Expanding the First Line of Defense:

AIDS, Orphans and Community-centered Orphan-care Institutions In Sub-Saharan Africa

Cases From Zambia

by

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Submitted to the Department of Urban Studies and Planning on May 16, 2002 in partial fulfillment of the requirements for the degree of

MASTER IN CITY PLANNING
AT THE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY

JUNE 2002

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ABSTRACT

This thesis is about expanding the "first line of defense" for children and families affected by AIDS in sub-Saharan Africa. The overwhelming consensus among actors leading the fight against AIDS, ranging from USAID and UNICEF to local NGOs, is that extended families and communities are the "first line of defense" and will absorb the millions of children orphaned by AIDS. With this basic premise, the thinking follows that 1) families are almost always the best place for the child; 2) primary interventions should be centered on building the capacities of families to care for orphans and; 3) residential orphan care is the least desirable option for children because "orphan care institutions" are inherently "anti-community". I challenge this prevailing wisdom.

I argue that this donor-driven approach, loosely termed "community based orphan care", is limited by, among other things, AIDS induced pressures on families and growing numbers of children disconnected from families (e.g. street children). Additionally, the approach imposes a false dichotomy between "the community" and "orphan care institutions". Drawing from case studies of three residential institutions caring for orphans and street children in Zambia, I deconstruct the common perceptions of orphan-care institutions. In particular, I challenge the characterization that they are isolated and disconnected from communities.

My findings reveal a more complicated picture in which a subset of orphan care institutions share objectives and practices with the prevailing donor model of community-based orphan care - such as mobilizing local volunteers to care for orphans. I describe this neglected subset as "community-centered orphan care institutions" and explore the various ways in which they are embedded in and support communities. I assert that as the AIDS epidemic expands and the orphan crisis worsens, community-centered orphan care institutions must serve as key actors in expanding the first line of defense.

Thesis Supervisor: Judith Tendler
Title: Professor of Political Economy

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ABREVIATIONS

AIDS	Acquired Immuno-deficiency Syndrome
CHINN	Children in Need Network
CHIN	Chikankata Children in Need Committees
CPT	Care and Prevention Teams
DAPP	Development AID from People to People
HIV	Human Immuno-deficiency Virus
IGA	Income Generating Activities
ILO	International Labor Organization
O/VC	Orphans and Vulnerable Children
OVCC	Orphan and Vulnerable Children Committee
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development

MAP OF ZAMBIA

ACKNOWLEDGEMENTS

I received invaluable support and guidance from professors at the Department of Urban Studies and Planning (DUSP). In particular, I would like to thank Professor Judith Tendler, my thesis advisor, who challenged me to dig deeper for specificity in language, intent and ideas, whose confidence in my work was unwavering and who consistently exceeded my expectations in her advising... Professor Frank Levy for allowing me to briefly interject the AIDS epidemic into micro-economics, for being one of the first to affirm my thesis aims when the ideas were mere kernels and for supporting me in other academic pursuits...Professor Bish Sanyal, who despite the demands of department chair, managed to come through for me – time and again...Professor Marty Rein, who in a brief conversation at the end of this process, encouraged me to revisit this research with a new lens... and lastly, Professor Phil Clay, whose transition to Chancellor in my last year did nothing to compromise his role as my academic advisor and willingness to offer solid, measured advice.

Beyond the secure walls of MIT, I found remarkable support and intellectual mentorship from others including Professor Julie Wilson, Director of the Weiner Center for Social Policy at Harvard University, Professor Callestous Juma also at Harvard and Professor Eva Thorne, of Brandeis University a faithful reader of drafts, dear friend and source of constant strength in the many challenges wrought from this experience.

Among my classmates at DUSP, I want to thank Ron Mallis for last minute editing, Jeff Duritz for camaraderie in activism, Holly Hariell for comic relief, Neeta Misra for her friendship, Jesse Williamson for his intellectual courage and Esther Lee for her determination to share my burdens. I especially want to thank Kathy Diaz whose sharp intellect and commitment to true friendship will continue to inspire me on the journey we walk together...and not least, Shahid Punjani who more than anyone - understood my passion, my insecurities, shared in my high and low points with inexhaustible support, and experienced with me the depth of my conflict, joy and pain in matters beyond writing this thesis. A simple thank you seems to fall short.

My sincere gratitude to Jacqueline Rivers and Tim Atwater who carved out space in their busy lives to read and comment on my final draft...Andre Norman for his regular "check-ins"...and Ellen Furnari, my colleague and companion for part of my second trip to Zambia, whose belief in the strength of communities expanded my vision early in my research. I also want to thank the

Bishop Charles E. Blake for enabling me to contribute, in small part, to furthering the work of the Pan-African Children's Fund.

I am truly humbled by those in Zambia who welcomed me with open arms. These individuals are innumerable. But in particular, I thank Amon Sibande, Gladys Sefuke and her children – Mutale and Lulu, Bishop John Mambo and his wife, Louis Mwema and of course, the committed directors of each of the three projects featured in this study who graciously opened their lives to me: Reverend Joshua Banda and his wife Gladys, Felix Mwale and Moses Zulu. I don't know how to thank the hundreds of children and young people I encountered in my research – from the street children on the streets of Lusaka to the children in residential care who greeted me with warm smiles. I can only pray that this work will help to expand opportunity and support for the millions of children affected by AIDS.

I am deeply indebted to my immediate and extended family for supporting me - especially my mother, whose prayers have traveled with me in all of my ambitious, off-beat pursuits since birth. Lastly, I would be remiss to not thank my faith community, Azusa which has served as my base for activism and source of spiritual strength for years. Members of this community reminded me throughout this process of God's special burden for the poor – especially children…demonstrating that in seemingly impossible situations (whether personal tribulations or global epidemics) - faith, hope and love prevail.

CHAPTER 1: INTRODUCTION

1.1 The Problem

The AIDS epidemic is arguably the greatest impediment to social and economic development in sub-Saharan Africa. One of its distinct social impacts is millions of orphaned children left behind, creating an orphan crisis unparalleled in history.[1] The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that, as a result of AIDS, there will be over forty million orphans worldwide by 2010 – over 90% of whom will live in sub-Saharan Africa.[2] The general consensus among actors leading the fight against the epidemic, ranging from international donors to local NGOs, is that extended families and communities will absorb the growing numbers of children orphaned by AIDS. This is often treated as the "first line of defense" against the orphan crisis.

In Zambia, a country with the second highest proportion of orphans in the world (UNAIDS, 2000), donor agencies such as the United States Agency for International Development (USAID), the United Nations Children Fund (UNICEF) and many local NGOs are focused on reinforcing this first line of defense. Specific interventions include organizing local volunteers to care for orphans as well as expanding access to basic social services such as education and economic capacity building measures such as skills training. It is an approach loosely termed "community-based orphan care" and relies heavily on local volunteers and community mobilization of resources to care for orphans.

A sober assessment of the impact of AIDS on impoverished communities and the projected scale of the orphan crisis begs the question: is the first line of defense enough? More pointedly, is the donor-driven approach to community-based orphan care, which rests largely on the good faith of extended family members and volunteers to care for orphans, suited to meet the needs of orphans and communities? If not, then what more is needed? My research is concerned with exploring what many summarily dismiss as the "least desirable alternative" for orphaned children: residential orphan-care institutions.

[1] By 2001, AIDS had killed the mother or both parents of 10 –13 million children currently under the age of 15. (UNICEF and USAID 2001)

[2] Most orphan estimates are for children under age 15 whose mother has died - though recent national estimates, models and studies have begun to include paternal orphans (Foster and Williamson, 2000).

I put forth a simple proposition - that we re-conceptualize the role of institutionalized care for AIDS affected children and families. Drawing from case studies of residential institutions caring for orphans and street children in Zambia, I attempt to deconstruct the common perceptions of orphan-care institutions. In particular, I challenge their characterization as entities isolated and disconnected from communities. My research reveals considerable variation in what they are (e.g. organizational structure) and in what they do (e.g. level of involvement in communities). Similarly, community-based orphan care – the prevailing model among donors and NGOs – spans a broad array of practices.

Given this variation, I simplify my analysis by drawing out three categories around which I engage, critique and raise questions throughout the thesis. **"Community-based orphan care"** refers to an *approach* that I ascribe primarily, but not exclusively, to the donor community – namely, UNICEF and USAID. Specifically, it seeks to keep orphaned children within extended families and communities from which they come. The aim is to support children (e.g. sponsoring school fees) while also raising the economic capacity of orphan caregivers through skills training and income generating activities. This approach is theoretically at odds with **"orphan-care institutions"** – under which orphanages, group homes and other residential facilities that cater to children fall. I identify this second category primarily to discuss the arguments against traditional orphan-care institutions and also to illustrate the "community vs. orphan care institutions" polemic present in the policy discourse. I intentionally refrain from using the term "orphanage" to describe *all* orphan care institutions, as is often the case, because orphanages are only one in a plethora of types. The first and second categories are conceptually, though not practically, at opposite ends of a spectrum of interventions for orphans and vulnerable children. The donor approach to community-based orphan care is seen as the primary and most appropriate intervention while orphan care institutions are perceived as the last option.

The bulk of the thesis explores a third category that emerged from my findings: **"community-centered orphan care institutions".** These represent a hybrid of the first two categories not included in the current dichotomous view. Community-centered orphan care institutions have residential programs for orphans and vulnerable children *and* incorporate key elements of the donor approach in their outreach to communities. USAID and UNICEF have tacitly supported certain aspects of these institutions, such as skills training for orphans and caregivers. But on

a whole, these projects are absent from the current policy discourse on the orphan crisis. A typology of these categories is represented in the table below:

Table 1. Categories of Orphan-Care Interventions

Category	Description	Common Structure	Common Practices
Community-based Orphan Care (donor approach)	Approach that seeks to support orphans and their caregivers through community-based programs and outreach efforts	Neighborhood-based volunteer committees based in churches, hospitals, clinics, local NGOs and other community based institutions	• Relief Services (e.g. food) • School sponsorship for orphans • Income Generation Projects (IGAs) • Skills Training for Orphans and Care Givers
Orphan Care Institutions	Institutions that provide temporary or permanent residential care for children	Orphanages, Group Homes, Hospices, Transit Homes	• Housing for abandoned children, orphans, and street children • Counseling, rehabilitation and self development programs
Community-centered Orphan Care Institutions	Emerging model that seeks to blend elements of the above categories	Orphanages, Group Homes	All of the above

I stumbled upon this last category – community-centered orphan care institutions - in the course of my field research. I initially sought to survey a sample of institutions from the second category. In general, I found that a better subset of orphan care institutions recognize the need to support orphans within extended family households while at the same time actively engaging the community in caring for orphans. Two of the three orphan-care institutions I studied provide residential care for orphans and lead extensive community outreach programs to support vulnerable families.

1.2 Thesis Overview

In Chapter one, I discuss the scope and methodological approach of my research. I explain the evolution of my research in the course of fieldwork: from surveying a sample of orphan care institutions to focusing on three projects. I then discuss the theoretical underpinnings of my research questions. I draw from theories on participatory development, which I identify as a dominant conceptual strain in the donor model. The last section of the chapter describes this prevailing donor-driven model of community-based orphan care and its practices in more detail.

I conclude the chapter with a summary of arguments against institutional care for children which proponents of community based orphan care often posit. In Chapter two, I highlight the limitations to the donor approach.

Chapter three is the heart of the thesis. I begin Chapter three with a discussion of community-centered childcare institutions – institutions that provide residential care for orphans and vulnerable children while active in supporting communities. I present three case studies of orphan-care projects in Zambia that reflect aspects of this model.

I reserve the fourth chapter for a discussion of the overall lessons learned from the case studies and the limitations of community-centered orphan care institutions. In the conclusion I also suggest the broader relevance of my findings to policy responses to the orphan crisis.

1.3 Scope of Research

Justification and Relevance to Urban Planning

Though the orphan crisis affects the most vulnerable in the developing world, typically poor women and children, it also has a devastating impact on the social and economic fabric of African cities. Poverty levels linked to high rural unemployment have long contributed to the forced migration of children to urban centers. As the numbers of children orphaned by AIDS surges, this trend will increase – forcing more children into the slums and streets of urban centers in Africa. AIDS also fuels urban-rural migration as a result of the "going-home-to-die" phenomenon in which sick adults return, often with their children, to their rural families for care. The strain of wide scale orphaning on extended families and communities (for example, in having to provide healthcare and education for orphans) is particularly acute in urban areas where extended family networks are weaker (Foster and Williamson, 2000). This burden on extended families contributes to an array of existing urban ills such as limited access to basic social services. Furthermore, recent studies reveal a potential causal link between orphaning and soaring crime rates in sub-Saharan African countries (Schonteich, 2001; Crewe, 2001). An influx of children to cities contributes to social unrest and instability in cities by "creating a vibrant breeding ground for a variety of social ills such as crime" (Shonteich, 2001) and in war-torn countries, driving children into militias and armies (International Crisis Group, 2001).

Zambia is one of the most urbanized countries in Africa. An estimated 40% of the population lives in the capital, Lusaka, in large "compounds" or slums. A 1996 government survey found

that 17% of children in Lusaka were orphans - one of the highest percentages of orphans in the country (1999 Situation Analysis). Undoubtedly, this percentage has increased in pace with the AIDS epidemic and rapid urbanization in Zambia. Inadequate measures to address this problem could be catastrophic; resulting in a generation of children without adequate parental supervision and ill equipped to live as productive adults.

Methodology

This study is largely based on fieldwork in Lusaka, Zambia in August 2001 and January 2002 where I conducted interviews and site visits with over 15 childcare institutions including group homes, drop-in centers, orphanages and hospices for HIV infected children. To gain a better understanding of how community-based orphan care programs work, I met with four projects that employ this prevailing donor approach and accompanied their volunteer community workers on home visits. I conducted interviews with over 20 NGO, civil society groups and donor agency representatives including UNICEF and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and met with a range of civil society actors including academics from the University of Zambia, church leaders and religious bodies such as the Evangelical Association of Zambia, and advocacy groups such as Jubilee Zambia - which leads a campaign for debt cancellation in Zambia. Some of these interviews proved tangential to my research aims but were helpful in understanding broader contextual issues such as the macro-economic environment in Zambia.

In the first stage of research, I was concerned with learning more about the landscape of organizations in Zambia working with AIDS affected communities. I eventually narrowed my focus to look specifically at interventions to mitigate the orphan crisis. I came across orphan care institutions that seemed to challenge the arguments against them. This led me to question the growing consensus among donors, NGOs and local organizations in Zambia which relegates orphan care institutions to a last resort. In the second stage of my research, I set out to learn more about the characteristics of orphan care institutions in Zambia and their deviation from the standard critique of them. I initially planned to draw from the results of a survey of orphan care institutions. However, in the course of my fieldwork I discovered orphan care institutions with active involvement in communities – three of which are the focus of the case studies.

Limitations of Research

One major limitation of the study is the degree to which the findings, specifically those from semi-structured interviews and observations, can be generalized to orphan care institutions in other countries. Other limitations include time and logistical constraints as well as the use of organizations as the primary unit of analysis. The primary field research is limited to a four-week period in which over twenty organizations serving children orphaned by AIDS were interviewed – a sample of over 150 organizations in Zambia that serve or target orphans and vulnerable children. The case study approach is distinctly qualitative. The findings from the research are not representative of all organizations serving children orphaned by AIDS in Zambia. Rigorous external validity, as such, is not a primary objective of the study. I discuss other limitations to the case study approach in Chapter Three.

Lastly, the focus on orphan care institutions overlooks a key piece in this puzzle – families and children. I conducted in-depth interviews with only a limited number of children residing in orphan care institutions and even fewer families. For the purposes of this research, I selected orphan care institutions as the unit of analysis for two reasons: 1) a short field research schedule and limited access to families for interviewing and 2) a broader interest in institutional responses to the orphan crisis as opposed to the participation of individual families.

1.4 Conceptual Framework: A Critique of Participatory Development

Conceptual Framework

This thesis is applied in nature. It examines the accepted donor approach to determine its effectiveness in responding to the orphan crisis. It draws from concepts in urban planning and international development to question yet another blueprint of action widely promoted by UNICEF, USAID and others in the international donor community.

