

ASSESSMENT REPORT

of the
alternative care system
for children in
ZAMBIA



**UNIVERSITY
OF ZAMBIA**
School of Medicine
Department of
Public Health



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ACRONYMS

CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	(UN) Convention on the Rights of the Child
DSW	Department of Social Welfare
GRZ	Government of the Republic of Zambia
MCDMCH	Ministry of Community Development, Mother and Child Health
MDG	Millennium Development Goal
MSYCD	Ministry of Sports, Youth and Child Development
OVC	Orphan and Vulnerable Children
PAGE	Programme for the Advancement of Girls Education
PWAS	Public welfare Assistance Scheme
SADC	South African Development Community

EXECUTIVE SUMMARY

a. Care Options in Zambia

For the purposes of this report, alternative care in Zambia is categorised in two broad categories; namely formal and informal Care. Formal care includes institutional/residential care, foster care, and adoption while informal care includes kinship and extended family. There are about 4,500 children living in institutional/residential care. Sibling groups often live together or maintain close contacts. The Zambia Department of Social Welfare (DSW) approves institutions before they begin keeping children. The DSW normally conducts regular checks to monitor adherence to national guidelines. There are about 155 children in formal foster care (UNICEF, 2008) programmes and in 2006, a total of 69 domestic adoptions (ibid) took place in Zambia. Cultural beliefs, norms and practices about how to provide care to children have affected an increase in fostering and adoption cases, a situation which has left many children to remain under informal care. Zambia is estimated to have a total of 710,000 children in informal care, of which 670,000 are orphaned due to HIV/AIDS. The total number of OVC is estimated at approximately 1,3mio in 2012¹.

b. International Instruments

Zambia has ratified and acceded to a number of human rights instruments that relate to women's and children's rights at global and regional levels. These are the Universal Declaration of Human Rights; the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa; the International Covenant on Social, Economic and Cultural Rights; the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), and the United Nations Convention on the Rights of the Child (CRC).

Rights of the Child	Signature	Ratification
Convention on the Rights of the Child	30 Sep 1990	6 Dec 1991
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts	Not signed	
Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour	Not signed	10 Dec 2001
African Charter on the Rights and Welfare of the Child	28 Feb 1992	
The Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Inter-country Adoption	Not signed	

Despite having been a signatory for more than two decades, Zambia has not included children's rights as part of its supreme law of the land until the current Constitution draft.

c. Policy Framework

The National Youth Policy (2010), the National Child Policy (2006) and the Social Welfare Policy are some of the key policies that focus on child related matters with the National Child Policy being the main policy. They are also minimum standards of care package which institutions taking care of children should follow. However, the National Child Policy has not

¹ UNICEF Annual Report 2012 for Zambia

http://www.unicef.org/about/annualreport/files/Zambia_COAR_2012.pdf



adequately encompassed essential components of alternative care such as preventative services, motives for placement, range of care options as well as guidelines for authorisation, inspection, accreditation and licencing of institutions. Many of these issues are covered in the national guidelines for alternative care and laws but not in the Child Policy.

d. Preventative services for child family separation

Zambia has programmes to prevent child and family separation and these are largely under the Ministry of Community Development, Mother and Child Health. The main programmes are Social Cash Transfer, Public Welfare Assistance Scheme (PWAS), and The Social Protection Fund. However, the programmes do not cover all affected families due to limited funding.

e. Motives for child placement

Cases of neglect, loss of parents as a result of death, financial constraints/material poverty, and maltreatment are common reasons why children are placed in alternative care. Reliable and disaggregated information on the root causes of children entering alternative care is insufficient in Zambia. Child care plans are done by the court, the Department of Social Welfare, the care provider and the mixed team depending on the nature of care.

f. Support services offered to families with children returning

Counselling, linkage to basic services such as education and provision of services aimed at empowering these families economically are some of the support services provided to children returning from care. Legal procedures need to be adhered to.

g. Authorisation/ Inspection/Accreditation/Licensing

Guidelines and regulations are in place on Accreditation and Licencing, Qualifications of Staff; Appropriate level of Staff; Minimum Standards of Accommodation, Nutrition and Health Care; Minimum Standards of Education, Vocational Training and Recreation Activities; Enabling the Child's Contact with the Family (if known); Written Commitment to ensure Return to Family wherever Appropriate and Possible; Financial Transparency; and Agreeing on Unannounced Inspections. It was, however, reported that the Department of Social Welfare faces challenges in enforcing all these regulations due to limited financial and human resources.

h. Financing

The Government has been supporting alternative care as well as activities aimed at strengthening families/preventing family separation. However, the funding has not been sufficient and it is against these reasons that the Government has decided for example in the 2014 Budget to will increase the Government's contribution to social cash transfer by 700%.

i. Staff Capacity

Most of these children's homes are run by a host of paid and unpaid professionals including pastors/preachers or reverends, managers, fundraisers/accountants, psychologists or counsellors, social workers, teachers, and others. Most children's homes in Zambia have

also benefited from the efforts and support of professionals that come in as volunteers. These come from both within and from overseas.

j. Protection, human rights violations and violence and complaints

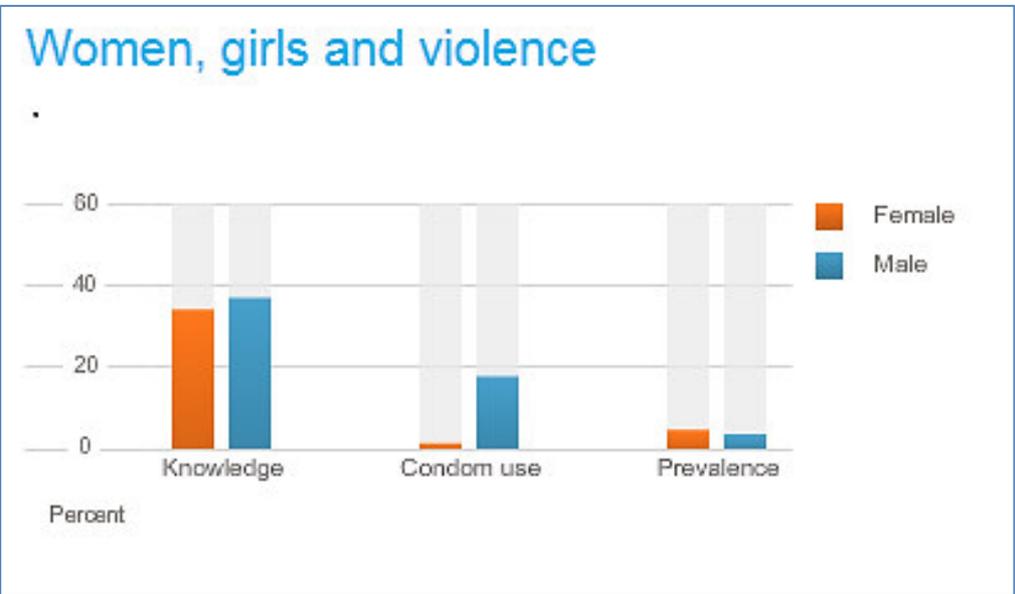
The institutions that participated in this report have processes for handling any possible issues of human rights violations. Children in alternative care are free to report any incidences of rights violations without fear of victimisation. At national level, Zambia's Law Enforcement Agencies including the Department of Social Welfare help to enforce human rights matters for children.

INTRODUCTION

According to the 2007 Zambian Demographic Health Survey, 13% of all children living in households are vulnerable while 14.9% are orphans (GRZ 2007:301). In 2012, 1,4mio children were classified as orphans². The Zambian government defines an orphan as a child below the age of 18 years who has lost one or both parents. A vulnerable child is defined as a child below age 18 who has a chronically ill (sick for 3 or more consecutive months within the last 12 months) parent or who lives in a household where an adult has been chronically ill or has died in the last 12 months preceding the survey. (GRZ, 2007:299). By 2009, they were about 1,603,928 OVCs in Zambia³; a figure still likely to be an under-estimate of the actual situation. A vulnerable child has the potential of suffering from physical, emotional or mental stress that may result in the child’s rights not being fulfilled (MSYCD 2006). Some of risky situations may include being contracting HIV, living without adequate adult support; living outside family care or being discriminated against based on disability and having no access to basic needs. Vulnerable children may also experience child labour as well as sexual abuse.

The problem of OVC in Zambia has been compounded the by the high HIV prevalence rate. The incidence and prevalence of HIV/AIDS continues to unleash its brunt. Zambia currently has 12,7% (2012) adults aged 15 and up living with HIV⁴. The majority of these cases are females. The girl child and young women are more vulnerable to contracting HIV/AIDS than their male counterparts.

Figure 1: Women, girls and violence



Source: <http://www.unaids.org/en/Regionscountries/Countries/Zambia/>

Apart from being at the high risk of contracting HIV, girls and women carry a disproportionate burden of caring for the affected a situation which at times deepens further the poor socio-

² http://www.unicef.org/infobycountry/zambia_statistics.html#116

³ Boston University and University of Zambia, 2009:2

⁴ <http://www.unaids.org/en/Regionscountries/Countries/Zambia/>



economic status that women already have. Majority of the OVCs could have lost one or both parents to HIV/AIDS and live with extended families or neighbours, while 6% become street children, and 1% lives in orphanages (National HIV and AIDS Policy, 2005). Increasingly older, female-headed households are taking on the responsibility to care for children without parental care. The financial, physical and psychological toll is as heavy on the caregivers as the children (GRZ and UNDP, 2011).

Those children who do have anyone to take care of them have ended up on the street. The number of street children in Zambia is estimated at 13,200 of which 13,1% are girls. Approximately 25% of children seen on the streets during the day are sleeping on the streets at night⁵. The girl child has also been greatly affected by Gender Based Violence (GBV). This includes rape, defilement and other forms of physical and emotional abuse. Abuses against women are reported daily in the Zambian newspapers and other news media, apparently from both old and even from very young males⁶.

