Once needs were identified, community OVC committees were formed. The committees assisted in identifying orphans and vulnerable children in the community. They also worked with the community in prioritizing needs related to the OVC. Training was provided for the elected committees and community members. Training usually included leadership, business, monitoring and evaluation skills as well as subjects such as nutrition, health care, AIDS education, etc. The training, which was provided by project staff, was an ongoing process. By providing training, the programs were striving to create a sense of independence and self-reliance within the community.

The programs also identified existing community structures through which work was carried out. In all the districts where OVC programs supported by PCI were working, they involved local government district structures. These structures were largely non-functional in terms of helping OVC until the PCI program provided resources to revitalize and mobilize them. The program also worked with structures established by religious organizations.

CINDI Kitwe, on the other hand, started by using existing home-based care structures to set up new community committees. They also co-opted people from various ministries in their committees to help with relevant issues such as health and education. For example, teachers-CINDI committees were formed in schools to help children who were not able to pay school fees. CINDI's extensive network of community committees offered a unique opportunity that gave orphans and their families access to information and contacts for things such as planning, training and technical expertise.

In both CINDI Kitwe and PCI OVC programs, planners learned that the involvement of people from a broad range of interest groups contributed to the success of their activities. Involvement of different stakeholder groups maximised the use of local human resources whose skills and knowledge helped to mitigate the effects of HIV/AIDS and its impact on children.

One weakness in the PLA exercise was that it focused on needs, not much was done to explore existing resources in the communities.

Identification of Vulnerable children

Generally, the focus was on children in need rather than exclusively on orphans because children in Zambia face economic vulnerability in large numbers. A situation analysis conducted in 1999 indicated that there was very little difference in economic status between orphan and non-orphan children. About 75% of orphan children were found in households living below the poverty line and 73% of non-orphan children lived below the poverty line. In order to develop effective community supported programs, the programs

targeted vulnerable children in general. It was acknowledged that in communities where many children are vulnerable there was no need to separate them because orphans were not the only children living in desperate circumstances (USAID, UNICEF, SIDA & Study Fund, 1999).

T. M. Mukuka (personal communication, August 12, 2002) also mentioned that most children in the communities were living in desperate conditions and that it was, therefore, important to focus on children in need rather than orphans. He further mentioned that focusing on HIV/AIDS orphans had a stigmatising effect on the children. Mukuka also highlighted the fact that beyond stigma, focusing on orphans sometimes created conflicts in homes that received assistance because they kept orphans. According to Mukuka, when the family received material assistance, some orphans became arrogant and claimed that without them, the family would not get the assistance after all.

The findings indicated that communities used a vulnerability index based on their own definition and categorization of vulnerability. Each community considered the factors that contributed to vulnerability in its area and established criteria to identify its most vulnerable children. Initially description of vulnerability focused on AIDS but it was realized that this had a stigmatizing effect on the children. The communities shifted their focus on vulnerable children irrespective of status as orphans or cause. With this shift, it became possible to incorporate children from larger families whose situation had been made more desperate as a result of taking in orphans. Children from households headed by other children were also included. By broadening the definition of vulnerability, stigmatization was reduced. As a result community support was enhanced.

Economic Resources/Poverty Alleviation

The care of orphaned children generally fell on poorer families within communities, especially women. It was usually not a matter of choice but of need. A survey done to find out what determined the choice to become a caregiver revealed that one third of caretagiver in Zambia agreed to care for orphans only because nobody else would (McKerrow, 1996).

Communities were faced with high levels of poverty. Most communities identified poverty as the main factor contributing to problems that communities experienced in caring for OVC. Issues that arose from poverty included inability to provide education, health care, food and clothing.

As such, community-based programs devoted their efforts to promoting income generating skills and activities, especially among the women who were in the forefront of the community care of OVC. The income generation program assisted communities to engage in activities that helped them raise funds to assist the OVC. The idea behind income promotion of generating activities was that if communities raised their own income, they would be able to manage their own problems such as paying school fees or providing food for the OVC.

There were two main strategies employed in order to assist the vulnerable children. The common strategies were community fundraising and income generating activities. Community fundraising was usually in the form of donations from within the community.

Resources and finances collected within the community were used to provide direct assistance to the vulnerable children and their families.

Income generating activities (IGAs) included various small business ventures that were undertaken by the community to raise income for the OVC. Activities ranged from communal gardens to rearing chickens. However, there was very little attempt in the projects to analyse these ventures for their profitability. As such, there were no lessons to be drawn for the guidance of those who may wish to replicate them (Mudenda et al, 1999).

Most documents analysed were silent on the extent to which the poorest of the poor were benefiting from such income generating activities. What came out clearly from the interviews and literature review was that communities usually lacked skills and experience to identify viable businesses, or to manage them effectively. Worse still, the amount of energy expended on the IGAs is quite out of proportion to the minimum financial returns achieved (Mudenda et al, 1999).

One of the things that the programs were trying to do was to link community groups to institutions that would be able to provide financial resources and skill so that communities could engage in viable income generating activities.

Meeting OVC Educational Needs

Education was frequently identified as one of the greatest needs of the children. It was noted that with the change of government in Zambia in 1991, subsidies from basic

primary education were removed. This resulted in education being provided at a cost. On the other hand, poverty levels in the country were on the increase. As a result, many parents and guardians were often unable to provide school fees, uniforms and books to send children to the government schools that require all of these things.

In addressing this problem, OVC programs took different approaches to the education program. For example, CINDI Kitwe's activities were concentrated on advocating for OVC to be allowed into the normal school system by providing subsidies for school fees and/or getting government bursaries. CINDI-Kitwe did this through:

- Lobbying government to provide free education for all children.
- Paying school fees and providing school materials to all registered children.
- Providing an appropriate database on all registered children attending school.
- Facilitating the registration of community schools in partnership with the Zambia Capacity Building Program (ZECAB).
- Lobbying/advocating for mainstreaming education particularly on HIV/AIDS, in the existing education curriculum
- Scaling-up the girl-child enrolment rates in schools for children registered with CINDI (CINDI Kitwe, 2001).

CINDI-Kitwe's campaign for free education for orphans was quite successful. It was done through co-operation with local government schools to exempt orphaned children from paying the full school fees costs. At the secondary level, 50% of the actual fees

were paid while at the primary level, only primary support costs were contributed. However, for a selected number of students under the ZECAB program, their fees were fully paid for.

On other hand, PCI programs concentrated more effort on promoting community schools. Free community schools that condensed the seven-year government curriculum into four years were introduced as part of the community-based initiative. Untrained teachers were often drawn from members of the community and usually got one week's training on how to use the curriculum manual that was specially designed for the community schools (Mudenda et al., 1999).

In most OVC program community schools, there was no mechanism in place to ensure that children went further in their education. This situation raised a lot of questions in terms of the effectiveness of the community schools. The fact that the teachers were not adequately trained could greatly affect the quality of education provided. There were efforts being made to help the children with skills training but this was not yet consolidated in many programs.

Children's Participation and Psycho-Social Needs

One of the major findings of this study was that there was insufficient participation, in terms of decision making, by children in almost all OVC programs. This was partly due to cultural reasons. Children tended to be seen as passive recipients, not as a resource for program development or important stakeholder. However, information from key informants and some documents indicated that programs realised that the aftermath of

AIDS had created a sense of fear and helplessness among orphans. Many orphans needed re-assurance and guidance on how to make decisions. In order to address this, programs designed psychological support services. They were also working on involving children in decision-making processes.

The psychosocial support aimed at meeting the physical, emotional, social, mental and spiritual needs of orphans. All these were considered to be essential elements for a meaningful and positive human development in a child (CINDI Kitwe, 2001). Programs set up community committees that dealt with the psychosocial support. These committees helped the children to deal with issues that affected them, such as dealing with the loss of a parent or both parents and discrimination. The committee members were trained in counseling, conflict resolution and communication skills.

Partnerships and Project Governance

The delivery of project services in both CINDI and PCI were achieved through a team of full time project employees. In the case of PCI, the employees were based at district offices within the districts of operation. In each district where there was an OVC program supported by PCI, project staff worked closely with district welfare agents employed by the Zambian government social service department. The staff, along with local NGOs, CBOs and church groups, were the catalysts that mobilised neighbourhood committees. Involving different stakeholders ensured that projects were complementing one another rather than duplicating efforts. There was occasional monitoring of all PCI projects done by the funder. A project management team based in the capital city Lusaka backstopped

all the PCI projects in various districts technically and administratively. This team received reports from the districts and furnished reports to the funder.

As for CINDI Kitwe, the offices were located in a community development building belonging to the city council. Kitwe City Council gave CINDI office space at one of the city halls at no cost. To ensure a continuum of care, representatives from the council and Ministries of Health, Education and Social Welfare were involved on the Executive Committee. Awareness was raised through the media and through talks to service clubs and churches.

Caring Responsibility and Gender Issues

The findings clearly indicated that most volunteers who took care of the OVC in the community were women. For example, CINDI Kitwe indicated that about 90% of the volunteers were women. The reason given for this was that many programs in Zambia are rooted in the assumption that women are primarily responsible for the care of the family. As Kelly (2001) notes, caring for children in Zambia is highly gendered and typically viewed as the responsibility of women.

It was noted that a small percentage of men, roughly 10% get involved in OVC programs, but they were more active when they dealt with income generation or became heads of committees, rather than getting involved in the actual caring responsibility. This kind of situation resulted in women being overburdened with the caring responsibility as well as their day-to-day activities of taking care of their own families. Apart from the fact that

they received training and some material resources, there was no clear indication what was being done to help reduce the burden that women were carrying.

Policy Environment/ Government Involvement

A necessary but missing link in the OVC programming in Zambia was the development and enforcement of appropriate policies. Literature and key informant interviews revealed that the Zambian government had been slow to come to grips with the AIDS situation. According to the key informants who were interviewed, relevant ministries had developed policies regarding children, but there was inadequate implementation and enforcement. All the key informants, and most documents, indicated that some of the policies needed revision but there had been no effort, on the part of the government, to do so. Literature also indicated that most NGOs were not aware of the current policy environment, indicating the need to create ways of disseminating information from within government to the general public, particularly those who were working with children.