Specifically, I challenge participatory development as a primary intervention in mitigating the effects of the orphan crisis. Participatory development is now at the center of the development agenda of most international donor agencies (Sanyal,1999; Tendler,2000a). It is an approach that transforms poor communities into central actors and decision-makers in poverty-reducing interventions. The theory asserts that beneficiaries of poverty-reducing interventions generate more sustainable and successful outcomes because they are "community-based and people-driven" (Abraham and Platteau, 2001). Common examples in development planning include

small-scale projects such as the management of natural resources, the decentralization of public services or micro-credit schemes (Conning and Kevane, 2000).

In the donor model of community-based orphan care - a distinctly participatory approach - examples include local volunteers who care for orphans and fundraise to pay their school fees. In these practices, NGOs facilitate the participation of stakeholders (i.e. families, churches, local hospitals and informal volunteer networks) to foster a sense of ownership and responsibility in caring for orphans.

Criticisms of participatory development range from challenging the very definition and conception of "community" (Cleaver, 2001) to questioning the effectiveness of participatory projects in poverty alleviation (Tendler, 2000b) to suggesting that "development from below" is not always participatory and often requires support from "above" – the state and market institutions (Sanyal, 1999). In this thesis, I argue that the aforementioned participatory approaches cannot meet the needs of the most vulnerable. Yet, donors indiscriminately advocate this approach to care for orphans.

In identifying the limitations of the donor model, I ask:

- *Under what conditions is the present donor approach to community-based orphan care constrained or undermined?* The thesis looks at the constraints placed on the donor approach to orphan care such as extreme poverty, AIDS-induced pressures on the extended family network and wide scale orphaning.
- *What institutional mechanisms are needed to enhance the effectiveness of community-based orphan care?* Specifically, I look at the role of community-centered orphan care institutions that employ participatory interventions in communities, such as organizing local networks of volunteers to support vulnerable families while providing residential care for children.

In addition, I challenge how orphan care institutions are treated in the policy literature on responses to the orphan crisis. The donor community pays little attention to the potential variation and nuance found in residential orphan care institutions. In contrast to the common thinking, I claim that community-centered orphan care institutions play a key intervening role in the existing social safety net for vulnerable children and families. The study draws in a previously discarded institutional option (orphan care institutions) and argues that certain

orphan care projects serve an institutional function not met by the prevailing donor approach, such as providing residential care for children, while engaging in participatory interventions.

CHAPTER 2: EXAMINING COMMUNITY BASED ORPHAN CARE

2.1 The Prevailing Approach

UNICEF and USAID play key roles in shaping programmatic and policy responses to the orphan crisis in sub-Saharan Africa. They have published seminal reports and key studies widely cited in the literature and discourse on the orphan problem. More importantly, they provide grants and technical assistance to projects serving children and families affected by AIDS in poor countries, influencing local outcomes. USAID outlined its community-based orphan care framework in *Children on the Brink*, a report published in 1997 and 2000 on the status of children affected by AIDS globally. The 1997 report assisted in sounding the alarm of the impending crisis - expanding global awareness of its social impact and the vulnerability of AIDS affected children. The 2000 report followed up with an agenda for the world community. It proposed five basic strategies for intervention:

1. Strengthen the capacity of families to cope with their problems (e.g. micro-enterprise development).
2. Mobilize and strengthen community-based responses (e.g. local volunteer committees that provide care for orphans).
3. Increase the capacity of children and young people to meet their own needs (e.g. HIV/AIDS prevention and skills training).
4. Ensure that governments protect the most vulnerable children and provide essential services (e.g. multi-sectoral responses)
5. Create an enabling environment for affected children and families (e.g. enlisting churches, community health institutions and schools in helping vulnerable families).

Donor Model Activities

The activities associated with the donor approach can be grouped into three broad categories: 1) emergency relief efforts to reduce the vulnerability of households such as feeding programs, cash assistance, and distribution of donated items such as clothing; 2) short-term interventions designed to fill gaps in existing social safety nets and increase access to basic social services such as education and healthcare; and 3) long-term measures to alleviate poverty and build the capacity of individuals, both orphaned children and adults, in such areas as life skills training and income generation activities (IGAs). HIV/AIDS prevention, psychosocial counseling and peer education is often woven into these interventions. For example, a community school

(organized by community members to educate out-of-school orphans and vulnerable children) may incorporate AIDS awareness programs in its curriculum or a youth drama group may perform plays that address myths about AIDS. Grassroots groups such as neighborhood based volunteer committees that identify and monitor orphans; churches and local hospitals that organize volunteers; and youth clubs are often the vehicles through which these activities are organized.

Implementing The Prevailing Approach - A "Best Practice"

The donor approach has many expressions – but the model widely considered a "best practice" is the Orphans and Vulnerable Children Committees (OVCC) model – a multi-layered committee structure that can operate at both the district and community level. It incorporates activities from all 3 categories mentioned above. At the community level, the committees organize teams of volunteers to assess and monitor the status of orphans in their neighborhoods and mobilize resources (such as school fees) to assist needy families. In Zambia, the Chikankata Community-based Orphan Support Program, spearheaded by the Chikankata Salvation Army Mission hospital, is widely viewed as a model OVCC. The hospital launched one of the first home-based care program for people living with AIDS, in which community volunteers are trained to provide care to AIDS patients in their homes. Care and Prevention Teams (CPTs) staffed by volunteers are organized in over 20 communities to support people living with AIDS in their homes. Volunteers receive technical support and training from the hospital. As the numbers of orphans in the hospital's service area grew, it established an Orphan Support Program, modeled after home-based care, which organized local Children in Need (CHIN) committees. The CHIN committees are comprised of volunteer community residents who register orphans in their communities, conduct weekly home visits and organize income-generation activities for orphan caregivers. The Chikankata CHIN model will reappear in Chapter three, since two of the projects in the case studies developed similar programs within the structure of their institutions.

Institutions As a Last Resort

As I previously noted, the donor approach and traditional orphan care institutions are often perceived as mutually exclusive interventions for children orphaned by AIDS. In general, orphan care institutions enter the discussion as a last resort – to be used only when *absolutely* necessary. For example, if an orphaned child has no extended family members willing to take her in or if she is too young to care for herself. UNICEF and USAID have an explicit aversion to

placing orphaned children in institutional care. They maintain that traditional institutions such as orphanages fail to meet the emotional, psychological and developmental needs of children and often remove orphaned children from their communities - severing social and familial ties. Given the history of abuse and neglect in institutional settings for children, there is a general consensus that building institutions external to the community is the least desirable alternative in caring for orphans (USAID, 2001). Thus, critics argue, the donor model is more cost-effective, pragmatic and culturally appropriate.

Arguments against orphanages in sub-Saharan Africa abound, but I will focus on the most common. In debating effective responses to the orphan crisis, the "anti-institutionalists" decry traditional orphanages as inherently "anti-community". Orphanages, they argue, are a cultural import to sub-Saharan Africa of western missionaries and foreign charity groups. Further, they have never been welcomed in traditional African societies because they upset the social mores of family life. In fact, critics argue orphanages have always been used as a "last resort" because strong extended family networks traditionally provided care for orphaned children. Relatives took in orphaned children and raised them as their own children. This system of orphan care allowed children to retain familial and community ties. In contrast, orphanages are seen as removing children from these stable relationships. In short, orphanages were neither welcomed nor particularly needed in traditional African societies.

Critics also assert that poverty levels are so high in many sub-Saharan African countries affected by AIDS that orphanages are likely to be used as a refuge from poverty (Subbarao, Mattimore, Plangemann, World Bank 2001) to which poor families dump children whom they can no longer support. Extended family members will be less willing to take in orphaned relatives because they know other institutions are better equipped with more resources to raise the child. Studies of orphanages in poor countries support this assertion. In general, children raised in orphanages enjoy a better quality of life and standard of living then children living with family members. (ibid, World Bank 2001). A family may consider it in the best interest of the child to place her in an orphan-care institution if the child is given three square meals daily, an education and other opportunities. These are basic needs that many poor families are unable to provide for their children.

A more empirically based argument against orphan care institutions is that they are more costly than the donor approach. A World Bank study found that per unit cost figures for children in

orphanages in sub-Saharan Africa ranged from $649 in Tanzania in 1990 to $1350 per child in Eritrea in 1998. (Subbarao, Mattimore, Planemann, World Bank 2001). These figures far exceed per capita income levels for the majority of countries in the region. While accurate figures are difficult to obtain, the average cost of residential care for children in sub-Saharan Africa is lower. On average, an estimated $300 will house one orphan for one year.

Given high costs and limited organizational capacity to care for large numbers of children, critics argue, traditional orphanages are not practical. According to John Williamson, a senior technical advisor with USAID and co-author of *The Orphan Generation – The Global Legacy of the AIDS Epidemic*, "As a strategy to respond to the growing number of children orphaned by HIV/AIDS, providing more places in residential institutions is an expensive way to increase the problem". Williams asserts that in addition to having operating costs beyond the means of most African countries affected by AIDS, these institutions will a) do little to stem the tide of orphans and b) function primarily as an economic coping mechanism for the impoverished. (Williamson, 2000).

The standard critique of residential orphan care, whether in developed or developing countries, is that it fails to meet the developmental needs of the child. The notion that the family is always the best place for the child stems from a belief that most child-care institutions fail to meet the psychological and emotional needs of children. A 1994 study conducted for the Department of Social Welfare in Zimbabwe concluded, "there is no substitute for care of the child within his/her family of origin. Programs to keep children within the community...are ultimately less costly, both in terms of finance and the emotional cost to the child" (Williamson, 2000). UNICEF's "Principles to Guide Programming for Orphans and Other Children Affected by HIV/AIDS" (2000), asserts that institutional care infringes on the right of every child to live and develop in a family environment. The guide warns that children reared in institutionalized centers without family relationships are bereft of family-based supportive networks and lack the opportunity to learn traditional skills and cultural values imparted by families.

Conversely, critics say that residential care can offer too much to the child and foster dependency. Children who enjoy relatively high living standards in an institution may be ill-equipped to survive when released into the real world – particularly in developing countries. Also sheltered from family-based cultural norms, they will be culturally isolated, stigmatized and maladjusted. In interviews, I found this the most widely held concern. If not socialized in a

typical Zambian family environment, how would children raised in "institutions" fare on their own? Therefore, the "anti-institutionalists" conclude, interventions rooted in communities, such as the donor approach, are more desirable because children can remain in their natural environment - families. However there are limitations to the donor approach to community-based orphan care. This is the focus of the next section.

2.2 The Limitations

While pouring over countless UNICEF, USAID and UNAIDS reports on the orphan crisis, I ascertained the contradictions between the standard description of the magnitude of the orphan crisis and the proposed solutions. On the one hand, these organizations acknowledge that the orphan crisis is unraveling the social fabric of communities. They concede that the extended family network is increasingly stretched beyond its limits, that AIDS induced pressures have weakened families and that communities, in particular poor women, bear the brunt of AIDS (Children on the Brink, USAID 2000). They also offer glum projections that the level of AIDS related orphaning in AIDS affected countries will "remain disproportionately high through at least 2030" (UNICEF, 2001) and that the impact of HIV will linger for decades after the epidemic subsides (Foster, Williamson, 2000). A 1999 joint UNICEF and USAID study of the orphan crisis in Zambia expressed "serious concern regarding the ability of extended families in Zambia to continue to absorb the flood of orphans indefinitely."

On the other hand, they assert that as communities in Africa battle AIDS and poverty, they will mobilize to care for the millions of orphans projected in their midst. However, if indeed "families already worn out by widespread and extreme poverty are stretched beyond their capacity" (UNICEF, 2001), then community-based interventions will be limited. Michael J. Kelly, a professor at the University of Zambia whose research focuses on vulnerable children in Zambia, concluded, "the magnitude of the orphan problem has resulted in extensive divergence between the practice [community-based orphan care] and the ideals" (Kelly, 2000). Mary Crewe, a South African academic and a dissident voice among proponents of the donor approach asks, "...if there are no homes and no extended families - or if those extended families are too poor to take the children in – then we have to look very seriously at what our romancing of the situation means" (Crewe, 2001).

The following analysis of the prevailing donor model is informed primarily by a review of major reports on the impact of AIDS on children and families as well as observations during fieldwork

in Zambia (interviews and visits with orphan support programs).[3] Though brief, the analysis is intended to draw attention to certain limitations of the donor approach (such as the declining capacity of families) and major impediments to its intended goals.

The Declining Capacity of Communities in Zambia

Zambia has the highest proportion of children orphaned by AIDS in southern Africa, and the second highest in the world (USAID, 2001).[4] An estimated 27% of Zambian children under the age of fifteen are orphans (UNAIDS, 2001). The projected number of orphans will increase from 650,000 in 2000 to over 1.7 million in 2010. Though alarming, this is just the beginning. Zambian government officials believe the number of adults infected with HIV (currently over 20% of the population) will not decline before 2010. As a result, the orphan population is not expected to peak until 2020 (Zambian Government, 2000).

Zambia also has an exceptionally high dependency ratio (3.0) – second only to Uganda, which leads the world in the percentage of children orphaned by AIDS (UNAIDS, 2001). This means that for every potential worker between the age of 15 and 64, there are 3 dependents (UNAIDS 2000, World Bank 2000). As the epidemic runs its course, the number of orphans is expected to increase while the number of healthy adults able to care for them will decrease (Subbarao, Mattimore, Plangemann, World Bank 2000).

With an estimated three-quarters of Zambian children living below the poverty line, the majority of Zambian children are dependents in needy households. More than half of Zambian children suffer from stunted or linear growth and almost 25% are underweight.[5] The vast majority of children in Zambia are vulnerable. Children orphaned by AIDS, however, are acutely vulnerable. Studies have found that children orphaned by AIDS are more prone to abuse, neglect and discrimination by family members. Socially isolated because of the stigma of AIDS, they are more likely to be malnourished and illiterate, and more vulnerable to abuse and exploitation (Tarantola and Gruskin, 1998). They may suffer from a lack of food security, health care, reduced opportunities to obtain or continue education, loss of inheritance, homelessness, discrimination, and physical and sexual abuse (UNICEF, 2001). Staff at orphan-care institutions

[3] I draw from documents such as the 1999 USAID and UNICEF funded report entitled, " Orphans and Vulnerable Children: A Situation Analysis, Zambia 1999" and the "HIV/AIDS in Zambia: Background , Projections, Impacts and Interventions issued by the Zambian Ministry of Health 1999.

[4] USAID reported an estimated 78% of current orphans in Zambia are the result of the AIDS epidemic.

shared numerous stories of children for whom the extended family and community could not provide adequate protection and care. These included very young children cared for by grandmothers; children living with HIV; abandoned children; street children with severed family ties; and abused children – particularly sexually abused girls.

Over the years, Moses Zulu – the director of Children's Town (one of the case study projects) has seen the cases of physical and sexual abuse and egregious violation of child labor rights skyrocket in Zambia. Based on the stories of children referred to Children's Town, he finds that young girls are particularly susceptible to sexual violence and abuse and children whose parents have died of AIDS have a higher risk of discrimination and abuse. In Zulu's estimation, poverty is not the only factor that drives children to the streets, young girls to commercial sex or family members to abandon orphaned children. Abuse, still an issue many Zambians feel uncomfortable discussing, is rampant. This has led Zulu to conclude that community-based volunteer committees alone, while perhaps helpful in monitoring cases of abuse and sensitizing community members, are not enough.

Urban centers in Zambia are teeming with street children – a problem that preceded the orphan crisis but that is now fed by it. In 1991, Zambia had 35,000 children living on the street; in 1999, there were an estimated over 75,000 countrywide.[6] An estimated 40% of street children have lost both parents to AIDS (Zambia Situation Analysis, 1999). Among major factors driving children to the streets are poverty and family disintegration due to death and divorce (Kelly, 2001). Each of the orphan care institutions featured in the case studies evolved from outreach to street children in Lusaka. Among those advocating the donor approach, there is little mention of strategies to deal with orphaned street children, particularly those who have spent considerable time away from immediate and extended family or whose family ties have been severed (e.g. street children who are refugees).[7]

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[5] In May 2002, the United Nations World Food Program (WFP) warned that southern Africa was facing its worst food shortage in decades. According to the WFP, prolonged food shortages in southern Africa would increase the vulnerability of AIDS affected populations. Zambia was experiencing severe dry spells and drought.