High poverty levels (MPI: Population living below \$1.25 PPP per day 68.5%⁷) experienced in the country have also contributed to the vulnerability of children. For example, the 2010 Living Conditions Monitoring Survey report states that 60.5 % of Zambians fell below poverty line, with 42.3% being extremely poor were 42.3% and 18.2 % being moderately poor. The level of rural poverty is more than twice that obtaining in urban areas. In 2010 rural poverty was estimated at 77.9 % compared to urban levels of 27.5 %. The same pattern was found in 2006 where headcount poverty was as high as 80.3 % in rural areas compared to urban poverty levels of 29.7%. There are more poor women headed households than there are male headed households. Headcount poverty among female headed households was 62.4 % in 2010 while that of male headed households was 60.1 %. The incidence of poverty is higher among women headed households than male headed households because women have less access to education, employment, production resources and decision making.

This high disease burden and other social-economic challenges have forced or put some children in alternative care. Meanwhile, conceptualising “alternative care” is somewhat challenging because the standards under the CRC and the Guidelines differ in a potentially significant way. Neither document defines “alternative care”, but under Article 18 of the CRC, “parents, or, as the case may be, legal guardians, have the primary responsibility of the upbringing and development of the child,” and Article 20 mandates that alternative care be provided when a child is “temporarily or permanently deprived of his or her *family environment*”. The Guidelines, however, imply that a child’s right to alternative care springs into effect when he or she is deprived of “parental care”. “Family environment” is defined by cultural and social norms while “parental care” is more clearly established, although in some cultures who is a “parent” can be questioned as well (UNICEF, 2011).

⁵ The situation of street children in Zambia: A study by Ministry of Community Development and Social Services Ministry of Sport, Youth and Child Development Supported by UNICEF, Project Concern International and RAPIDS. Zambia 2007

⁶ The Post News Paper of Wednesday, 17 April 2013 reported on its front page that a 15 year old boy of village in Siavonga District, Southern Province, attempted to rape a 75 year old woman of village in the same district.

⁷ <http://hdrstats.undp.org/en/countries/profiles/ZMB.html>

METHODOLOGY

a. Study Design

In order to adequately assess the alternative child care system, the study used both secondary and primary data. Primary data was drawn from the interviews while secondary data was drawn from programme documents, studies, policy as well as legal documents obtained from the Government.

b. Sample Selection, Size and Location

The sample size for primary data was purposely selected. It consisted of key stakeholders or institutions responsible for child care and protection in Zambia. Being a participatory study, the final sample size and composition was decided in consultation with SOS Children's Villages Zambia.

Primary data was collected in five provinces: Lusaka, Central, Southern, Eastern and Copperbelt Provinces. Considering that there are 10 provinces, selecting 5 provinces for primary data collection was representative enough. These provinces were selected because their social demographic composition to a large extent represented the prevailing conditions in other provinces. The following districts were targeted in the provinces: Lusaka province (Lusaka district); Copperbelt province (Kitwe district); Central province (Kabwe district), Southern province (Livingstone district) and Eastern province (Chipata district).

c. Data collection techniques

Key informant interviews were conducted in collecting primary data. The major tool for guiding the data collection process was the assessment tool which was provided by SOS Children's Villages Zambia. During data collection, the tool was modified in order to suit different organisations as not all questions were applicable/relevant to all settings.

d. Key Informant Interviews

Key informant interviews were conducted with key individuals in organisations, institutions and government departments responsible for child care in Zambia. The interviews aimed at getting perspectives regarding relevance of the current legal and policy framework on child care systems in the country and children leaving care. Additional information included adequacy of the preventative services for child and family separation, child protection and complaints systems, administrative arrangements for existing informal care systems as well as circumstances and motives that lead to the child's placement in formal care institutions. Key informant interviews also assessed the sufficiency of child care admission processes and placements into formal care as well as child care options in the country.

e. Institutions and Individuals Interviewed

Lusaka Province

Acting Director, Department of Social Welfare Ministry of Community Development Mother and Child Health (MCDMCH), Lusaka

Director, Children in Need Network (CHIN), Lusaka

Copperbelt and Central Province

Provincial Social Welfare Officer – Central Province

Assistant District Social Welfare Officer (Outgoing), Kabwe, Central Province

District Social Welfare Officer, Serenje, Central Province

Acting Director, SOS Children's Village, Kitwe, Copperbelt Province

District Social Welfare Officer, Kitwe, Copperbelt Province

ARTEKO Orphanage, Kabwe, Central Province

Southern Province

Assistant Social Welfare Officer, Department of Social Welfare Ministry of Community Development Mother and Child Health (MCDMCH), Livingstone

Director, Kwathu Children Home, Livingstone

Director, SOS Children's Village, Livingstone

Programmes Officer, Copperbelt Health Education Programme (CHEP), Livingstone

Kwenuha Women Association, Livingstone

Eastern Province

Social Welfare Officer, Department of Social Welfare Ministry of Community Development Mother and Child Health (MCDMCH), Chipata

Project Officer, Smiling KIDS Zambia

Project Officer, Jesus Cares Ministries

Village Social Worker, SOS Children's Villages

Counselor, Young Women Christian Association

f. Case Study

Case studies facilitated in depth analysis of specific child protection activities such as those aimed at promotion of the rights of the girl child. These focused on highlighting the successes as well as learning points.

Review of documents

The primary data collected using key informant interviews was cross-checked or triangulated with the data collected through a review of documents, policies, laws and programmes focused on alternative care for children in Zambia.

g. Data analysis

The major method of data analysis was thematic analysis. Thematic analysis was used because it involves rigorous identifying and classifying of data according to major themes/topics, concepts and emergent patterns (Ritchie, 2003). The first step in the analysis was the development of categories through an analytical process. The focus was placed on identifying, summarising and retaining the patterns/similarities as well as differences in the data. Once categories were developed, more analysis was conducted in order to refine them into themes. Although, the process is presented like a linear process, it is imperative to stress that this process involved continuous shifting back and forth from participants' narratives/answers and data from the reviews to the researcher's interpretation of the meanings of the informants' responses as well as data from relevant documents (Chapman and Smith 2002).



h. Ethical considerations

The right for informed consent was observed at all times, giving research participants as much information about the aims and outcome of the research. Informed consent was obtained from each research participant, and each individual was given the opportunity to ask questions until they fully understood the study and the implications of their participation.

i. Quality Control Strategy

The consultants and SOS Children's Villages co-workers were responsible for overall quality control issues. This was achieved through providing regular reports to the SOS Children's Villages team about the progress of the study and also by thoroughly documenting the research process.

j. Study Limitations

Despite great support from all stakeholders, including the Social Welfare Officers at all levels, the challenge of collecting recent statistical data (such as data on numbers of children in residential care; yearly adoptions in the past 5 years; children in foster care in the past 5 years) from the Ministry headquarters remain. Most of the statistics used in this report may therefore have a level of inaccuracy but remain a good basis for making some key study findings, conclusions and recommendations.

Some NGOs/CBOs could not freely provide information on qualifications of staff responsible for child care as such data was viewed as confidential.



COUNTRY LEGAL AND POLICY FRAMEWORK

a. International Instruments

Zambia has ratified and acceded to a number of human rights instruments that relate to women's and children's rights at global and regional levels. These are the Universal Declaration of Human Rights; the Protocol to the African Charter on Human and People's Rights on the Rights of Women; the International Covenant on Social, Economic and Cultural Rights; Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); and the United Nations Convention on the Rights of the Child (CRC)⁸. The CRC sets global standards for the treatment of children; and the SADC (Southern African Development Community) Protocol on Gender and Development, and Addendum on the Prevention and Eradication of Violence Against Women and Children, among others. Zambia is also a signatory to the MDGs, which among them is MDG 3 (Promoting gender equality and the empowerment of children and women). The key performance indicators (KPIs) for MDG3 include: Ratio of girls to boys in primary education; Ratio of girls to boys in secondary education; Ratio of girls to boys in tertiary education; Ratio of literate women to men 15 - 24 years old.

b. National Legal Framework

The Zambian Government has committed itself to domesticating all signed and ratified regional and international conventions on children's and women's rights. This could go a long way in addressing challenges of women's participation in decision making positions especially targeting strategic appointments and nominations of more women. Despite having been a signatory for more than two decades, Zambia has not included children's rights as part of its supreme law of the land until the current Constitution draft. Children's rights are now being considered for inclusion by the current Constitution Review process. They are included as Section 55 of the draft Constitution. The rights of youths as special category are also in the draft Constitution for consideration. They constitute Section 56 and Sections 52 and 53, respectively (GRZ 2012).

The defence and fulfilment of the rights of children, youth and women exist in various pieces of legislation, including the Penal Code (Chapter 87 of the Laws of Zambia) which defines certain acts against children as criminal, the Juvenile Act, which protects underage persons from undergoing the same criminal procedures like adults when they come into conflict with the law. Others are the Adoption (Amendment) Act, 1997⁹ and the Interstate Succession Act 1989. In 2010, Zambia enacted the Anti-Gender Based Violence Laws to protect girls and women from abuse.

⁸ Zambia is one of the 140 signatories to the CRC. She signed the CRC on 30th September 1990 and ratified it on 6th December 1991. See

<http://treaties.un.org/doc/publication/mtdsg/volume%20i/chapter%20iv/iv-11.en.pdf>

⁹

http://www.africanchildforum.org/clr/Legislation%20Per%20Country/Zambia/zambia_adoption_1965_en.pdf



c. Policy Framework

The Zambian Government has developed several policies that relate to the fulfilment of the rights of children, youth and women. The National Youth Policy (2010) aims at advancing the interests and well-being of the youth (both male and female). Zambia has a Child Policy in place which was developed in 2006. The Policy provides a multi-sectorial approach, guidance and a framework for the development and implementation of various child development and welfare interventions aimed at improving the quality of life of the Zambian Child. This policy is currently under review. Other policies include the Social Welfare Policy which focuses on households and children that live in extreme poverty. The DSW also indicated that the minimum standards of care package which institutions caring for children should follow are also in place.

