

# **Results of the Orphans and Vulnerable Children Head of Household Baseline Survey in Four Districts in Zambia**

**USAID/Zambia  
Displaced Children and Orphans Fund  
SCOPE-OVC/Zambia  
Family Health International**

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## LIST OF ACRONYMS

CCF	-	Christian Children Fund
CHIN	-	Children in Need
CINDI	-	Children in Distress
CMO	-	Community Mobilisation Officer
COVCC	-	Community Orphans and Vulnerable Children Committee
DAPP	-	Development Aid from People to People
DOVCC	-	District Orphans and Vulnerable Children Committee
FAO	-	Food and Agriculture Organisation
FHI	-	Family Health International
HIV/AIDS	-	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
LCMS	-	Living Conditions Monitoring Survey
NGO	-	Non - Governmental Organisation
PPAZ	-	Planned Parenthood Association of Zambia
PUSH	-	Programme for Urban Self-Help
SCOPE/ OVC	-	Strengthening Community Participation for the Empowerment of Orphans and Vulnerable Children
SEPO	-	Small Enterprise Promotion Organisation
USAID	-	United States Agency for International Development
UNICEF	-	United Nations Children's Education Fund
WFP	-	World Food Programme
WVI	-	World Vision International
YCCF	-	Youth and Child Care Foundation
YWCA	-	Young Women Christian Association
ZIHP	-	Zambia Integrated Health Programme

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Research Team: Stephen Tembo  
Amos Banda

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## EXECUTIVE SUMMARY

### Background

At the end of 2001, a total of 44 million people globally were estimated to be living with HIV or AIDS, with 70% of all cases occurring in sub-Saharan Africa.. Zambia is one of the worst affected countries on the African continent, with an adult HIV sero-prevalence rate of 21.5% (UNAIDS Epidemiological Fact Sheet, 2002 Update). According to UN estimates, there are currently an estimated 570,000 children orphaned due to AIDS, many of whom are living with extended family members and relatives after the death of their parents. As Zambia is one of the poorest countries in the region, these extended families are themselves often impoverished, resulting in further vulnerability of both the orphans and their own children. Orphaned and other vulnerable children (OVC) living in such situations are frequently at increased risk of losing opportunities for education, health care, development, adequate nutrition, and shelter.

Since 1999, Strengthening Community Participation for the Empowerment of Orphans and Vulnerable Children (SCOPE-OVC), a USAID/FHI funded project, has been working in several districts in Zambia to help mitigate the impact of HIV/AIDS on OVC in those communities. This document reports the findings of a baseline survey of households caring for OVC, the second phase of a multi-phase evaluation carried out by SCOPE-OVC, FHI, and others to identify achievements, gaps in service, and lessons learned in service provision for OVC.

### Methodology

The study was carried out in compounds in four districts in which SCOPE-OVC is working. These compounds were selected because of the high HIV prevalence rates, poverty levels, and the large numbers of households caring for OVC.

Households were randomly selected through probability sampling of every third household in each compound. To be eligible for the study, a household had to have living with them at least one child under the age of 25 who can be identified as orphaned— *a child who has lost his or her mother or father or both parents* – or vulnerable – *a child who is at increased risk due to an ill parent, high level of poverty, or is living in a household with orphaned children*. Once a household was established as eligible, the survey was continued with the identified head of household.

Key variables of interest included sociodemographics, such as sex of head of household and type of OVC by sex of head of household, household income and expenditures, among others; current and past school attendance of OVC; perceived psychosocial and emotional well-being of OVC, such as conflicts with other children, discussion of parent's death, and family cohesiveness; and type of assistance/support received and from whom or which agencies the households received the support

### Results

A total of 1014 households were randomly selected. Sixty three percent (643) of the households were caring for children identified as orphaned and/or vulnerable. A total sample of 4419 children was living in these 1014 households. Forty-three percent (1898) of these children were identified as orphaned and 57% (2515) identified as vulnerable. The average age was 12.2 and 9.6 for children identified as orphaned or vulnerable, respectively.

Twenty-six point five percent of all households reported caring for orphans only, 36.7% were caring for vulnerable children only and 36.9% were caring for both orphans and vulnerable children. Orphans were more likely to be living in female-headed households than were vulnerable children (74% vs 62%,  $p < .000$ ) (Table 5).

Among the children identified as orphaned (1898), 52.1% (987) were paternal orphans, 14.3% (272) were maternal orphans and 33.6% (640) were double orphans.

The majority (65%) of the heads of households were one of the parents of the OVC in the households. Another 14% were the children's grandparents and 11.9% were aunts or uncles. Siblings made up only 4.5% (200) of all the heads of household.

