

Zambia Research Situation Analysis on Orphans and Other Vulnerable Children Country Brief

**Boston University
Center for Global Health and Development**

in collaboration with

**University of Zambia
Institute of Economic and Social Research**

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Program Relevant Research Priority Areas

- *OVC survey* to accurately determine the magnitude and characterization of OVC population in terms of total number of OVC by province and district, and categories of OVC by sex, age, and needs.
- *Identification of drivers of children's vulnerability and evaluation of interventions* to prevent and reduce vulnerability.
- *Evaluation of the effectiveness and impact* of various OVC interventions and models of care.
- *Determination of cost and cost-effectiveness* of OVC interventions.

Recommended Supportive Actions for OVC Research

- *Develop National OVC Research Agenda* with implementation strategy, backed by resources.
- *Commission National Longitudinal Cohort* to evaluate over time the effectiveness and impact of interventions on OVC.
- *Provide funding mechanism for OVC research* by setting up an OVC research fund or allocating at least 10% of OVC budgets to research.
- *Develop a robust monitoring and evaluation plan* to capture all the data gaps identified in this study.
- *Set up a Central OVC Database* to capture among other essential data, information on all OVC service organizations by geographical and service coverage, and numbers of OVC by gender, age, and geographic area.

Key Findings

Magnitude of OVC

Number of OVC: 1.6 million (estimate from current data)

No. of Children living with HIV: 95,000 (UNAIDS, 2008)

Number of Orphans: 1.3 million (MoE, 2007)

Number Orphans due to HIV/AIDS: 611,000 (MoE, 2007)

National Response:

- *Ratified Relevant International Conventions: International Convention on the Rights of the Child (ICRC), The African Charter on the Welfare and the Rights of the Child (ACHPR).*
- *Relevant Legislation: Adoption Act, Juveniles Act, Employment of Young Persons and Children's Act.*
- *Relevant Policies: National Child Policy (2006), National Child Health Policy, National HIV and AIDS Policy, Education Policy, National Policy on Social Welfare*
- *Relevant Strategic Documents: Fifth National Development Plan, Draft National Plan of Action 2008-2010, Draft Minimum Standard of OVC Care Package.*
- *OVC Service Organizations: 292 Organizations involved in OVC care were identified: 37% were CBOs, 20% FBOs, 17% Local NGOs, Community Schools 11%, 6% International NGOs, and 4% Government Ministries.*
- ¹*Highly significant USG/PEPFAR Support:*
 - ✓ Geographic Coverage – 59 out of 72 districts
 - ✓ OVC reached – 695,374
 - ✓ Service contribution – 29.8% of all services country-wide
- *Percentage of Organizations providing OVC services in:*
 - ✓ Educational Support – 67%
 - ✓ Food and Nutrition – 86%
 - ✓ Shelter and Care – 48%
 - ✓ Psychosocial Support – 76%
 - ✓ Child Protection – 67%
 - ✓ Health Care – 57%

²Research: Thirty-one studies on OVC between 2004 and 2008 in Zambia

Overview

Addressing the needs of orphans and vulnerable children (OVC) and mitigating negative outcomes of the growing OVC population worldwide is a high priority for national governments and international stakeholders across the globe who recognize this as an issue with social, economic, and human rights dimensions. Assembling the relevant available data on OVC in one place, and acknowledging the gaps that still exist in our knowledge, will assist policy makers and program implementers to make evidence-based decisions about how best to direct funding and program activities and maximize positive outcomes for children and their caretakers.

This Research Situation Analysis, Zambia Country Brief presents a program-focused summary of available information on:

- The number of orphans and vulnerable children in Zambia
- Current policies, programs and interventions designed and implemented to assist them
- Gaps in these policies, programs and interventions
- OVC research conducted between 2004-2008
- Gaps in the Zambian OVC evidence base.

The Brief analyzes the available data for critical gaps in the national response and our understanding about whether current interventions are fulfilling the needs and improving the lives of vulnerable children. The report then recommends actions required to increase the knowledge base for improving the effectiveness and impact of OVC programs.

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¹ Refer to Annex 2.