A critical analysis of the National Child Policy showed that essential components of alternative care such as preventative services, motives for placement, range of care options as well as guidelines for authorisation, inspection, accreditation and licencing of institutions providing alternative care are not adequately reflected within the policy. Many of these issues are covered in the national guidelines for alternative care and laws and not in the Child Policy. However, considering that the Child Policy directly addresses the needs of children, it should be essential that the Policy addresses these issues during the on-going review process. Below are some of the areas that are not sufficiently addressed in the National Child Policy

Preventative Services

The 2009 Guidelines for the Alternative Care of Children place considerable emphasis on the need to assist families to remain together, preventing the need for placing children in the alternative care system. Such assistance may take a variety of forms, and may concern general accessibility of services or targeted interventions. Reviews of the National Child Policy showed that there are no clear guidelines for ensuring the systematic collection of relevant data on the causal factors of family vulnerability and it is not ensured that relevant data informs service delivery in support families. In addition, the Policy does not elaborate on appropriate interventions to support and strengthen families in order to prevent separation and ensure that these interventions are consequently resourced, targeted, and implemented. These issues are mainly reflected in the Social Welfare Policy and programme documents for the Social Cash Transfer Programme.

Motives for Placement

While the policy recognises the existence and relevance of alternative care and acknowledges that the removal of a child from the family should be an action of necessity and a measure of last resort it does not clearly elaborate on issues related to assessing the capacity of the family to care for the child when a risk has been identified, and processes to consider to identify necessary support for the family as well as referral processes to relevant services. Furthermore, capacity building of professional groups, in identifying children at-risk is not sufficiently reflected in the Policy.

Range of care options

Protection of children against any forms of stigmatisation and discrimination of children based on gender or disability has been considered within the Child Policy. The need for

observing the rights of children and providing access to basic services such as education, health care, and employment as well as the full participation of children in decision making processes have been included.

However, what is missing in the National Child Policy is the recommendation that care providers should ensure individualised care solutions that promote stability and permanence in planning for care. The processes of reunification with the family are not fully catered for within the policy.

Authorisation/inspection/accreditation/licencing

The national guidelines for alternative care adequately consider issues of authorisation, inspection, accreditation and licencing. However, these issues are also fully reflected in the National Child Policy: standards for facilities to ensure that the physical environment is suitably fit for purpose with respect to health and safety regulations, procedures on staff recruitment and minimum conditions, the standards of care provided, and procedures to report misconduct, need to ensure up-to-date records are kept.

Protection; human rights violations, violence and complaints

Issues of protection of the rights of the child have been considered in the National Policy. Guidelines that promote prevention of abuse and maltreatment against children have been sufficiently elaborated.

However, the National Child Policy should put detailed procedures in place on how to ensure that care providers facilitate any child pursuing a complaint with support mechanisms throughout. Further, there is the need to enhance fairness in the whole process through establishing a regulatory framework that ensures open and impartial complaints procedures by having an independent system to provide oversight when addressing different forms of grievances.

d. Programmes and social services

Several programmes that attempt to address some specific needs of children and women have been put in place. This is in recognition of their peculiar situation as a distinct demographic category and, sometimes, the injustices these groups have suffered in the past (and likely still continuing). For example, in the education sector deliberate policies and programmes have been embarked upon to narrow the gap between boys and girls, and eventually between men and women which include education programmes. The health sector, too, has women and child-specific programmes in the areas of child and maternal health, reproductive health, and HIV/AIDS, among others.

The analysis of interviews showed that to support coordination of OVC related matters, the Government put in place the National OVC Steering Committee 2001. It is chaired by the Director of Child Affairs and works closely with the Ministry of Sport, Youth and Child Development. A National Plan of Action for OVC as well as district level co-ordinating mechanisms for OVC services are also in place. The following are the key priorities of the National OVC Steering Committee:

- Establishing an effective national coordination and management body,
- Improving access of OVC to basic social services,



- OVC information generation, storage and dissemination,
- Strengthening the legal and policy environment for OVC,
- Monitoring evaluation and research for improved interventions, and
- Scaling up interventions for greater coverage.

The review of documents further showed that the Zambian Government has over the years been addressing the gender disparity in the education sector using various strategies such as the Free Basic Education implementation and consolidation of best practices from the Programme for the Advancement of Girls Education (PAGE), Re-entry Policy (1997, to ensure that girls who fell pregnant while in school could go back and complete their education) and the continued sensitisation of communities on the importance of girl child education with the help of traditional leaders. The measures have resulted in narrowing the gap of access to education between boys and girls.

The level of access to education of females compared to that of males has generally improved at all levels rising from 0.96 in 2005 to 1.01 in 2009, though it dropped to 0.98 in 2010 at grade 1-7. At Grades 1 to 7 level statistics show that there were actually slightly more females than males. Although table 1 shows that at senior high school level GPI also improved from 0.81 in 2005 to 0.88 in 2010 the ratio has actually undergone a notable decline, from 0.92 in 1990 to 0.88 in 2010. OVC are not being left out of schools: 20.7% of 2007 enrolments were orphans (GRZ & UNDP 2011, p.20).

BROAD CATEGORISATIONS OF CHILD ALTERNATIVE CARE OPTIONS IN ZAMBIA

Discussions with the key informants showed that there are a number of structures in the communities that provide social protection to children. These include traditional leadership, community structures formed by organisations and local organisations. They deal with a child's, physical, economic and emotional problems. The following are some of structures in the district that were visited:

- Community Crime Prevention Unit (formed by the Zambia Police)
- Paralegal formed by Plan International/CHIN, UNICEF and District Welfare Associations
- Child rights clubs both, inside and outside school.
- Traditional leaders.
- Child protection committees formed by Plan International (Eastern and Central province)
- Victim support unit at the police. "Zambia special units have been established in the police services to deal with issues relating to the abuse of children and women. People working in these units have been trained how to sensitively handle issues of abuse and exploitation. Child-friendly courts and police units have been established to protect children who are to give testimony in court (Save the Children UK, 2006).
- Community schools
- Girl movements and empowerment programmes

Case study 1: *Community schools in Zambia*

"Community Schools in Zambia began in the late 1990s as an alternative to government schools which were far away from many communities, expensive and had age restrictions preventing older children attending. Communities, with the support of churches, FBOs, local NGOs and international NGOs, started to establish their own schools to offer education to children who would otherwise not have access. Fees are either not required or low. Uniforms and other materials are not required and usually a school feeding scheme is provided for the children. In addition, while they follow the national school curricula, they also provide children with flexible and relevant teaching, such as life skills education focusing on sexual and reproductive health, and *flexible* hours for older children who must work and take care of younger siblings or sick relatives. Schools are housed within an existing structure or a building constructed by the community for this purpose. Teachers are selected by the community. The Government has recognised the importance of such schools and supports the initiative. Through the Zambian Community School Secretariat, the Ministry of Education provides trained teachers through secondment. Approximately 5% of the total 3000 community school teachers are employees of the Ministry of Education. Between 2001 and 2004 the Government approximately provided 4,136,600US\$ (about K20 billion) in grants to 2,545 community schools for school requisites¹⁰.

¹⁰ From Country Researcher and Dr. Cornelius Chipoma, Community Participation and the Attainment of EFA Goals in Zambia, Powerpoint Presentation for USAID.

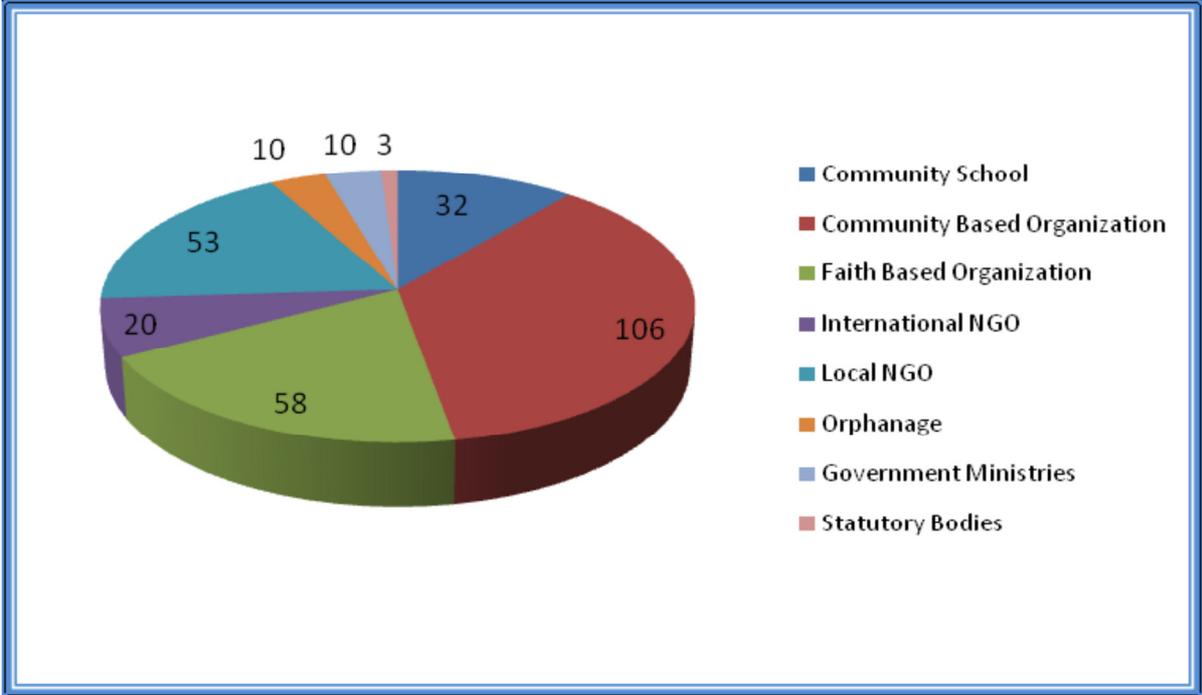
Case study 2: Girls’ Education Movement

The Girls’ Education Movement (GEM) is a grassroots effort supported by UNICEF and its partners in Angola, South Africa, Zambia and other African countries, to empower girls. It is not a single organisation but consists of children and young people in schools and communities who work in different ways to bring about positive changes in the lives of African girls through education and encourages girls to actively participate. The Girls’ Education Movement seeks to ensure equal access to education for girls, ensure gender-responsive curricula and provide life-skills trainings to empower girls against sexual abuse, exploitation and HIV/AIDS and to ensure safe learning environments for girls in schools. Clubs are established in schools to provide training and support to girl students.¹¹

Case Study 3: Girl Power Programme

Related to Case Study 2 is the Girl Power Programme. In Zambia, Girl Power is being implemented by the Children in Need Network (CHIN), the National Organisation for Women in Sports, Physical Activity and Recreation (NOWSPAR) and Child Life Plan Zambia. The programme is focusing on three specific objectives relevant to the Millennium Development Goals (MDGs) 2 and 3, namely (1) reducing violence against girls and young women; (2) increasing girls’ and young women’s socio-economic empowerment; and (3) increasing girls’ and young women’s socio-political empowerment. The programme is being implemented in Eastern, Lusaka, Central and Luapula provinces.