Twenty-six percent of children were reported to have changed households 1.1 times (range 1-8). Of the children who had moved, the majority (88%) had lived in only one other household. The main reason that heads of household gave for children moving was that a parent had died. Female-heads of households reported keeping children longer in their homes than did male heads of households.

### ***Education***

Fifty-eight percent (2564) of the total sample of children identified as orphaned or vulnerable were of school age between 7-18 years old. Overall, 64.2% of school age OVC are currently attending school. Of this age group, 85.6% (2187) had attended school at some point in the past, 75.7% of whom are currently still in school. Vulnerable children were slightly more likely to have ever attended school (87%) than orphans (84%),  $p = .021$ , and of those who have ever attended school, vulnerable children are also more likely to be currently in school than are orphans (80.1% vs. 70.6%,  $p < .000$ ).

In addition, orphans are more likely to miss a semester of school than are vulnerable children (13.4% vs. 9.0%,  $p = .006$ ). (see Table 11). Eighty-three percent of heads of households reported financial issues as the number one reason for OVC not attending school.

### ***Household Security***

The findings demonstrate that the economic situation for the majority of households is critical. Almost none of the households reported having regular employment. Food was the largest household expenditure, followed by education and health care. Although females comprised the majority of heads of households in this study, they reported earning half of the income as male heads of households, suggesting an urgent need for increased income-generating capacity for female heads of households.

### ***Psychosocial issues and emotional well-being***

The majority of heads of households perceived the children living with them as being somewhat or very happy, 89.8%. (Table 12) This finding did not vary by sex of head of the household. Most of the heads of households reported that they did not observe behaviours that would indicate symptomatic emotional effects of the children's experiences related to being an orphan or a vulnerable child. At the same time, however, it was also found that one third of the heads of households reported that the children had conflicts with other children on daily or every other day basis.

When asked about whether or not the orphans knew of the reason for their parent's death, 36% believed that the orphan did not know, 32% felt that he or she did know, and 32% refused to answer the questions.

When asked if the orphans ever talk about the death of their parent(s) approximately 33% stated that the orphans do, from time to time, talk about their parent's death(s), while another 38% reported the orphans do not talk about the death(s) of their parents. Thirty percent refused to answer the question.

Almost 33% of heads of households stated that they themselves have talked with the children about their parent's death. In addition, the head of household is more likely to believe that the orphan knows the cause of the parent's death if the child's parent was seriously ill prior to his or her death than if the parent was not ill prior to death.

It is important to note that one third of the respondents chose not to answer questions related to whether or not the child discussed their parent's death. These findings are not surprising given that in most traditional settings it is uncommon or taboo to discuss impending death and even more uncommon for adults to discuss impending death with a child or to have discussions at the time of the death.

The social and economic impact of the epidemic was apparent in many of the households. Almost 30% of heads of households reported that the illness or deaths of the parents reduced the amount of food and money in the household. Another 26% reported that school attendance declined or stopped all together, while 13% felt that school grades had suffered. Fourteen percent felt that there had been no effect on their lives at all (Table 17). At the same time, 32.2% of the heads of household felt that the death or illness of the parents left the child sad and unhappy, 27.2% felt that the children were sad but determined to face the future, 16.6% believed the children to be worried, and 11.8% believed that the children were comforted, relieved and happy.

One of the most significant findings in this study is the number of orphaned children who were separated from their siblings. More than half of the heads of households responding to the question about whether or not all orphaned siblings live together stated that they are not living together. Of those who are not living with their siblings, 26.2% never get a chance to see their siblings, 32.2% see them every few months and 4.1% see them daily. Keeping siblings together provides them a critical sense of continuity and is a source of support. This staggering amount of separation of siblings is something that has not been adequately addressed and underscores the need for further examination.

#### ***Household access to support services***

Thirty-three percent stated that they had received some sort of assistance from a support service provider during the previous six months. The most frequently cited type of assistance provided to all respondents was counselling (21%), followed by direct food assistance (13%), financial assistance for food (11%) and 6% each for clothing assistance, financial assistance for medical care and financial assistance for education. Although 21% reported receiving counselling, very few respondents reported receiving what would be considered formal counselling from a health care unit. The 1999 Zambia situation analysis identified psychosocial support as an area in need of greater attention and recommended that formalized counselling services be implemented throughout the country. In addition, mobilization around strengthening traditional-visiting practices (e.g., by women's church groups) to include visiting OVC and their families to provide respite care and emotional support is one way that community initiatives can be used to support the psychosocial well being of children and their families.

Of the heads of households who received direct food assistance, 51.8% received the food from relatives and 24.1% received the food from friends and neighbours.