² Refer to Annex 1

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Method

A Research Situation Analysis for Zambia was conducted between February and April 2009. It involved both an extensive literature review and primary data collection. The latter involved administration of a survey questionnaire, focus group discussions, and key informant interviews. A list of organizations working in the area of OVC care and support was compiled from various directories and lists of registered institutions obtained from umbrella organizations (including the USAID-OVC Forum). Basic information on 292 OVC organizations was obtained, but primary data was collected from 267 respondents from 21 of the 292 organizations. The sample consisted of 42 managers, 41 caregivers working for OVC support programs, 87 community members, and 97 orphans and vulnerable children. The sample of organizations was limited to those based in Lusaka due to time and financial considerations. An attempt to collect information via email from organizations outside of Lusaka was made, but only 2 responded. A detailed country report was then compiled, from which this brief was prepared.

Findings

Definition of OVC

The Zambian government defines an orphan as a child below the age of 18 years who has lost one or both parents (MSYCD & MCDSS 2006). A vulnerable child is below the age of 18 years and has been in or is likely to be in a risky situation where he or she is likely to suffer significant physical, emotional or mental stress that may result in the child's rights not being fulfilled (MSYCD 2006). A vulnerable child falls into one or more of the following risk groups: is HIV-positive and/or chronically ill; lives without adequate adult support; lives outside of family care (e.g., in residential care or on the streets); is marginalized, stigmatized, or discriminated against; comes from a poor family that cannot adequately provide them with basic needs; is involved in child labour including sex work; abuses alcohol and other drugs; is used by adults to commit crimes; is disabled; is exposed to early pregnancy and marriage and sexual exploitation; lives on the street and public places; or is trafficked to other places. This definition differs from

how other groups (e.g. DHS, PEPFAR) define "vulnerable", which leads to some confusion in interpreting research results for programming purposes. DHS (2007) defines a vulnerable child as a child below 18 years who has a chronically ill parent or who lives in a household where an adult has been chronically ill or has died in the last 12 months. According to PEPFAR, a child is more vulnerable because of any or all of the following factors that result from HIV/AIDS: Is HIV-positive; lives without adequate adult support; lives outside of family care; or is marginalized, stigmatized, or discriminated against.

OVC in Zambia: Magnitude of the Problem

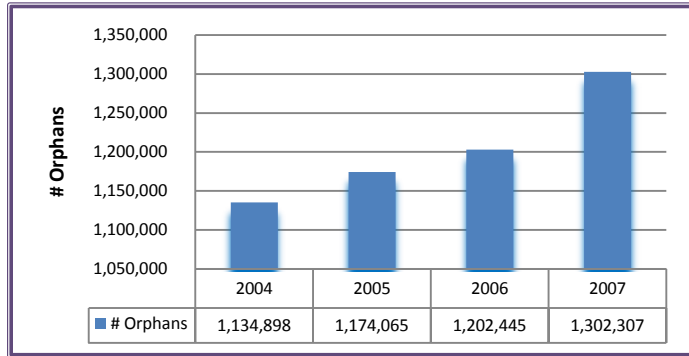
Providing care and support for OVC is one of the biggest challenges Zambia faces today, as the growing numbers overwhelm available resources. AIDS, fuelled by high poverty levels, is the primary contributor to OVC incidence in Zambia; accounting for more orphans than all other contributing factors combined. Understanding the magnitude of the problem and socio-demographic characteristics of OVC can provide the foundation for building programs of appropriate design, size and scope.

Due to lack of a comprehensive registration system for birth and death statistics, an accurate estimate of the number of OVC in Zambia is not available. However, a school census conducted by the Ministry of Education (MoE) in 2007 estimated the total number of orphans at 1.3 million. And, according to the 2007 Zambian Demographic Health Survey, 19.2% of all children living in households are vulnerable while 14.9% are orphans.

Between 2004 and 2008 the number of orphans grew by 13% to 1,302,307 (Figure 1). Current estimates (2009), based on available data, show that there are 1,603,928 OVC in Zambia; a figure still likely to be an under-estimate of the true situation. Annual data on numbers of OVC was not available. According to National HIV and AIDS Policy estimates (2005), the majority of children who have lost one or both parents to HIV/AIDS live with extended families or neighbors, while 6% become street children, and 1% live in orphanages. Data from a sample of 58 community members interviewed in this study indicated that each member was fostering at least three OVC.