Figure 2: Numbers of organisations and institutions working with OVC in Zambia (2009)



Source: <http://www.bu.edu/cghd/files/2009/12/Zambia-Research-Situation-Analysis-Country-Brief.pdf>

¹¹ www.gem.gov.za www.unicef.org/girlseducation/index_regionalprespectives.html



Challenges in child protection

Major challenges that were revealed through key informant interviews which affect the operations of institutions as well as structures include limited knowledge on the rights and responsibilities of organisations and institutions within same area which limits the possibilities and networking in providing services; limited of knowledge of the law and legal/technical procedures by staff responsible for child protection matters, lack of material resources to adequately support children with various concerns and limited power and authority of various actors to enforce all the laws

PREVENTATIVE SERVICES FOR CHILD FAMILY SEPARATION

Zambia has programmes to prevent child family separation and these are largely under the Ministry of Community Development, Mother and Child Health (MCDMCH). However, the programmes do not cover all affected families due to limited funding.

a. Social Cash Transfer

This is a programme that is financed by the Government and cooperating partners that targets family-based support to incapacitated, vulnerable and extremely poor households. It targets the poorest of the poor and is administered by the DSW. It targets those with special challenges such as widows, elderly people, orphaned/vulnerable children, ill people, and the disabled. Recipients receive bi-monthly cash support of K120 (€16.00) while households with members that have a disability receive twice that amount, that is, K240 (€32.00) on a bi-monthly basis. Social Cash Transfers have been administered by the MCDMCH through the Public Welfare Assistance Scheme (PWAS) since 2003. The Ministry is currently implementing three kinds of Social Cash Transfer Models namely; the Old Age Based Pension Scheme, the Inclusive Model (for the 10% most incapacitated households) and the Child Grant (Multiple Categorical Targeting) in 13 districts across the country (Zulu and Peleka, 2013).

Current evidence indicates that this Programme is making a significant difference and holds a high potential. The Zambian Government has therefore indicated that it is increasing its financial support to the Social Cash Transfer Programme. While presenting the 2014 budget, the Minister of Finance, Alexander Chikwanda, said the following under the theme 'Social Sector Policies for Inclusive Growth':

"Mr. Speaker, Government's past efforts at social protection have centred on poorly targeted subsidy programmes where the beneficiaries were not the intended poor. Accordingly, Government is shifting to better designed social protection programmes such as the social cash transfer scheme that has been successfully piloted in several districts. This scheme has proved more effective in targeting the most vulnerable members of our society. In 2014, Government's contribution to the social cash transfer scheme will be scaled up by over 700 % in order to make a significant impact on reducing extreme poverty.." (National Budget Speech, 11th October, 2013).

b. Public Welfare Assistance Scheme (PWAS)

This is a complimentary programme to the Social Cash Transfer Programme and each district Social Welfare Office receives this type of financing. It targets those facing destitution, vulnerability or poverty but the form of support is in-kind. Instead of giving people cash, this programme procures what they need on their behalf e.g. a wheelchair, school fees, blankets, university or secondary school fees, transport to those that need it for example after hospitalization including direct and in-kind forms of support to those leaving prison. This programme has leverage to pay directly to where a client needs a particular service, a leverage that the Social Cash Transfer does not have. There is therefore an appreciation that there are bound to be things that the Social Cash Transfer Programme can do that PWAS cannot do and vice versa.



c. The Social Protection Fund

This is another programme that attempts to prevent family separation. It is more of an empowerment fund that targets households that need some initial capital to help them start up some venture so that they could manage to stand on their own and keep the family together. The applicants go through a process of proposal writing/thinking, application submission, interviewing and screening. It is a grant but it is subject to monitoring and evaluation mechanisms on a case by case basis

INFORMAL CARE

By definition, informal alternative care is outside the legal and administrative regulatory and supportive mechanisms of the State; normally, it is unregulated, unsupervised and frequently unsupported. Informal care in Zambia includes kinship and extended family. Interviews with stakeholders at the DSW showed that informal care is often unregulated mainly due to a limited capacity by government departments (in terms of both financial and human resources) and also due to a lack of comprehensive guidelines and laws on how to regulate and monitor informal care.

Authorities in Zambia rarely get involved in informal child care (given that it is viewed as a natural/traditional child care environment) unless some vulnerability of the child emerges/or is reported or the child finds himself/herself in conflict with the law. Zambia is estimated to have a total of 710,000 children in informal care. These children in informal care comprise 33% of all orphans and 12% of non-orphaned children who are being raised by grandparents (Ratelle, 2011).

a. Kinship care

Kinship care is the most widely used form of alternative care globally, with significant benefits for the child, particularly in terms of maintaining links between the child and known adults and the wider community (Save the Children, 2007). As noted by the UNICEF research in Southern Africa, kinship care is also more sustainable than foster care, requiring less supervision and regulation, and consequently, not placing such a great burden on the child welfare workforce. Very often, the responsibility for caring for orphans is passed to grandparents. In Zambia, 710,000 children, or 33% of orphans and 12% of non-orphaned children, are being raised by grandparents (UNICEF 2008).

b. Extended family

The extended family system in Zambia still remains resilient, alive and continues to survive despite earlier indicated challenges. There is therefore a case for a special policy and programmatic focus on family integration support as opposed to separation while acknowledging that there are circumstances still exist in which some children will still remain having no family in a traditional sense and society and all stakeholders need to do their best to create one for such children until such a time a traditional family could be found.

Table 1: Living arrangements of children in Zambia

Number Children: Data <14 or 18	Zambia¹²
Number of children	4.8m
Living with father only	3%
Living with mother only	23%
Living with both parents	62%
Both parents alive but living elsewhere	8.1%
Double Orphans	2.9%

Source: Dunn & Williams 2008

¹² OVC Situation Analysis Vol 3 Data Review, UNICEF, Zambia 2004

c. What are the rights of children in informal care?

Although the placement of children in informal care may not be screened or supervised by the State, children are entitled to all rights available to all children within the jurisdiction. All children have rights in relation to their care and protection, as stated in international instruments, such as the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography¹³ and the ILO Convention No. 182 on the Elimination of the Worst Forms of Child Labour¹⁴:

- A right to know and be cared for by parents (CRC Art. 7–1);
- A right to preservation of identity including family relations (CRC Art. 8–1);
- A right not to be separated from parents against his or her will except in case of abuse and neglect (CRC Art. 9–1);
- If separated, a right to maintain contact with parents on a regular basis unless it is contrary to the child’s best interest (CRC Art. 9–3);
- A right for their parents/caregivers to receive assistance in child rearing (CRC Art. 18–2);
- When deprived of their family environment, a right to alternative care with regard to continuity and ethnic, religious, cultural and linguistic background (CRC Art. 20–2,3);
- A right to periodic review of the placement (CRC Art. 25);
- A right to be heard on matters affecting the child, depending on the child’s capacity (CRC Art 12–1);
- A right to protection from abuse, neglect and exploitation (CRC Art. 19);
- A right to access to health care, nutrition, and safe drinking water (CRC Art. 24);
- A right of protection from harmful traditional practices (CRC Art. 24–3);
- A right to benefit from social security, including social insurance (CRC Art. 26);
- A right to compulsory primary education (CRC Art. 28–1);
- A right to rest and leisure (CRC Art. 31);
- A right to protection from economic exploitation, and from doing hazardous work, or work that interferes with education (CRC Art. 32);
- A right of protection from being sold for forced labour (CRC, Optional protocol on sale of children);
- A right of protection from the worst forms of labour—including by debt bondage and slavery, or forced or compulsory labour (ILO Convention No. 182);
- A right to be protected by regulations of hours and conditions of employment (CRC Art.32–2(b);
- A right not to be forced to work below the minimum age (ILO Convention No. 60¹⁵). (UNICEF, 2011).

¹³ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OPSCCRC.aspx>

¹⁴ <http://www.ilo.org/public/english/standards/relm/ilc/ilc87/com-chic.htm>

¹⁵ ILO Minimum Age (non-industrial employment) Convention:
http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312205



MOTIVES FOR CHILD PLACEMENT

Cases of neglect and maltreatment against children are a commonplace in Zambia. Most of the cases arise as a result of the parents' inability to take care of their children due to financial constraints. With the increase in teenage pregnancies emanating from young girls looking for money to fend for themselves and their family members, especially in child headed households, young girls tend to neglect or abandon their children to continue with their prostitution. In an interview the social welfare officer said:

“Recently we had a case of a woman who abandoned the child. This woman is a prostitute and could leave the child without proper care in order to continue with her prostitution. The caregiver had to bring the child to the department of social welfare. The woman was arrested and cautioned. At the moment we are still assessing on who should take responsibility of the child”

Children who are taken in alternative care normally find themselves in foster care, public residential care facilities, or private residential care facilities depending on who makes the decision for placement. Usually, the decision by the administrative authority, foresees a placement which is short term or temporary. Children who experience neglect or maltreatment are taken to public and private residential care facilities. When decisions are made by the administrative authority, children are not eligible to go in foster care. A social welfare officer had this to say in an interview:

“Foster care is usually done in compliance with legal procedures and is made by judicial authority. As social welfare officers, our role is to assess the capability of the person who is going to take care of the child. When we are satisfied with the condition, a child is finally taken in foster care”.

However, decisions of the judicial authority to remove children from their homes due to neglect or maltreatment results in children being taken into foster care, public and private residential facilities. On the other hand, in cases where parents or caregivers request or decide that a child should be taken into institutional care, children can be taken to a public and private residential care facility in lieu of foster care. Parents or caregivers who request for children to be taken into institutional care find it difficult to make ends meet thus are left with no option but to ask for their children's placement in alternative care. For the children who are certified and recognised as orphaned or abandoned, they normally find themselves in foster care, public residential care and private residential care facilities.

a. Reasons for permanent placements

In cases where children's placements are viewed to be potentially long term or permanent, decisions of the competent authority to remove children from their homes due to neglect or maltreatment can result in children either being placed in foster care, public or private residential care facilities. Decisions or requests by parents or caregivers to remove children from their homes can only see children entering public or private residential care facilities but not foster care. Children who are recognised or certified as orphans or abandoned children are eligible to be placed in any of the 3 options: foster care, public or private residential care facilities.