Guest (2001) quotes Peter McDermott, former country representative for the United Nations Children's Fund, saying that the government infrastructure was weak. According to Peter McDermott, UNICEF had been working hard to provide leadership to the Zambian government and NGOs, to mobilize commitment and action to ensure that children got due recognition and resources. As a result, positive efforts were made to create a task force on orphans. The task force comprised of the Permanent Secretary of Community Development and Social Services, Ministry of Education, Ministry of Health and Ministry of Legal Affairs. There was also a technical committee that comprised

various professionals from each of these ministries. However, these bodies could only function with more effort from donors than from the government ministries.

In the absence of a national strategy, donors generally came up with slightly different ideas on where they thought funding needed to go. Some said, "We have got the money. We will do our own thing and bring expatriate consultants to do it" (Mc Dermott, in Guest, 2001). Guest reveals that some donors do not genuinely involve the community and are not bothered whether they are working within a government coordinated framework or not. They just want to spend the money and show results. After their designated period in the country they leave and it is hard to know what they have left behind. The risk that such funders pose is that too much money badly placed, could undermine communities' efforts and create dependency on donors.

The other type of external change agents saw their role as strengthening local communities to take charge of their own responsibilities towards OVC and ultimately coping without external funding. The approach for such agencies tended to be slower and sometimes there was tension between the need to have an urgent response of huge proportions because of the scale of the problem and having things done the right way.

Program Monitoring and Evaluation

In the projects reviewed and from the documents analysed, indicators and plans for monitoring and evaluation were not adequately spelled out. The reason for this could be due to the fact that developing countries seldom have norms and standards of care already established by the national governments (McLeod & Tovo, 2001). As a result programs

addressing OVC needs develop their own indicators. This resulted in programs facing great challenges. One challenge was linked to the community approach and the other to the nature of the output sought.

In terms of outputs, projects were generally measured by their outputs (e.g. how many community schools have been established) rather than by their impact (e.g. increased number of children reaching a certain level of education). With such a situation projects risked losing the actual outcome. The difficulties were compounded by the fact that the output of social services tend to be more difficult to measure than in the traditional investment projects because they consisted of "soft ware" such as training or counselling. Benefits were also difficult to value (McLeod & Tovo, 2001).

Implications

The main objective of this study was to identify practices that lead to sustained community capacity to provide for the well being of orphans and vulnerable children. In order to meet this objective, the study first examined the characteristics of successful community based care programs. From this examination, the study identified practices that should be considered in implementing community-based programs that would build community capacity to care for the OVC in an effective and sustainable manner.

The implications given in this section focus on how the elements discussed in the previous section relate to the critical subject of community capacity building and empowerment in the Zambian context. The subheadings given in this section correspond to the ones used in the previous section.

Community Mobilization and Identification of Needs

A close examination of CINDI Kitwe and PCI OVC programs has shown that community-based projects have an advantage in that they can mobilize in-kind community resources and volunteerism thus allowing for alternative creative solutions to problems.

They have also demonstrated that the engagement of community members in any intervention process to assist its members begins with an increasing awareness of the problem within the community. This can be done through community mobilization. Both the document analysis and the interviews indicate that community mobilization facilitates:

- Recognition on the part of community members that they are already dealing with the impacts of HIV/AIDS and that they can be more effective if they work together.
- A sense of responsibility and ownership that comes with this understanding is the starting point for identifying what responses are possible.
- Identification of internal community resources and knowledge, individual skills and talents. The community members begin to realize who is doing what, what resources they have and what else they can do.
- Identification of priority needs.
- Community members planning and managing activities using their internal resources; and

- Increasing capacities of community members to continue carrying out their chosen activities, to access external resources once internal resources are exhausted, and to sustain their efforts over long term.

However, the findings also indicate that community mobilization through needs assessment should not center on community deficiencies only. As argued by Kretzmann and McKnight (1993), when program planners only focus on community deficiencies they can end up developing programs that are not sustainable. This is because local people end up viewing their communities as a place full of needs that can only be dealt with through external support. When such a situation is created it can have a very disempowering effect on the communities. CINDI Kitwe and PCI programs are yet to be tested in terms of their sustainability. It is not easy to tell, at this stage, because there is still financial support from external agencies.

Community mobilization should always be a process that sets pace for community capacity building. It should, therefore, be built on solid ground were communities see themselves as people capable of effecting change in their communities. As defined by Abrams (1996), capacity building is a process whereby a community, with some assistance, equips itself to undertake the necessary functions of governance and service delivery in a sustainable manner. That is why it is important that community mobilization is not built on problem-oriented approaches but on processes that build on community existing strengths and local skills.

Community engagement also helps in building strong community cohesion, participation ownership and management of all activities. It is an important aspect of best practices for community-based programs for orphans and vulnerable children. When people collaborate to solve community problems, they can achieve greater self-determination, which helps them to perform well within their own context (Rich et al, 1995). A community group, no matter how dedicated or energetic, needs the participation of the wider community. They will not be able to create a truly resilient safety net alone. Successful community resource mobilization cannot occur in communities where ownership and participation does not exist (Christenson and Robinson, 1989).

The study findings indicate that catalyzing community ownership is not enough. Once the community is mobilized, the foundation of an effective community based care model is to strengthen the capacities of communities. It has been demonstrated that it is important that program planners aim to:

- increase the capacity of the community to care for and support the vulnerable children; and
- to create and build an enabling environment for community capacity building.

As Alaerts (1996) notes that strengthening community capacity should be a process through which individuals and relevant institutions are provided with capacities that allow them to perform in such a way that they can perform optimally in the present and the future. No other way can better help to achieve this than to create an enabling environment for building community capacity to provide adequate care for the OVC.

In dealing with impoverished communities, it is important to answer the question, "capacity building for what?" This question brings in a number of issues that relate to communities. Capacity building cannot be isolated from the tangible benefits people need such as health, educated children and an economic environment that allows poverty alleviation.

Community capacity building is supposed to be seen as a cross-cutting approach through which aid agencies should seek to ensure that OVC program benefits are generated by local people and can be sustained by them. People are motivated to strengthen their capacities when this leads to tangible improvements in their lives (Gubbels & Koss, 2000). They also need the ability to respond to new challenges and a changing context. In this regard, capacity building is seen as a means, for those providing assistance, to strengthen community's ability to carry out specific activities that help to promote the well-being of not only the children but also members of the community.

What was less clear in the way projects work, was whether solving the problems that the OVC are facing was more important than empowering communities. It was not very clear whether the community capacity building was the goal or whether it was a means to help the OVC. The balance between means and ends affects how program planners interpret what their programs are doing (World Bank, 2002). Dealing with this question is not easy. If community capacity building becomes the most critical issue, communities can easily become too busy trying to raise funds and pleasing financial supporters. In the end the real problems affecting the OVC will not be tackled adequately. To this end, capacity

building becomes the end or the goal; the real goal of improving the well being of the OVC suffers.

Rubin and Rubin (2001) suggest that the job of program planner is to first build community solidarity to create a base from which to take action. However, they caution that building community solidarity can too easily become an end in itself, a goal to be worked for rather than a means to solve a problem.

Gubbels and Koss (2000) propose that there are three ways in which capacity building can be viewed. First, capacity building can be viewed as a *means* to strengthen an organization's ability to carry out specific activities. Second it can be viewed as a *process* to enable the organization to continually reflect and adapt its purpose in response to change and learning. In other words, to connect its evolving purpose and vision on the one hand and its structure and development on the other. Third, capacity building can be seen as an *end* to strengthen an organization's ability to survive, become self-sustaining and fulfill its purposes.

Applying the view proposed by Gubbels and Koss to OVC community based programs, capacity building can be seen as a means for a community to carry out activities that can help the OVC. It should also be seen as a process to continually reflect and learn from what they are doing and consequently, improve upon their approaches (Irish Aid, 1998). Furthermore, as project staff or external agents work with community members in developing strategies for assisting OVC, other more intangible accomplishments should also take place. For example, as communities pull resources together, discuss problems and find ways to solve them, they should not only be finding solutions but also

strengthening the ability of local leaders to mobilize the community to undertake development projects.

Economic Resources / Poverty Alleviation

As an end, community capacity building needs to be seen as a process to strengthen a community OVC program's ability to survive, become self-sustaining and fulfill its purposes of improving the well-being of the OVC. This is why it is suggested that that programs identify institutions and mechanisms that can enhance community economic development at both household and community level.

The economic development approach that has been taken by the projects reviewed does not seem to work very well. Most external agents assisting communities try to encourage income-generating activities (IGAs) when they do not have the expertise to help communities in this area (Mudenda et al. 1999). For example, the programs that were examined have no experts in income generating activities yet they try to help communities to engage in IGAs. As a result tremendous efforts are expended on the IGAs with very minimal returns. Considering the general social, political and economic situation in which agencies are operating (as discussed in chapter 2), it is acknowledged that aid agencies are helping communities in an environment that can overwhelm them. However, building progressive community and social change requires dedication and energy as well as knowledge and experience (Rubin & Rubin, 2001).

As proposed by Donahue (1998), one way that the agencies could deal with the overwhelming situation is to link households and communities to micro-financing resources. Since most communities lack financial resources and business skills, micro finance services can enable communities to have access to credit. Micro financing, which is also generally known as poverty lending, may not generally produce major economic gains but, in relative terms, the modest gains can make very important contributions to household survival, such as income smoothing and insurance against emergencies. These are precisely the types of livelihood strategies that, if strengthened, are most closely associated with increased household food security and nutritional status. (Freedom from hunger report. Cited in Donahue, 1999).

Households and communities taking care of OVC are more likely to benefit from small amounts of working capital afforded them through micro finance services. Once individuals in the community have access to credit, it can enable their businesses to survive crises (Wright et al, 2000). According to Williamson and Donahue (1999), micro finance services can help in mitigating the economic impact of HIV/AIDS by:

- Helping clients to maintain or increase income.
- Providing clients with an opportunity to build savings that are secure, easy to liquidate quickly and retain value.
- Reducing clients' vulnerability to loss.
- Enabling clients to avoid irreversible coping strategies that destroy future income earning and productive capacity.