[6] This figure is an official government estimate and is often cited in the current literature, news reports and organizational publications describing the street children problem in Zambia. However in interviews, some individuals raised doubts about this estimate – warning that it may be inflated. Individuals working with street children in particular made the distinction between children "living on the streets" (without homes or families) and those "of the streets" who have homes to which they have the option of returning. They assert that far more street children fall in the latter category. However, there was overall consensus that the numbers of street children has increased dramatically over the last decade.

[7] While visiting projects, I met street children who had migrated from all over the country - some from the Democratic Republic of Congo and as far as Rwanda.

Street children are typically boys, but the number of girl street children is on the rise as well as the number of girls and young women engaged in commercial sex work. The director of one of the case study projects, which now runs an outreach and rehabilitation program for commercial sex workers in Lusaka, made a direct link between increased prostitution among young girls and the orphan problem. In their work, they found girls enter prostitution to supplement the family income after a parent dies or are forced onto the streets as a result of abuse in the care of relatives.

Children become vulnerable when one or both parents die but they are also vulnerable in the care of extended family members. Where the extended family is limited, the burden of care increasingly falls on elderly grandparents or what Crewe (2001) describes as the "cruelty of child-headed households". Geoff Foster, a pediatrician who has researched AIDS affected children in Zimbabwe, found that grandparents provide care for more than half of orphaned children in Zimbabwe. Grandparents may be too old to adequately provide for the developmental and material needs of young children and unable to exercise the control needed to ensure school attendance (Kelly, 2000). Elderly and orphan headed households are arguably the most vulnerable of AIDS affected households with children (Banda and Bandawe, 2001). The majority of the households I visited while accompanying community volunteers on home visits were headed by grandmothers. In one household, an 86 year-old grandmother housed twelve orphaned grand and great-grand children between the ages of 3 and 16. She shared that all of her children had died and left their children to her care.

Proponents of the donor approach argue that in the face of these pressures, the extended family is doing more than any other structure or intervention to care for orphaned children (Zambia Situation Analysis, 1999). In Zambia, where almost 75 percent of Zambian households are caring for at least one orphan, this is true. They also admit, however, families cannot care for orphans alone and will require support from all segments of civil society: churches, NGOs and community-based organizations (UNICEF, 2000).

Limitations of Community-based Orphan Care

While there are obvious social and economic pressures that undermine the effectiveness of the donor-driven community based orphan care model, there are also limitations inherent in its practices. A USAID and UNICEF funded assessment of practices for the care and support of orphans in Zambia (1999) found numerous weaknesses and challenges to the practices of the

donor approach. From an assessment of 13 orphan care projects in Zambia, the report concluded that many of the activities central to community based orphan care (such as fundraising, community farming, and skills training of orphans and caregivers) were not profitable, did not raise income levels or were only marginally successful in "building capacity". In this section I will briefly discuss the limitations of two components of the donor approach: volunteers and income generating activities.

The Volunteer base

Volunteers form the bedrock of community-based orphan programs widely supported by donors but are often a tenuous and unreliable line of defense. Volunteers are largely drawn from poor communities. They tend to be older, retired women – some of whom are caring for orphaned grandchildren and others, unemployed adults with families. A director of one of the projects in the case studies told me that in his experience "there is no guarantee with volunteers". He found that volunteers were difficult to recruit and retain if they were not offered some compensation - such as a small stipend, food rations or donated items. According to a staff person at a transit home for street children, "volunteers come and go depending on what they will receive". With high poverty levels and over 50% unemployment[8], volunteerism with funded projects has become a form of "employment" for many Zambians, particularly for those supporting large families. Volunteers may be genuinely willing to help their neighbors and participate in committees, but often expect some compensation in exchange for their time and labor. This was the most common complaint among those organizing community-based orphan care efforts with whom I met. In addition, the work involved is often time, labor and resource intensive (e.g. visiting households regularly, registering orphans). Frequently, a project will begin with a large base of volunteers, but participation will wane over time, particularly if funding is scarce and the participants fail to see tangible benefits. Volunteers often lack skills and experience as outreach workers and receive limited guidance from the orphan support program administrators.

In my discussions with community-based orphan support program paid staff and volunteers, I found that there was always a strong core of committed volunteers who sacrificed personal time and resources to carry out the work of the program. This core, however, is usually small and ill equipped to sustain and manage demanding activities such as home visits with families with a fluctuating base of volunteers.

[8] 2001World Factbook, Central Intelligence Agency (CIA)

Income Generating Activities

Each orphan care project, whether modeled after the donor approach or a traditional orphan care institution, had an income generating activity (IGA) to support relief efforts for orphans and caregivers and/or to sustain their activities. IGAs are designed to alleviate poverty in households caring for orphans by providing caregivers and orphans access to credit, skills training and (mostly in rural areas) agricultural inputs. They range from group-based initiatives such as tailoring clubs in which participants acquire tailoring skills and produce items for sale to revolving loan funds in which participants are given small loans to start their own business. Some projects manage small communal plots of land to grow food and raise revenue for orphans and others provide families with agricultural inputs (e.g. fertilizer and seeds) to grow their own crops to increase food security and supplement income.

The overwhelming majority of the projects were focused on tailoring and loan funds. The participants of the tailoring projects were often women who produced items such as traditional men's shirts and women's dresses, woven carpets and knitted infant clothing. The small loans were often used to set up a small business – usually a vegetable stand outside one's home. I questioned the demand for tailored clothing given Zambia's poverty levels and thriving second hand clothing industry (Jones, 2002). I also observed that competition in the vegetable stand sector (more accurately, Zambia's informal economy) was stiff – as the compounds were home to several of these stands – many selling the same goods.

IGAs are unlikely to be effective unless participants have access to job skills training and marketing support. Williamson (1999), an influential voice in the orphan crisis discourse, cautions that IGAs used in interventions for AIDS effected communities must "adhere closely to basic economic rules ...respecting the economic realities and constraints" of the context in which they operate. Williamson also points out that microfinance requires specialized expertise and that IGAs should not be viewed as an intervention that will necessarily lift poor households out of poverty. A thorough evaluation of the effectiveness of IGAs in the activities of the donor approach is beyond the scope of the thesis. However, it is important to note that research provides evidence that small-scale income generating schemes, particularly in Africa, are marginally successful. Tendler (2000b) in her critique of social funds - which are donor supported poverty reduction projects that often include IGAs – points out that studies by donors

themselves have found social funds a "rather dull instrument for the purposes of reducing poverty and unemployment".

In highlighting the limitations to the donor approach I am not suggesting that the activities in question should be abandoned. Rather they need to be strengthened, improved and in some cases reevaluated to determine if the time and energy devoted to them yields the intended results. I raise questions about the effectiveness of the prevailing approach to suggest that where its key interventions are limited or fail, there is room to expand the "first line of defense" and include institutions that can further the overall objectives. This is where community-centered orphan care institutions enter the picture – the focus of the next chapter.

CHAPTER 3: AN EMERGING MODEL – Three Case Studies from Zambia

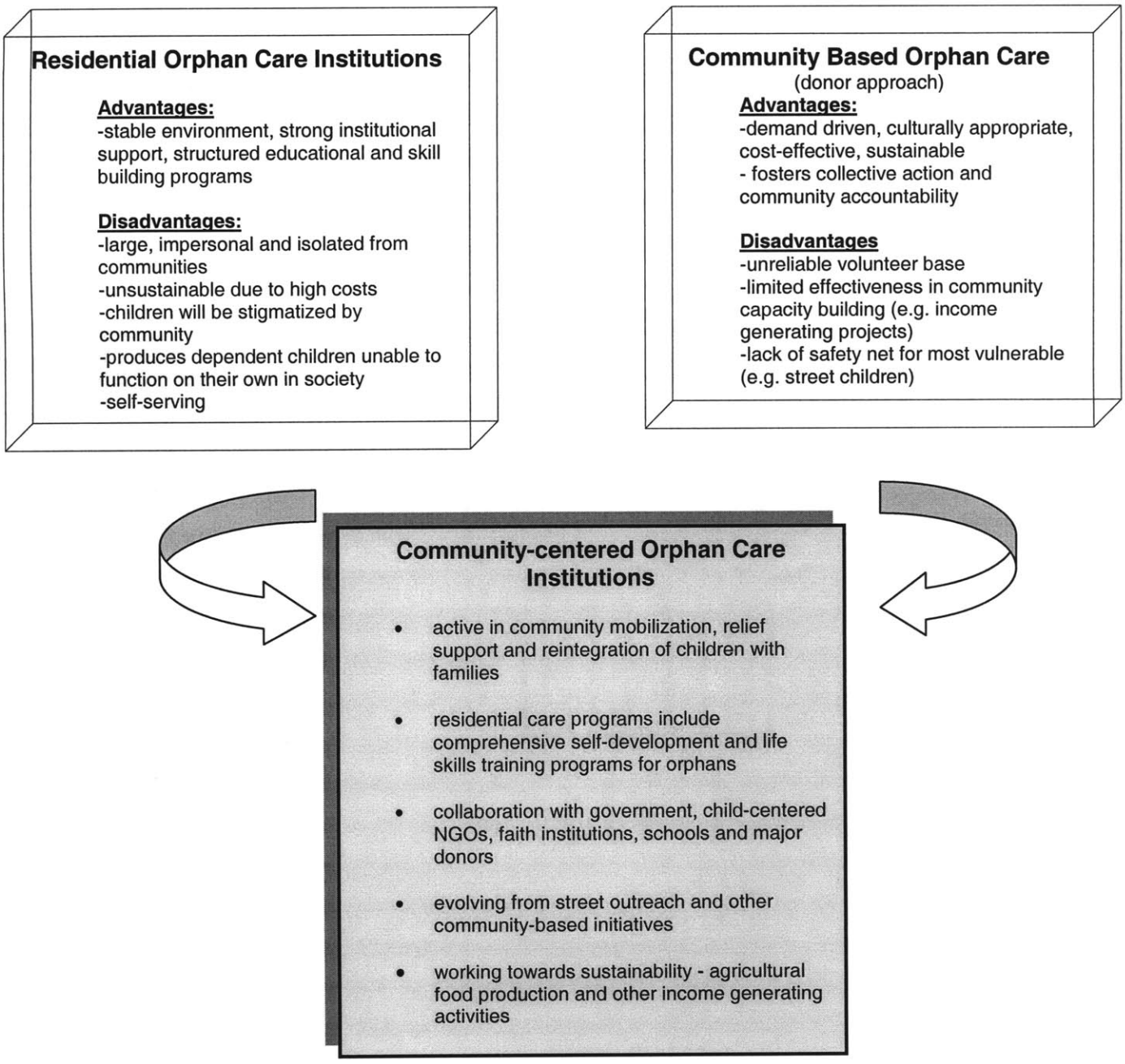
In chapter One, I describe community-based orphan care, the foremost approach among donors, and explore major arguments against institutional care for orphans and vulnerable children. The previous chapter draws out factors that undermine this dominant approach and concludes that, as a result, the first line of defense must expand. I will now turn to orphan care institutions and describe a key actor in expanding the social safety net for orphans, vulnerable children and their families: community-centered orphan institutions.

3.1 Re-conceptualizing Orphan Care Institutions

The current debate around institutional care for children is misleadingly dichotomous (either community based interventions or residential care), ill informed (all institutional care for children fails to meet their emotional and developmental needs) and simplistic (residential orphan care only as a last resort). This debate is further simplified when all orphan care institutions are thrown into one category without acknowledging that they differ, *inter alia*, in size, structure, philosophy and - I emphasize - their active involvement in supporting vulnerable families beyond their organizational confines. Based on my field research, I argue that community-centered orphan-care institutions are essential and important layers of the first line of community-centered social safety nets in Zambia.

What are community-centered orphan care institutions? I broadly define community-centered orphan care institutions as organizations with temporary or permanent residential programs for orphans and other vulnerable children that incorporate in their overall objectives both a commitment to developing the child as well as supporting orphans and their families in communities. This work in communities is similar to the activities associated with the donor approach such as organizing volunteer committees to care for orphans and income generating projects for caregivers. Revisiting the typology of interventions for children orphaned by AIDS in the introduction, community-centered orphan care institutions, in particular, draw from the strengths of two seemingly competing models of orphan care: the present donor approach and residential orphan care institutions. The following diagram reconfigures the typology to highlight the perceived advantages and disadvantages of residential orphan care and the donor approach. The shaded box is a summary of certain aspects of community-centered orphan care institutions on which I will focus in the case studies contained in the next section.

Diagram 3.1: Emerging Model of Orphan Care Institution



3.2 About the Cases

As mentioned earlier, I set out to survey a range of orphan care institutions but instead, focused on the cases featured in this study. These cases were unexpected findings I encountered in the course of field research. They stood out as models – perhaps not entirely replicable – but worth examining in light of the debate on orphan care institutions. In particular, they represent emerging and dynamic models of orphan care institutions that both challenge the prevailing

notions and further complicate our understanding of how residential institutions provide care for children and support communities.

I conducted semi-structured and informal interviews with the directors and staff of each case study project, and reviewed annual reports for more detailed programmatic information. I did not set out to determine how and to what extent the projects successfully meet their goals. In some instances, breadth is sacrificed for depth of analysis. For example, as one reads the cases, one may be interested in learning more about the specific experiences of the children who reside in the projects or the families supported by the projects. While this information can provide a more textured or rich understanding of how these institutions affect the lives of their beneficiaries – it is not a focus of the study. This study is more narrowly concerned with examining the institutional arrangements that define the projects (e.g. base of support and program structure) and their relationship to and work in communities (e.g. the degree to which the project supports community initiatives). To this end, the reader will encounter 4 important institutional actors throughout this chapter: international donors, local NGOs, government and religious institutions.

The first two projects are located in both urban and peri-urban areas of Lusaka. They are church affiliated institutions whose directors, both native Zambians, serve as leaders in their respective churches and among organizations working with orphans and vulnerable children in Zambia. Religious institutions serve as their institutional base. In an overwhelmingly Christian country like Zambia, this is not uncommon. I highlight these characteristics for two reasons: 1) faith institutions in Zambia appear to have stronger roots in communities than secular, non governmental organizations; and 2) in general, I have found little written on the principal role of faith institutions - as distinct from private charity groups - in operating orphan care institutions. The last case, Children's Town, is the largest and most established orphan care institution I explored in my research.

I should add that in the course of each interview with orphan care institutions, I asked the interviewees to suggest projects serving street children or orphans that I should visit. This was one method of "cross-referencing" to gain a better sense of how others (practitioners, community workers etc.) viewed the projects. The projects are three of a handful that were named most frequently. The Lazarus Project and the Anglican Children's Project appeared the most widely known (and highly regarded) – partly for their work with children and partly due to

the directors' active involvement in citywide networks for orphans and vulnerable children (discussed later). Both Lazarus and Anglican suggested I visit Children's Town primarily to see the project in its rural context.

A Brief Description of Each Project

The Lazarus Project

The Lazarus Project s a church-based social service program administered by a well-known church in the heart of Lusaka.[9] A young, dynamic couple – the Reverend Joshua Banda and his wife, Gladys, leads the church. It has three components: 1) two residential group homes for former street children and orphans; 2) an outreach and rehabilitation program for commercial sex workers and; 3) a monthly feeding program for street children. I include the Lazarus Project in this study because the project caters to former street boys, who are often those most in need of residential care, and emphasizes a "family model" of care, which seeks to group children in surrogate "families" with a married couple serving as foster parents. The second home, built in the second phase of the project more closely represents this model. Lazarus does not have the type of community-based orphan support program I highlight in the other two projects, but it has a very strong institutional base (a 2500 member activist church) and a model congregation-based HIV/AIDS awareness program. Though central to the project, the residential program for former street children is one piece of a larger picture.