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Figure 1: Number of Orphans in Zambia, 2004 - 2008



Source: MoE Census 2007 and MoH Epidemiological Projection 2007

National Response

The Government of Zambia in collaboration with development partners has put in place policy and strategic measures to address the OVC situation. These include the National Child Policy, a draft National Plan of Action for OVC, draft minimum standards of care package, establishment of district level coordinating mechanisms for OVC services mainly supported through Cooperating Partners. The response has begun to yield positive outcomes:

- In February 2008, 15.7% of households with OVC reported receiving external support;
- 35% of children in need of ART are receiving it, putting Zambia on target to achieve its 2010 goal of 50% toward eventual universal access;
- OVC are not being left out of schools: 20.7% of 2007 enrolments were orphans.

Program Characteristics and Service Gaps

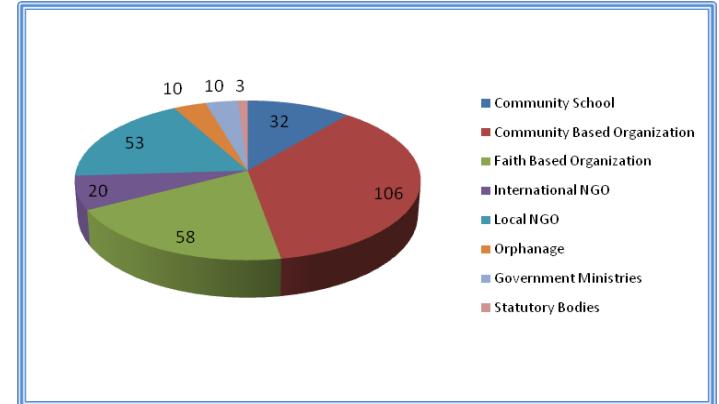
Who is providing the services?

Of the 292 organizations identified as working with OVC, the most common are community-based (36%), faith-based (20%), and local NGOs (18%) (Figure 2).

Although data on contribution of various cooperating partners is inadequate, the USG contribution to OVC programming in Zambia is quite significant. USG PEPFAR, through its implementing partners, provides OVC support to 59 of 72 districts in Zambia, providing 29.8% of the total services nation-wide and covering 695,374 OVC and 48,379 caregivers through its family-centered approach. The majority are reached by the

RAPIDS member consortium. A look at the distribution of these services, however, shows a skewed distribution in Lusaka province (50%) with Northern Province the least served.

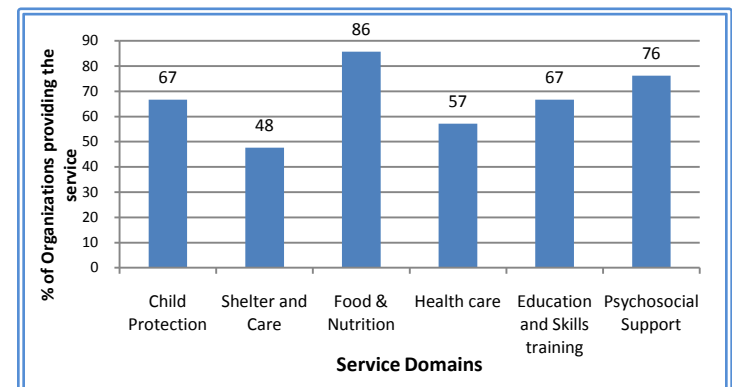
Figure 2: Numbers of Identified Organizations and Institutions working with OVC in Zambia (2009)



What are the services provided and where are the gaps?

Services provided to OVC by the 21 organizations surveyed can be classified under 6 categories of care and support (Figure 3), with most organizations providing support across multiple categories. Almost all institutions visited provide food and nutrition, addressing a very basic need. The least offered forms of support are shelter and care as well as health services.

Figure 3: OVC Care Services Offered by Organizations in Zambia (2009)



Gaps were also found in coverage of OVC services by age and gender. In-depth interviews with a number of stakeholders reveal that most of the services have concentrated in the age group 6-17 years with little services focused on children under 5 years of age. The

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USG partners in Zambia have, however, factored this gap in their joint work plan for 2009. The gap that still remains is that there are few services targeted at vulnerable youths after the age of 18 years when they are no longer OVC.