- Providing an important source of lump sums of cash, which helps clients avoid eating into their business capital.
- Enabling the restoration of business activities, thus contributing to "bouncing back" once crisis is over.

Donahue, however, cautions that micro finance is not a panacea for mitigating the economic impact of AIDS, or to alleviating poverty. The financial service does not create the economic opportunity. The client creates it. Similarly, the survival of any micro finance initiative depends on clients paying back loans in full and on time. Donahue further mentions that micro finance does work in communities seriously affected by AIDS, but it does not work when an organization tries to target loans to groups that it selects based on whether members are infected or affected by HIV/AIDS.

Another financial aspect that could assist communities is the development of savings schemes. Saving schemes can help households for which credit is inappropriate. Such schemes could target households that do not want or are not able to repay debt. Building savings reduces economic risk and enhances ability to cope with loss because households are able to liquidate these reserves in a crisis, rather than productive assets on which their future income-earning ability may rely (Donahue, 1998).

As proposed in the literature reviewed, an alternative to formal savings schemes or savings-led credit initiatives is to promote informal Rotating Savings and Credit Associations (RoSCAs), perhaps within the context of community groups formed to mitigate HIV/AIDS impact. RoSCAs are a traditional means by which a group of

ordinary people (rich or poor) can mobilize and pool savings. These traditional savings mechanisms exist in one form or another all over the world. In Africa, there are *tontines* in Francophone countries, *susus* in Ghana, *merry-go-rounds* in Kenya, *chilimbas* in Zambia, and *stockveldt* in South Africa (Rutherford, 2000). In some cases, these informal groups lend their accumulated savings to each other and charge interest. These groups are referred to as Accumulating Savings and Credit Associations (ASCAs). The interest earned on loans is shared among the group in the form of a dividend. In either case, the group must simply agree on and abide by the following:

- the amount of money each member will save
- the regularity with which the money will be saved
- the schedule for rotating the cumulative savings to each member of the group; or the rules for taking a loan from the savings of the members.

Nevertheless, while savings mobilization programs may be more appropriate than offering credit, managing such programs can be more complicated (Williamson & Donahue, 1999). According to Williamson and Donahue, there is need for management training for such a scheme to be successful.

Donahue (1998) further notes that community ownership of IGAs is not entirely linked to sustainability. Sustainability depends largely on economic feasibility. Many income-generating activities (IGAs) are funded by small grants from donors. Worse still when grants are given, communities engage in IGAs without guidance. Research shows that schemes which are effective in reducing poverty appear to be those which manage to

promote viable labor intensive trades while also acting as advocates, intermediaries and negotiators with the government and local elite (Wuyts, Mackintosh & Hewitt, 1992). Subbarao, Mattimore and Plangemann (2001) also note that, unless supported by training and marketing backed by charismatic leadership, income generation schemes are unlikely to succeed.

Facilitating better linkages to markets that are growing, or to sources of raw materials that are more economical, is another way of increasing the capacity of the households and communities to generate income. It is the author's view that communities can know what to produce but they need to know what can sell on the market if they are to generate significant incomes that will help the OVC.

When communities are linked to viable economic activities, their capacity to take care of the OVC will be increased. Only then can we be talking of community capacity building. McNelly and Dunford (1996) mention that the purpose of capacity building is to foster conditions that strengthen the characteristics of communities that enable them to plan, develop, implement and maintain effective community care for the OVC. Interventions by project designers, policy makers and others have significant, sustainable impacts on children's vulnerability and well being, largely to the extent that they sustain ongoing capacities of affected families and communities to protect and care for the vulnerable children (UNAIDS & UNICEF, 2002).

Skills Development and Access to Information

Community initiatives have the potential to facilitate community-building processes. Generally, there has been a development of community consciousness that has encouraged community participation in trying to help the children. Community members involved in the development of community-based care programs have realized that welfare of the children relates directly to welfare of the community and vice versa (G. Mambwe, personal communication, July 30, 2002). However, the environment in which most of the communities operate seems to be placing blockages to the success of the programs.

One way to remove the blockages is to enable communities to have access to information and skills necessary for them to plan, develop and implement viable programs aimed at assisting the OVC. Lack of information, particularly information related to building community capacity greatly affects the development of community-based responses (Irish Aid, 1998). Communities need to know where they can go for financial support and who can offer them business development skills. As discussed in the previous section, business development skills and access to finances will help communities to engage in viable income generating activities.

Only when communities have information and skills can they be empowered. Rappaport (1987) refers to empowerment as a process by which individuals, groups, communities and organizations gain mastery over issues of concern to them. If information is power then communities need to have access to information.

Communities can achieve their goals only if their members have the knowledge and skill to negotiate effectively with those who control resources and services. Where the core skills are not available by virtue of social class, education, or experience, they must be developed. Not only do community members need knowledge and skill, they need assistance to identify and strengthen existing skills and resources (Morgan, 1996). From the author's perspective, external agents would be making a very important contribution by assisting communities in acquiring the information and skills that communities need.

According to McLeod & Tovo (2001), most investment projects and institutional reform projects, whether at the community level or at the national or global level, underestimate the need for information and under invest in information disclosure and dissemination. Yet, information is one of the main ingredients in the empowerment process. Informed community members can be better equipped to take advantage of opportunities, access services, exercise their rights, and negotiate effectively (Irish Aid, 1998). According to the World Bank (2002), without information that is relevant, timely, and presented in forms that can be understood, it is impossible for poor people to take effective action. Information dissemination at the community level must include group discussions, storytelling, debates, and street theatre.

Timely access to information is particularly important, as more and more communities begin to solve their own problems in their own way. As indicated in the report from the East & Southern Africa Workshop on OVC (Nov 2000), "a tool kit of services needs to be readily and freely available to all communities to enable them to take control of their

own OVC responses. This needs to be accompanied by extensive publicity, so they are aware of both the challenges and opportunities facing them" (p.5)

It must be realized that communities can be empowered only if they have the knowledge and skills to negotiate effectively for the needed resources and skills (Alaerts, 1996). Critical areas include information about rules and rights to basic government services, about financial services, markets, and prices. Subbarao, Mattimore, & Plangemann (2001) stresses that information and communications technologies can play important roles in connecting poor people to each other and to the larger society. When communities get the right information, they will also be able to get the right resources. They can, in turn, provide adequate and effective services.

One of the critical needs in communities is leadership skills development. Supporting the development of informed and effective indigenous leadership, particularly through participation in decision-making, is thus an important aspect of community capacity building.

Meeting OVC Educational Support

Article 28 of the International Convention on the Rights of Children stipulates that every child has a right to education. Appropriate education for a nation's child is central to ensuring a nation's future prosperity and stability. Appropriate education is also the best defense against abuse, neglect and impoverishment (Cook, 1998).

The basic education being offered through the Community Schools seems to be addressing only the cost problem and not the quality of education that the children receive. Most teachers for these schools have no formal training. They only receive a one-week in -service training. They teach from very rudimentary "teachers guides". The situation analysis report notes that the teachers are volunteers and this means that their attendance can be erratic, either due to flagging motivation or because they need to do casual work elsewhere to survive (Mudenda et al. 1999).

One key issue needs to be considered when dealing with education for OVC. Learning should be real and relevant to the child's experience, needs and aspirations. It is not just a matter of attending school. It seems that most community schools are simply ensuring that children go to school. There has been no assessment as to whether these schools are actually meeting the need of OVC. It is the author's belief that if providing education to OVC is going to meet the developmental needs of the children they need to be planned carefully. Children have the right to development. Development according to the CRC implies the child's normal physical, emotional, health and psychological development through the provision of formal education, health care and a caring and nurturing environment (Goulet, 2001).

Subsidizing education fees for OVC so that they can attend regular schools, as CINDI Kitwe was doing, could become the best means of supporting OVC to have a good education. Education subsidies would give OVC an opportunity to attend school when school fees are prohibitive. In the short term, they would be better integrated socially in community life and in the future, and in the long term they would have marketable skills,

which can enable them to be more productive members of society (Subbarao, Mattimore & Plangemann, 2001).

According to Subbarao, Mattimore & Plangemann (2001) school subsidies are easy to monitor and less prone to abuse or fraud than direct subsidies. They observe that many countries have successfully used school subsidies to meet other goals such as increasing access to education for girls.

Children's Participation.

The inclusion of children in priority setting and decision-making is critical to ensure that the limited resources build on local knowledge and priorities, and to build commitment to change in the way communities provide care for the OVC. However, an effort to sustain such inclusion and informed participation usually requires changing the rules, so as to create space for people to debate issues and participate directly or indirectly in program priority setting and delivery of basic services. In this case, where the exclusion of children is more of a cultural issue, promoting participatory decision-making may not always be harmonious, and priorities may be contested. Consequently, conflict resolution mechanisms need to be in place to manage disagreements. One way of developing such a mechanism is to link communities to conflict resolution/legal services that are already in place for disadvantaged people in the society. A good example of such services in Zambia are the services that are provided by the Young Women's Christian Association (YWCA).

An empowering approach to participation in OVC programs needs to treat poor children as co-producers with authority and control over decisions and resources devolved to the

level of children. If children are to grow and contribute positively to their communities in the future, they deserve to have their rights treated with respect and dignity. Children can only contribute when they are involved in the decision-making process.

The rights of the child listed in article 54 of the United Nations Convention on the Rights of the child (CRC) includes participation as one of the main issues. According to the CRC, participation implies supporting meaningful involvement of the child in all of decision-making, and having input and access to information in different aspects of their lives. Programs need to realize that participation is a right for children and not a choice. As indicated in the literature review, articles 12 –17 recognize that children have the right to privacy, to be heard in decisions that affect them, to express their opinion and to exercise freedom of thought, and have access to information (Goulet, 2001).

Consideration of Gender Issues

The community-based care programs focus on caring for the OVC. In the Zambian society, women do much of this work. It should not be assumed that women are doing this without struggle. Since caring labor is highly gendered and typically viewed as the responsibility of women, the programs definitely impact on women in various ways. The impact of community-based care programs on women must be analyzed.

A feminist approach to caring seeks to provide an analysis of the ideological context that shapes the relationship between those being cared for and those providing the informal care. It also identifies the strategies that will expand women's choices and control over their lives (Baines, Evans & Neysmith, 1998).