The Anglican Children's Project

The Anglican Children's Project is also church-based, directed by a member of clergy and is explicitly Christian in its orientation. Though technically a project of the Anglican Church in Zambia, it effectively stands alone as its own non-profit organization. It defines its programs into two broad categories: curative and preventative. Fifty boys and girls (former street children, orphans, troubled youth) live at the Canaan Center – the project's residential program. The Canaan Center is located on the outskirts of Lusaka and includes on its property dormitories, classrooms, a bakery operated by the older children in residence, farming plots and the administrative offices for the Anglican Children's Project. The residential program is "curative" - as it aims to rehabilitate street children and orphans and reunite them with their extended families. As part of its "preventative" program, the Anglican Children's Project also leads a

[9] The name Lazarus is taken from (John 11: 1-43) in the Bible. The name of the project borrows from the themes of rebirth and restoration found in the story.

Community Outreach Program in one of the largest compounds in Lusaka. Among other things, the Community Outreach Program provides emergency food relief to households caring for orphans, sponsors orphaned children in government schools and supports the work of volunteer committees organized to support caregivers of orphans and child-headed households.

Children's Town

Children's Town is an orphanage. Unlike Lazarus which has a group home structure and "house parent" model or the Anglican Children's Project which views its residential program as "temporary" – Children's Town is unapologetically, an orphan care institution. It was one of the largest residential programs I visited in my fieldwork. Located on approximately 250 hectares of land in the rural Chibombo district of Zambia's Central Province, it houses 120 boys and girls ages 6 to 19. Children's Town's institutional base is Development AID from People to People (DAPP), a Danish non-governmental organization that has sponsored community-based projects, provided relief aid and sold second hand clothing in Zambia since the 1970's. The Project operates a primary day school, skills training program, small clinic and a community center were meetings and other events are held for community members and outside organizations. Over 140 children from the surrounding community also attend the day school - the majority of whom are orphans who cannot afford school fees.

Like the Anglican Children's Project, Children's Town initiated an outreach program to orphans and their caregivers in the rural town where it is based. The "Orphan Support Program" sponsors children in government schools, assists families with agricultural inputs and organizes and monitors village based volunteer committees to support vulnerable families.

Table 2. Case Study Characteristics[10]

ORPHAN CARE INSTITUTION	Type	Years in Operation	# of children in residence	Staff Size	Focus	Location
Lazarus Project	Local, Church-based	3	55	8	Street boys and Orphans	Urban/Peri-Urban
Anglican Children's Project	Local, Church-based	6	50	6	Orphans and Vulnerable Children	Peri Urban
Children's Town	Supported by Foreign NGO	12	120	22	Orphans and Vulnerable Children	Rural

3.3 Summary of Findings

In this section I share my findings, which are organized to answer seven questions that I consider important in understanding how the cases I have chosen represent community-centered orphan care institutions. Throughout, I will point to certain aspects of each project that challenge the running critique of orphan care institutions. The first question is most important in understanding why I identify the case study projects as a hybrid of the donor approach and traditional orphan care institutions. The remaining questions are concerned with understanding specific characteristics of the projects' structure as well as the form and content of their programs.

1. What makes them community-centered?

This section is the mainstay of this thesis. Again, the most striking discovery was orphan care institutions that lead interventions mirroring the donor model in their respective communities – melding categories 1 and 2 in the typology I presented in the introduction. This is important because these particular orphan care institutions are largely ignored in the current literature on appropriate orphan care interventions. They have expanded their traditional function (providing residential care for orphans) to one in which they assist vulnerable families beyond the confines of their institution. In this section I will focus almost exclusively on the work of Children's Town and the Anglican Children's Project – both of which incorporate strong elements of the donor model in their programs.

[10] Diagrams are provided in the annex which lay out the organizational structure for each project.

It is important to note that the Anglican Children's Project and Children's Town developed community-based orphan programs *after* they established their residential programs. This fact is perhaps a commentary on both their organizational development (how the thinking and outlook of the projects expanded to recognize the need to support families and communities) as well as organizational capacity (how establishing a strong institutional base with the residential programs afforded them greater organizational capacity to lead community based initiatives).

Anglican Children's Project

To understand first-hand how the donor model of community-based orphan care works, I spent time with the Anglican Children's Project's community volunteers. As Mrs. Zulu and I walked through her neighborhood in Lusaka one, of over 40 slums scattered throughout the city, she led me through the ecology of AIDS in Zambia. Mrs. Zulu, a sixty year-old volunteer community worker with the Anglican Children's Project, drew links between World Bank and IMF induced economic reforms over the past decade, deepening poverty, declining health and living standards and the onslaught of AIDS. She further explained the impact of AIDS on her family (she is caring for 6 grandchildren) and the communities in which she works where families struggle to feed, clothe, educate and rear growing numbers of orphans.

Mrs. Zulu and her co-worker, Mrs. Banda are the lead coordinators with the Anglican Children's Project's Community Outreach Program – the preventive arm of the Project. The Community Outreach Program is based in the Garden Compound, one of the largest informal settlements in Lusaka with a population of over 35,000. Neighborhood based volunteer committees, called Care and Prevention Teams (CPTs), identify local orphans and vulnerable children and provide emergency food relief to households. Zulu and Banda organize the CPTs and serve as liaisons between the volunteer committees and the Project. Having raised their families in Garden, both have strong roots in the Garden community, and are also active members of the Anglican Church.

Theses CPT's are almost the mirror image of the "best practice" model I described in Chapter Two (Chikankata, pg 13). The CPT's of Anglican's Community Outreach Program are comprised of, on average, eight Garden residents who establish identify and monitor systems for vulnerable children and orphans in their communities. Volunteers enumerate orphans, assign volunteers to monitor households, report cases of abuse and provide emergency relief services where needed. The project's 2001 Annual Report cited that the Community Outreach

Program supported 735 orphans and vulnerable children in different communities. This includes outreach to children and their families in Garden through the CPT's and a network of Bible Clubs in which approximately 300 children meet weekly. Initiated in 2000, the Bible Clubs are based in churches in three compounds including Garden, cater to children between the ages of 5 and 12 and provide both educational and recreational activities. The Clubs offer programs in HIV/AIDS awareness, personal hygiene, counseling and discussions on child abuse and child labor rights. In addition to providing school sponsorship for children housed in the Canaan Center, the Project also sponsors community children - identified through the Community Outreach Program in Garden - in government schools. Sponsorship includes payment of school fees, uniform expenses and school supplies.

Mwale, Anglican's director, views the Community Outreach Program as the most sustainable aspect of the project because he feels it will strengthen communities. However He admits that there are considerable hurdles in achieving long-term sustainability, namely the Program's weak funding base and fluctuating network of volunteers. Mrs. Zulu informed me that, due to lack of funding, the program suspended its emergency food relief initiative, in which CPT volunteers distributed staple food items (such as oil, dried beans and maize meal) monthly to needy families in Garden. Mwale was concerned with the programs dwindling volunteer base, which he attributed partly to waning interest and also to the Project's inability to compensate volunteers with a stipend or donated items.

Challenges notwithstanding, the outreach activities ground the project in the realities of the compounds where the majority of orphans and vulnerable children live. Mrs. Zulu described herself and the CPT's as the "link" between the project and the community. The committees identify the needs, (for example, volunteers may identify orphaned children who have dropped out of school) and the project works to meet those needs (e.g. paying for school fees and uniforms). The Community Outreach Program could not exist without the institutional and financial support of the Canaan Center. Conversely, without these community outreach activities, the Canaan Center would be an isolated child-care institution, far removed from the lives of the majority of Zambians who battle poverty, hunger and AIDS daily. Similarly, Children's Town's community-based orphan program now serves to anchor the project in the local community in which it has operated for nearly 12 years.

Children's Town

I felt compelled to visit Children's Town because it was a large institution based in a rural area. At the outset, I knew very little about the project but the very idea of a "children's town" invoked stereotypical notions of an isolated orphanage - housing scores of abandoned, homeless and parentless children. Children's Town's many layers began to unfold in my first meetings with Moses Zulu, in which he shared his experiences as director and described various aspects of the program. He was particularly excited about their direct work in mobilizing communities to support orphans. I did not understand the scale of this work until I visited Children's Town and met with the Children's Town Orphan Support Program's paid staff, volunteer organizers and community members who benefit from its outcomes. Active community organizing in the Program extends Children's Town's role as a safety net for vulnerable children – from childcare institution for orphans and street children to community organizer.

The Children's Town Orphan Support Program is more than an extension of the project's community involvement over the years. The Orphan Program is a project unto itself, with an off site office and paid staff (two field workers and two part-time Children's Town staff) responsible for coordinating various components of the program. According to the field workers, the committees have identified over 1600 orphans in the area since the beginning of the project. The program operates volunteer committees in 34 small villages in the Chibombo District. The committees are comprised of elected individuals who meet with each other monthly and attend periodic inter-village meetings. Volunteers use the monthly committee meetings to update the registry of orphans, identify community needs and troubleshoot. If the committee is spearheading a particular project, such as a communal farming project to raise money for orphans, they will also meet to discuss these plans and measure its progress.

The written description of the Orphan Support Program states:

> "...Too often institutions cut children off from the community support networks, life skills and cultural reference systems they will need as adults Moreover the resources needed to support one child in an institution can assist hundreds of children, if used effectively to support a community-based initiative. **There is therefore a growing consensus that the most effective means of addressing the orphan crisis is to support and build the coping capacities of families and social networks within the orphans' own communities**" (emphasis added - 2001 Project Description).

This of course, is the same rationale proponents of the donor approach elicit in their opposition to orphan care institutions. Though an "institution", Children's Town recognizes its limited institutional capacity to care for rising numbers of orphans in its own rural community. DAPP initiated the project in 1990 for street children from urban areas but as the orphan crisis grew in Zambia, the project accepted children from nearby villages. In 1995, DAPP surveyed the surrounding communities to gather information on households caring for orphans and child-headed households. DAPP found a significant number of children who had lived in cities, but had been sent back to the villages to live with grandparents and relatives after the death of their parents. Out of 1000 households in 34 villages, they found around 500 children they deemed either orphans or extremely vulnerable (e.g. living with an ill or dying parent). Increasingly, caretakers of these children asked for assistance from Children's Town such as emergency food relief (e.g. meals) and placement in the day school and residential program. Children's Town could not accommodate many of these requests and began providing assistance to households most in need. In 1999, DAPP conducted another survey of 1000 households and found the number of orphans and vulnerable children had increased to 817.

Children's Town's staff watched the situation worsen, as more families and children needed assistance. They were also aware of existing, small scale, local responses and emerging support networks in these communities such as cooperative farming initiatives and church-based volunteer groups. Before establishing the program, Children's Town met with local traditional leaders (i.e. village chiefs) in a series of meetings to raise awareness about the plight of children in their communities and to discuss appropriate responses. The traditional leaders held open community meetings to discuss the initiative with the wider community who eventually elected volunteers from the villages to serve on orphan committees. Also borrowing from the Chikankata CPT template, the committees, among other things, keep a register of orphans, visit households, report cases of abuse and provide assistance where needed. These core activities, which flow from the objectives, are designed to facilitate ownership of collective responsibility among stakeholders – whom the project identifies as: orphans, guardians, volunteer committees, schools and the wider community.

Some of these activities have moved confidently toward their stated objectives. For example, an independent evaluation of the Program found that community members and staff cited placement of orphans in government schools as the most tangible and successful benefit of the

program. In the Program's eight months of operation, forty-five orphaned children from the community have gained access to government schools. There are currently nine government schools working closely with the orphan program. These schools have waived school and uniform fees for orphans. Children's Town conducted workshops for teachers and staff of participating schools to reduce stigmatization of orphans and increase awareness of the orphan crisis among local educators. The program's field workers visit area schools regularly and have worked to establish a rapport with administrators and teachers. A principal of a local school with whom I met felt the orphan program assisted the school in developing a more informed and comprehensive approach to meeting the needs of orphans. He has seen changes - orphans are now less likely to drop out of school and their caregivers are more willing to send them to school.

This growing "success" in collaborating with government basic schools is significant. Children's Town's Orphan Support Program has moved beyond acquiring "slots" for orphaned children in government basic schools which is often a sharp focus of community-based orphan care programs to building institutional linkages with government schools. The Program is concerned with building relationships with the teaching staff and administration of local schools – treating schools as another community institution to actively engage in meeting the needs of orphans and their caregivers. In contrast to the lop-sided collaboration between government and the projects explored in question 5, the Program's collaboration with local government schools seems more balanced. The schools have worked to waive fees and allow students to attend without uniforms and the Program is helping the schools become more sensitive to the plight of orphans.

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While the work with schools holds promise, other Orphan Support Program activities seemed to have only inched toward their stated goals. The income generating activities have had mixed results and in many cases, achieve only marginal success. For instance, some communal farming projects organized by committees have failed because volunteers could not commit the time and effort needed to maintain crops. In other instances, the yield was too low to make a profit or generate enough income to provide food or loans to needy families. An independent evaluation of the program found communal farming projects generally poorly planned, sporadic and unsustainable.

Thus, both projects encounter similar challenges faced by programs based on the donor model. This is expected given that the programs of the Anglican Children's Project and Children's Town emerge from the standard mold of the donor approach and are operating within the same context. A staff person for one of the projects lamented the inevitability of "donor fatigue" among the network of organizations providing care for children and families affected by AIDS in Zambia. She felt because this exhaustion of donor funds would increasingly make accessing funds difficult, it was important for community-based orphan support programs to become self-sustaining through income generation projects (e.g. agricultural production). Not surprisingly, both Mwale and Zulu share this vision.

2. How did they evolve?

Each project evolved from a particular sequence of events. The general path involves first, informal outreach to street children on the streets of Lusaka; second, the development of a residential program for street children as the numbers of street children in their service area increased; and third, an expansion of the project's target population to include orphaned children. None of the projects set out to exclusively serve children affected by AIDS. The Lazarus Project emerged from Northmead's outreach to street children through a monthly feeding program. "Soup Day" catered primarily to street children on Paseli Road, the street on which the Church is located. Through the feeding program, Northmead church volunteers awakened to street children's experiences with homelessness, poverty and abuse. As a result, the Northmead Women's Ministry group led an outreach program to street children beyond Paseli Road to other areas of Lusaka, providing food, clothing and at times, securing sponsorship of children in government schools. Members from the church conducted a baseline study of homes in the neighborhood to identify vulnerable children and their families.[11] The results were used to develop the first project proposal for Lazarus – informing it's initial programmatic goals. Through this study, Northmead identified 6 boys living on the street in need of shelter. These boys were housed in the first group home.

Formally named the Anglican *Street* Children's Project, the Anglican Children's Project's evolved in a similar fashion. Volunteers from the Anglican Church began informal outreach to street children – offering primarily food and clothing to children in need. Church volunteers recognized the complex needs of street children such as medical attention, counseling and shelter. The residential program emerged from this need. In 1996, the Anglican Children's

[11] The study was conducted with support from Crossroads Christian Communication, Inc - a Canadian NGO.

Project's residential program housed its first residents - 7 children (5 boys and 2 girls) identified through this street outreach.

Children's Town was more intentional in its early beginnings than other projects. Prompted by a 1990 UNICEF report that warned of an estimated 600,000 children orphaned by AIDS in Zambia by 2000, DAPP staff initiated what they considered a community-based intervention - Children's Town – which would provide shelter and education to street children. The Chief of village where the project is located, donated 250-hectares of land to the project in exchange for spaces in the day school for needy village children. Like Lazarus and the Anglican Children's Project, they initially focused on street children because, often separated from extended families, they considered street children most vulnerable.

In the beginning, a Dane employed with DAPP and 10 Zambian staff including the current director, Zulu, pitched makeshift tents on the land which served as both staff housing and student dormitories and began outreach to street children in Lusaka. The day school started as open-air classes taught under trees. One year after the project opened its doors, it housed 28 street children from Lusaka. As Children's Town grew, it formalized a relationship with the Zambian Government Department of Social Welfare and accepted street children primarily referred through this agency and other programs for street children such as drop-in centers in Lusaka. Over the course of the first five years, the project received funding from donors to build structures on the land and develop its programs. It created a skills training program which it felt children needed for social development and focused on establishing the day school.

Similarly, the Anglican Children's Project was borne of humble beginnings and evolved into a more established institution. The first site was located at a local community center owned by the Anglican Church. The program was squeezed into a total of four rooms – two rooms that served as dormitories for the children, a small sitting area and an office. The center lacked, among other things, indoor plumbing and adequate recreational space. Full time staff was limited to one housemother who lived with the first seven children.