The following organizations were the most frequently mentioned organizations in all the responses across all districts, The Catholic Church (190 respondents 18.8% of all respondents), SCOPE-OVC (107 respondents 10.6% of all respondents), CINDI (106 respondents 10.5% of all respondents), and World Vision (90 respondents 8.9% of all respondents).

Fewer than half (44.3%) of all respondents had ever heard of the COVCC. Thirteen percent of those who had heard of the COVCC did not know what they did. Of the 432 respondents willing to rate the usefulness of the COVCC, 40.5% felt that the COVCC was either Helpful or Very Helpful, 32.7% felt that they were Not Helpful, 23.1% did not know if they were helpful or not, and 1.2% felt that the COVCC gets in the way.

The majority (86%) of respondents had not heard of SCOPE. Of the 144 respondents who had heard of SCOPE, only 50 could know what SCOPE does. Eleven percent felt that they were Helpful or Very Helpful while 18.7% felt that they were Not Helpful and 1.9% felt that they get in the way.

As the primary means of support was reportedly from the church, friends and relatives rather than from formal organizations, these findings indicate that despite efforts of various organizations, institutions, and government structures community members themselves are still at the forefront of caring for one another. This finding, coupled with the increasing poverty and stress on households due to the death and illness of guardians, intensifies the need for increased community mobilization and on-going support to strengthen and sustain social safety nets, community strengths, and the well-being of orphans and other vulnerable children and their families.

## **Recommendations**

**Below are some of the key recommendations:**

- **Improved Data Collection for OVC Programming at the National, NGO, and community level.**
- **Addressing the issue of denial, stigma, and perception of risk**
  - Training of providers at the health care and community-level, as well as religious leaders and other members of the community;
  - Involvement of PLHA and their families and other forms of community mobilization;
  - Behavior change and communication activities that help to change social norms and reduce stigma surrounding HIV and those living with the disease, such as through drama groups, group discussions, community events, etc.
- **Improved Financial, education, health care and living conditions for families caring for OVC**
  - Improvement of household economic security through strengthening the micro-financing industry and training communities in insurance mechanisms
  - Training of communities in financial management
  - Increased access to community schools and school bursaries
  - Incorporation of a feeding programme into schools to improve nutritional intake of OVC
  - Better collaboration between OVC stakeholders and the Ministry of Health in identifying those unable to access formal health care, and improved information dissemination about organizations providing shelter
- **Enhanced OVC and parent/guardian communication**
  - Modify cultural practices that hinder communication in households through research and skills training in communication
  - Strengthen positive cultural forms of communications
  - Holistic counseling for all family members, and beyond the death of a family member
  - Strengthening existing training packages to make communities more responsive to the needs of OVC and their guardians
- **Psychological Coping**
  - Address of stigma in communities in all OVC interventions and active involvement of all PLHA
  - Training of communities in child development issues, such as emotional development, abuse and its impact on children, and how children handle grief.
  - Training of religious institutions in psycho-social issues surrounding OVC
- **Child-headed households**
  - Training of child heads of households in parenting and coping skills, sex education and their own sexuality
  - Training and mobilization of community in supporting child-headed households

- Provision of material support including food, clothing, medical services and education.
- **Guardians and parents**
  - Strengthened psychological support and counseling of the guardian/parent, and encouragement of voluntary counseling and testing as an entry point to other care and support services, such as planning for the future, succession planning, etc.
  - Bereavement training through HBC, church leaders, and other members of the community and health care system
  - Training in sex education to facilitate communication about such issues with their children
- **Services for Widowed-Heads of Households**
  - Establishment of widow support groups and services through a variety of local mechanisms and organizations.

## **PART I: INTRODUCTION**

As the HIV/AIDS epidemic continues to grow throughout the world, the needs and issues for children who have been affected by the disease also increase. . Globally, there are approximately 40 million people living with HIV or AIDS. Of these, over 37 million are adults. HIV has hit Africa particularly hard, where 70% of all people living with HIV/AIDS can be found. Because HIV is mainly found in adults in their 20s and 30s many of these adults are also parents. In 2001, approximately 2.4 million adults died of AIDS. To date 14 million children below 15 years of age have lost their mother or both parents to AIDS, with 95% of these children living in sub-Saharan Africa.<sup>1</sup>

In Eastern and Southern Africa there are 8 countries where the national infection levels have risen to more than 15 and 20%. This has led to extremely high levels of adult mortality and has resulted in an unusually large numbers of orphaned children. In some of these countries it is estimated that between 20 and 30% of all children under the age of 15 have lost either one or both parents to AIDS.<sup>2</sup> Zambia is one of the hardest hit countries in the world, with a sero-prevalence rate of approximately 20%. It is currently dealing with a crisis of massive proportions due to AIDS, poverty and a weakening economy. With nearly three-fourths of the Zambian population living in poverty, many families do not have access to adequate levels of nutrition or health care, young people cannot afford to attend school, and there have been increasing maternal mortality rates and stunting among young children.