For most women in the country, life is directed towards survival strategies for themselves and their dependants. They are trying to overcome economic constraints while at the same time trying to maintain their families and provide the care that the OVC need (Kelly, 2001). "Survival strategies are partly based on individual actions and behavior but they also depend on networks between individuals and households and on forms of group solidarity". (Hazel Johnson, in Wuyts, Mackintosh & Hewitt, 1992 p.147).

It is recognized that there are various factors that influence the caring responsibilities but these should not get in the way of ensuring that women's needs are addressed. There is need to ensure that the time required for basic tasks carried out by women is reduced so that they can have more time for income generating activities, to care for the orphans and the sick, or just to make daily life more manageable. World Vision experience in Uganda provides a very good example of how this can be done. The success of the informal fostering has been attributed to the fact that the program tries to make life for those taking care of the OVC more manageable, through provision of piped water, construction of schools and, in some cases, houses (Muwonge, 2001).

Identifying strategies that will expand women's choices and control over their lives is an essential element for the success of the community-based programs. Apart from issues such as providing housing and access to clean water, focus should also be directed to issues that directly concern the practical and strategic gender needs and interests of women such as improvements in maternity care. The assumption is that once women are empowered through meeting the gender-related needs of their families, they will become more aware of their own capacities to organize, generate income, and find new survival

strategies. Consequently, sustainability of initiatives for caring for OVC will be effectively sustained.

Involvement of Government regardless of financing role

It is commendable that efforts have been made to involve the government in some OVC programs. It is vital that community based programs fit within the overall government policy framework. Even if the government cannot provide financial resources, it is important for projects to secure "buy in" from government (World Bank, 2002). This is the only way to ensure quality and sustainability of programs. The national government can provide leadership and develop national strategies that target resources to the most needy, integrate interventions with existing services, facilitate information gathering and sharing and generally improve the welfare of children and families.

Government is an important stakeholder and should be seen to play a coordination and networking role. Lack of government involvement can easily create a void that will result in donor dependency. The author believes that if government provided the human and technical resources paid for by the taxpayers, communities would develop confidence in both themselves and the government. When government departments are involved, it would add value to the collaborative and empowering relationships with communities. This is the best way to achieve an effective community led initiative that is sustainable because the government departments will always be there for the communities.

Small community initiatives can do so little to solve the problem of poverty, which is the major problem that communities are faced with in the care of OVC. Communities are

part of the larger system within the country and the world. Hence actions that occur outside the community affect the community.

A community based approach explicitly and implicitly operates in the context, which demands substantial change if it is to succeed (Kemp in Mattaini, Lowery & Meyer, 1988). Due to this fact, the success of the community based programs needs to be concerned with wide ranging changes in relationships in the whole social and economic fabric of society, and within the framework of active external factors in the world political economy.

The OVC problem essentially necessitates the development of a political machinery and mass mobilization (Lepani, 1976, p.17). Experience in Zambia has shown that within the community-based initiative, there is a clear recognition that the problem of OVC cannot be dealt with meaningfully in isolation from the political economy of the country.

Apart from government involvement, there is a need to form strategic alliances and partnerships so that collective interventions can be more effective, sustainable and also reach larger numbers of beneficiaries. Partnerships can provide community initiatives with access to resources such as skills and money. A 2001 report on the Eastern and Southern Africa region workshop identifies that most organizational role players (government departments, NGOs, donor agencies) in the HIV/AIDS field provide a limited range of services within specific sectors. Therefore, many have found that the services are ineffective on their own. Collaboration among different organizations and disciplines is essential if resources are to be used efficiently to meet client needs effectively (Tembo et al.1999).

Collaboration involves more than just coordination of services (Irish Aid, 1999). It must be facilitated through clarification of roles. There is need to be careful when dealing with partnerships, as there can be a whole range of other dynamics that can come in. Some of the challenges include:

- Issues of equality and independence: In order to avoid issues of dominance and resistance to giving up control and autonomy on the part of the partners, it is important to come up with clear terms of reference at the onset of the partnership. This can help in building trust and shared commitment to children in need.

- Communication and co-ordination: Proper planning and mechanisms for regular communication need to be in place to minimize the risk of not adhering to rules and regulations set in the partnership. Sharing strategic information and making collective decisions needs to become a part of the partnership.

- Right matching of partnerships: Finding the right partners is essential particularly since programs deal with communities. There is a need to ensure that partnerships do not undermine what communities are doing.

- Flexibility: Partners need to guard against rigidity when dealing with communities. Role players have a moral obligation to their partners and beneficiaries, which should extend beyond organizational goals. Circumstances can easily change when working with communities and withdrawal of partners can threaten the program.

Participatory Monitoring and Evaluation

Monitoring and evaluation are the processes used by organizations or programs to collect data and use it for feedback. Theoretically, monitoring and evaluation are linked to planning and decision-making as they complement each other in several ways. Whereas monitoring can help clarify program objectives, link activities and inputs to those activities, evaluation looks at why and how results were or were not achieved (Rossi, Freeman & Lipsey, 1999)).

According to Estrella & Gaventa (2001), participatory monitoring and evaluation (PM&E) is part of a wider historical process which has emerged over the last 20 years of using participatory research in development. PM&E draws from various participatory research traditions such as Participatory Rural Appraisal drawing on the work of Robert Chambers (1997) and farming research systems research (FSR) or farming participatory research (FPR) developed by Amanor (1990), Farrington and Martin (1998) and others.

Effective community programs stress the need for participatory monitoring and evaluation. Communities need to be involved in developing a system of tracking progress. If monitoring is done as a collaborative and ongoing process that provides feedback to both program planners and the community, it enhances community empowerment (Irish Aid, 1998).

Therefore, in empowering communities, agencies working with communities need to determine progress together with the community members. They should together determine how progress and outcomes will be assessed and by what means data will be

used as a base for reflection and further action (Kemp, 1998). It is this process of generating knowledge that helps community members to become the owners as well as providers of information on what is going on in their community. Participatory monitoring and evaluation can help resident to become people capable of shaping their own destiny in development.

Participatory monitoring and evaluation processes are both skill building and empowering, values that are inherent in the capacity building approach. One of the main objectives of evaluation is to enhance the sustainability, replicability, and effectiveness of development efforts through the strengthening of people's organizational capacities. PM&E aims to enable people to keep track of their progress, by identifying and solving problems themselves and by building on and expanding areas of activity where success is recognized (CONCERN, 1996, cited in Estrella & Gaventa, 2001).

Another major function of PM&E is to create a learning process to strengthen organizational and institutional learning. In this context, evaluation as one approach to PM&E is undertaken for people to evaluate the very objectives of the project themselves and to assess their own organizational capacities. They can deal with questions such as, were objectives too limited (or overly ambitious)? Did they reflect the felt needs (or real needs) of members of the community? (Rugh, 1992, p. 9). When community members participate in evaluation, they begin to understand the importance of measuring outcomes and processes. They also begin to learn whether and how desired outcome have occurred; to be able to make informed decisions in changes to processes, activities and programs; and to share evidence of what works well with others (Heinonen & Nguyen, 2000).

In the case of OVC programs, data collected both qualitative and quantitative need to encompass the issues related to the process of community change and how it relates to the OVC. It should also indicate progress on desired outcomes at the personal level, interpersonal level and community levels. Continuous monitoring of this kind can be a useful tool for effective management of OVC programs by providing feedback about how well the program is performing (Williamson, 1999). Because feedback is very important, it is necessary that programs incorporate a form of process assessment into the routine information system of the program.

Chapter 6: Conclusion and Recommendations

This chapter provides the conclusions based on the analysis of the findings and the consequent discussion on the implications. The recommendations that are provided form the good practices that can be useful in implementation of community-based programs for the care of OVC in Zambia.

Conclusion

This study has revealed that building community capacity in the Zambian context is quite a challenging process. With the increasing number of orphans, program planners need to consolidate their work with the communities by providing technical assistance to encourage community organization and continued innovation to pave the way for the sustainability of OVC programs.

Since the care of orphans and vulnerable children has been one problem that the community has responded to very favourably, there is a need to pay attention to elements that can build community capacity to care for the OVC.

One critical element that has been demonstrated in this study is that, the process of building community capacity should not only emphasize on what needs to be achieved but also on how it is achieved. The balance between the process and outcome is very critical for the sustainability of community-based OVC programs. This is because sustainability includes community ability to secure external and internal inputs and support. If community-based programs only find strength in external support, we can be sure that once external support is withdrawn, communities will have nowhere else to turn to. It is, therefore, important that externally funded

programs are carefully planned and implemented so that they can strengthen existing community capacity.

The study has also shown that community capacity building is a process that provides communities with skills and procedures that help them to meet their objectives of meeting OVC needs. In order to provide these skills and procedures affectively, there is need to pay attention to contextual factors such as the economic, social and political. Paying attention to contextual factors is an integral part in the process of community capacity building because context greatly affects the community's ability to function effectively. Giving an example of the development of income generation activities, program planners can deal with questions such as, how can a community in an impoverished society develop viable income generating activities, and what kind of support systems need to be in place to help communities that are engaging in income generating activities? Answers to such questions are not easy to find but they need to be explored if external agents are going to assist communities in a meaningful way.

It has also been shown that community capacity building does not need to be exclusively built on needs assessment. Successful design of community-based programs requires tapping into local resources, understanding and building on strengths of existing community structures (Irish Aid, 1998; Kretzmann & McKnight, 1993). It also requires defining the changes needed in intermediary implementing agencies to support community action. The argument is that, to be effective, a community must own and enforce its own rules defining the allocation of responsibilities, contributions, and benefits, as well as, the mechanisms for ensuring accountability and resolving conflicts. If these rules are dictated from outside, people do not feel obliged to follow them, free riding becomes common, conflicts escalate, and the community action becomes ineffective.

While capacity building and change can be externally stimulated, the driving force must come from the community (Irish Aid, 1998). With the constantly changing needs of people involved in the community, there is need to provide continuing supervision and support of all the key players. This support must be in form of training for all involved in order to maintain their enthusiasm and participation and to enhance their efficacy, and thus the quality of the service being provided. This should form part of an ongoing process of capacity building.