Church volunteers continued to reach out to children on the streets and refer the most desperate cases to the residential program. The project also received children referred by the Zambian Ministry of Community Development and Social Services. By 2000, over 100 children had been housed in Waddington Center for various lengths of stay and in that year 28 children

were permanent residents. Mwale euphemistically described conditions then as "crowded". I would offer the project likely resembled the common perception of orphanages - sub-standard, overcrowded, poorly staffed "warehouses" for abandoned children. Though under-resourced, the project offered the children substantially more than they found on the streets. They ate three meals a day, attended government schools with school fees and other expenses paid by sponsors, and benefited from rehabilitative counseling and health care. They also received support from various "well-wishers" – church volunteers and individual donors who took an interest in the project and the children.

In 2000, the Anglican Children's Project acquired a 5 acre plot of peri-urban land in Lusaka from a local Anglican church and moved the program to this location. These developments culminated into the official birth of the Canaan Center. The Canaan Center now functions as the center of the Anglican Children's Project. I spoke with many people working with orphans and street children in Zambia who pointed to the Anglican Children's Project as a model residential program.

In a more accelerated development than the Anglican and Children's Town, the Lazarus project acquired property to develop the second group home 4 months after establishing the first. The second home, located approximately 6 miles from Lusaka , is the second phase of the Lazarus project for street children. With this second home, Lazarus worked to develop a structure that moved beyond providing shelter and basic education to offering concrete opportunities for reform and self-development. I discuss in greater detail programs for children in residence in a later section.

With Lazarus and the Children's Project, we see that community outreach to street children through volunteers had a "ripple effect" in program development: encountering children on the street led to an awareness of their most urgent needs and this awareness prompted volunteers and church leadership to provide more comprehensive care in residential facilities. Their evolution - from street based outreach to residential program - challenges the notion that orphan care institutions are a "cultural import" (both projects literally started on the streets of Lusaka) and that they do not involve communities (both projects were initiated by Zambian volunteers).

On the other hand, Children's Town was in fact initiated by an outside organization. However the majority of the employees are Zambian. The founders entered somewhat of a "partnership"

with the local chief the village where it is based. Offering spaces for local children in its day school was the beginning of its relationship building with the surrounding community. We will see later how this relationship with the surrounding community evolved into a structured program to support orphans and their caregivers.

3. What is Their Institutional Base?

With respect to the projects, I define institutional base as the primary organizational context within which they operate. For example, as mentioned earlier, Lazarus and Anglican are both church-based projects while Children's Town is a secular organization and supported by an international NGO. The institutional bases for the projects vary in their strength (the extent to which the projects are embedded in the organizational context) and their influence (the degree to which the institutional base is central to the operation and implementation of their programs). These are defining characteristics for each of the projects and important in evaluating their sustainability and replicability.

In my first set of interviews I met with a senior UNAIDS official to learn more about the landscape of organizations working on AIDS in Zambia. When I asked him about the role of faith-based institutions in combating AIDS, he launched into a scathing critique of churches in Zambia – describing many of them (exempting the Catholic church which has pioneered home-based health care of AIDS patients) as either "late in responding" to the AIDS crisis or "mired in denial". He felt churches were underutilizing their strong institutional base in communities and that church leadership, in particular, was reticent to talk openly about AIDS. However at the end of the meeting, he recalled the work of the Lazarus Project. The official also lauded Northmead's congregation based AIDS awareness ministry and its outreach to street children.

Lazarus is the non-profit arm of the Northmead Pentecostal Assemblies of God Church - a 2500 member church in the heart of the Lusaka.[12] Northmead is the largest and oldest of over 600 Pentecostal Assemblies of God (PAOG) churches in Zambia. The entire Northmead operation includes a weekly radio program, a primary school enrolling over 200 students, and various social service programs, the most developed of which are subsumed under Lazarus. Northmead officially launched the Lazarus Project in 1999 but years of church-based outreach (e.g. the feeding program) to street children preceded the project.

[12] Pentecostal churches are one of the fastest growing evangelical churches in the developing world, particularly in Africa and Latin America.

When I first learned about Lazarus I was instructed to visit the group homes. I was not aware that the project was an extension of an established church-based AIDS ministry. This AIDS ministry is the brainchild of Reverend Banda, who after attending a regional conference on HIV/AIDS for clergy in 1999, began an aggressive HIV/AIDS awareness campaign from the pulpit - openly discussing the threat of AIDS in the church community. This flourished into AIDS awareness workshops for Northmead members and the development of a home-based outreach program through an existing network of home bible studies. Northmead is now one of the leading churches in Zambia active in church-based HIV/AIDS education programs.

Lazarus serves as one model in which institutional care for children is one component of a congregation-based program to serve the poor and in particular, AIDS affected communities. Its institutional development was driven by responses to community needs. According to Banda, the feeding program shifted the church from the inward focus characteristic of independent evangelical churches to an outward orientation towards service to the poor. The outreach to street children led the Women's Ministry to see the needs of commercial sex workers in the neighborhood from which "Operation Paseli" emerged. Operation Paseli collaborates with "Tasintha", a secular NGO working with commercial sex workers in Lusaka. The group homes were a response to a growing concern for the most vulnerable children they encountered – those in precarious living arrangements, involved in sex work and or living on the streets. Each of these programs ("Soup Day", "Operation Paseli", and the two group homes), though technically under the aegis of a separate non-profit organization, are central to the church's social justice work.

The Anglican Children's Project, although church based, has a very different organizational setup. First, it is not congregation centered. That is, no one congregation claims the project. Its official governing structure represents the rigid and hierarchical structure of the Anglican Church. It is technically a project of the Anglican Diocese of Lusaka. The diocesan Synod (the highest church authority) appoints an advisory committee that oversees the executive board, various volunteer sub-committees and project staff. In this sense, the project is less "autonomous" in its structure than the Lazarus Project. That is, there is an authority structure above its operations (the Synod) to which it reports and is held accountable.

I will veer from the focus on church structure to compare and contrast Children's Town's institutional context. Though Moses Zulu, the project's director, is also an ordained minister who pastors a small rural church and (as I found in interviews) many of the staff and children in residence are active churchgoers, there is nothing explicitly, or even suggestively, religious about the project's structure. I also found Children's Town' relationship to DAPP intriguing because DAPP is not a child centered NGO. At first glance, Children's Town seems an odd project for it to have undertaken. DAPP traditionally supports grassroots agricultural, environmental and health projects in rural Zambia but as I discussed in the first section, it expanded its programs to children after taking stock of the street children problem in Lusaka. Unlike Lazarus and Anglican, DAPP had no congregation or volunteer base from which to draw. It simply expanded its reach as an organization by devoting staff and resources to the development of Children's Town.

DAPP's organizational influence is clear: it initiated Children's Town; remains its primary funding base; and continues to provide technical assistance to the staff. However, interestingly, Children's Town has evolved its own distinct identity separate from DAPP. As Children's Town has taken form over the years, DAPP's direct involvement in the project has diminished. This may be due in part to Zulu's strong leadership and also the project's geographic distance from DAPP's main offices in downtown Lusaka. Conceivably, DAPP's fading to the background was intentional as a means of grounding the project in the local community.

4. What is Their Overall Philosophy?

I found each of the projects share the same long-term and practical goals of the donor approach (building the capacity of families and communities) and acknowledge their inherent limitations as institutions (residential care only reaches a small number of children).

Moses Zulu, the director of Children's Town, however, believes that for the most vulnerable children, institutional care is a better alternative than living with their own families. According to Zulu, boarding school saved his life – rescuing him from an abusive father and dysfunctional household. After enduring years of severe physical and psychological abuse from his father, Zulu, the eldest of eight children, gained access to an elite Catholic boarding school where he found stability, structure, quality education and the support he needed to heal – emotionally and psychologically. After completing boarding school and finding employment, Zulu returned to his family and supported his seven siblings through school. Over the years, he and his siblings

have worked to repair their relationship with their father and rebuild the family. If it were not for boarding school, Zulu asserts, his life would have taken a drastically different course.

For Zulu, boarding school was not the ideal family environment, but it offered him an opportunity to develop himself and grow into a responsible and independent adult. Zulu argues that institutional care will be "the last hope" for many Zambian children who are abused, neglected, orphaned by AIDS or on the streets. In his experience, sometimes the family proves to be the least desirable alternative.

Zulu likens Children's Town to his boarding school experience. Children's Town is not a boarding school but in Zulu's view, the project offers its children two essential things he found in boarding school – refuge and opportunity. Zulu is not a proponent of orphan care institutions simply because he leads one. His childhood experiences and work at Children's Town have made him sensitive to the vulnerability of children within their own families and critical of the dominant paradigm of community based orphan care. This strong bias toward orphan care institutions, however, did not prevent Zulu from leading a comprehensive community-based orphan care program in Children Town's home district – as described in the first question.

The staff at the Anglican Children's Project would disagree with Zulu. When I met briefly with the chair of the board of directors, she decried long-term institutionalization of children, ("we believe children are better with families") but also enthusiastically shared the Project's achievements in both its residential program and community outreach. At its inception, the goal of the project was to "increase the capacity of orphans and other vulnerable children and their families in responding to their needs, through community-based and other interventions" (2001 Annual Activity Report).

Mwale and staff view the residential program as a necessary (but only temporary) intervention. He agrees that residential care institutions should exist to transition children back to communities - but that in the long-run they are not sustainable. In Mwale's view, the most effective long-term response should be rooted in building the capacity of communities to care for their children. The Anglican Children's Project has a "dual approach" which it neatly frames in two categories: curative and preventative. The curative program is the residential program at Canaan Center where the focus is on rehabilitation and reintegration of children back to families and communities. According to Mwale, rehabilitation includes enrollment in government

schools, the aforementioned skill-building activities; religious based psychosocial counseling and therapy for abused children. Reintegration back into immediate and extended families is the ultimate goal of the curative program. The written description of the project states "the facilities in Chelston [The Canaan Center] are NOT meant to keep children forever but to be used as a rehabilitation center for re-integration to communities" (2001 Annual Report). Mwale actively works to identify family members willing to accept the children but admits that reintegration can be a long and arduous process.

The Anglican Children's Project views building community capacity as its primary function. However Lazarus, while active in community based outreach and AIDS awareness, focuses more on the reform and development of children in their group homes through counseling, structured activities and skills training, rather than widespread community-based orphan support. Therein lies the most meaningful difference between the Anglican Children's Project approach and Lazarus.

The Banda's (Lazarus Project) seem to mediate between Children's Town's assertion that orphan care institutions are essential and Anglican's position that an orphan care institution could never measure up to a family. The early vision of Lazarus stated that the project would "focus on providing basic needs, training, enterprise development and micro-credit for the rapidly growing number of street children in Zambia *and their female care givers*." (2000 proposal). The project would embody a "people centered approach to help women caregivers and street children (and other youths) acquire the resources and necessary skills to improve their own situations." Like the prevailing donor model – it sought to build self-sufficiency among its beneficiaries and strengthen weakened families. The most comprehensive component of Lazarus, however, is the residential homes for boys.

In interviews, the Banda's shared their vision of building an institution that, like a family, would commit to the child for life. That is, once the child has enrolled in the project, he is offered support throughout his stay in the form of psychosocial counseling as well as informal literacy and formal academic training. When he leaves, he retains a link with the project. For example, the Banda's envision children who have outgrown the program returning to serve as teachers and mentors. Beneficiaries of the project, "always have a home to which they can return" as the Banda's expressed. Unlike Anglican, the main thrust is not sending children back to families and communities, but rather, investing in their reform and development. The goal is to provide

children adequate support and guidance - primarily through structured programs and trained staff - to become productive, independent adults. Recognizing, however, that not all children mature at the same pace, Lazarus chooses not to impose a rigid policy of releasing children at the age of 19 (as does Children's Town) – each child will be assessed individually. With fewer than three years in operation, the benefits, virtues and drawbacks of Lazarus' life long commitment model have yet to be tested. Conceivably, this arrangement could foster dependency and reliance on the institution as critics of residential childcare affirm.

Banda also cautioned against what he now views as a trend – the tendency for funders and projects to measure success by the number of children a program has reintegrated in the community. Reintegration is the term used to describe the process by which institutionalized children are reunited and placed with family members, foster care or reach an age where they can begin a life of their own outside of institutionalized care.

The Challenges of Reintegration

I will briefly digress from the question at hand (what is their overall philosophy?) to discuss the major difficulties with reintegration because as Banda asserts, "reintegration" has become a major benchmark of success for many donors. In Banda's experience, reintegration requires a significant investment of time (e.g. multiple meetings with family members or potential guardians) and resources (e.g. loans and grants to assist families). Several orphan-care projects I visited with boasted reintegration as a primary goal and shared their figures on the numbers of children they were able to successfully reintegrate. Relative to the numbers of children they served, the reintegration numbers were always low and when pressed – all the projects conceded that it was an involved and difficult process and that they lacked adequate staff to carry out the reintegration process.

There are several reasons why reintegration is difficult and time/labor intensive. First, street children in Lusaka originate from all Zambian provinces, in particular the Copperbelt (several hours from Lusaka). An increasing number are refugees from neighboring countries such as the Democratic Republic of Congo, Angola, Malawi and Rwanda. Some were placed in orphanages by the United Nations High Commissioner for Refugees (UNHCR) and others, mostly street children, traveled to Lusaka on their own. Over time, severed family and community ties impede efforts to trace immediate and extended family members. The further the child's family, the less likely she has maintained contact with her family while on the streets.

Second, children will not immediately disclose their personal experiences or family history. Both Banda (Lazarus Project) and Mwale discussed the common roadblocks to reintegration. Banda in particular stressed the importance of building relationships with the children before prying into their lives to learn about their families. For some, it may take days but for others, it will more likely take months of peer and adult counseling and informal conversation to gather credible information. Third, even if the child is forthcoming early with information to contact family members and wants to be reunited with family, reintegration efforts may be slow coming because a) conditions in the home could drive her back to the streets and b) the family may be unwilling to take her in. Unfavorable conditions in the home may include abusive guardians and stepparents, extreme poverty or overcrowding. A family may refuse to accept the child for a host of reasons, the most common of which include financial constraints and fear that the child is still "of the streets" and not properly rehabilitated. Reintegration often requires reconciliation between the child and the family, particularly if the child was abused or neglected and/or if she spent considerable time on the streets. The institution must mediate this process and vouch for the child; assuring the family that she is ready to leave the institution and resume her role in the family. It must also work with the child to prepare her for re-entry to normal family life. Lastly, even after the child has been reintegrated, staff who led the reintegration effort may still need to facilitate reconciliation and conduct follow-up visits to monitor the child and family's adjustment.

Of the projects I interviewed, the Anglican Children's Project has one of the highest success rates for reintegration. Since its inception in 1996, the Project has successfully reintegrated 28% of children who have lived in the residential program[13]. Out of 123 children who have benefited from the residential program, the project returned 34 children to families, 18 have left the program – either returning to the streets or joining another program - and 50 children remain in residence. Placement in families is the final and most important measure of rehabilitation. The project asserts that ideally, the maximum length of stay for each child should be two years. Clearly this is an ambitious goal given that in six years of operation, the majority of children have either left the program or still reside in the center. At the time of interviews, Lazarus was close to the end of the process of fully reintegrating 4 children. Since all children are required to leave Children's Town at 19, reintegration is an on-going and fairly routine process. The next

[13] The projects I interviewed typically defined "success" as placement with an immediate or extended family and/or foster care. This does not necessarily indicate whether the family and child have properly adjusted to one another or whether the family/living environment remains conducive to the child's growth and development.

section will discuss Children's Town's reintegration program - one component of its highly structured program for children in residence - in greater detail.

5. What do they offer children in residence?

Recalling the common arguments against orphan care institutions presented in Chapter 1, there are at least 2 ways in which the projects challenge the idea that orphan care institutions fail to meet the developmental needs of the child. First, each of the projects provides both formal and informal counseling to children in residence. This takes the form of one-on-one conversations, group therapy, spiritual counseling (for the church-based projects) and various recreational activities that are part of the rehabilitative process. Each of the projects considers this counseling as central to their work with children in residence. Secondly, they offer structured skills training opportunities for the children to foster independence and prepare them for gainful employment. This last point will be emphasized in the examples that follow.