Kinship care is common in most societies, including wealthy ones; it is the most significant form of alternative care globally for children who are unable to live with their parents (Save the Children 2007). It should be mentioned that kinship care is still common in Zambia despite the economic hardships that most families are undergoing. This form of care should be encouraged especially where relatives are still around and willing to take care of the children. In cases where families are incapable of taking care of their children, support should be provided to enable them to take care of their children. The most compelling reason to scale up kinship care is that living with the immediate or extended family is often the preferred choice for children themselves in the event that parents are unable or unwilling to provide care.

b. Availability of data

Reliable and disaggregated information on the root causes of children entering alternative care is very vital as it helps in understanding the major causes of children entering alternative care in Zambia. However, interviews with the DSW and institutional care facilities revealed that such information is limited. Therefore, it is important that the Ministry of Community Development, Mother and Child Health (MCDMCH) should devise a mechanism aimed at improving storing of reliable and disaggregated information on the causes of children entering alternative care in Zambia. The information should be easily retrieved when the need arises as it serves as an easy way of monitoring and evaluating programmes'/projects' efficacy and progress, on issues relating to the welfare of children.

In this regard, routine research to track the root causes of children entering alternative care need to be promoted by encouraging synergies between private and public residential care facilities. The private and public residential care facilities should work corroboratively and not perceive each other as competitors, rather as partners in a bid to improve the living conditions of children in alternative care in Zambia.



ADMISSION PROCESS AND PLACEMENTS PROCEDURES

Detailed analysis of data showed that when children live in alternative care, a care plan has to be established. This can be done by the court, social services, the care provider and the mixed team depending on the nature of child's placement. For the children who are placed in foster care, the care providers are responsible for establishing the care plan. On the other hand, the children who are placed in institutional care, a mixed team comprising of competent people from different professions are involved in establishing the care plans. For children who are taken in family care, adoptive care and kinship care, the care providers are responsible for establishing the care plans.

Although it is a requirement in Zambia that alternative care placements be reviewed routinely to assess the conditions in which children are placed, this has not been complied with. The lack of a routine check-up in these facilities results in children being subjected to poor living conditions such as poor sanitary conditions, food shortages, amongst others. One of the compelling reasons is the understaffing and limited financing of the ministries that are charged with the responsibility of conducting the supervisions in these facilities. For instance, for the children who are in foster care, it is mandatory that regular reviews should be conducted, as specified in the agreement. However, in reality this has not been the case.

Furthermore, it is mandatory, in national law and policy, to ensure that children who move from one care setting to another are fully informed of, and involved in the preparations for the move at all times. For children in foster care, institutional care, family care, the responsibility for decision making is based on the review made by the court and the mixed team. On the other hand, for children in kinship and adoptive care, decision making is done by the care providers.

RANGE OF CARE OPTIONS

Interviews with staff from the Ministry of Community Development, Mother and Child Health showed that there are mainly two broad categories of child care in Zambia, namely formal and informal.

Informal care refers to any private arrangement provided in a family environment, whereby the child is looked after on an on-going or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Formal care refers to all care provided in a family environment which has been ordered by a competent administrative body or judicial authority. This includes all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures (Dunn and Williams, 2008:V).

Analysis of interviews with representatives of the DSW showed that formal alternative care includes institutional/residential care, foster care, and adoption. A review of the National Child Policy showed that although these forms of care are fully recognised by the Government, they are not explicitly defined in the policy. Thus, in consultation with the DSW as well as through the review of literature, standard definitions of forms of care were developed to guide the data collection process as follows:

Institutional/Residential Care – This is care provided in any non-family based group setting. Residential care can be defined as “a group living arrangement for children in which, care is provided by remunerated adults who would not be regarded as traditional carers within the wider society” (Tolfree, 1995). This includes orphanages, small group homes transit/interim care centres, children’s homes, children’s villages/cottage complexes, and boarding schools used primarily for care purposes and as an alternative to a children’s home (Ibid).

Foster Care – It involves one person taking another person’s child into his/her home for a period of time, without becoming his or her legal parents, but with the full knowledge and consent of the administrative authority or legal system in the country. Foster care at times acts as a route or precursor to adoption (The Oxford Advanced Learners Dictionary 2010: 591).

Adoption – This is a judicial process in conformance to statute in which the legal obligations and rights of a child toward the biological parents are terminated and the new parental rights and obligations are created between the child and the adoptive parents. Adoption involves the creation of the parent-child relationship between individuals who are usually not related. The adopted child is given the rights, privileges, and duties of a child and heir by the adoptive family (Dunn & Williams, 2008:V).

a. Institutional/Residential Care

Getting data on the current and accurate (2012 or 2013) figures of children that are in formal care settings including trends over the years is difficult. However, a review of literature indicated that there are about 4,500 children living in residential care in Zambia (Dunn & Williams, February, 2008:11). These children live in the estimated 101 registered children’s

homes in Zambia (Dunn and Williams, 2008:11). Discussions with staff from the Ministry of Community Development, Mother and Child Health revealed that there is no detailed and updated data on residential care in Zambia. This was partly attributed to limited staff to regularly visit the institutions and collect such data.

“We do collect statistics on the number of children that are being kept in orphanages. However, we find it difficult to regularly do the exercise because we have limited staff and our responsibilities are quite numerous for the staff available” (Social Welfare Officer).

There are, however, several studies highlighting the harm caused by residential care compared to children in foster care. This is mainly the case when larger, dormitory-style residential care is used for young children and for extended periods. For example, an analysis of 75 studies, encompassing more than 3,800 children in 19 countries found that children reared in large-scale residential care had, on average, an IQ 20 points lower than their peers in foster care (Barth 2002). A longitudinal study by the Bucharest Early Intervention Project found that young children who were moved from large-scale residential care to supported foster care before the age of two made dramatic developmental gains across several cognitive and emotional development measures compared to those who continued to live in residential care and whose situation worsened considerably (Nelson et al 2007).

A publication authored by Save the Children (2009) entitled “Keeping Children out of Harmful Institutions; why we should be investing in Family Based Care” raises a damning critique of institutional care. Save the Children believes that family-based care should always be used as the first option for children who require alternative care. With the right support, most vulnerable children are best cared for within their own families and communities. Where it is not possible for a child to live at home, kinship care, fostering, adoption and other family-based care alternatives should be explored before institutions are considered. This is especially important for children under the age of three, since their development is most likely to be damaged by a lack of family care.

Most children in what are known as orphanages or children's homes are not in fact orphans. At least four out of five children in institutional care have one or both parents alive. The millions of children who live in orphanages and other forms of residential care are among the most vulnerable in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions. Children under three, in particular, are at risk of permanent developmental damage as a result of the lack of family-based care. And for all children, long-term stays in institutions can have a lasting negative impact. Discrimination and cultural taboos also mean that in some countries a disproportionate number of girls, disabled children and children from minority ethnic groups are relinquished or abandoned into care institutions

We recognise, however, that some forms of care institutions have a role to play in providing short term care for vulnerable children who require specialist services or who are waiting for a suitable longer-term alternative – e.g. older teenagers or children with severe disabilities. Where residential care is in the best interests of

the individual child, it should be based in a small group home where no more than six to eight children are cared for by consistent adults in a family-like setting within the community

(Save the Children 2009).

The argument by Save the Children is in line with the intent of the UN Guidelines. The observations by Save the Children are, in our view realistic and relevant to Zambia especially given the fact that Zambia's family history and evolution is rooted in the extended family system/network or informal family care. As a country it would be essential to preserve this great institution, an institution that has in recent years undergone severe shocks and instabilities especially through the advent of HIV/AIDS which has claimed many bread winner's lives as well as mass unemployment that followed the closure of most companies and institutions through the Structural Adjustment Programmes (SAPs) during the 1990s (GRZ and UNDP, 2011). Further, it was reported that the capacities of families to take care of their extended family system have been altered by environmental challenges such as droughts that have challenged household capacity to grow or produce adequate food, weak agricultural marketing systems, animal diseases and others. All these and other factors have reduced household incomes and hence capacities to provide care to children.

Analysis of guidelines on institutional care and interviews with the DSW showed that the Zambian government recognises that institutional or residential child care should be the last resort and should as much as possible be viewed as temporal in nature. Social Welfare Officers reported that it was preferred that as soon as a family situation stabilises or improves or when the reasons for the initial removal of the child from the family (immediate or extended) no longer exists, it is relevant that efforts must be made to re-unite the child with his/her family. According to institutions providing care to children and also other NGOs dealing with child protection matters, what is key is that continuous contact between the child in alternative care and his/her family is encouraged as long as the best interest of the child remains safeguarded throughout these contacts/interactions up to the time of eventual re-integration into the family and beyond.

b. Sibling Groups in alternative care

According to the National Conditions and Guidelines for alternative care in Zambia, sibling groups should be kept together. In almost all the facilities that were interviewed, sibling groups prevailed with brothers and sisters living together. For instance, Jesus Cares Ministries, Smiling Kids Zambia and SOS Children's Villages strongly advocate for sibling groups being intact by keeping them in one family house within the institutional premises. In these facilities the children are kept together though the sleeping arrangement is in such a way that children sleep according to their age and sex. However, children are encouraged to eat together and perform activities, such as sports as a group. There are instances when children groups have been separated though not intentionally. For instances, when the facility is unable to take a large sibling group due to limited space and finances. In this case the group may be split. To maintain the familial bond, deliberate measures such as regular visits are put in place to ensure that children are in constant contact with each other.

Institutions also attempt to keep children as close as possible to their families. This is possible because alternative care facilities exist countrywide albeit in smaller proportions in certain places of the country, especially in rural areas.