In supporting communities, external agencies should not expect too much too soon. Depending on the existing community capacity, investment is needed over a period of several years to build the management and technical skills of those in community leadership. Experience from many programs in Zambia, has shown that communities fail because too much is expected from them too soon without supportive training (Irish Aid, 1998; Guest 2001). Time needs to be taken to build community capacity, as this is the only link to the notion of sustainability.

Finally, if a community group is to function successfully, several criteria must be met. Whether strengthening or modifying existing organizations or establishing new ones, steps need to be taken to ensure that these conditions are in place.

These criteria are:

- The group must address a felt need and a common interest.
- The community must have the capacity, leadership, knowledge and skills to manage the task.

- Community members must own and enforce their own rules and regulations including those related to ensuring that the children, whom the programs re trying to help also participate in the programs. .

There is a need to constantly build and rebuild relationships between and among local residents, local associations and local institutions. Such alliances enable communities to achieve greater self-determination within constraints imposed by the larger political economy in which they are embedded (Littrel and Hobbs, 1971 in Christenson and Robinson, 1989). This kind of approach offers the most promising route toward successful community-based initiatives.

Recommendations

The findings and the subsequent discussion on the implications have highlighted a number of critical issues that led to the recommendations that are given in this section. The recommendations that are proposed are aimed at highlighting factors that help to implement more effective, viable and sustainable community OVC programs. From the beginning of the program implementation, there needs to be a capacity building component with efforts to strengthen community members' ability to organize, access needed resources and eventually take over full responsibility for their OVC program.

The following practices can help in building community capacity to take care of the OVC:

Build on Community Assets

External agencies should focus on helping communities to understand the needs and assets of their respective communities and formulate programs and supporting structures to meet their self determined objectives.

The use of participatory techniques to determine local problems, resources constraints and unmet basic needs are essential to planning and implementing effective community-based OVC programs. However, these techniques should also be used to help communities to focus on their achievements, existing skills and their achievements so that they can then plan to build on them. There is a need to shift from problem-oriented approaches to processes that build on community existing strengths and local skills.

Increase Skills of Community Members

Program planners need to purposefully impart relevant skills to community members. A host of skills are needed to help community members increase the confidence of community in addressing community problems with competence. The skills needed include leadership, counselling, and business. Once community members have been trained, it is important to help them impart those skills to other community members.

Connect communities to existing resources and create/increase community resources.

Communities provide the best environment for bringing up children and if adequately supported they will best be able to provide the care that OVC require. A number of alternatives for connecting communities to resources can be encouraged. Connecting communities to resources extends community ownership and participation in the program.

Micro financing entails support for income generating activities or small business cooperatives through micro credit schemes. Seeing that the welfare of children depends a great deal on how well the family is able to cope economically, micro finance can increase coping mechanisms by reducing vulnerability to loss and deepening poverty. It can help in maintaining or increasing small but steady income flows to poor households.

The best approach would be for organizations that are funding OVC care initiatives to develop partnerships with established Zambian based micro finance institutions, willing and able to develop innovative financial products. Such organizations should be the ones to provide business support services to targeted communities and/or households supporting OVC.

Credit schemes such as the indigenous system though which people join hands to save money and help each other to meet credit needs could be considered. In the indigenous 'chilimba' savings system, a group of people come together and save a mutually agreed upon amount of money on a predetermined day at regular intervals. The money realized

after collection is given on a rotating basis to a member of the group and the process is repeated until every one in the group has had a turn.

Encourage Collaboration and Partnerships

Once communities have made the commitment to help OVC and have begun the process of building their skills and capacity, the next important step is to link up with other organizations or communities to learn from each other's experiences, share resources, take advantage of each other's unique strengths and provide a united front when advocating for improved policies and programs. Collaboration may occur across communities or may involve building partnerships with other types of groups such as business houses and government agencies. Communities need assistance in identifying partnership opportunities and guidance on how to foster networks.

Provide Access to Information and skills

Communities need to have access to information and skills necessary for them to plan, develop and implement viable programs aimed at assisting the OVC. Lack of information, particularly information related to community development greatly affects the development of community-based responses. Communities need to know where they can go for financial support and who can offer them business development skills. Programs should invest in information disclosure and dissemination. Critical areas should include rules and rights about government and non-government services and resources that can be accessed by communities.

Encourage Children's Participation.

Children should be seen as active participants of the programs. They need to be a resource for program development. Empowerment and greater involvement of children should be taken seriously.

Consider gender-related and gender specific issues

Since women are taking up the heavier burden, a focus on issues that affect practical and strategic gender needs and interests could add value to the strategy. One example of such a need is the provision of piped water so that women do not have to travel long distances to go and look for water. Focus could also be directed to other gender-related needs such as improvements in maternity care.

Build a self sustaining program

External support should seek to build the capacity of communities rather than delivering services themselves. This author is of the view that a catalyst role is to sensitize, mobilize and build capacity. Outside supporters can play the catalyst role in a somewhat systematic manner, but they should not dictate what specific actions a community eventually decides to undertake.

Enhance the quality of life

It is very important for external aid agencies to observe rigorous standards of excellence in participatory methodologies so these are not misused to suit the agent's agenda and not

the community's. They need to recognize that communities are already dealing with the impact of HIV/AIDS. Therefore, their role is to act as catalysts. They are supposed to work as facilitators not managers. They must allow a community-based program to continue to grow through its own decision-making mechanism. It must also be allowed to develop new leadership and be encouraged to take on new challenges from time to time.

Create a sufficiently enabling environment

For a community program to continue to grow, the environment in which it operates must be conducive for its progress. An enabling environment refers not only to the overall orientation of the economy but also to appropriate legislation, including an adequate set of rules and regulations that will clearly state the conditions for the community care of OVC. Communities need to draw more resources from outside their own boundaries. They need to draw support from public sources especially government.

The HIV/AIDS problem in Zambia is as much a development problem as it is a health one. As such many cultural, economic and political barriers effectively prevent the poor from having any real stake in meaningful care of the OVC. Without special efforts by the designers and sponsors of projects and without appropriate policies to address and overcome these obstacles communities will not effectively provide the care that the OVC need.

Allow community to take ownership of direction and action.

As a way of empowering, community members should also be involved in the monitoring of the program. This is one way of enabling them to identify problems and find solutions to deal with them. Rather than just conducting monitoring and evaluation for the purposes of funding, disseminating information about what is going on and/or for financial accounting to the donors, the process must build in requirements and opportunities for feedback and commitment to critical examination of work being done. These opportunities should involve all stakeholders.

Monitoring should provide a systematic and continuous assessment of progress of the work being done in these communities. Thus participatory monitoring as a tool should be used to help in identifying strengths and weaknesses in a program and should assist in making good and timely decisions at various levels (community, NGO, government and donor agency levels).

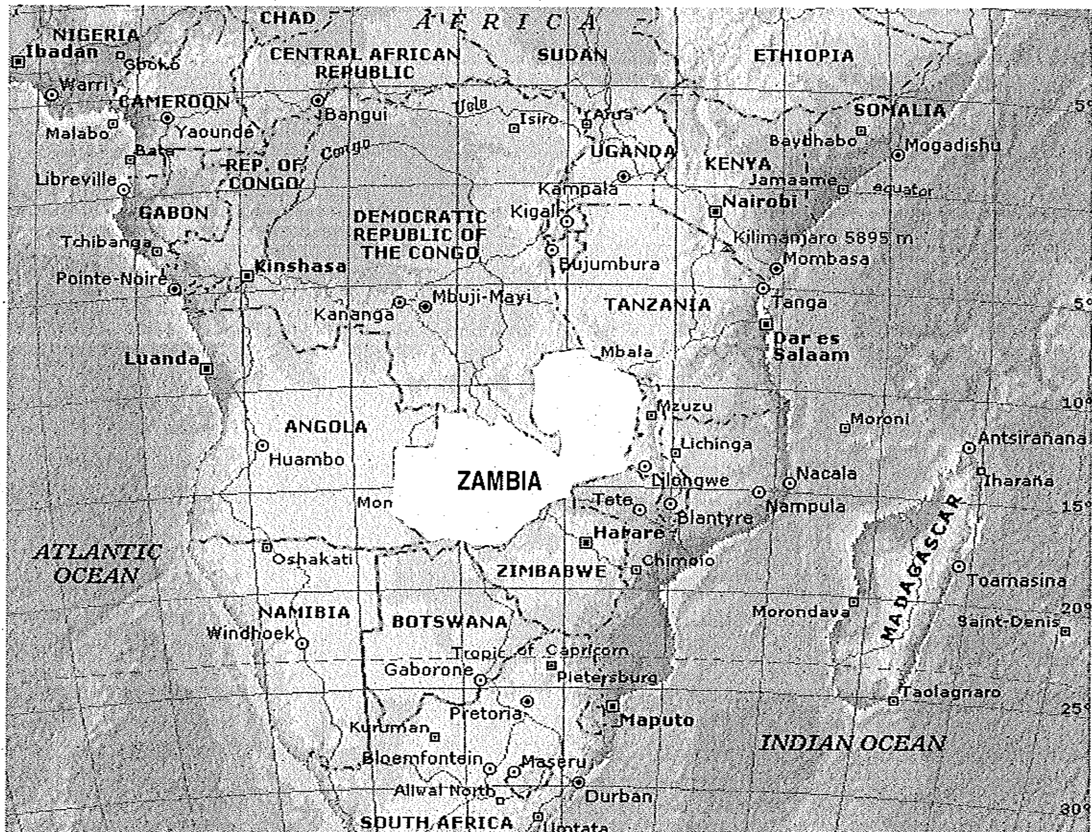
Suggestions for Further Research

This study has brought out a number of issues that can only be adequately addressed in separate studies. Among the critical issues that need further examination are the following:

- An assessment of the impact of OVC community-based programs on women. The questions that need to be raised are; how can OVC programs involve the wider community, especially men? In what specific ways can women's burden be reduced?

- An assessment of micro-financing needs to address issues such as, how can such an innovation be successful in an impoverished community?
- In terms of education for the OVC, are community schools the solution to the education problems of OVC and if they are, how effective are they?
- In relation to the rights of children, what cultural factors hinder children's participation and how can these be overcome?