With one out of every five Zambians infected with HIV, mortality in the active and productive age groups has risen to unprecedented levels. At the same time, the World Bank has estimated that only 10% of all AIDS related deaths have occurred at this point in time, implying that even if the spread of HIV were halted today there would still be many more deaths to follow. The effect of these deaths on the lives of the children left behind will be enormous.<sup>3</sup>

Although many of these children are being cared for by other family members or relatives, many of these caregivers are often sick or elderly and in need of care and support themselves. Children living in these circumstances are at increased risk of losing opportunities for education, health care, development, adequate nutrition, and shelter. In addition, the psychological impact of the death of one or both parents on children can be profound. While many communities are taking on the burden of caring for orphaned and other vulnerable children, the special needs of children affected by HIV/AIDS will need to be urgently addressed.

Because of the growing problem facing children and families in Zambia, the USAID/FHI funded Strengthening Community Participation for the Empowerment of Orphans and Vulnerable Children (SCOPE-OVC) was created in 1999. The goal of SCOPE-OVC is to mitigate the impact of HIV/AIDS on OVC in Zambia by pursuing the following six objectives:

- Support and mobilise multi-sectoral District OVC Committees (DOVCCs) to respond to the community initiatives and needs
- Assist households to take positive actions to improve the well being of OVC through working with multi-sectoral district partners
- Mobilise internal and external support for community based OVC initiatives based on OVC initiatives through district and national multi-sectoral partner
- Advocate for the rights of OVC through working with the district and national multi-sectoral partners

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<sup>1</sup> Investing in our future: Psychosocial Support for Children Affected by HIV/AIDS, UNAIDS, July 2001

<sup>2</sup> National Systems and Strategies for Provisions of Care to HIV/AIDS Affected Adults and Children, Dr. Susan Hunter, The SYNERGY Project, November 2000.

<sup>3</sup> Orphans and Vulnerable Children: A Situational Analysis, Zambia 1999.

- Share lessons and scale-up interventions with national and regional partners working on OVC issues, and
- Ensure that SCOPE-OVC is well managed.

In an attempt to measure changes in the situation faced by children and families affected by the loss of adult family members since the establishment of SCOPE-OVC, a multi-phase evaluation of the situation was undertaken. The first phase of this evaluation consisted of an organisational assessment of service providers offering support to orphans and vulnerable children, and families caring for OVC. The second phase of the evaluation, conducted in February 2001, was a baseline assessment of households caring for OVC. This report is the analysis of the OVC household baseline survey. The third phase of the baseline survey will focus on the quality of life of the children identified as OVC.

The overall goal for this study is to gather baseline data to facilitate the evaluation of the effectiveness of the SCOPE-OVC project in the identified target sites of Zambia. The following are the specific study objectives:

- To provide information that will be useful in the ongoing development of programs designed to strengthen the care and support to orphans and vulnerable children;
- Provide a framework for demonstrating the progress SCOPE-OVC project is making towards the achievement of their program goal and objectives, and provide a means for being accountable for the resources received;
- Contribute to documentation of lessons learned in conducting OVC work as well as in demonstrating the use of a participatory evaluation process, and;
- Increase the capacity of SCOPE-OVC in monitoring and evaluation.

The components covered by the report include the following: demographics; household economic status; relationships in the home; children's education experience; head of household perception of OVC psycho-social issues; access to various types of support and services; and community status, including community's view on performance of COVCC and SCOPE. The report has four major parts:

## **METHODOLOGY**

This study was conducted in February of 2001 with funding from Displaced Children and Orphans Fund (DCOF) and the United States Agency for International Development (USAID) through Family Health International (FHI). The was a quantitative study conducted with a total sample of 1014 households identified as caring for children who were defined as either orphaned or as vulnerable. For this study, a **household** is defined as *a group of people who share the same space to sleep and share common meals.*

An **orphan** has been defined as *a child who has lost his or her mother or father or both mother and father, and a **vulnerable child** is defined as a child who is at increased risk due to an ill parent, high level of poverty, or is living in a household with orphaned children.*

## Study Setting and Population

The study was conducted in compounds in the Lusaka, Mongu, Kitwe and Livingstone districts, where SCOPE –OVC has been working. These districts and compounds were selected for the SCOPE project and the survey because they represented communities which were reported to be particularly hard hit by HIV, poverty and because the high rates of households caring for OVC. All households participating in the survey were identified from these districts (see Table ).