According to a national survey by National AIDS Council (NAC 2008) the highest number of OVC received educational support (744,590), but very small proportions received food and nutrition (20,973), shelter and care (18,081), and psychosocial support (29,060); with a fairly balanced gender distribution. In spite of this apparent service gap, the data from this survey shows that the geographical distribution of services is consistent with the OVC prevalence, as OVC in the Copperbelt Province (OVC prevalence: 26.8%) receive the most services in education, food and nutrition, and shelter and care, followed by Southern Province (OVC prevalence: 13.8%). Northwestern Province (OVC prevalence: 9.6%) received the least support services in food and nutrition and shelter and care.

The major challenge in service provision is that the demand for services is far greater than available resources and capacities; with inadequate funding being the greatest constraint.

Research on OVC

Thirty-one studies on OVC conducted in Zambia between 2004 and 2008 were identified for this review including peer-reviewed articles, published abstracts and program evaluations (refer to Annex 1).

What Information Is Missing and Most Needed?

While some valuable research has been conducted on OVC in Zambia, significant gaps remain. With almost 300 OVC care and support programs in place in the country, and close to two million OVC, this lack of information is hindering policy makers and program leaders from making well-informed decisions about the path forward. However, with limited resources available to divide between programming and research, a reasonable balance should be found to answer key questions without sacrificing support for critical services.

In the short term, the greatest impact of research will come from filling the most fundamental gaps in information: How big is the problem and who does it affect? Are current programs working, and if not, what will? What will it cost to have a positive impact? These “building blocks” will be useful both independently and in combination to make evidence-based decisions for the allocation of human and financial resources. These top priority areas are described in Table 1 below.

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Table 1: Short Term Research Priorities

Priority Research Area	Key Research Question(s)	Program Utility of the Research
1. OVC Survey to accurately determine the magnitude and characterization of OVC population	<ul style="list-style-type: none"> • What is the consensus definition of a “vulnerable child”? • What is the total number of OVC in Zambia, by province and by district? • What are the subpopulation groups of OVC, their numbers, sex, age, and needs? • What proportion of OVC is under various living arrangements (e.g. households, institutions, etc) 	With shared definitions and a clear understanding of the size and scope of the OVC problem, programs will have a better understanding of their target groups, to facilitate the tailoring of interventions. Policy makers will have initial information for the allocation of resources, and a baseline for comparing future data in order to assess progress at a national level. A clear definition and characterization of vulnerability will help programmers design effective strategies to prevent or reduce vulnerability. Knowledge of numbers, characteristics and needs of OVC in households, on the street, in orphanages, in children’s villages or group homes will help the country more effectively target its resources and services.
2. Effectiveness of OVC Interventions and Impact of Programs	<ul style="list-style-type: none"> • What is the coverage of OVC interventions? • What are the effects of various OVC interventions on OVC welfare and/or households taking care of OVC? • Are the current OVC Care and Support Programs providing quality services and achieving measurable impact? 	<p>Knowledge of what proportion of OVC in need is covered with the minimum package of OVC services at a point in time is a useful early indicator of program effectiveness, and would help policy makers and programmers plan how much more to scale up the programs to have the desired impact. To estimate coverage, there is need to have a good estimate of the target population; hence the need to identify total numbers of OVC and those most in need.</p> <p>For more concrete measures of effectiveness, programs can measure achievement against clearly defined desired outcomes. Common outcomes across a range of interventions facilitate the comparison of their utility and determination of the cost-effectiveness of the various interventions.</p>
3. Cost and Cost-Effectiveness of OVC Care & Support Interventions	<ul style="list-style-type: none"> • What are the fixed and variable costs of different OVC interventions? • Which OVC interventions are most cost-effective for achieving desired outcomes? 	Stakeholders wish to make the best use of limited funds available for OVC programs. A clear understanding of the fixed and variable costs of interventions provides information related to costs for scaling up effective programs. Combining costs with impact measures (above) assists funders in the allocation of resources towards the greatest benefit.

With the “building blocks” above in place or at least under way, more complex questions can be posed in the medium term for even greater program benefit. These include more qualitative questions to understand the “why” behind the OVC situation, so that underlying causes of this social epidemic can be addressed in addition to mitigating the consequences. Table 2 presents some priority areas for the next step in filling the evidence base gaps.