Appendix A: Location Map of Zambia.



Source: http:// Encarta.msn.com (1997-2000).

Appendix B: Interview Questions/ Document Analysis Guide

Good Practices in Implementing Community-Based Care Programs For the Care of Orphans and Vulnerable Children in Zambia Checklist for Key Informant Interviews and Document Analysis.

CRITERIA	QUESTIONS (Guidelines)
1. Background	
1.1. Type of project/organization (project objectives, structure)	a) How long has the project been in operation? b) What are the objectives of the project? c) How does the project hope to achieve the objectives? d) Who were the key players in initiating the project? (List the stakeholders and specify their role in project implementation).
1.2. Social	a) Population size and density, social structure (From documents) b) Is there a history of self-help in the community? c) What kind of self-help projects has the community ever been involved in? Where they successful? If they were not what contributed to the failure?
1.3. Economic	a) Poverty levels, forms of subsistence. (From project documents) b) What economic resources are available in the community? c) Are there any special economic skills within the community? d) Is there any infrastructure that can support economic activities?
1.4. Legal	a) Rights of orphans and women, marriage system, land-tenure. (From both government and project documents). b) How much does the community know in terms of legal rights for the children? c) Is there any legal aid available for the community?
1.5. Resources	a) Who fund the project? b) If financial support is external, how was it obtained and what is the duration of the support? c) How are finances channeled to the project from the funders? Is it through the government channels or direct from the external funders to the community?

2. **Organizational**	
2.1. Cost-efficiency and sustainability	a) What are the project inputs (staff, volunteers etc? b) Where do these inputs come from and how are they used within the project? c) How many people does the project reach / help? d) How would the project survive if the source of its major inputs disappeared?
2.2. Use of existing resources, initiatives	a) What inputs apart from finances does the project require? b) Which of these inputs are available locally? c) Which of these inputs can only be obtained from outside the community? d) What role does the local government office play in this project?
2.3. Networking with other projects, funders	a) With what other organizations or institutions does the project have a working relationship? b) List the organizations/institutions and describe the relationship. c) Does the project encounter any problems in networking with other organizations/institutions? If yes, what steps have been taken to overcome these problems?
2.4. Governance, self-assessment	a) How is the project managed? (describe structures) b) How are the people involved chosen? (describe process) c) How does the project decide if it is achieving its goals? d) What role does the funder play in the management of the project? e) What kind and how much influence is exerted from the funder in the management of the project? f) What role does the government play in the management of the project? g) Is there coordination between the government and the funder? Describe the co-ordination. h) If you were to change the way the project is managed, what changes would you implement and why?

2.5. Monitoring, evaluation information and accountability.	a) What monitoring and evaluation processes has the project put in place? b) State the roles of each of the stakeholders in monitoring and evaluation of project activities. c) What national policies does your project follow? d) Is the policy environment conducive for effective implementation for the project? If yes why do you say so? If not why do you think the environment is not conducive? e) What needs to be done to improve the policy environment? f) Has the project taken any steps to address issues related to policy environment? What steps have been taken?
2.6. Organizational weaknesses, vulnerabilities.	a) If the project could start again, or be changed in any way, what would you like to see done differently and why? b) What is the greatest threat to the future of this project?
2.7. Organizational strengths, opportunities	a) What are would you consider as strengths of this project? b) For each strength state the reason why you think it is strength.
3. Community & Family	
3.1. Participation and Reinforcement	a) In what ways are people who are involved in the project (orphans, caregivers, staff, and local government) participate in project activities and decision-making? b) Does the project provide any training for community members? If yes what kind of training is provided and why? c) Who selects the community members to be trained?
3.2. Process for identification and placement of orphans (with and without relatives)	a) How does the project decide who it should take/help? b) What are the greatest needs of the OVC and how does the project meet these needs? (For each type of need indicate how the activities that the project undertakes in meeting that particular need). c) What happens to orphans who are not taken/helped by the project?

3.3. Type of social structure caring for orphan(s)	Which people within the community are be involved in the care for the OVC? How does the project ensure community involvement in caring for the children? How are problems regarding community involvement dealt with?
3.4. Support given to care-giver(s)	a) Which people in the community provide support to the OVC? b) Which people should be involved in the care for the OVC and why? c) How should they be involved? d) Do they need any special skills to help them support the OVC? If yes, what kind of skills do they need? e) What kind of support (material, occupational, psychological) do the caregivers receive from the program? f) Is the support helping the caregivers to provide the support that the OVC need? If yes explain how this support is useful. g) If the support were not helping the caregivers, what improvements would you want to see in the program so that the caregivers could be adequately equipped to provide the care that the OVC need? h) What kind of support would encourage more people to become caregivers?
4. Support To Orphans	
4.1. Physical support	a) What would you consider to be the difference between an orphan under this program and one who is not under this program? b) How does the project help orphans to get a) Food and clothing b) Health care
4.2. Psychological & emotional support	a) What kind of support do the children get for their emotional and psychological well-being? b) Which people in the community provide this support? c) How does the project help the OVC to get love, advice, and adult supervision?

4.3. Access to schooling and preparation for transition.	a) How does the project assist children in getting their educational needs? For each kind of assistance (e.g. if it is community schools or bursaries) provide the difficulties associated with it. b) Is there any vocational training provided for children who are able to take care of themselves? c) Does the project assist the older children in finding employment? If yes how is this done? d) How do children know when the have moved from vulnerability to non-vulnerability?

4.4. Legal support	a) What happens in this community regarding inheritance by the orphan of his or her parents' property? b) Are children involved in any aspect of the project? c) If they yes what role do the children play in: • the project? • deciding what happens to them in relation to the care they receive?

Appendix C: Persons Interviewed

Name	Agency	Date
Kabuba Ireen	Lusaka City Council	July 10th 2002
Mambwe, George	CHIN Zambia	July 30th 2002
Mulenga, Yvonne	PCI Zambia	August 2nd 2002
Mukuka, Terry	CINDI Kitwe	August 12th 2002
Zulu, Euginia	CINDI Kitwe	August 12th 2002
Williamson, John	DCOF	October 4th 2002

Appendix D: Programs Cited

CINDI Kitwe

CINDI is an acronym for children in distress. CINDI-Kitwe was started by a group of people from all walks of life that were concerned about the plight of Kitwe's orphaned children. It was inaugurated on August 13, 1994 in the Chamber of Kitwe City Council. To ensure continuum of care, representatives from the council and Ministries of Health, Education and Social Welfare were co-opted on to the Executive Committee. Awareness was raised through the media and through talks to service clubs and churches. Kitwe City Council gave CINDI office space at a city hall free of rent after rehabilitating the facility.

CINDI-Kitwe stands for the well being of the orphans and vulnerable children and in meeting their changing needs in an integrated traditional family and community environment, through stakeholder collaboration in Kitwe and the neighborhood.

The program is well funded by various donors but local Board, which also sets policy, runs the program. The general membership of the board is a body of individuals who pay an annual membership fee. Local committees work together with employed staff in colleting data, monitoring and evaluation, offering moral support to orphans and organizing income-generating activities. The committees send representatives to the District annual general meeting. CINDI's extensive network of community committees offers a unique opportunity to give orphans and their families access to information and contacts such as planning, training and technical expertise.

In their strategic plan three main overall goals have been set:

- Working to put the children's rights convention at the top of the Zambian Government Agenda.
- Facilitating children's access to the basic needs (education, food, clothing, shelter, etc)
- Significantly improving the quality, efficiency and accountability for their work.

The project has a very streamlined administration with clearly defined financial control, organization at community level, rationalized staffing and regular monitoring systems. The participatory approach taken coupled with good management ensures that goods and services reach the clients.

The largest activity within CINDI is their social relief program. The program has ensured partnership with the World Food Program for distribution of basic foodstuffs on a monthly basis.

Their education activities include:

- Advocacy on behalf of OVC to have them exempt from school fees,
- Provision of subsidized uniform and school requirements to the communities
- Bursaries for a small number of post secondary education places, and
- Payment of school examination fees for all children in their program.

District OVC programs Funded by Project Concern International (PCI)

There a re a number of OVC programs supported by PCI in Zambia. The approach taken in these programs is the same. The researcher did not study any particular District OVC program but concentrated on the general approach taken in these programs.

The District OVC program is a community-based program facilitated by the Social Welfare Department of the Ministry of Community Development and Social Services. Project Concern International (PCI) funds the program.

The project was initiated by PCI, who commissioned a participatory learning action (PLA) exercise involving various NGOs. The department of Social Welfare was used as a focal point. The PLA exercise led to the formation of orphans and vulnerable children committees (DOVCC). The DOVCC were created to facilitate:

- situation analysis of the OVC problem in the district
- development, implementation and monitoring district level responses to the OVC
- mobilization of local resources and access international support for the OVC formation of partnership between different NGOs, churches, private companies and individuals for mutual support.

Once the DOVCC were formed, the department of Social Welfare, the DOVCC, together with PCI identified communities within the district that needed help most. The PLA exercises conducted in these communities led to the formation of community orphans and vulnerable children committees (COVCCs). Each of these committees has a number of sub committees such as health, nutrition, counseling and fundraising.

Bibliography

Abrams, L. (1996). Capacity building for water supply and sanitation development at the local level: The threshold concept. In G.J., Alaerts, F.J.A., Hartvelt, & F.M. Patorni, (Eds.) (1999). *Water sector capacity building: Concepts and instruments.* Delft: A.A. Balkema.

Adelski, E., Bourdeau, P., Doamba, J., Lairez, T., Ouedraogo, J., (2001). *Final impact evaluation report on development activity proposal.* Burkina Faso: Catholic Relief Services.

Alaerts, G. J. (1996). *Capacity Building as knowledge management: Purpose, definition and instruments.* The World Bank: Washington DC, USA.

Amanor, K. (1990). Analytical abstracts on farmer participatory research. *Agricultural Administration Unit, Occasional Paper 10,* London: Overseas Development Institute.

Armstrong, S. (2000) *Caring for Carers: Managing stress in those who care for people living with HIV and AIDS.* New York: UNAIDS.