		DISTRICTS			
Communities	Livingstone	Lusaka	Mongu	Kitwe	
	Nakatindi	Matero	Mulambwa	St. Anthony	
	Sakubita	Garden	Wenela	Itimpi	
	Zambezi Sawmills	Kanyama	Mandanga	Mulenga	
	Linda	Chawama	Kapulanga	Race Course	

## Study Sample: Eligibility and Enrolment

### *Sample size and eligibility*

Probability sampling design was used for the selection of 1,014 households in the four districts. To be eligible for the study, a household also had to be caring for orphaned or vulnerable children below the age of 25<sup>4</sup>. The specific sample size selected in each district was determined based on the need to compare variables of interest over time within and between districts. In the 1014 surveyed households, there were a total of 4419 children - 6.2% were maternal orphans, 22.4% were paternal orphans, 14.5% double orphans, and 56.9% (n=2516) had both parents still living.

In addition, one of the main variables of interest was the percent of children living in the household attending school. To be able to perform analyses on this variable, the study team was hoping to draw a large enough sample of households caring for OVC 7-18 years old from the primary sample of households caring for OVC below 25 years of age. The desired age range and sample size of school age children was calculated based on the “Living Conditions in Zambia” report from 1998, where approximately 61% of all children between the ages of 7 and 18 were enrolled in school. In order to see this percent increase by 15%, within this target group, a total of 252 households with 7 to 18 year olds needed to be interviewed in each district, for a minimum of 1008 households in all. In the end, all 1014 households had at least one child between the ages of 7 and 18, 50% (n=1278) of whom were identified as orphaned and 50% were considered vulnerable because of their living situation.

### *Recruitment methods*

Initially, each community, or compound as they are called in Zambia, was mapped out to identify major routes and geographic markers such as churches, schools, stores etc. Since the research compounds were selected because of their increased levels of OVC, the maps were used to ensure extensive coverage of the compounds by interviewers.

Each day interviewers entered the compound and approached the first household they came to. They were then instructed to follow an every third household pattern in order to ensure randomness. The routes used by interviewers were marked on each map and beginning points were varied from day to day. Upon entering a household the interviewers requested to speak with the head of the household. If there were two heads of household, the male head of household was interviewed. Once the study was introduced to the head of the household, the interviewer determined whether or not there was a

<sup>4</sup> The age of 24 was used as the upper cut off for defining an OVC because of its implications for future SCOPE-OVC programming.

young adult or child less than 24 years of age living in the home who fit the definition of an OVC. If there was not, the interviewer moved on to the third household up the street. The survey findings are based on the views and reports of the heads of the households in order to assess the overall situation within the household.

Key variables of interest include:

Household relationships: Number of OVC in household, relationship of Head of household to OVC, number of different households in which OVC lived prior to current household; relationship with sibling(s) (whether live with siblings or frequency of visits with siblings).

Education: OVC of school age who ever attended and are currently attending (by total OVC and by orphans versus vulnerable children); Orphans and vulnerable children who miss at least one semester of school; and reasons for missing school.

Pyshosocial and Emotional well-being: Conflicts with other children in and outside household; perceived symptomatic behaviors of OVC related to their experiences as orphans or vulnerable children; perceived degree of happiness of OVC; discussion of parent's death by OVC, and by head of household with OVC; perceived knowledge of OVC of parental cause of death; degree of illness of parent before death and OVC knowledge of cause of death.

Household access to support services: households receiving some sort of assistance from service providers or friends/relatives; types of household assistance received and by whom/what agency; knowledge of different CBOs and CBO activities, and perception of helpfulness of CBOs.

### **Pre-survey Preparation**

The research team was made up of members of the staff of SCOPE, Family Health Trust, Family Health International/Zambia, Family Health International/Arlington, a Zambian evaluation consultant, a Zambian bio-statistician, four teams of interviewers consisting of one team leader and six interviewers, and a team of four data managers.

The protocol was finalized in mid-January and a draft questionnaire was created with input from the research team as well as an instrument piloted by the Population Council in Uganda. As part of the interviewer training, the questionnaire was pilot tested in a Lusaka compound that was not selected for the study. After the pilot testing, the questionnaire was adapted and finalized.

## **PART II: SUMMARY OF RESULTS**

### **SOCIODEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLDS**

A total sample of 1014 households were surveyed. The majority (70%) of the heads of households were female. The mean age of the heads of households was 37.5 years; the youngest head of household is 16 years and the oldest 80 years. Approximately 14% reported never attending school. Of the 86% who had attended school, 56% completed primary school, 42% completed secondary school and 2.0% went university. More than sixty percent of the female heads of household went on to secondary school and university as compared to 36.5% of male heads of household ( $p < .000$ ). (See Table A in annex).