Table 2: Number of children's homes per province

Province	Number of Homes	Total number of children
Lusaka	41	2702
Southern	19	555
Copperbelt	22	961
Luapula	2	44
North Western	4	149
Eastern	2	101
Northern	2	80
Central	6	499
Western	3	104
Total	101	4,592

Source: Dunn and Williams, 2008:93

However, in rare cases, it has been observed that some children who have been involved in trafficking have found themselves residing in faraway places to their original areas of residence. For instance one of the children was involved in trafficking from Chipata in the eastern province and was only intercepted in Kazungula, in the southern province and is currently residing in one of the orphanages in Livingstone despite her family members being in Chipata. This scenario poses a challenge to families as they have to move long distances to visit their children in such facilities.

c. Quality of facilities

The DSW informed that before an institution is approved to admit children, it has to meet the minimum standard of quality that has been stipulated by the Government. These include *inter alia*, sleeping arrangement, food menu, sanitary conditions in the building, ventilation of the building among other. Normally, routine checks on the facilities are conducted by the DSW. Failure to conform to these standards normally result in revoking the licence of operation. However, due to congestion in some of these facilities, the quality of infrastructure and the sanitary conditions have slowly been going down thus compromising the health standard of the children. One of the staff in one of the facility mentioned:

"We really want to conform to the stipulated regulation but there is a problem of congestion at the moment due to an increase in the number of children currently admitted" (Staff NGO).

In addition, it is a legal requirement for the buildings to take into account the needs of children with disability. However, disabled children normally have challenges to navigate through the buildings in alternative care. Most of the buildings are not user friendly to children living with disabilities. The majority of the key respondents attested to the challenges that disabled children encounter and were of the view that the building should be modified to suit the needs of children with disabilities.

d. Foster care

The review of documents indicated that about 155 children were in formal foster care programmes, mainly as a precursor to adoption in Zambia by 2008 (Dunn and Williams, 2008:15). Key informant interviews suggested that this small number of children in foster

care in Zambia was mainly due to limited knowledge by the community on the procedure of child fostering, the relevance of child fostering and the lack of incentives from the Government for families who may want to foster children. Further, it was reported that the concept of child fostering conflicts the African culture which expects that relatives are supposed to care for children without following any legal/court processes.

“Child fostering is something our society does not often talk about. I think that most people are not aware about, but also it goes against our values which require us to help OVCs, who are related to us without any formal contracts” (NGO staff).

The review of literature generally showed that while foster care is used extensively in Western Europe and North America, in many other parts of the world, foster care is currently used in a very limited way (Every Child, 2011). It is argued that foster care can offer the best family-based care option for some children in some situations, and that it should therefore be an option open to a wider range of girls and boys around the world (Ibid). These arguments come with two caveats. Firstly, while having foster care available to more children offers a better alternative to residential care, by far the best solution is having fewer children in need of alternative care at all. This can be achieved through supporting prevention and family reintegration efforts. Secondly, foster care should always be offered as part of a continuum of alternative care services, so that choices can be made between a range of childcare options, with decisions being made on a case-by-case basis, considering children’s best interests. Here, it is especially important to state from the start that foster care must in no way supplant kinship care, which must continue to be encouraged and supported even as foster care programmes are developed (Ibid).

e. Adoption

Like the case of children in alternative care, it was also difficult to get current statistics on annual adoptions in Zambia. However, Dunn and Williams, 2008, report that in 2006 alone, a total of 69 domestic adoptions took place in Zambia. Adoption has been going on since the colonial era. The DSW is among the oldest departments in Zambia and has existed since the colonial era. The Social Welfare Directorate together with the courts has been a key player in facilitating adoption of children.

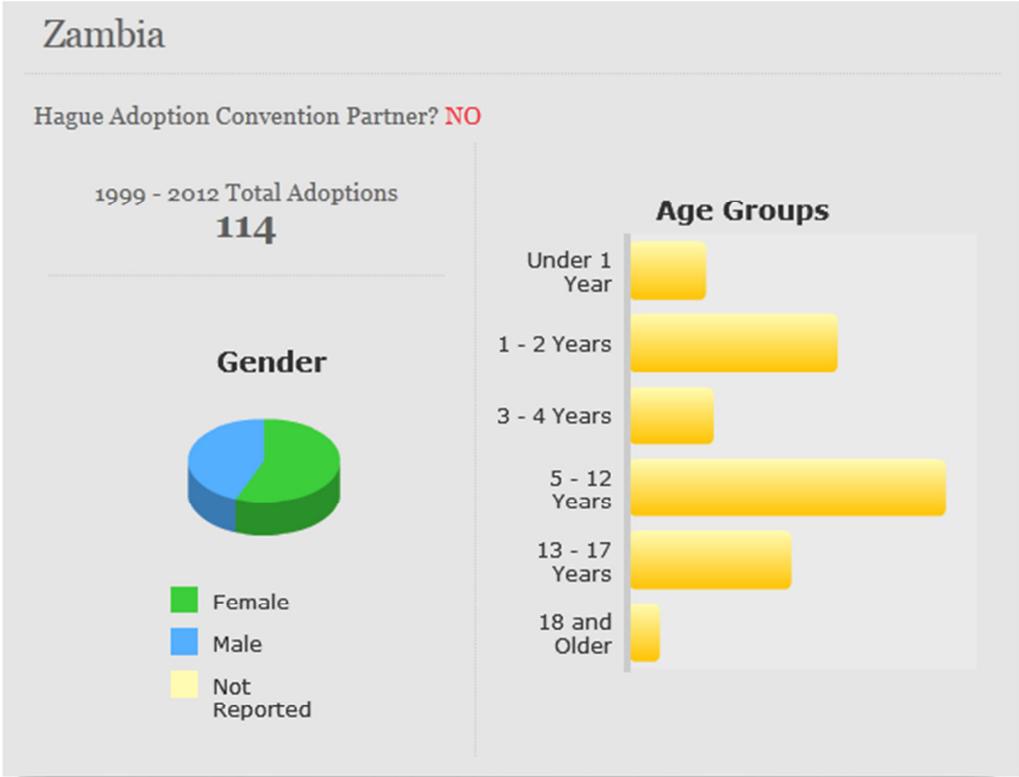
However, there is a number of challenges facing adoption in Zambia and Africa in general. It is not a widely used option in many countries in Africa and the Middle East where adoption is not the cultural norm (Tolfree 1995). This may be due to cultural resistance to adoption, based on norms regarding child rearing. In some settings (including Zambia), there is strong resistance to the idea of bringing a child from outside of the immediate kinship networks into the family. For example, some ethnic groups believe that a child entering the family brings with them unknown ancestors and the spirits of these ancestors, and this can impact on the willingness to foster (World Vision 2009). Similar norms leading to a resistance to foster care are also reported in the Middle East and some parts of Asia (Op Cit).

Meanwhile, beliefs about child rearing needing to remain within families are also supported by much policy discourse on alternative care which favours extended family care as the first option to explore for children who cannot be with parents (JLICA 2009; UN 2010).

f. International adoption

Zambia is not party to the Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption (the Hague Adoption Convention). Between 1999-2012 the United States alone received more than 114 adoptions from Zambia.

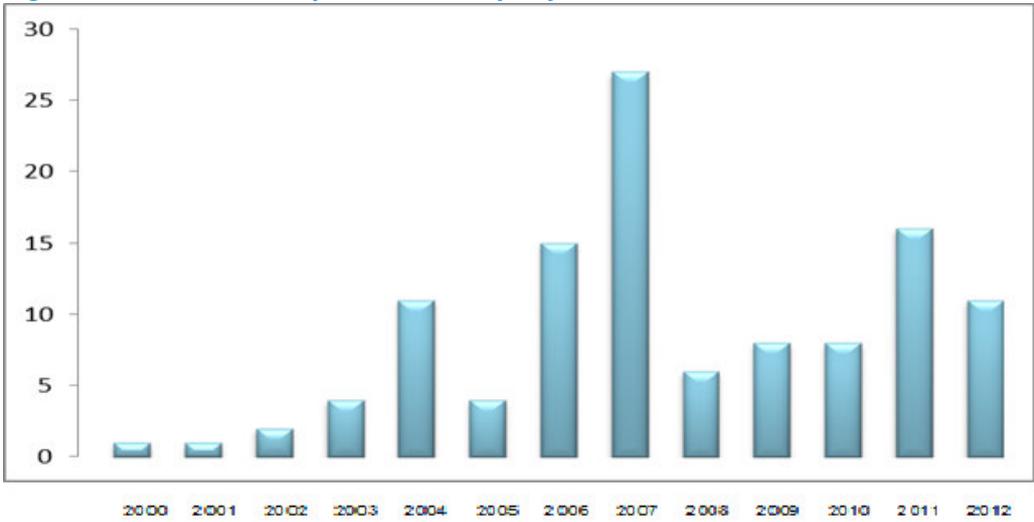
Figure 3: Adoption statistics Zambia



Source:

http://adoption.state.gov/about_us/statistics.php

Figure 4: Number of adoptions to USA per year



Source: http://adoption.state.gov/country_information/country_specific_info.php?country-select=zambia

SUPPORT SERVICES OFFERED TO FAMILIES WITH CHILDREN RETURNING

Key informants reported that support services are normally offered to families of children returning from alternative care. Deliberate measures which include among others, counselling and services aimed at empowering these families economically. Most families whose children are in alternative care find it difficult to take their children to school and meeting other needs such as food, and health services. Making primary education genuinely free, including the removal of hidden costs such as uniforms, school supplies, meals and transportation to and from school would have a huge impact. Actually, education is one of the major expenses many households face; in some cases, the costs for sending children to school are a significant factor in the parent's decision to place a child in institutional care.

However, this support is hampered by limited resources from the government departments such as social welfare and other actors involved in alternative care. Lack or limited resources to empower families with children returning from care is one of the major challenges in the reintegration process. Despite the challenges surrounding family reintegration, some organisations have made remarkable efforts to reunite the children with their families. For instance, from 2004 to 2010, over 1,000 street children in Zambia have been reintegrated into families by the Africa KidSAFE Network in collaboration with the Government (Africa KidSAFE 2010:42). It is therefore recommended that government departments such as the DSW are adequately funded to enhance the reintegration process in the country.

a. Measures during a child's placement to facilitate the reintegration of the child

Key informant interviews as well as the review of documents indicate that for the children to be reintegrated in their families, legal procedures need to be adhered to. In like manner, before the children are taken in alternative care, legal procedures also need to be followed. Failure to follow these legally mandated measures would ultimately eventuate in prosecution. During the discharge from the facility, the parents should be present, and the process should be accompanied by the officer from the social welfare. It is at this time that the discharge letter should be signed by the parent, social welfare and the facility officers' representative.