Baines, C. T., Evans, P. M. & Neysmith, S. M. (Eds.), (1998). *Women's caring: Work expanding, state contracting.* Toronto: Oxford.

Billingsley, A. (1992). *Climbing Jacob's ladder*: New York: Simmon & Schuster.

Bradshaw, C., Soifer, S., & Gutierrez, L. (1994). Toward a hybrid model for effective organizing in communities of colour. In M.A Mattain, C. T. Lowery, C. H & Meyer (Eds.) (1998). *The foundations of social work: A graduate text* (2nd ed.). Washington DC: NASW.

Campfens, H. (Ed.) (1997). *Community development around the world: Practice, theory, research, and training*. Toronto: University of Toronto Press.

Central Statistics Office (CSO) (1996). Zambia demographic and health survey. Lusaka: CSO.

Cernea, M. (1993). Culture and organization: The social sustainability of induced development. *Sustainable development, 1 (2), 18-29.*

Chambers, D., Wedel, K. & Rodewell, M. (1992). *Evaluating social programs.* Boston: Allyn & Bacon.

Chambers, R. (1997) *Whose Reality Counts? Putting the Last First.* London: Intermediate Technology Publications.

Children in Distress (CINDI) Kitwe (2001) *Annual report.* Kitwe: CINDI.

Christenson, J. A. & Robinson, Jr. (Eds.) (1989). *Community development in America.* Ames: Iowa State University Press.

Christian Aid (May 2001*). No excuses: Facing up to Sub-Saharan Africa's AIDS orphans crisis.* Retrieved January 12, 2002 from http://www.christain-aid.org.uk/indepth/0105aidsorph.html

Clark, S. (1996). *Social work as community development: A management model for social change.* Aldershot: Avebury.

Clark, T. (1991). *Democratizing development: The role of voluntary organizations.* London: Earthscan.

Congress, P. E. (Ed) (1977). *Multi cultural perspectives in working with families.* New York: Springer.

Cook, P. H. (1998). *Starting from strength: Community care for orphaned children.* University of Victoria.

Coulton, C. (1996). Effects of neighborhood on families and children: Implications for services. In A. Kahn & S. Kamerman (Eds.), *Children and their families in big cities* (p.87-110). New York: Columbia University, Cross- National Studies research Program.

Cottrel, L.S., Jr. (1977). The competent community. In M. A. Mattain, C. T. Lowery, & C. H. Meyer (Eds.) (1998). *The foundations of social work: A graduate text* (2nd ed.). Washington DC: NASW.

Cox, F. M., Erlich, J. L. *Rothman, J. and Tropman, J. E. (1979). Strategies of community organization: A book of readings.* Itasca: F.E Peacock.

Daly, H. & Cobb, J. (1989). *For the common good: Redirecting the economy toward community, the environment and a sustainable future.* Boston: Beacon Press.

Denzin, N. K. (1998). The research act. In M.Q. Patton (1987). *How to use qualitative methods in evaluation.* Newbury Park, CA: Sage.

Descheler, D. (Eds.) (1984). *Evaluation for program improvement.* San Francisco: Jossey-Bass.

Donahue, J. (1998) *Community-based economic support for households affected by HIV/AIDS.* New York. USAID.

Donahue, J. (2000, August). *Microfinance and HIV/AIDS—It's Time to Talk"*, Displaced Children and Orphans Fund.

Donahue, J., Kabuccho, K. & Osinde, S. (2001, September) *HIV/AIDS—Responding to a Silent economic crisis among microfinance clients.* MicroSave-Africa.

Donahue, J. & Williamson, J. (1999). *Community mobilization to mitigate the impact of HIV/AIDS.* A report for Displaced Children and Orphans Fund.

Donahue, J. Hunter, S., Sussuman, L.& Williamson, J. (1999). *Children affected by HIV/AIDS in Kenya: An overview of issues and actions to strengthen community care and support.* Displaced Children and Orphans Fund/USAID & UNICEF.

Donahue, J. (2002). Children, HIV/AIDS and poverty in Southern Africa. A draft report. Catholic Relief Services.

Drew, R. (1996). *Practical steps towards community-based care.* Harare: Southern African AIDS Training (SAT) Program.

Drew, R. S., Makufa, C. (1998). Strategies for providing care and support to children orphaned by AIDS. *Aids Care, suppl, 10 (2).*

Eng, E. Salmon, M. E. & Mullan, F. (1992), Community empowerment: The critical base for primary health care. *Family and Community Health, 15, 1-12.*

Estrella, M. & Gaventa, J. (2001). *Who counts reality? Participatory monitoring and evaluation: A Literature review.* IDS working paper 70.

Ewalt, P.L. Freeman, E. M. & Poole, D.L. (1988). *Community building; renewal, well being, and shared responsibility.* Washington DC.NASW Press.

Farrington, J. & Adrienne M. (1988). Farmer participation in agricultural research: A review of concepts and practices, *Agricultural Administration Unit, Occasional Paper 9, London*: Overseas Development Institute.

Fetterman, D., Faftarian, & Wandersman, A (1996). *Empowerment evaluation.* Thousand Oaks, CA: Sage.

Fitz-Gibbon, C., & Morris, L. (1987). *How to design a program evaluation.* Newbury Park, CA: Sage.

Foster, G. The capacity of the extended family safety net for orphans in Africa. *Psychology, Health & Medicine, Feb2000, 5(1).*

Foster, G. & Makufa, C. (1998). *Community mobilization best practices: The families, orphans and children under stress (FOCUS) program*, Family AIDS Caring Trust, Mutare, Zimbabwe.

Foster, G. & Williamson, J. (2001). *A review of current literature on the impact of HIV/AIDS on children in Sub-Saharan Africa. AIDS 2000,14 (3): S275-S284.* Retrieved February 17, 2002 from http://www.displacedchildrenandorphansfund.org.

Gabor, P.A., Unrau, Y.A., & Grinnell Jr., R.M. (1998). *Evaluation for social workers* (2nd ed.). Boston: Allyn & Bacon.

Gilborn, L. Nyonyitono, R. Kalumbili, R., & Jagwe-Wada. (2001). *Making a difference for children affected by AIDS. Baseline findings from operations research in Uganda.* Makerere University.

Goulet, L.E. (2000. *Out of the shadows: Good practices in working with sexually exploited youths in the Americas.* University of Victoria. India Ink Communications.

Gubbels, P. & Koss, C. (2000). *From the roots up: Strengthening organizational capacity through self-assessment.* Oklahoma: World Neighbors. Retrieved October 10, 2002 from http.//www.wn.org.html

Guest, E. (2001) *Children of AIDS: Africa's orphan crisis.* London. Pluto Press.

Gustavsson, S. N & Segal, A. E. (1994). *Critical issues in child welfare.* Newbury Park, CA: Sage.

Graham, H. (1993). Social dimensions in caring: *Women's Studies International Forum 16*, (5), 461-70.

Heinonen, T. & Nguyen, J. (2000). *Tools in the hands of communities: Planning and working at the neighborhood level.* Winnipeg: Social Planning Council.

Herman, J. (Ed). *Program evaluation kit* (2nd ed.). Thousand Oaks, CA: Sage.

Hunter, S., & Williamson, J. (2000). *Children on the brink: Updated estimates and recommendations intervention,* executive summary, united States Agency for International Development/The Synergy project. Available at http://www.synergyaids.com/children.htm

Hunter, S., & Williamson, J. (1998). *Responding to the needs of children orphaned by HIV/AIDS.* Washington, DC: USAID. Retrieved December 15, 2001 from http://www.synergyaids.com.html

Irish Aid (1998). *A community empowerment strategy for the promotion of community managed urban services.* Unpublished manuscript.

Johnson, L. C. (1992). *Social work practice: A generalist approach (4th ed.).* Boston: Allyn & Bacon.

Keenan, E. & Pinkerton, J. (1991). Some aspects of empowerment: A case study of work with disadvantaged youth. *Social work with groups, 14 (2),* 109-124.

Kelly, M. J. (2001). The orphan crisis in Zambia. The Jesuit center for theological Reflection Bulletin, 42. Retrieved December 4, 2001 from http://www.jctr.org.zm/bulletin.html

Kemp, S. P. (1998). Practice with communities. In M. A. Mattain, C. T. Lowery, & C. H. Meyer (Eds.) (1998). *The foundations of social work: A graduate text* (2nd ed.). Washington DC: NASW.

Kettner, P., Moroney, R., & Martin, L. (1999). *Designing and managing programs: An effectiveness-based approach* (2nd ed.). Thousand Oaks, CA: Sage.

Korten, D. (1987). *Third generation NGO strategies: A key to people-centered development.* Supplement world development, 15, 145-59.

Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from inside out.* Chicago: ACTA.

Lepani, C., (1976). *Planning in small dependent economies: A case study of Papua New Guinea.* Port Moresby: National Planning Office.

Levin, C. & Foster, G. (2000). *The white oak report: Building international support for children orphaned by AIDS.* New York: The Orphan Project. Retrieved June 15 from www.aidsinfonyc.org/orphan/

Levin, C. (Ed.) (1993). *Orphans of the HIV epidemic.* New York: United Hospital Fund.

Linbald, B. Jones, S., & Hunter, S. (1998). *Programming consultation on care and protection of orphans*: Report for UNAIDS/UNICEF.

Littrel, D. W. & Hobbs, D. The self-help approach in Christenson, J. A. & Robinson, J.W. (Eds.) (1989). *Community development in perspe*ctive. Ames, Iowa: Iowa State University Press.

Manda, K. D., Juunza, E. & Mweetwa, C. An annotated inventory of selected organizations addressing the needs of orphans in Zambia. In USAID/ UNICEF/ SIDA/ Study Fund (1999). *Situation analysis of orphans and vulnerable children in Zambia*. Lusaka: NHPP.

Mattain, M. A., Lowery, C. T. & Meyer, C. H. (Eds.) (1998). *The foundations of social work: A graduate text* (2nd ed.). Washington DC: NASW.

McKerrow, N.H. (1996). *Responses to orphaned children: A review of the current situation in the copperbelt and southern provinces of Zambia*. Lusaka: UNICEF.

McLeod, D. & Tovo, M. (2001). *Social services delivery through community-based projects*. Social protection discussion paper (Serial No. 0118). Washington D.C: The World Bank.