Among the 1000 heads of household responding to the question about their marital status, 67% reported being currently married and 32% were currently single (See Table 1 for sociodemographic results). Of the 32% who were single ( $n=324$ ), the majority were widowed.

The mean age at first marriage was 21 years for both male and female heads of households, with the age ranging from 10 to 39 years. Two respondents reported being married at age 10 and 11. In all, 201 respondents reported being married prior to the age of 18, 24 of whom married before 15 years of age. (See Table 1 for general demographic results by district.)

Almost all (94.4%) of the respondents were Christian. Two ethnic groups represented 40.4% of all respondents; Lozi represented 24.5% of respondents and Bemba represented 15.9%. No other ethnic group represented more than 7% of the total population.

On average, female heads of households reported living in their current community for 13 years while male heads of households reported living in their current communities for 14 years. These lengths of time did not vary by district, and ranged from less than one year to 60 years. (Table 1)

When asked how many household members have regular (more or less permanent) employment, 28.8% reported none, 44% reported one member, 4.8% two members, and 3 heads of households stated there were more than two members with regular employment. Twenty-two percent did not answer. When asked about the number of household members who do piece work (irregular), 52.3% reported none, 20.7% reported one member, 3.2% two members, and 7 heads of households reported there were more than two members with piece-work employment. Twenty-three percent did not answer. There is no variation by sex of head of household regarding the number of household members working in either regular jobs or piece work.

Out of 1009 respondents who were asked the question regarding sources of income, 40% received income through trading goods and another 11.1% through general labour. Only 3.7% receive income from friends and family, and 1.6% earn money from a formal occupation such as teaching. A total of 18% refused to answer this question. (See Table 2)

The mean monthly income for all respondents was 160,137 ZMK (@44 US dollars). The overall range of income was 2,500 ZMK (@ 70 US cents) to 3,000,000 ZMK (@ 833 US dollars). The average household income for male-headed of households was 202,134 ZMK (@56 US dollars) and for female-headed households it was 118,140 (@33 US dollars). In all four districts, the total regular income earned by female-headed households was almost half that earned by male-headed households. (See Table B in annex for additional details on income.)

Heads of households were asked to report on the total monthly household expenditures on food, education and health. Food was the largest expenditure (69% of income in male-headed households vs. 79% in female-headed households) followed by education (22% of income in male-headed

households vs. 15% in female-headed households) and then by health care (9% of income in male-headed households vs. 6% in female-headed households). Eighteen percent of all households reported financially supporting children who do not live in the household; this did not vary by district or sex of head of household. (Figures 1 and 2)

Respondents were asked to report on the number of meals and snacks consumed on an average day as well as the types of foods eaten. Out of 975 respondents who responded to the question, the average number of meals consumed per day was 2.1. Eighteen point five percent of all heads of households reported having had a snack the previous day, in addition to regular meals. The most common food consumed was Nshima (96%) followed by vegetables (63%) then bread (24%) and fish (17%) or meat (16%) (See Table C in annex).

When asked about ownership of various assets, 72% reported that they own their own homes, the other 28% rent. Out of 1009 respondents 36.6% own a radio, 24.2% own a television, 22.6% own a stereo, 13.3% own an electric cooker and 8.2% own a refrigerator. With regards to modes of transportation, 16.4% of homes own a bicycle, 2.5% own a car, and only 3 families own a motorcycle. When asked about assets and items related to farming and food production, 20.3% of households own chickens, 4.5% own cattle and another 4% have other animals such as pigs, goats sheep and donkeys. In all, 5.7% of households own farm equipment such as ploughs, ridgers, oxcarts and tractors. (See Table 3)

The respondents reported on the type of material that was used to make the roofs of their homes. Thirty-six percent stated that their roof was made of iron only, 28.2% of roofs were made of asbestos materials, 22.6% of grass, and 11.3% of a combination of asbestos and iron. (Table D in annex) The floors of the respondent's houses are most often made of concrete only (41.2%) followed by soil only (35.4%) and then concrete covered with straw mats (16.4%). (Table E in annex)