Prior to leaving the facility, children are usually prepared for the reintegration with their families. It is an on-going process whilst they are in alternative care. For instance, the children are allowed to visit their families during the holidays in order to create or strengthen the familial bonds that may exist. Besides, the parents or guardians are also encouraged to visit the children in the facilities before the final reintegration so that both, the child and the family can get used to the idea of the child resettling back with the family. A report after each visit is done for future reference. Furthermore, measures such as providing support to the children even when they complete their secondary education are usually put in place to facilitate their smooth reintegration. For instance, at one of the orphanage in Livingstone, southern province, the director said,

“Our vision is to constantly have a reciprocal relationship with the children even when they leave the facility. For instance we have one girl who is now in America and she always want to make contributions to the facility though this is not mandatory”.

Such testimonies are a clear manifestation that the reintegration process has worked albeit not for all the children who have been in alternative care. Measures that would lead to an

increase in cases of successful reintegration need to be designed/adopted and put into practice at all times.

b. Children's involvement in the decision making process about family reintegration

Children's participation is a broad concept as normally perceived. It involves a number of activities depending on at what one is looking at that point in time. For children to have an understanding of their rights, especially the right to participation, they need to be part of the decision making process on issues that affect them. Participation of children and young people may include a number of points as reflected below:

- expressing the desire to learn even at a very young age;
- seeking information;
- expressing ideas and opinions;
- taking part in activities and processes;
- being informed and consulted in decision-making;
- initiating ideas, proposals or projects; and,
- respecting others.

Adapted in National Children's Alliance by Kathleen Guy 2003:6

Article 12 of the CRC states that, "State parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" (UN Convention on the Right of the Child 1989: Article 12 cited in Stern 2006:155). Children's participation has been defined as, "An on-going process of children's active involvement in decisions that affect their lives. Genuine participation gives children the power to shape both the process and the outcome. Children's participation involves the exercise of one's right for the best interest of oneself" (Karkar and O'Kane 2002:13 cited in Twam-Danso 2007:64). Unfortunately, children have not been actively involved in family integration because they are young and perceived to be incapable of making sound decisions. In one of the interviews, one of the key informants said that:

"This is a bit difficult in our case because our children are younger at the moment. Sometimes even when you sit with them and ask them whether they want to go back home, they will say yes because they do not know what is ahead. I would say that child involvement is not done".

Children in alternative care have the right to express themselves in matters that affect their wellbeing. General Comment 12 (2009) on the Right of the Child to be heard states that, "mechanisms must be introduced to ensure that children in all forms of alternative care, including in institutions, are able to express their views and that those views be given due weight in matters of their placement, the regulations of care in foster families or homes and their daily lives. These should include: Legislation providing the child with the right to information about any placement, care and/or treatment plan and meaningful opportunities to express her or his views and for those views to be given due weight throughout the decision-

making process [...]”¹⁶ Failure to involve children because they are perceived as young and are unable to make constructive decision on their placements is a deprivation of their right to participation and decision making.

Boyden and Mann (2000:21), in their study on children who have been involved in worst forms of child labour affirm that agency intervention should build upon the knowledge, skills, and experience of children in order to improve the quality of protection mechanisms. Without children being perceived as shareholders, it is likely that children in alternative care will have challenges to understand the situation they find themselves in. Twam-Danso (2007) notes that children engaged in participatory processes develop increased self-esteem, a sense of self-worth, assertiveness and confidence. This argument is upheld by Black (2004) when she states that research on children’s participation shows that this kind of approach raises their confidence, has a positive effect on their skills and abilities and enables them to operate on their own behalf or with adults to improve their situation.

c. Preparation and support for change of placement and leaving care

Prior to leaving the facilities, children are usually prepared mentally on the challenges they are likely to encounter as they reintegrate with their families. For instance, SOS Children’s Villages usually organise interactive sessions with former children who have been reintegrated so that children can share experiences. Children who have completed school are also given life skills trainings. Children who leave alternative care still need financial and emotional support to smoothly integrate into society.

Unfortunately, most organisations that participated in this study indicated that they do not have enough resources to empower the children to enable them reintegrate into society. For instance, Williamson (2004) argues that for the last half century, child development specialists have recognised that residential institutions consistently fail to meet children’s developmental needs for attachment, acculturation and social integration. The failure for some children to reintegrate is a strong signal that needs to be taken into account that something is not working in the way children are prepared for this vital aspect. Without proper reintegration, children will continue being deprived of the families, which still remains one of the key agents of socialization globally hitherto.

Dunn and Williams (2008) stated that paucity of liaison between social workers and the homes means that reintegration is not a managed process in Zambia. However, where carers live locally, some babies’ homes, after returning a baby home, keep in contact with the family, such as the. Mother Teresa’s Children’s Home Kafue¹⁷, DSW staff member in Zambia assumes they could be able to reintegrate 50% of the 169 children from the 8 homes in their district with the proviso that financial resources for the DSW and the children were available from Government or from NGO sources In this study, a social welfare officer also mentioned limited financial, human resources and logistic support as some of the challenges for facilitating the integration processes.

¹⁶ (available at, <http://www.coe.int/t/dg3/children/participation/CRC-C-GC-12.pdf>)

¹⁷ MCDSS Zambia



d. Provision for assisted or supervised semi-independent living

Provision for assisted and supervised semi-independent arrangements is done though not by all organisations that were interviewed. For those that provide this form of assistance, accommodation is provided to children leaving alternative care. For instance, children who reach 18 years are mandated to leave because they are no longer regarded as children. For those who have nowhere to go, alternative arrangements such as renting houses for a period of three weeks are usually put in place by some organisations. During this period, after care support is also provided intermittently till the age of 19 years and adults are not eligible to receive such kind of support after leaving care for some years. The aftercare support is not limited to certain forms of alternative care, rather it is provided in all forms of alternative care. However, there is the need to improve the quality of the aftercare support.

AUTHORISATION/ INSPECTION/ACCREDITATION/LICENCING

As indicated earlier, Zambia is said to have 101 approved children's homes. There are clear guidelines and standards for approving Children's homes. These standards include a written statement of goals consistent with the UN Guidelines, qualifications of staff; appropriate level of staff; minimum standards of accommodation, nutrition and health care; minimum standards of education, vocational training and recreation activities; enabling the child's contact with the family (if known); written commitment to ensure the child's return to the family wherever appropriate and possible, financial transparency, and agreeing on unannounced inspections (of records, conditions and financial activity)

FINANCING ALTERNATIVE CARE

a. Total (Government) National Budget Dedicated to Children in Alternative Care

Residential Care

It has been the Government’s long held policy position to encourage family based care as opposed to institutional care hence, even though Government officials play a key role in facilitating placement into alternative care for children that need it, the Government does not necessarily get involved in the direct management of orphanages/care institutions. Care for children in need of residential care has therefore largely been left to charities including the church, NGOs, the private sector and other well-wishers.

The role of the Government has therefore been that of a facilitator and making sure the standards are implemented. There is minimal support given to residential care institutions to support operations but this has been far from being adequate. Most of those interviewed indicated that support that they have been getting from their Western partners has significantly dwindled over the years owing to difficult financial times in host countries and that most residential care facilities run the risk of closure. Support from the central Government through the above indicated ministries has also dwindled.

Their key argument is that these children primarily under the responsibility of the Government and they are just engaged in trying to support the Government. They therefore do not understand why they should not receive some operational and administrative support from the central Government. Above all, they indicate that it is the same government that has even approved their very existence and operation and it is also the same government through its agents (the social welfare officers and the judiciary) that does case assessments/reviews and signs orders for such children to be placed in residential care. They therefore do not understand why the same Government cannot take full or partial responsibility for the care of these children in these institutions and support operational and administrative costs of these institutions. This study has therefore found that there is a huge demand from residential care institutions for support from the Zambian Government.. Otherwise some institutions will risk closure in the future. Some even indicated that the little that they were receiving in the past has also stopped coming through. Despite their own fundraising ventures and initiatives; they indicated that they are going through very challenging times financially and consequently materially.

Others bemoaned the emphasis by authorities on standards without any corresponding and reasonable financial support from the central Government. This finding was also echoed by Dunn & Williams (February, 2008) who themselves carried out an *Assessment of Capacity to Manage Alternative Care for Children in Southern Africa* and their study covered Malawi, South Africa, Swaziland and Zambia. They recommend as follows: *“Consideration needs to be given to providing District Social Workers with funds to meet placement costs. Government would then become more accountable and responsible for the children in residential care”*.

Below is therefore a table indicating how much the Government spends on support to children in residential care:

Table 3: Government's Support to Residential Care – Ministry of Gender and Child Development

Institution	Programme, Activities & Total Budget by Year (in ZMK)			
	Programme	Activities	2012 Budget	2013 Budget
Ministry of Gender and Child Development	Grants to Institutions - Operational	Chikumbi & Mufulira Street Children's Home	-	500,000.00
	Grants to Institutions - Operational	Children's Homes	-	540,268.59
	Total		-	1,040,268.59

Source: Republic of Zambia (2012), Estimates of Revenue and Expenditure (Activity Based Budget) (Rebased) for the Year 1st January, 2013 to 31st December, 2013; Page 24

Table 4: Government's Support to Residential Care – Ministry of Community Development, Mother and Child Health

Institution	Programme, Activities & Total Budget by Year			
	Programme	Activities	2012 Budget	2013 Budget
Ministry of Community Development, Mother and Child Health	Grants to Institutions - Operational	Chikumbi & Mufulira Street Children's Home	300,000.00	-
	Grants to Institutions - Operational	Children's Homes	320,000.00	120,000.00
	Total		620,000.00	120,000.00

Source: Republic of Zambia (2012), Estimates of Revenue and Expenditure (Activity Based Budget) (Rebased) for the Year 1st January, 2013 to 31st December, 2013; Page 619

It is clear from the above that apart from earmarked funds for Chikumbi and Mufulira Street Children's homes, support to the other children's homes is dismal. For example, in 2012, the total budget that was available for all the other children's homes (to support operational/administrative costs) is K320,000. If we are to work on the assumption of the indicated 101 children's homes in Zambia, minus the above mentioned 2 children's homes, we remain with 99 children's homes. Working on an assumption of equality, this means that each of the 99 children's comes received K3,232 in 2012. This is an average grant/support from the Government of K269 per month per each institution.