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Table 2: Medium Term Research Priorities

Priority Research Area	Key Research Question(s)	Program Utility of Research
1. Drivers of Children's Vulnerability and Effective Interventions	<ul style="list-style-type: none"> • What are the factors that drive children away from home /families and how do these factors interact with each other? • How effective are the current interventions aimed at reducing child vulnerability? • What are the most effective interventions for preventing and reducing child vulnerability? 	<p>Finding the most effective and sustainable OVC interventions is of highest priority, but these are very complex issues. Qualitative research on the underlying causes (drivers) of vulnerability will provide guidance for deeper interventions than may currently be available.</p> <p>More importantly, research evidence that helps find the most effective strategies to prevent and reduce child vulnerability would be the most helpful for addressing the growing numbers of vulnerable children.</p>
2. Policy and Legislative and Environment	<ul style="list-style-type: none"> • What is (likely to be) the most effective and sustainable social protection system for Zambia? • Which laws protecting OVC are enforced? • What is the level of awareness of these pieces of legislation among various categories of the general population? • How much OVC policy has been translated into strategies and/programs? 	<p>Policy and legislative changes have the potential to have the greatest impact on OVC because of their breadth of coverage. Information from research on feasibility, sustainability, acceptability and impact of potential policy revisions will minimize unintended errors when introducing such important changes.</p>
3. OVC Service Arrangements	<ul style="list-style-type: none"> • What are the best arrangements for a coordinated multi-sectoral response to the OVC crisis that will ensure effective synergies? 	<p>Many stakeholders have positively responded to the needs of OVC in Zambia. Effectively coordinating these responses, especially at the community level, will reduce duplication and increase efficiency. The MCDSS will need data on who is doing what and where in order to facilitate a coordinated response and establish an effective referral system for OVC services at the community level.</p>

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Recommended Supportive Actions for OVC Research

In addition to prioritizing research questions to be answered in Zambia, stakeholders can play a crucial role in creating a policy and funding environment for program-relevant research to thrive. Several key recommended actions are listed below.

- Adopt a National OVC Research Agenda with an implementation strategy clearly indicating priority research areas matched with resources. A National Research Agenda will help researchers know the country's needs in terms of program-relevant evidence for improving the effectiveness and impact of OVC programs.
- Commission a National Longitudinal Cohort study, posing different research questions as needed. Following children and families being supported by various services, over an extended period of time, is the most reliable way to understand whether the services being provided are making a difference on the lives of the children, both in the short term and longer term.
- Develop a financing mechanism for OVC research by either setting up a research fund or have OVC support organizations allocate at least 10% of their OVC budgets to research.
- Develop and implement a strong plan to monitor and evaluate all OVC programming. Incorporate shared, well defined indicators across programs for ease of comparison.
- Set up a central OVC database to capture all demographic data on OVC, OVC care placements, service providers and their coverage in terms of services and geographic distribution, etc. This will serve as a resource for planning and budgeting, and allow the Ministry of Community Development and Social Services know who is doing what and where and help coordinate services to improve synergy between service providers, reduce duplication of efforts, and improve efficiency in programming of resources.
- Engage national and international stakeholders to support program-relevant research. USAID, for example, has Basic Program Evaluation (BPE) and Public Health Evaluation (PHE) mechanisms to support research as well as programming.
- At the program level, it will be helpful for the Ministry of Community Development and Social Services and the Ministry of Youth, Sport and Child Development, with support from development partners, to incorporate a National Scale-up Plan for OVC in the OVC National Plan of Action; with clear annual coverage targets matched with expected resources.

For additional information contact

Dr. Malcolm Bryant

OVC-CARE Deputy Project Director

bryantm@bu.edu

Boston University School of Public Health

Center for Global Health & Development

801 Massachusetts Avenue, 3rd floor

Boston, MA 02118

Tel 617.414.1260 -- Fax 617.414.1261

<http://www.bu.edu/cghd/>

This report was written by:

Godfrey Biemba¹, Mubiana Macwan'gi², Bernard Phiri², Jonathon Simon¹, Jill Costello¹, Jen Beard¹, and Bram Brooks¹

¹Boston University, Center for Global Health and Development

²University of Zambia, Institute for Economic and Social Research

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Annex 1- Research undertaken on OVC between 2004 and 2008 in Zambia