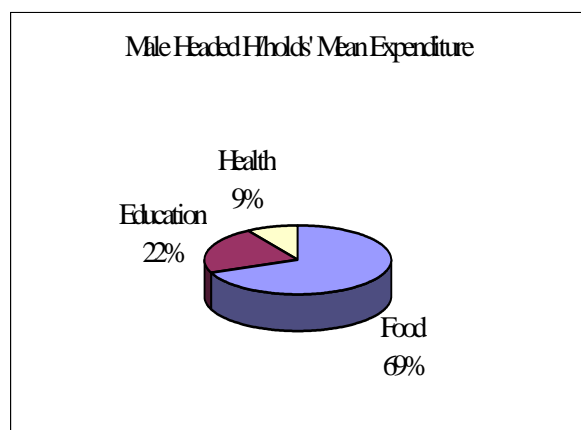
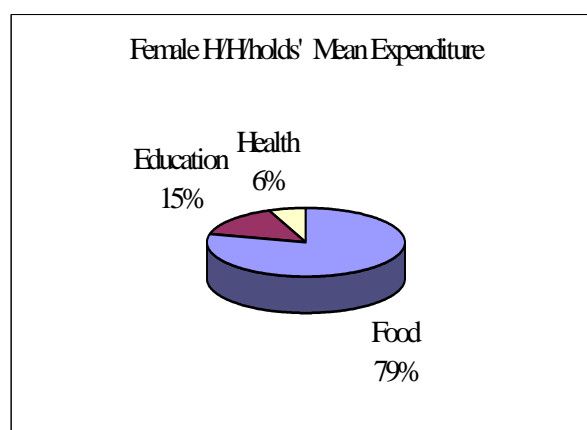
## SOCIO-ECONOMIC CHARACTERISTICS OF HOUSEHOLDS TABLES

**Table 1: Socio-economic Characteristics of Households in Target Research Areas**

	Livingstone N = 252		Lusaka N = 251		Mongu N = 255		Kitwe N = 256		Overall N = 1014	
	N	%	N	%	N	%	N	%	N	%
<b>Gender (N = 995)</b>										
Female	166	67.1	175	70.9	177	70.5	177	70.8	695	70.0
Male	81	32.8	72	29.2	74	29.5	73	29.2	300	30.0
<b>Age distribution (N = 1011)</b>										
< 20 years	26	10.3	22	8.8	6	2.4	5	2	22	5.8
21 – 29 years	59	23.3	77	30.7	59	23.1	59	23.1	254	25.0
30 – 39 years	71	28.1	80	31.9	82	32.2	85	33.7	318	31.5
40 – 49 years	54	21.3	37	14.7	59	23.1	68	27.0	218	21.6
50 and over	43	17	35	13.9	49	19.2	35	14.0	162	16.0
Age range	17 – 71		17 – 80		17 – 74		16 – 64		16 – 80	
Mean age	38		36		39		37		37.5	
<b>Education (N = 1009)</b>										
Have never attended formal school	28	11.1	30	12.0	57	22.4	29	11.5	144	14.3
Have attended, primary or higher	225	88.9	220	88.0	197	77.6	223	88.5	865	85.7
<b>Highest level of education completed (N = 871)</b>										
Primary	131	57.7	100	45.2	93	46.7	162	72.3	486	55.8
Secondary	91	40.1	113	51.1	103	51.8	61	27.2	368	42.3
Higher	5	2.2	8	3.6	3	1.5	1	0.4	17	2.0
<b>Religion (N = 1009)</b>										
Christian	240	95.2	236	94.0	244	95.7	237	92.6	959	94.4
Muslim and traditional	3	1.2	8	3.2	3	1.2	15	5.9	29	2.9
No religion	9	3.6	6	2.4	6	2.4	0	0.0	21	2.1
No Response	0	0.0	1	0.4	2	0.8	4	1.6	7	0.7
<b>Mean Length of time living in community</b>										
Male Heads of Household Range (n=298)	14		17		14		12		14	
	0-58		0-42		0-43		0-39		0-58	
Female Heads of Households Range (n=685)	13		15		11		12		13	
	0-46		0-60		0-46		0-54		0-60	
<b>Marital Status (N = 1004)</b>										
Single, never been married	11	4.5	9	3.6	30	11.8	2	.8	52	5.2
Single now but also divorced or separated	30	12.2	14	5.6	31	12.2	11	4.4	86	8.6
Single now but previously widowed	51	20.7	30	12.1	66	26.0	39	15.6	186	18.6
Currently married for first time	125	50.8	166	66.9	91	35.8	163	65.2	545	54.6
Currently married but also divorced or separated	14	5.7	21	8.5	25	9.8	15	6.0	75	7.5
Currently married but previously widowed	15	6.1	8	3.2	11	4.3	20	8.0	54	5.4
No response	0	0.0	3	1.2	0	0.0	4	1.7	6	0.6