When I arrived at Children's Town, I was warmly greeted by 3 teenagers who served as my tour guides and hosts. Henry, age 16, spent 4 years on the streets of Lusaka before the Department of Social Services brought him to Children's Town.[14] Leaving "street life" was a process – but he eventually settled into Children Town's environment, made new friends and focused on his studies. Though he lost years of formal education while on the street, he excelled in his studies at Children's Town. Henry beamed as he told me that he had passed the highly competitive, standardized national exams after seventh grade and would soon leave the project to attend boarding school. Ruth was enrolled in the day school at Children's Town when her mother was still alive. After her mother died of AIDS, she and her sister lived with their grandmother. When her grandmother died, the two were separated: Ruth boarded at Children's Town and a distant relative took her sister. She has lost all contact with her sister and longs to be reunited. Ruth, also on her way to high school, excels in the sciences and has dreams of becoming a nurse.

Annie's record at Children's Town has been less than stellar. In accordance with Children's Town policy, she was asked to leave the project when she became pregnant. The father of the child was also required to leave. After Annie lost the baby in childbirth she returned to Children's Town, struggled to do well in her studies (she also aspires to gain entrance to high school) and has since emerged as a leader in the Children's Town community.

[14] The names of each child have been changed to protect their identities.

Henry, Ruth and Annie led me through their life at Children's Town. As we walked through the sprawling, green campus, they shared with me aspects of their daily schedule interspersed with intimate details of their lives and aspirations. They sleep in single sex dormitories, in modest, sparsely furnished rooms shared with members of their "family". These family groups differ significantly from the Lazarus model. The children are grouped by age and each group is supervised by a teacher - on whom the children rely for guidance and assistance outside the classroom. The teachers provide far more than instruction. They live on campus in nearby staff housing and their days extend well beyond the end of classes. They supervise children in daily structured activities, recreation (such as sports clubs) and evening cultural and arts programs. In a model that closely resembles boarding school – the teachers serve as house parents, guardians and mentors for the children.

My tour guides explained to me that children at Children's Town are always very busy. Each child participates in skills training activities that consume their afternoons. The Children's Town Skills Training Program is divided into five skills specific "steps". These steps are organized as follows:

Step 1: Scouting Activities – environmental education (such as protecting the environment), moral development and relationship building (how to make and keep friends).

Step 2: Business Management and Animal Husbandry

Step 3: Vegetable Production and Home Economics – (e.g. basic farming and cooking)

Step 4: Mixed Farming (various crops)

Step 5: Advanced Training in Agriculture (Crops and Animal Husbandry)

At various stages of training, children learn (among other things) to rear poultry, sheep, goats and pigs, farm staple and commercial crops, cook basic meals, extract edible oils from plants, build furniture, lay bricks, sew and make their own arts and crafts. Each "step" is comprised of 2 to 3 academic grades (for example, step 1, scouting, is comprised of grades 1,2 and 3) and emphasizes one aspect of social development. In step one, the focus is on "living in a stable environment" and this theme runs throughout each lesson. Though the steps are grouped by grades, they include children of varying ages and skill levels. Each child must go through all steps of the skills training program, whether or not they have had formal schooling or already possess certain skills. Children progress through the steps at their own pace and initiative but

must demonstrate mastery of each skill before they are permitted to "graduate" to the next level. Henry boasted that he had soared through the steps – advancing faster than many in his age group. He was especially proud of his achievements in art and tailoring and showed me his hand made woodcarvings and sewn garments – items that would be sold to generate revenue for the project.

Similar to Lazarus and the Anglican Children's Project, the goal of the project is to provide a safe haven for children and academic and social support that fosters healing, growth an development into independent adults. The mission statement states:

> "The mission of Children's Town is to provide a supportive environment, basic education, and skills training to former street kids, orphans and other vulnerable children. The project intends to empower the children with the skills and emotional support they need to become responsible and productive members of society, creating a better future for themselves and for others in their communities" (2001 Project Description).

For Children's Town, degree of success is determined by the child's progress during her stay and also her options upon leaving the program. Unlike Lazarus' "home for life" philosophy, children are expected to leave the project at the end of their academic and skills training and cannot remain beyond age 19. At the end of the child's stay, she has three options: attend high school, reintegrate into the community and/or find employment. Not all children fall neatly into these categories. If a child such as Henry, who has not yet reached the age limit, gains access to secondary education, he will continue enrollment in the program while attending boarding school. Similarly, a student attending day high school, such as Ruth, will remain in residence at Children's Town until she has completed her studies.

For Children's Town, reintegration and employment go hand in hand. While the Anglican Children's Project seeks to place children with willing family members as soon as possible, Children's Town emphasizes reintegration *after* the child has completed the program. The project refers to this process as its "resettlement program" – described as "a follow up activity which aims at reintegrating the school's graduates with their surviving relatives, or resettling them in villages around the project" (2001 Project Description). As an extension of the skills training program, Children's Town assists graduates with self-employment initiatives such as farming, rearing livestock and carpentry. The idea is that whether children find a home with

relatives or must live on their own after leaving the program, they will be able to support themselves. If Annie does not further her education after completing seventh grade and the skills training program, ideally she will be able to support herself using skills acquired at Children's Town.

The founders of Children's Town initially envisioned a family centered approach in which children were housed in small groups and cared for by an "aunt" and "uncle". This would re-create the family atmosphere of which many street children were deprived. Present day Children's Town clearly departs from this early vision which was similar to Lazarus' "family-centered" model. Over time, this goal shifted to a model that more closely resembled a boarding and trade school. Teachers, not house parents, became central parental figures in charge of age specific groups and the children were housed according to their level of skills training (or as discussed earlier – steps 1-5). This remains the current model.

"Community" at Children's Town

The Children's Town model may appear rigid and impersonal. Surely small family groups, headed by surrogate parents meet the developmental needs of a child better than placement in a system of graduated "steps" as child development theorists would assert. Did Children's Town abandon the family model altogether? In many respects, it did. Children, for the most part, do not live with adults in a reconstructed family. They share rooms with members of their step group and receive adult supervision from teachers in residence. In addition, older children are responsible for younger children. The regimented daily schedule of academic classes, skills training, and extra-curricular activities provides ample structure.

When I asked Henry, Ruth and Annie - as a group and individually - if they enjoyed living at Children's Town, each described their experiences as overwhelmingly positive. Each had certain aspects of the skill-training program they enjoyed most and seemed to genuinely claim Children's Town as their own. When asked if they felt part of a community – without hesitation, they asserted that Children's Town was indeed a community. They felt supported by the staff and fellow classmates. For example, I asked Henry if it was difficult for new children (particularly street children) to adjust to the program's structure. He said children who have difficulty adjusting are often coached by peers who offer advice and encouragement. Still, some children rebel against the structure and run back to the streets. Henry said he tries his best to

convince children who contemplate leaving (some of whom are old friends from his life on the street) that Children's Town is a far better alternative than the streets.

A visitor to Children's Town is first struck by how remote and seemingly secluded it is. From the main dirt road in the town, it is tucked further into "the bush" (the term many Zambians use to describe rural areas) where the campus rests. Small and large groups of children, children in pairs, teachers and community residents move about on their way to one of several activities occurring at the same time: steel band, chorus, dance or drama rehearsal, a workshop in the community center, a carpentry lesson or a group meeting. I was told that Children's Town is embedded in the village community: the children sell their wares to villagers and perform odd jobs in the community; day school parents and villagers benefit from skills training on the campus; and teachers, some of whom come from the surrounding area, invite children to visit with their families on weekends and holidays.

I was not able to closely observe the quality and nuances of the relationships among children, staff and community at Children's Town To this end, perhaps focus groups and an ethnographic approach would be a more useful research method. However the project clearly attempts to build community both within (evidenced by the wide array of communal activities offered to both children in residence and community members) and without (demonstrated by it's community outreach efforts).

The Anglican Children's Project employs an approach that is markedly different. While many orphan-care institutions operate community schools or provide basic literacy training, the Project's Canaan Center (the residential program) does not operate its own school. The project views enrollment of children in government schools as one approach to "reintegrating" children back to communities. The project fully sponsors all children in the residential program to attend government school. The children also participate in the same roster of skill training activities espoused by most community-based orphan programs. These include agriculture, carpentry and tailoring as well as basic electronics and computer training. Skill training activities at Canaan tend to be more focused and sustainable than other vocational programs for children which I visited.

For example, as mentioned earlier the Canaan Center operates a bakery staffed by older children trained in both baking and business skills. The bakery supplies ample bread to the

project. It is also a profitable venture - selling bread to nearby residents and church members. The children benefit from training in tailoring but this is not "training for the sake of training" where children produce clothing that is difficult to sell. The children at Canaan learn tailoring skills by producing church uniforms and other items sold to the Anglican Church. The children also cultivate the Center's land where they grow maize and other crops. Similar to the community-based orphan support model, the skills training activities are designed to enrich the lives of the children as well as foster self-sufficiency. In one of my meetings with Mwale, he proudly shared the story of Richard, one of the first boarders at Waddington and also one of the first to "graduate" from the program. Richard benefited from agricultural training while living at Canaan and upon graduating, the project gave him a small plot of land to farm on his own. He is now successfully farming at a subsistence level. The goal of Anglican is to develop more "Richards" – children who leave the project with skills and the capacity to support themselves.

As the youngest of the three projects, Lazarus' self-development programs for children are still taking shape. Before visiting with the Lazarus group homes, a former outreach worker with street children in Lusaka warned me of the "two faces of Lazarus". He was referring to the notable difference in institutional structure (including staffing and programs), quality of care and standard of living between the two group homes. The disparity exists mainly due to location: one is small and located in urban Lusaka (Chudleigh) - the other is more spacious and located in a suburban middle class neighborhood (Lilayi) with land for farming and other educational and recreational activities.

The First Face: Chudleigh

Lazarus established the Chudleigh Home in June 2000 with street children identified through Northmead's feeding program and outreach to street children. The home is a modest 4-room structure, sparsely furnished with adjoining living quarters for the house director. Chudleigh accepts boys between the ages of 7 and 12 and currently houses 25 boys between the ages of 10 and 13. Similar to the Lilalyi home, the Chudleigh home provides basic instruction to the majority of boys while a small number is enrolled in government schools. However, unlike Lilayi, it lacks comprehensive and integrated skill building and self-development opportunities for the boys. Without the benefits of land for farming and gardening and accommodations for classrooms and workshop space, the boys housed in Chudleigh do not enjoy the same quality of life offered in the other home. Chudleigh was Lazarus' pilot project – acquired to provide temporary housing and care for street children and orphans in need.

The Second Face: Lilayi

Lilayi reflects better the "family centered " group home model the project seeks to develop. A married couple serves as both parental figures and house directors. The father figure is a former agronomist hired initially to develop the agricultural program. He now leads instruction in basic literacy training and has developed a curriculum that integrates reading, writing and math lessons with a skills training program. He leads ongoing formal and informal counseling (e.g group discussions and one-on-one meetings) with each of the boys. Professionals from the church (e.g. doctors, nurses) also volunteer medical care and other supportive services to boys in both homes.

Programming at Lilayi is heavily oriented towards skills training. The boys are enrolled in a structured training program that involves training in agriculture, carpentry, pottery, gardening, and animal husbandry. Lazarus received funding from one of its Canadian partners to conduct a market survey in the area – the results of which informed the development of the training program. According to Reverend Banda, the survey showed that agricultural products (e.g. maize), pottery and carpentry were in sufficient demand in the area. It is important to note that in this survey, tailoring (the focus of the majority of community-based income generating projects to assist orphan care-givers) placed low on the list.

The Farm Project

The next phase of Lazarus, if carried out as planned, will close the gap between the two homes by combing them into one program. A businessman, struck by the program's vision, funded the acquisition of new property which includes forty acres of peri-urban land formally owned by a commercial farmer. The project is now aggressively seeking funds to develop the land and build new structures on the property. They envision a project that will accommodate as many as 200 children, both girls and boys. They will expand the family centered model and house children in mixed-aged groups supervised by house parents. They will build a community school, staff housing for teachers and expand the skills training program to include, among other things, commercial farming which will serve as revenue stream for the project. These plans closely resemble Children's Town's current model.

Collectively, the programs for children in residence in these projects span an array of potential best practices in structured self-development programs for orphans and vulnerable children –

both those living in orphan care institutions and living with extended families. With education as a focal point, they are implemented with an eye toward rehabilitation for troubled or abused youth. In addition, they afford children similar opportunities Moses Zulu reaped while in boarding school (see question 3): access to education and activities that not only build skills but also build confidence and a sense of responsibility.

6. What is their relationship to government?

While the Zambian government is financially constrained in its ability to adequately support orphans and families and late in implementing an effective multi-sectoral response to the orphan crisis it has provided significant in-kind and modest financial support (in the form of small grants) to the projects.[15] The bulk of this support lies in the area of education – namely, providing government paid teachers, curricula, training and educational materials; placement in government schools for orphaned children; and in some cases allowing local government schools to waive school fees for orphans.

Children's Town relies heavily on this support. Teaching staff at the day school, a total of fifteen, is paid through the government. At Children's Town, students are taught the national curriculum through seventh grade and the government has sponsored some children who qualify to attend secondary school. The government provided 10 of the 55 boys housed at Lazarus placement in its basic schools. According to Banda, the Lazarus project is "working closely with government" to secure more slots for children in the residential program. The Anglican Children's Project also acquired placements in government basic schools for some of its children.

In addition to education, the projects appear to have forged strong relationships with the Ministry of Community Development and Social Services and to a lesser extent, the Ministry of Youth, Sport and Child Development. Mwale disclosed that the Canaan Center had received "very small grants" from the Department of Social Welfare but he said these grants were sporadic and slow coming. The Department of Social Welfare maintains a caseload of street children who have used government services (e.g. government administered transit homes) as well as orphaned, neglected and abandoned children to which they refer to various non-governmental

[15] In 1999, the government established a Task Force on Orphans comprised of the Ministries of Youth, Sport and Child Development; Community Development and Social Services; Education; Health and Legal Affairs. In April 2002, however, the government was awarded close to US $20 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria for year one implantation of a coordinated response to fight AIDS.

programs for children. As I mentioned earlier, the projects initially identified children directly from the street. Currently, the majority of children at Children's Town are referred through the Department of Social Welfare. This is also the case for the Anglican Children's Project and increasingly, the Lazarus group homes as well. The Victim Support Unit, a subdivision of the Zambian Police Force that handles domestic violence and abuse cases also brings emergency cases to these orphan care institutions.

The strength of the collaboration with government among these projects is significant. In examining the nature of this relationship, it becomes clear that the government benefits more as the number of children it refers to the projects far exceeds the number of children who have gained slots in the basic schools. In addition, the small direct grants do not offset the cost of providing care for the children. Two of the projects mentioned that during a recent international summit hosted by Zambia, the government (in an effort to "clean up the streets" for visiting dignitaries) asked the projects to *temporarily* take in street children. Though the government did not follow through with its promises of financial support, some of these children have remained with the projects.

Broken promises aside, the government clearly views these projects as valuable service providers and has entrusted scores of children to their care. It is safe to assume that as the orphan crisis expands, the government's dependence on these orphan care institutions will increase.

7. From which networks and donors do they draw support?

The Anglican Children's Project is embedded in institutional relationships that further its work. Mwale, the project director, is instrumental in establishing and maintaining these relationships. In addition to serving as the project director, Mwale is vice president of the Children In Need Network (CHINN) – an active membership network of over 100 organizations serving children in Zambia. He is also chair of the Orphans and Vulnerable Children (O/VC) Committee, a government entity responsible for coordinating a multi-sectoral approach to the orphan crisis. The Lazarus Project is a member of CHIINN and Banda is also an active member of a new network of organizations in Zambia that target street children. Banda, educated in the United States, is also in partnership with both religious and secular U.S. based and Canadian donors.

In addition, Banda works with a fledgling regional network of clergy implementing congregation-based HIV/AIDS awareness programs.