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8. David Livingstone Community School (2008). Analysis of OVCs Education in Misisi and Kuku Compounds of Lusaka
9. Dumas, S., Chi, B., Mubiana-Mbewe, M., & Bolton, C. (2006). Barriers to providing Antiretroviral therapy (ART) to HIV-Infected children in Lusaka, Zambia. Presented at the International AIDS Conference, Toronto, Canada. Retrieved from <http://www.aegis.com/conferences/iac/2006/MoPE0234.html>.
10. Home Base Care / Care Giving to OVC
11. Jesus Cares Ministries (2007) Assessment of Vulnerable Households
12. Kambikambi, C. (2008). Early Childhood education care and development for orphans and vulnerable children in Zambia. In AIDS 2008-XVII. Presented at the International AIDS Conference.
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16. Lubbungu, J., Katuta, C., Kamwengo, M., Sichuundu, W., & Mwenge, L. (2004). Child Sexual Abuse (Defilement) as a Threat to HIV/AIDS Prevention in Zambia. Presented at the International Conference on AIDS, Bangkok, Thailand. Retrieved from <http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=102282655.html>.
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19. Mbewe, M., Bolton, C., Levy, J., Sinkala, M., Bulterys, M., Chi, B., et al. (2006). Children enrolled in a public HIV care and treatment program in Lusaka, Zambia: rapid scale-up and first-year clinical outcomes. In XVI International AIDS Conference.
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22. Mulumbo Early Childhood Care and Development Foundation. Baseline Assessment of Children before school Enrollment
23. Murray, N., Chatterji, M., Dougherty, L., Winfrey, B., Buek, K., Amon, J., et al. (2004). Examining the impact of orphanhood and duration of orphanhood on sexual initiation among adolescents ages 10-19 in Rwanda, Zambia. In International Conference on AIDS. Bangkok, Thailand: Futures Group International, Washington, DC, United States.
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29. Swams Care Community School. Living Conditions of OVC
30. Tiding Care Ministries (2007). Assessment of OVCs School Performance in Schools
31. Toronto Early Childhood Community School (2006). Availability of Learning Facilities in Kanyama

The research works enlisted were given by the organizations as OVC research though some do not necessarily reflect key OVC care questions. Some deal with children in general while others deal with issues affecting orphans and/or vulnerable children.

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Annex 2: Number of OVCs and Caregivers Reached by Zambia USG OVC Partners by Interventions 2008

Partner	Interventions	# OVC	# Caregivers
RAPIDS World Vision International	Comprehensive community-based care, Small grants to CBOs School fees and materials	200,000	6,000
CRS	Comprehensive community-based support	12,750	255
CARE SCOPE/OVC	Parents and community school committee capacity building	4,000	200
FHI with ECR	Caregiver capacity building	2,500	150
AIR/EQUIP2 CHANGES II Project	Secondary school scholarships	3,500	
CARE International (Department of Defence)	Comprehensive community-based care with Zambian Defence Forces	200	70
PCI, Africa KidSAFE Project	Street children	20,000	5,000
World Concern	Capacity building for FBOs, mass media, income support	68,000	13,500
Opportunity International	Microfinance and housing	4,624	2,473
Christian Aid	Comprehensive community-based care	10,000	780
HOPE worldwide	Comprehensive community-based care, CBO capacity building, Kids Clubs	2,200	120
Plan International with HACI Zambia (Family Health Trust)	Community-based psychosocial and education interventions	2,000	400
CRS	Capacity building of FBOs, communities, families, and OVC themselves to care for OVC	17,500	8,000
BELONG Project Concern International with Pact, Inc., Futures Group (for research)	Comprehensive community-based care (Bwafano) School feeding programs Literacy and economic empowerment for women	111,000	561
Health Communication Partnership	Capacity strengthening of Neighborhood Health Committees Harmonization of OVC partner toolkits	-	N/A
Healthy Teen Living Campaign	Films and discussion groups	200,000	
JSI/SHARE	OVC programs through worksite interventions linked to key Zambian ministries	300	100
CHAMP	Private-sector-based initiatives	3,600	600
QUESTT	Educational interventions (radio and listener groups) capacity building for CBOs that manage Interactive Radio Instruction centers and community schools	30,000	10,000
Peace Corps	Comprehensive community-based care	1,200	70
U.S. Ambassador's Emergency Small Grants Fund	Small grants	2,000	100

Source: USG - OVC Strategic Plan for 2005–2008