The picture slightly improves in 2013. The total budget available for children's homes (under both Ministries) and excluding the two children's homes with earmarked funding is K660,268.59. Working on the assumption of equality, this means that each institution received or

will receive a total of K6,669 (K555 per month per institution) support from the treasury during 2013.

Foster Care

Funding to foster care in Zambia is done through the Ministry of Community Development, Mother and Child Health. Table 3 below indicates the total funding to foster care in Zambia in 2012 and 2013.

Table 5: Government's Support to foster care – Ministry of Community Development, Mother and Child Health

Institution	Programme, Activities & Total Budget by Year			
	Programme	Activities	2012 Budget	2013 Budget
Ministry of Community Development, Mother and Child Health	Child Protection	Foster Care	100,000.00	100,000.00
	Total		100,000.00	100,000.00

Source: Republic of Zambia (2012), Estimates of Revenue and Expenditure (Activity Based Budget) (Rebased) for the Year 1st January, 2013 to 31st December, 2013; Page 620

It is also clear from the above figures that support to foster care in Zambia is dismal. Assuming that the above was support to foster carers and working on an assumption of about 155 children in foster care, this means each carer would receive K645 from the Treasury for the whole year coming to about K54 per month per each carer.

b. Total (Government) National Budget dedicated to services to prevent family separation

The table below indicates how much the Government spends on programmes that attempt to prevent family separation.

Table 6: Total National Budget Dedicated to Services to Prevent Family Separation by Programme

Institution	Programme, Activities & Total Budget by Year			
	Programme	Activities	2012 Budget	2013 Budget
Ministry of Community Development, Mother and Child Health	Social Welfare Support	Social Cash Transfer Counterpart (GRZ)	11,500,000.00	17,500,000.00
	Social Welfare	Public Welfare Assistance Scheme (PWAS)	9,495,940.18	9,570,940.18



	Social Welfare	Social Protection Fund	361,917.24	999,842.00
	Total		21,357,857.42	28,070,782.18

Source: Republic of Zambia (2012), Estimates of Revenue and Expenditure (Activity Based Budget) (Rebased) for the Year 1st January, 2013 to 31st December, 2013; Page 620

From the above figures, together with the earlier indicated statement by Zambia's Minister of Finance (during the 2014 Budget Speech at the Parliament) to the effect that the Government will increase its contribution to the Social Cash Transfer Programme by 700% in the 2014 budget, clearly indicates the Government's willingness and position to support efforts that help in keeping children in their families as opposed to encouraging family separation.

It is however important to note that while these efforts are commendable, it is a reality that there will always be children in Zambia who will need other forms of care such as institutional/residential care, fostering and adoption. The burdens of running these programmes therefore need not to be left to charities and NGOs alone. The Government's support to these children and the institutions or individuals that take care of such children is therefore crucial. These children need to grow up knowing too well that the Government and the general population (tax payers) never forgot them even if they never had a family in a traditional sense. Through managers of these facilities that this study interviewed and talked to, they are directly appealing to the conscious of all of us and the Nation at large.



STAFF CAPACITY

Analysis of data from the DSW and from the NGOs showed that the majority of children's homes in Zambia are run by faith based as well as non-faith based institutions. On a day to day basis, most of these children's homes are run by a host of paid and unpaid professionals including pastors/preachers or reverends, managers, fundraisers/accountants, psychologists or counsellors, social workers, teachers, and others. Most children's homes in Zambia have also benefited from the efforts and support of professionals that come in as volunteers. These come from both within and from overseas.

Given that most of these homes do not receive direct as well as adequate support from the central Government; most of them face serious challenges in terms of meeting their emoluments. This has become even more challenging with the Government passing a law on a Minimum Wage in Zambia.

In terms of training, this is also largely an internal matter although social welfare officers usually take keen interest in the qualifications of personnel delivering care. SOS Children's Villages International is among those that have clear guidelines and systems for the training and orientation of carers.



PROTECTION, HUMAN RIGHTS VIOLATIONS AND VIOLENCE AND COMPLAINTS

Key informants interviews showed that the institutions have processes for handling any possible issues of violation of human rights. Children in alternative care are free to report any incidences of rights violations without fear of victimisation.

At national level, Zambia's Law Enforcement Agencies including the DSW and children's homes' staff themselves usually do not hesitate to act when cases of abuse are reported whoever the perpetrator is and regardless of which alternative care option is in question. Social welfare officers reported that they visit to children's homes frequently (both announced and unannounced) in an effort to ensure that the safety of children is guaranteed. A recent example is the recent closure of a children's home in Kafue, after a nameable reverend/pastor was found to be sexually abusing children. Another social welfare officer in another district reported that she was handling a case that involved abuse of children by a caregiver.

"We do inspect the institutions that take care of children and check if there is any form of abuse of children. We also verify if institutions have systems for handling issues related to child abuse. For example, right now I am handling a case where an adult woman working at a children's home was using some children in care to do tattoos on her body".

Generally, at national level cases of mistreatment of children both, in and out of alternative care have received wide condemnation across the Zambian society and sentences upon conviction have been stiffened.



CONCLUSION

The study showed the numbers of OVCs is quite high in the country inevitably justifying the need for alternative care. While alternative care is essential, the study has demonstrated that a lot of formal care is being offered in the form of institutional/residential care and little on adoption and child fostering is taking place, mainly because of limited knowledge on the procedures and relevance of adoption and child fostering as well as cultural barriers. Furthermore, there are also many children who are under informal/unregulated care, making it difficult for the government departments to monitor the quality of care being provided to them.

The main coordinator of alternative care is the Department of Social Welfare (DSW). While the DSW has national regulations which all those providing care are supposed to follow, effective monitoring of adherence to these guidelines as well as proper documentation of child care activities and the number children in alternative care has been affected by limited human resources and financial resources. Other limitations include insufficient inclusion or consideration of the key components of alternative care in the National Child Policy, the main policy governing child related matters in Zambia.

RECOMMENDATIONS

1. There is the need for the Government to improve its administrative support to District Social Welfare Offices across the country. Most of the officers at this level do not have the resources to enable them do their functions adequately. The study noted that these are a scarce resource at district level yet most of the work is done at this level. Improved funding to social welfare will also help improve the capacity of the Government (through Social Welfare Officers) in terms of monitoring and evaluating the situation of children leaving care, a serious weakness in the current welfare regime.
2. Related to the above is the recommendation that the Government needs to decentralise planning and financing of social welfare in Zambia to the district level. The current situation where planning and financing of social welfare is centralised is not very helpful and could be attributed to the challenges experienced in effectively monitoring institutions offering alternative care. Obviously this brings the risk of red tape and all the challenges that come up with centralisation.
3. There is the need to lobby the Government to include a detailed section in the National Child Policy that addresses the critical components of alternative care such as preventative services, motives for placement, range of care options as well as authorisation, inspection, accreditation and licencing guidelines for institutions providing alternative care as the current policy does not sufficiently address these issues.
4. Most children have found themselves in alternative care due to high poverty levels in their families which results in child neglect, child maltreatment and many forms of abuse. The Government should seriously consider scaling up the social cash transfer programme to all districts in Zambia as it has a positive impact on the poorest children and families in Zambia as in many parts of the world where it has been implemented and it acts as a preventative measure against family breakdown.
5. One of the major challenges in Zambia is that government ministries and departments responsible for child welfare are understaffed. The Government and its collaborating partners should seriously consider adequately recruiting more skilled staff to conduct routine check-ups in institutions where children are placed and be able to effectively conduct other duties which they are currently hamstrung.
6. Considering that only a few people are involved in adoption and child fostering, there is the need to sensitise the community on the importance and procedures of these practices, without compromising the values and principles of the extended family concept.
7. The Ministry of Community Development, Mother and Child Health (MCDMCH) should devise a mechanism aimed at improving the storing of reliable and disaggregated information on the reasons of children entering alternative care in Zambia. The information



should be easily retrieved when need arises as it poses an easy way of monitoring and evaluation of programmes'/projects' efficacy and progress, on issues related to the welfare of children. Currently data on children in alternative care is dimly insufficient and even non-existent in some places.

8. The empowerment process of children in alternative care should be a routine process and should not be done in a haphazard manner. In this regard, devising mechanisms that are pragmatic among various stakeholders involved in the reintegration process should be a priority if children are to be successfully integrated in their homes of origin.
9. There should be a deliberate measure to monitor the progress of children leaving care to ensure that do not just languish in the society after leaving alternative care.
10. There is the need to invest in stable families, child friendly communities and neighbourhoods while not abandoning children that will truly need institutional care – local government. This will help improve child safe spaces which are currently limited.
11. The Zambian Government needs to improve and harmonise financial support to children's homes. The current situation where children's homes receive financial support from the Treasury through two ministries is a duplication of efforts and has the potential to bring about unnecessary misunderstandings among the ministries.
12. There is the need to lobby local authorities across the country to strongly consider the interests of children when planning or approving any local developments. Most cities in Zambia are not child friendly. For example, in most of neighbourhoods in Lusaka and other major towns, social amenities (football pitches, play parks etc.) appear to be slowly disappearing. In some places, there is even no space for children to play as most pieces of land have been given out to residents or institutions (including churches) for their own use or the so called "development". It is a known fact that 'play' is a very important aspect of child development and growth. SOS and its partners could for example start up a campaign targeting Local Authorities and asking them to re-commit themselves to a declaration that they will endeavour to build and maintain child friendly cities. Specific items/ingredients that are key for inclusion in any child friendly town will need to be itemised in this Declaration. It is recommended that this declaration be made (and signed up) in full Council Meetings so that both professionals/technical and political leaders in each District commit themselves and sign up to this declaration. This will help in terms of holding cities to account should they fail to live up to this Declaration.



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