From conversations with both Banda and Mwale, it is apparent that they have a firm pulse on O/VC activities countrywide and have gained access to and support from numerous governmental actors, international and local non-governmental organizations and grassroots groups addressing children's issues. For example, Lazarus is entering a partnership with the International Labor Organization (ILO) and will join their campaign against child labor in Zambia. The Anglican Children's Project has already established a relationship with the ILO and also boasts among its networking partners the YWCA of Zambia who, like the Victim Support Unit, refers abused children to the project and the Family Health Trust – one of the most prominent NGOs working in HIV/AIDS prevention and care.

For the Anglican Children's Project UNICEF is a key partner. UNICEF provided training and technical assistance to the project's Community Outreach Program. UNICEF also recently funded a randomized survey of 100 households in three compounds led by the project. The study gathered information on, among other things, household income, food security, number of orphaned children and coping strategies. With the UNICEF grant the project hired a consultant who designed the survey instrument and coordinated the data collection. The results from the study will be used to inform the future development of the Community Outreach Program. UNICEF also funds CHINN, the umbrella organization led by Mwale of which the Anglican Children's Project and Lazarus are both members.

With little direct financial support from the Anglican Diocese and limited revenue from its income generating activities, the project relies heavily on support from grants and private sector donations. The project has received financial and in-kind support from international donors such as the Firelight Foundation, Hope for Children and the Lions Club; church organizations; the American and Japanese embassies and the private sector including the United Bank of Zambia and various commercial hotels. The American Embassy funded the construction of the Canaan bakery and the British High Commission partly funded infrastructure development on the Canaan Center property. Children's Town primary funding base is DAPP but it has also received funding from USAID for its community-based income generation activities, relief food from the United Nations World Food Program which it distributed to local families in need and volunteer teaching interns from a European NGO.

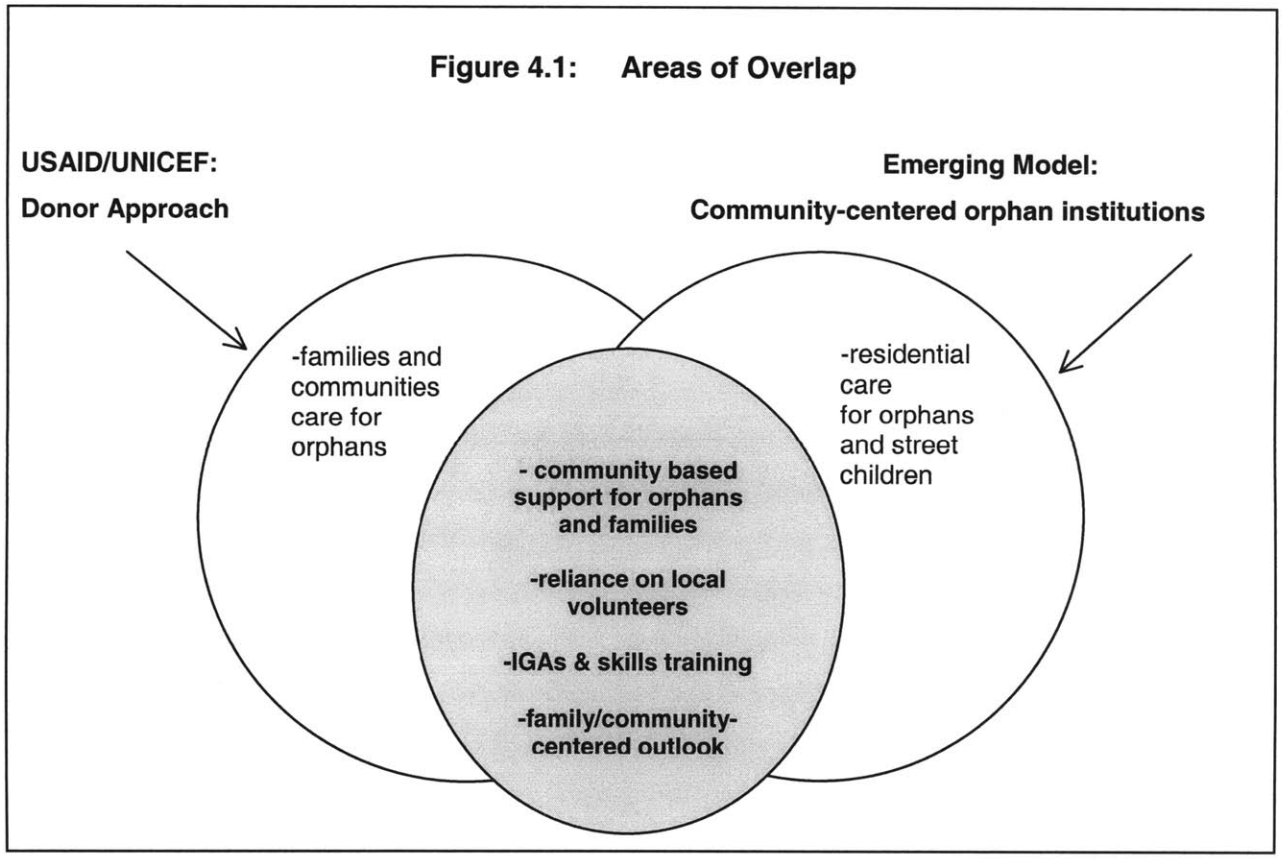
The influence of international donors on the program design and goals of the projects cannot be understated. Though each of the projects experienced its own organic evolution, support from influential donors such as USAID and UNICEF encouraged the development of their community-based programs. One could also argue that given the current ideological dominance of community based orphan care, the orphan care projects realized that including community based outreach in their operations was critical to gaining donor support. Undoubtedly, this raises questions about the extent to which donor funded local participatory efforts to support orphans are truly "from the bottom" and driven by the collective will of the community.

CHAPTER 4 - CONCLUSION: EXPANDING THE FIRST LINE OF DEFENSE

4.1 Lessons Learned

What are the lessons learned? In the current fervor surrounding the donor approach to community based orphan care - led by UNICEF and USAID - its proponents have ignored the difference (in size, structure, philosophy) and dynamism (as catalytic forces in community mobilization) of a subset of orphan care institutions. On the whole, the findings shed light on varying characteristics (see appendix IV) of a neglected category of orphan care institutions that provide residential care for orphans and vulnerable children, relief services for families and capacity building programs such as skills training. Though fundamentally different, the prevailing donor approach and community-centered orphan care institutions share common objectives and practices such as organizing local volunteers to work with families affected by AIDS. The diagram below highlights broad areas of overlap. The shaded area lists certain characteristics I identify in the case studies which are the fundamental distinctions between community centered orphan care institutions and traditional orphan care institutions.

Figure 4.1: Areas of Overlap



In exploring the seven questions posed in the previous chapter, we learn that community-centered orphan care institutions can evolve from grassroots, volunteer-driven outreach (e.g. outreach to street children) which is contrary to the belief that orphan care institutions are removed from communities. We also see how these early participatory interventions developed into a more formal institution (e.g. residential orphan care) than the common practices of the donor model. This is not only a statement on the origins of community-centered orphan care institutions but also raises questions about the process through which collective action such as church outreach, which is central to the donor approach, becomes institutionalized (e.g. Anglican's Canaan Center). We observe that the subset of orphan care institutions highlighted in this study have strong institutional bases (e.g. church institutions) and O/VC networks within which they operate. This organizational context lends itself to more accountability within certain structures (e.g. the Anglican Church) as does the degree to which the projects are networked with like institutions (e.g. other organizations serving street children) and influential actors such as USAID and UNICEF.

The findings reveal that contrary to popular belief, orphan care institutions can expand their focus beyond simply providing food, clothing, and shelter to orphaned children and emerge as strong anchors (or actors) in communities. Each organization studied opened its doors to outside community members (e.g. Children's Town offering free education to local children) and extended its reach beyond its residential base (e.g. Anglican's work in the Garden compound). Additionally, the projects broadened their program goals of equipping young people with concrete vocational and life skills to include support for children and families outside the institution. This is demonstrated by Children's Town's efforts to secure skills training for community youth and Anglican's revolving loan fund program for orphan caregivers. Though these specific practices have limited effectiveness in reducing poverty (as discussed in Chapter two), they demonstrate the projects' commitment to assisting families.

We also discover that community-centered orphan care institutions expand educational access to non-residential children through sponsorship in government basic schools as well as building relationships with local school administrators. In examining these links, we find a more formal and sustained relationship between the orphan care institution and government in which the government provides support - though small grants, teaching staff and school placements - while the orphan care institution assists government, primarily through accepting the

government's referrals of orphaned and vulnerable children. The Zambian government, though feckless in dealing comprehensively with the orphan crisis, is actually creating an enabling environment for the work of these orphan care institutions.

Lastly, these orphan care institutions challenge (or deepen) our understanding of the role of orphan care institutions in community/family centered, participatory interventions, such as community based orphan care promoted by donors. Again, the *raisons d'être* of the dominant approach of donors and community-centered orphan care institutions are not mutually exclusive. In fact, both interventions can enhance and complement the work of each other. This also helps us to answer the question I posed in the conceptual framework: What institutional mechanisms are needed to enhance the effectiveness of the current donor approach? The prevailing donor model aims to stave off the flow of orphans to orphan care institutions or the streets by encouraging families to bear responsibility in caring for orphaned children. Conversely, community-centered orphan care institutions are havens for the most vulnerable children where the extended family and community fall short. Furthermore, since these institutions offer residential care, they are an additional layer of a fragile social safety net for vulnerable children in poor countries.

But as proponents of the donor model rightly point out, orphan care institutions provide care for only a small fraction of orphans and other vulnerable children. In total, the case study projects provide residential care for less than 300 children. Given the scale of the orphan crisis, this is a negligible amount. However through their community outreach efforts, these projects reach hundreds more children and families through emergency food relief programs (Anglican Children's Project), HIV/AIDS awareness and prevention (Lazarus) and agricultural support (Children's Town). Instead of a last resort, they emerge as important supporting actors in the first line of defense.

4.2 Limitations

As I discussed in Chapter 2, the donor supported community-based orphan care model, in its current form, is far from adequate. Similarly, the community-centered orphan care institutions, while an important innovation and crucial safety net for AIDS-affected communities grappling with wide scale orphaning, is limited and potentially problematic in the following areas:

First, orphan care institutions (whether or not they are community-based) must still grapple with the issue of sustainability and "scaling up" – a process through which an organization expands its programs and reach to its target population. Each of the case study projects had plans to grow their residential program (e.g. Lazarus's farm project) as well as their community outreach efforts. However, at this stage in their development, they all primarily rely on donor funds. Given the somewhat fickle tastes of donors and the inevitability of donor fatigue in certain funding areas, these institutions will be forced to diversify their funding base in order to grow or sustain their operations. Each of the projects also has hopes of becoming self-sustaining, through income generating projects such as farming or various small businesses (e.g. Anglican's Canaan Bakery). But a USAID/UNICEF funded situation analysis of Zambia's orphan problem cited that, to date, very few orphan care projects have successfully run income-generating projects that contribute to a significant portion of their operating budget. We do not know which business ventures are profitable and capable of sustaining orphan care institutions given the macroeconomic environment of resource poor countries like Zambia.

Securing the funds for scaling up does not resolve the question of how these projects expand in a way that maintains the integrity of the institution (e.g. quality of care) while still meeting the needs of children in residence. This tension remains a classic organizational development puzzle. A World Bank (2001) study asserted that residential orphan care institutions cannot be ruled out (particularly in urban areas) and suggested that "children's villages" (not unlike Children's Town's model) were a promising innovation. If situated close to community institutions (such as churches, health clinics, and schools) from which they can draw support, children's villages can realize some measure of economies of scale. Is the house parent-centered model of Lazarus in which children are cared for in "families" more effective in meeting the developmental needs of children than Children's Town's structure? Which model is economically more feasible for scaling up?

Organizational development aside, the central challenge for orphan care institutions is providing a nurturing and stable environment for children in residence. One of the main arguments against institutional care for children is that children are robbed of a natural family environment. I saw some evidence of this in my visits with other orphan care projects not featured in this study. One orphan care project housed 25 orphans and former street children between the ages of 5 and 17 and employed one full time staff person who functioned as project director and a surrogate parent for all the children. I met with former street children, raised in a transit home-

turned-orphanage, who in their late teens lacked formal education, vocational training and seemed genuinely directionless in their future plans. These examples highlight the variation in the quality of care and self-development opportunities for children found in orphan care institutions.

A thorough evaluation of the quality of care in the projects' residential programs was beyond the scope of my research aims. As a result, there are several questions related to the quality of care provided by orphan care institutions that this study could not answer. Namely, do community-centered orphan care institutions provide better quality care than traditional orphan care institutions? We can infer that their embeddedness in communities and institutional networks (e.g. with government and other NGOs) opens them to more scrutiny and accountability. However, in-depth analyses such as focus groups with children in residence and families and perhaps longitudinal studies of beneficiaries of these particular types of orphan care institutions is needed to make any conclusive statements. In particular, more empirical data are needed on the progress of children partially or fully raised in institutional settings who have re-entered society. A common critique of orphan care institutions is that their beneficiaries are "poorly equipped to fend for themselves in the outside world" (USAID, 2002).

Lastly, if in fact community-centered orphan care institutions are good places for children – meeting their material, developmental and psychological needs – how do they prevent against becoming social and economic coping mechanisms for the poor? Or in other words, "dumping grounds" for poor families? This is another major critique of orphan care institutions and yet another question this study cannot adequately answer. However my field research made a few things clear. Since they provide residential care to only a limited number of children, orphan care institutions must work toward developing a rigorous screening process in which they can select the most needy children, such as those with no extended family option, while also providing care for children who are in need of temporary assistance.

Given scarce resources, limited capacity and high demand, rigorous screening to identify the most vulnerable is a difficult task for orphan care institutions. Many orphan projects face the "children left on the doorstep" problem in which parents or relatives abandon children to the care of the institution. I found some residential orphan care projects offered family members assistance, such as school fees and food relief, to encourage the family to keep the child. Perhaps community-centered orphan care institutions, because of their relationships with other

community institutions and families, are in a better position to determine the most needy cases. A comparative study of community-centered versus traditional orphan care institutions - in particular, how differences in program design allow for more effective screening, would be useful.

4.3 Policy Implications

Community-centered orphan care institutions, a key actor in this study, are generally excluded from the policy discourse and formation process. That is, in the current policy environment there are two lead actors: 1) donor agencies, by virtue of their transfers of money, resources and technical assistance to affected communities; and 2) government, by virtue of its mandate to coordinate national responses enlisting all key actors.

To a certain extent, prominent donor agencies such as UNICEF and USAID have actually included orphan care institutions in their approach, but only tacitly. Each of the projects discussed in this study received some support from UNICEF and USAID – though almost exclusively for the skills training and community mobilization components of their programs. However in the donor literature, orphan care institutions are still depicted as the last and least desirable option.

Donor agencies that define and determine the direction of policy must be challenged to do a few important things. First, it behooves these actors to explore more concrete ways of redressing the limitations in their approach– namely, providing temporary and permanent residential care for children who fall below the safety net of families and community. Donors must move beyond simply advocating to scale up community based orphan care projects or funnel more resources to local groups. Second, the donor community must begin to make distinctions (in both discourse and practice) among orphan care institutions – moving away from polarizing characterizations. At the very least, they should acknowledge the subset of orphan care institutions (community-centered orphan care institutions) that share similar practices such as vocational training and school sponsorship for orphans; and further the goals of increasing the family's ability to provide care and support to children affected by AIDS. Each of the projects in this study, in claiming their self-perceived limitations as institutions, embraces the underlying philosophy of the donor approach. Lastly, where appropriate, donor agencies must be willing to support not only those aspects of community-centered orphan care institutions which reflect their community/family-centered approach, such as skills training, but also direct resources

toward their residential care programs for children. This requires determining - through comprehensive evaluation, in-depth studies and analyses - which of the lot of residential orphan care institutions are well-functioning and viable models.