McNelly, B. & Dunford, C. (1996) Are credit and savings services effective against hunger and malnutrition? A literature review and analysis. *Freedom From Hunger Research, Feb 1996 Paper No. 1.*

Ministry of Health (1999). HIV/AIDS in Zambia: Background, projections, impacts and interventions, Lusaka: MOH.

Ministry of Health (1991). National health policies and strategies (Health Reforms), Lusaka: MOH.

Minkler, M. (1992). Community organization among the elderly poor in the United States: A case study. *International Journal of health services* 22 (2), 303-16.

Monette, D. R., Sullivan, T. J. & DeJong, C. R. (2001). *Applied social research: Tools for the human services (5th ed)*. Fort Worth: Harcourt.

Morgan, P. (1996) *Capacity building: An overview*. Ottawa: Institute on Governance.

Moroney, M. R. (1986). *Shared responsibility: Families and social policy*. New York: Aldine.

Mudenda, G., Mulenga, S., Mwanza, E. Ndubani, P. & Loudon, M. Practices of care: Assessment of practices for the care and support. In USAID/UNICEF/SIDA/Study Fund (1999). *Situation analysis of orphans and vulnerable children in Zambia*. Lusaka: NHPP.

Muwonge, J. (2002). *World Vision's experience working with HIV/AIDS orphans in Uganda-1990-1995*. Washington D.C.: World Bank.

Nampanya-Serpell, N. (1997). *Strategy for development of USAID program of assistance to the HIV/AIDS orphans and vulnerable children in Zambia*. Lusaka: NHPP.

Neil, G. & Specht, H. (1974). *Dimensions of social welfare policy*. New Jersey: Prentice Hall.

Nsamenang, A. B. (1992). *Human development in cultural context*. Newbury Park, CA: Sage.

Padgett, D. K. (1998). *Qualitative methods in social work research: Challenges and Rewards*. Thousand Oaks, CA: Sage.

Patton, M. Q. (1987). *How to use qualitative methods in evaluation.* Newbury Park, CA: Sage.

Parker, J., Singh, I. &, Hattel, K. (2000). *The role of microfinance in the fight against HIV/AIDS".* New York. UNAIDS.

Participatory Assessment Group (PAG) (1999). Community response: A qualitative assessment of community response to high levels of orphanhood from 12 sites in Zambia. In USAID/UNICEF/SIDA/Study Fund (1999). *Situation analysis of orphans and vulnerable children in Zambia.* Lusaka: NHPP.

Phiri, S. N., Foster, G. & Nzima, M. (2001). *Expanding and strengthening community action: A study of ways to scale up community mobilization interventions to mitigate the effect of HIV/ AIDS on children and families.* DCOF/USAID. Retrieved April 15, 2002 from http://www.usaid.gov/pop_health/dcofwvf/reports/orphanreps/dcaction.html

Poole, D. L. (1997). Building community capacity to promote social and collective efficacy in community organization theory and practice. In M. A. Mattain, C. T. Lowery, & C. H. Meyer (Eds.) (1998). *The foundations of social work: A graduate text* (2nd ed.). Washington DC: NASW.

Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology, 15, 121-145.*

Rich, R.C., Eldelstein, M., Hallman, W.K. & Wandersman, A.H. (1995). Citizen participation and empowerment: The case of local environment hazards. *American Journal of Community Psychology, 23, 657-676.*

Richardson, J. (2000). Partnerships in communities: Revealing the fabric of rural America. Washington, D.C: Island press.

Rossi, P. H., Freeman, H. E. & Lipsey, M.W. (1999). *Evaluation: A systematic approach.* (6th ed.). Thousand Oaks, CA: Sage.

Royse, D. (1999). *Research methods in social work.* (3rd ed.). Chicago: Nelson-Hall.

Rubin, A., & Babbie, E. (1997). *Research methods for social work.* (3rd ed). Pacific Grove, CA: Brooks/Cole.

Rubin, H. J., & Rubin, I. S. (1992). *Community organization and development.* (2nd ed.) New York: Maxwell.

Rubin, H. J. & Rubin, I. S. (2001) *Community organizing and development (3rd ed).* Boston: Allyn and Bacon.

Rugh, J. (1995). Can participatory evaluation meet the needs of all stakeholders? A case study: Evaluating the World Neighbors West Africa Program. *Discussion Paper*, World Neighbors.

Rutayuga, J.B.K. (1992). *Assistance to AIDS orphans within the family / kinship system and local institutions.* AIDS Education & Prevention, Suppl., 57-68.

Rutherford, S. (2000). *The poor and their money.* Harare: Institute for Development Policy and Management.

Sampa, A., Mumba, K. C. & Kelly, M. J. (1999). An annotated review of literature relevant to the situation of orphans and vulnerable children in Zambia. In USAID/ UNICEF/ SIDA/ Study Fund (1999). *Situation analysis of orphans and vulnerable children in Zambia.* Lusaka: NHPP.

Schenk, Q.F. & LouSchenk, E. (1981). *Welfare, society, and the helping professions: An introduction.* New York: Macmillan.

Schultz, A. J., Israel B. A., Zimmerman, M.A. & Chekoway, B.N. (1995). Empowerment as a multicultural construct. Perceived control at individual, organizational and community levels. *Health education research: Theory and practice, 10 (3),* 309-327.

Stecker, C.C., Sun, T., & Mullenix, G. R. (2000). HIV/AIDS*: Search for a response.* Report for Compassion International.

Subbarao, K., Mattimore, A. & Plangemann, K. (2001). *Social protection of Africa's orphans and other vulnerable children: Issues and good practice program options.* Washington, D.C: World Bank

Summers, G. F. (1986). Rural community development. In D. Jahr, J. W. Johnson, & R.C. Wimberly (Eds.) *New dimensions in rural policy: building upon our heritage*, Washington, DC: Joint Economic Committee of Congress.

Takas, M. (1992). Kinship care: Developing a safe and effective framework for protective placement of children with relatives. *Children's Rights Journal*, 13 (2), 12-19.

Tembo, S., Kakunga, F. & Manda, D. Data review. In USAID/UNICEF/SIDA/Study Fund (1999). *Situation analysis of orphans and vulnerable children in Zambia.* Lusaka: NHPP.

The Royal Tropical Institute (KIT) (2001). What is a practice? Retrieved November 5, 2002 from http://www.kit.nl/frameset.asap

Thomas, C. (1993). Deconstructing concepts of care. *Sociology*, 27 (4), 649-69.

United Nations. (1989). *Convention on the Rights of the Child*, GARes44/25,UN GAOR, 44th Session, 41st plenary meeting, Annex, UN Doc A/44/25.

United Nations Children's Fund (UNICEF) (2000). *State of the world's children.* New York: Author.

UNICEF & UNAIDS, (2002) *Principles to guide programming for orphans and other children affected by HIV/AIDS.* New York: UNAIDS

United Nations Development Program (UNDP). (1997). Technical advisory paper II. In *Capacity development resource book.* Management development and governance division, UNDP. Retrieved September 25, 2002 from http://www.magnet.undp.org/cdrb/techpap2.html

United Nations Development Program (1998). *Human development report 1998 statistics*. UNDP.

United Nations Development Program, World Bank & Water and Sanitation Program (1999). *Small service providers make a big difference, filed notes number 5*, Nairobi: World Bank.

United States Agency for International Development (USAID) (April/May 2000) *Front Lines*. Washington, DC.

United States Agency for International Development United Nations Children's Fund, Swedish International Development Agency (SIDA), & Study Fund. (1999). *Orphans and Vulnerable Children: A Situation Analysis, Zambia*. Lusaka: NHPP.

United States Agency for International Development & United Nations Children's Fund (November, 200). *Orphans & vulnerable children: Eastern & Southern African regional workshop*: Lusaka, Zambia.

Walle, N. and Johnston, T.A. (1996). *Improving aid to Africa: Policy essay No.21.* Washington DC: ODA.

Wharf, B. & McKenzie, B. (1998). *Connecting policy to practice in the human services.* Toronto: Oxford.

Wilensky, H., Lebeaux, C. (1958). *Industrial society and social welfare*. New York: Russel Sage.

Williamson, J. (1999). *Finding a way forward: Principles and strategies to reduce the impacts of AIDS on children and families*, draft, Displaced Children and Orphans Fund: Retrieved October 30, 2001, from http://www.displacedchildrenandorphansfund.org.html

Williamson, J. & Donahue, J. (1998). *Community mobilization to address the impact of AIDS: A review of the COPE II program in Malawi, HIV/AIDS*. Displaced Children and Orphans Fund. Retrieved November 15, 2001 from http://www.usaid.gov/pophealth/dcofwv/dcwvprogs.html

Williamson, J. Lorey, M. & Foster, G. (2001). *Mechanisms for channelling resources to grassroots groups protecting and assisting orphans and other vulnerable children.* Draft for discussion. . Displaced Children and Orphans Fund.

Wilkinson, B. (1999) Filed notes for considering micro-finance services in the context of AIDS orphans. University of Maryland.

World Bank (1996). Designing community-based development. *In the World Bank participation source book.* Washington, D.C.: World Bank. Retrieved September 20, 2002 from http://www.worldbank.org/afr/findings/infobeng/infob30.html

World Bank (2000). *The community driven development approach in the African region: A vision of poverty reduction through empowerment.* Washington, D.C.: World Bank. Retrieved September 18, 2002 from

http://essd.worldbank.org/cddwk2000.nsf/Gweb/AFR_vision_en

World Health Organization & United Nations Children's Fund. (1994). *Action for children affected by AIDS: Program profiles and lessons learnt*. New York: UN.

Wright, G. Kasente, A.N., Semogerere, D, Germina and Mutesasira, L. (2001). *Vulnerability, risks, assets and empowerment: The impact of microfinance on poverty alleviation*. Washington DC: World Bank.

Wuyts, M., Mackintosh, M. & Hewitt T. (Eds) (1992). *Development policy and public action.* Oxford: University press.

Yin R. (1985) Case study research: Design and methods. In Rubin, A. & Babbie, E. (1997). *Research methods for social work.* Pacific Grove, CA: Brooks/Cole.