Government is charged with a different set of tasks. Creating an enabling environment, through such policies as waiving school fees or referral arrangements, is not enough. Government, in recognizing that it will need residential care for children who are either temporarily or permanently without families, must play a more active role in regulating the standards of orphan care institutions, through consistent and thorough inspections, licensing and monitoring of the quality of care provided in these institutions. As government becomes more active - prodded by civil society and equipped to do more through external support such as funding from the new United Nations administered Global Fund to Fight AIDS, Malaria and Tuberculosis – it will seek out key institutional actors to shore up the first line of defense in the orphan crisis. In May 2002, the government of Zambia was awarded nearly $20 million in grants from the Global Fund to combat AIDS and other infectious diseases. The government's national strategic plan proposed measures to care for orphans modeled after the prevailing donor approach. Though overlooked in the policy arena, the role of community-centered orphan care institutions - in both complimenting government sponsored initiatives and in supporting families and communities - will undoubtedly increase as the orphan crisis runs its course.

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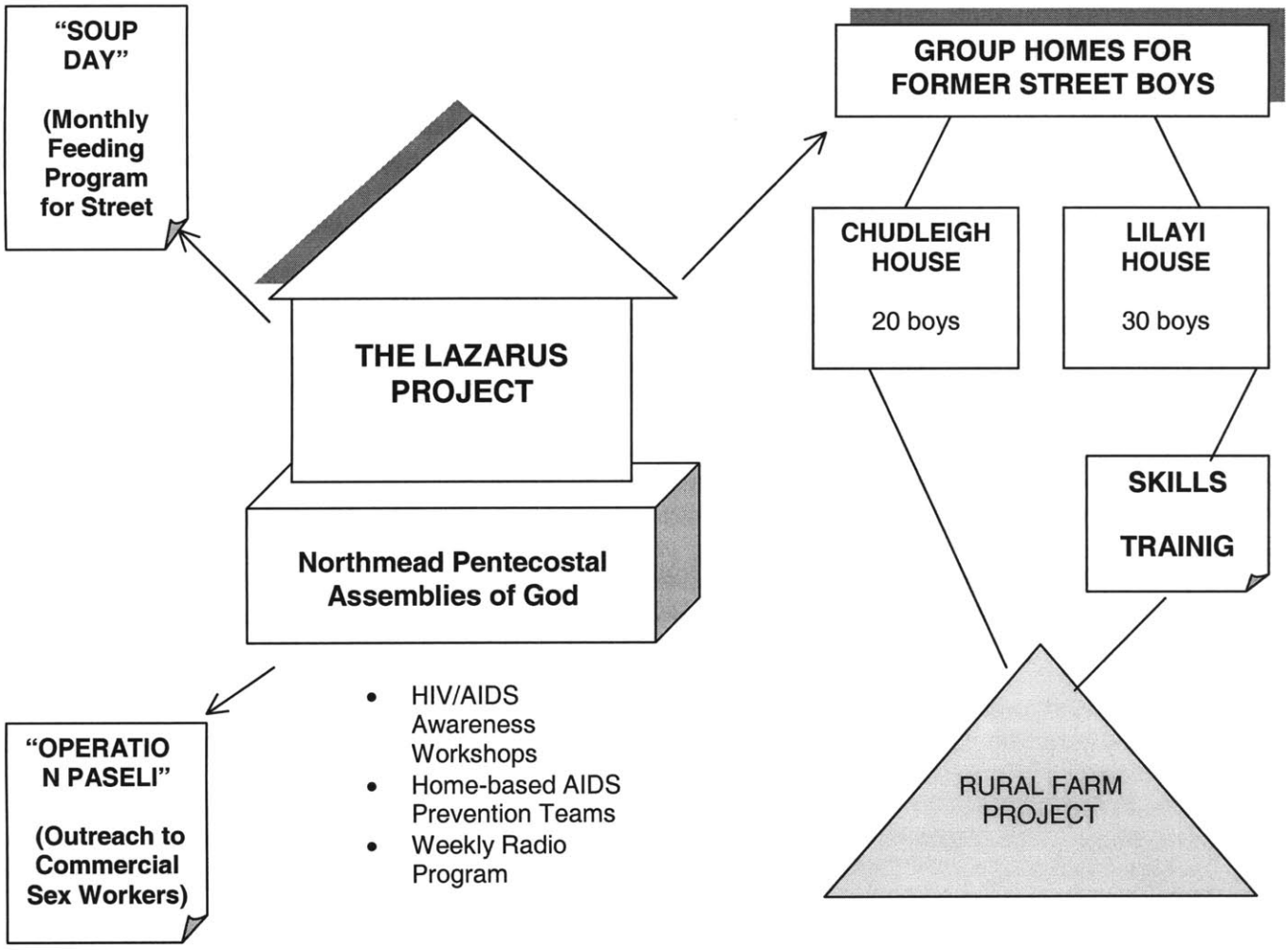
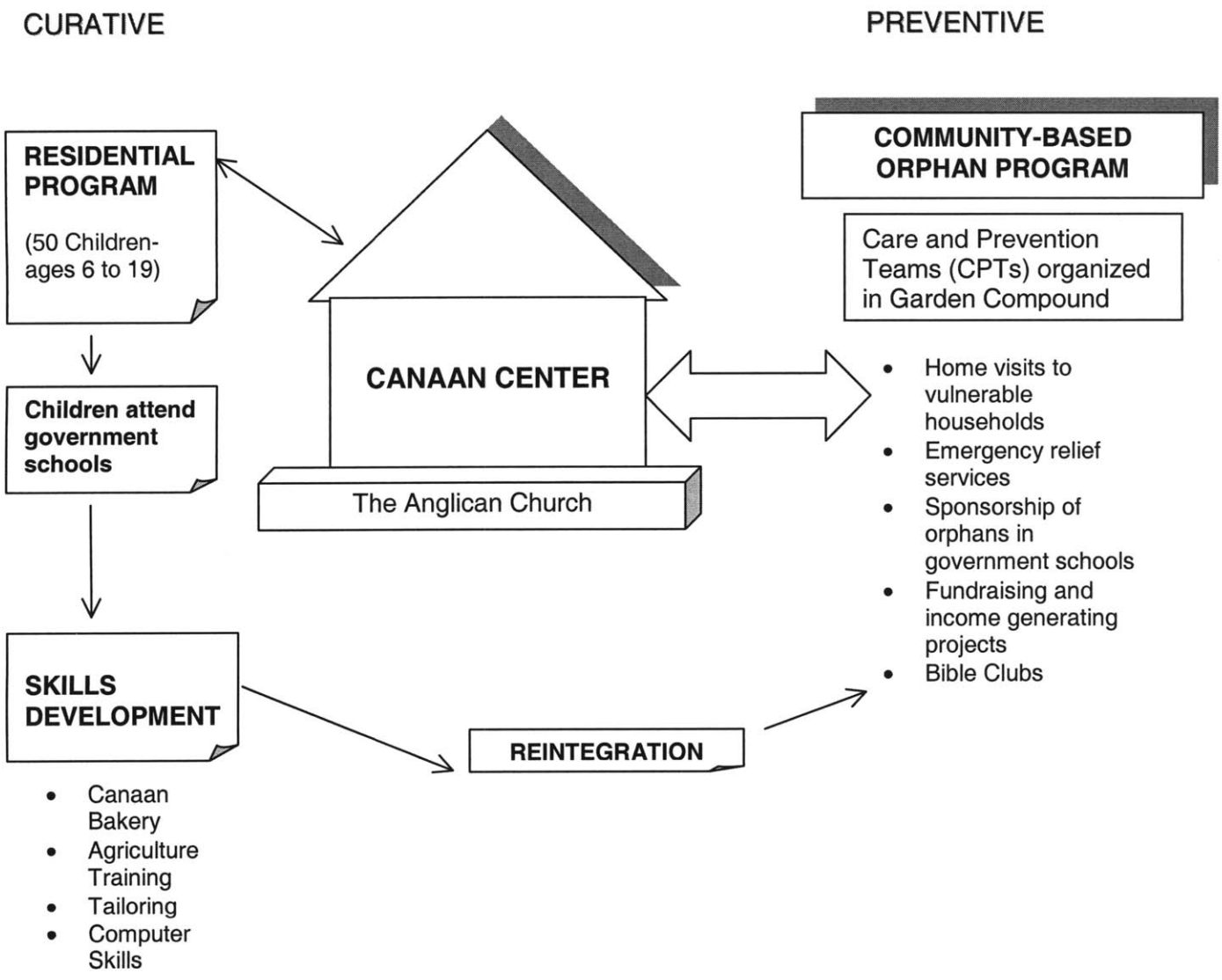
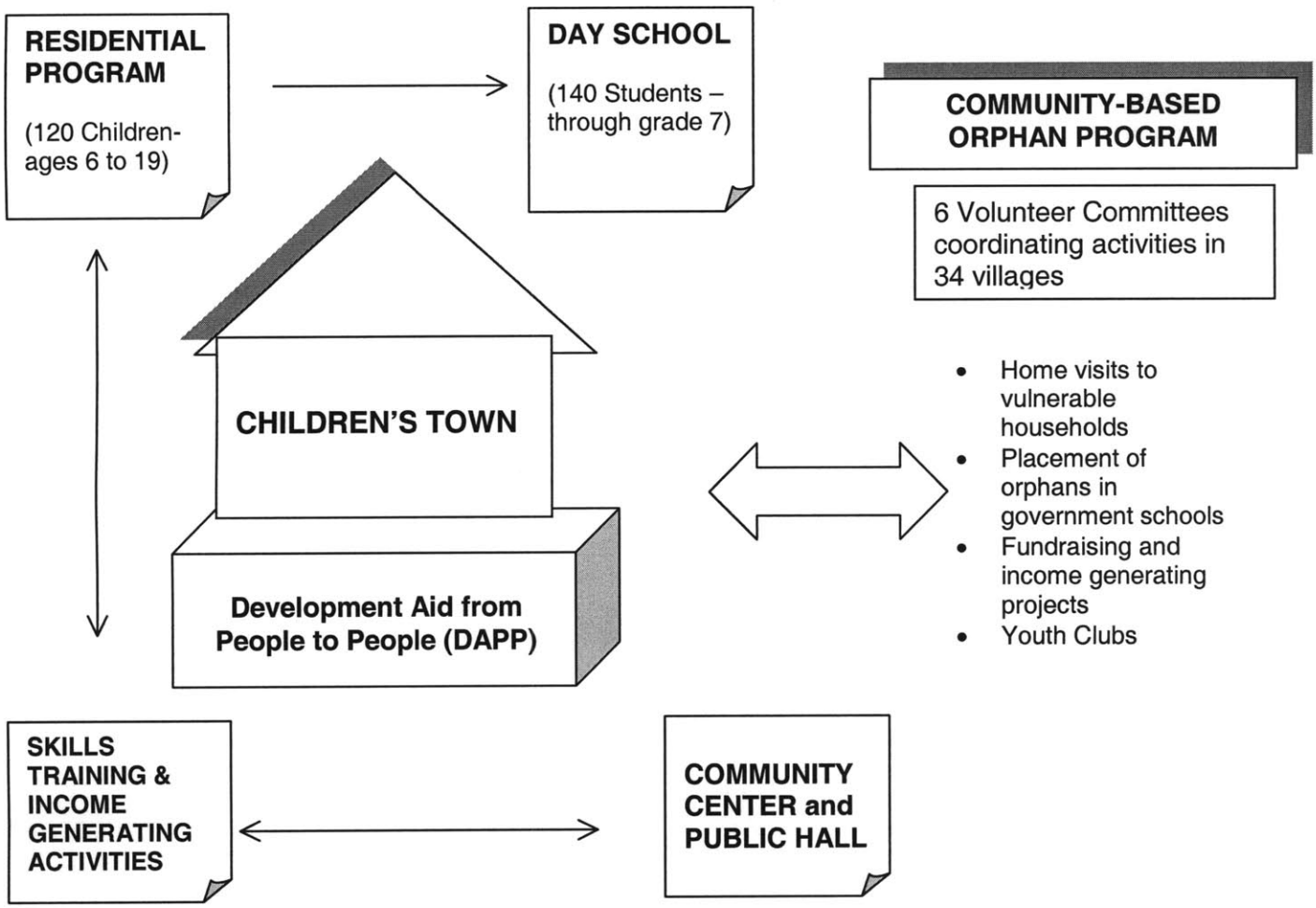
Appendix I: The Lazarus Project



Appendix II: Anglican Children's Project



Appendix III: Children's Town



Appendix IV: Program Structure of Case Studies

ORPHAN CARE INSTITUTION	Education	Structure of Skills Training	Income Generation Activities	Community Outreach	# of people served through community outreach	Support from UNICEF and USAID
Lazarus Project	Basic instruction at facility, sponsorship in government school	Integrated with basic literacy program	Farming, Carpentry, animal husbandry	Monthly Feeding Program, Outreach to Commercial Sex Workers	200+ per month	X
Anglican Children's Project	Sponsorship in government schools	Supplements school instruction	Canaan Center Bakery, tailoring, small scale farming	Orphan Support Program	700+	X
Children's Town	Day school that teaches government approved curricula through primary, sponsorship of secondary education	Organized in progressive "steps" and integral to social development program	Farming, Carpentry, animal husbandry, arts and crafts, revolving loan fund	Orphan Support Program, Community Center	1600+	X

Appendix V: Interviews & Site Visits in Zambia

Child Care Institution	Description
Anglican Street Children Project*	Church affiliated residential and transit home for street children and orphans. Also provides community based orphan care.
Bethany Home and Study Centre	Operates community school and feeding program for O/VCs in peri-urban area.
Children's Town*	Orphanage and community school. Also provides community based orphan care.
City of Hope (Salesian Sisters)	Catholic church affiliated orphanage housing girls and community school for neighborhood children.
Fountain of Hope	Outreach program for street children and orphans. Also temporarily houses and feeds approximately 150 children.
House of Moses	Hospice and crisis nursery for abandoned children- some of whom living with HIV.
Jesus Cares Ministries	Church related residential orphan care project.
Kassisi Home Orphanage	Orphanage for 360 orphans from all parts of Zambia including neighboring countries. Provides medical care, school facilities and direct financial support to orphans in foster care.
Muslim Care Orphanage	Religious, Home-based orphanage now houses 16 orphans and is based on home/family model.
Nyaphonde School and Orphanage	Church affiliated rural orphanage and day school. Provides schooling for 262 children and residential care to 35 children.
The Lazarus Project	Outreach to street children and orphans. Operates 2 group homes for boys in Lusaka.
SOS Children's Village	Initiated by international NGO based in Germany that operates a network of "children's villages" worldwide.
Mother Theresa Hospice	Catholic hospice for AIDS patients and their children.
Red Cross Drop-in-center/Transit Home	First drop-in center for street children in Lusaka. Provides basic literacy instruction and residential care to former street children.
Africa Directions **Victor T.J. Mawere: Center Manager** **Evans Banda: Director**	Youth and community center for adolescents and young adults in Lusaka compound.

Appendix V: Interviews & Site Visits in Zambia/South Africa (Cont.)

NGOs, Civil Society Groups, Government
Bwafano Project*
Catholic Relief Services (South Africa) Vern Conaway: Deputy Regional Director
Chikankata Community Based Orphan Care Program*
Churches Health Association of Zambia Dr. Godrey Biemba: General Secretary Keren Sichalie Sichinga: Program Officer Sandie Simwinga:Asst. Program Officer
Children in Need Network (CHINN) Huggins Mbulo: Programmes Coordinator
Christian Children's Fund Victory Koy: Programme Manager
Civil Servants Union of Zambia Greyson Koyi: Economist
Evangelical Fellowship of Zambia
Family Health Trust J.N. Munsanje: Project Manager
Jesuit Center for Theological Reflection Peter J. Henriot: Director
Jubilee Zambia Muwema K. Muweme: Assistant to Director Charity Musamba
Kwasha Mukwenu* Volunteers
Nelson Mandela's Children Fund (South Africa) Sibongile Mkhabela: Deputy CEO Richard Mkholo
Project Concern International Louis Mwewa: Program Officer Thomas Ventimiglia: Country Representative
UNICEF Annie Sampa-Kamwendo: Project Officer
UNAIDS Country Programme Advisor
Society for Family Health Shannon England: Technical Adivisor
Zambia Ministry of Sport, Youth and Child Development Dr. Peter L. Chintala: Minister of Parliament

*Includes community based orphan support program