**Table 2: Common Sources of Income by District**

Source	Livingstone N=253		Lusaka N=251		Mongu N=253		Kitwe N=252		Total N=1009	
	N	%	N	%	N	%	N	%	N	%
Trading	79	31.2	82	32.7	145	57.3	98	38.9	404	40.0
General worker/labourer	20	7.9	37	14.8	10	4.0	45	17.9	112	11.1
Craftsman	14	5.6	32	12.7	6	2.4	17	6.7	69	6.8
Owens a business	20	7.9	15	6.0	13	5.1	12	4.8	60	5.9
Agriculture/ Fishing	9	3.6	1	0.4	26	10.3	18	7.1	54	5.4
Relatives / friends	6	2.4	5	2.0	9	3.6	17	6.7	37	3.7
Selling charcoal and fire wood	4	1.6	15	6.0	7	2.6	2	0.8	28	2.8
Pension	14	5.5	0	0.0	3	1.2	1	0.4	18	1.8
Formal occupation	3	1.2	4	1.6	4	1.6	5	2.0	16	1.6
None	18	7.1	4	1.6	4	1.6	3	1.2	29	2.9
No response	66	26.1	56	22.3	26	10.3	34	13.5	182	18.0
Missing frequency = 5										

**Figure 1****Figure 2**

Note: Female head of household's income is significantly lower than male HHHs.

**Table 3: Assets owned by District**

Type of Assets	District								Total N = 1009	
	<i>Livingstone</i> N = 253		<i>Lusaka</i> N = 250		<i>Mongu</i> N = 254		<i>Kitwe</i> N = 252			
	N	%	N	%	N	%	N	%	N	%
<b>Homeownership</b>										
% who own their home	207	81.8	118	47.2	229	90.1	176	69.8	730	72.3
<b>Household items</b>										
Radio	55	21.7	126	50.4	85	33.5	103	40.9	369	36.6
Television	41	16.2	130	52.0	22	8.7	51	20.2	244	24.2
Stereo	76	30.0	85	34.0	46	18.1	21	8.3	228	22.6
Electric Cooker	23	9.1	100	40.0	7	2.8	4	1.6	134	13.3
Refrigerator	18	7.1	54	21.6	7	2.8	3	1.2	82	8.2
<b>Transportation</b>										
Bicycle	42	16.6	33	13.2	44	17.3	46	18.3	165	16.4
Car	2	.8	16	6.4	2	.8	5	2.0	25	2.5
Motorcycle	0	0	1	.4	0	0	2	.8	3	.3
<b>Farm Animals</b>										
Chickens	54	21.3	20	8.0	78	30.7	53	21.0	205	20.3
Cattle	13	5.1	7	2.8	22	8.7	3	1.2	45	4.5
Other	10	4.0	11	4.4	15	5.9	4	1.6	40	4.0
<b>Farm Equipment</b>										
Ploughs	5	2.0	7	2.8	6	2.4	1	.4	19	1.9
Ridgers	0	0	5	2.0	7	2.8	0	0	12	1.2
Oxcart	3	1.2	5	2.0	2	.8	0	0	10	1.0
Harrows	1	.4	3	1.2	0	0	0	0	4	.4
Tractors	0	0	2	.8	0	0	1	.4	3	1.2

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## HOME RELATIONSHIPS AND CHILDREN'S EDUCATION

In all of the households interviewed for this study there were a total of 4429 children, 51% were male and 49% were female (Table F in annex). Forty-three percent (1898) of all the children in the interviewed households met the criteria for orphan and 57% (2515) met the criteria for vulnerable child. Sixteen children were not identified in either category. Sixty-three percent (643) of the homes were caring for children identified as orphaned; some of these homes also had children identified as vulnerable. At the same time, 73.6% (746) were caring for children identified as vulnerable, some of which were also caring for children identified as orphaned. The average number of orphaned children living in these homes was 3 with the range being from 1 to 16. The average number of vulnerable children was 3.4 with the range being from 1 to 11. The distribution of OVC significantly varied by district, with Mongu caring for more orphans than any other district (Table 4).

The average age of the children in these households was 10.8, with a range of a few months to 24 years. The average age of those children identified as orphaned was 12.2 and 9.6 years for vulnerable children (Table 5).

Twenty-six point five percent of all households were caring for orphans only, 36.7% were caring for vulnerable children only and 36.9% were caring for both orphans and vulnerable children. This varies by district with Livingstone having the most households caring for orphans only (29.3%), Lusaka caring for vulnerable children more often (42.6%), and Mongu having the largest percent of households caring for both orphans and vulnerable children (46.4%),  $p = .004$ . (See Table 6) Also, orphans are more likely than vulnerable children to live with female heads of household (Table 5).

Among the children identified as orphaned (1898), 52.1% (987) were paternal orphans, 14.3% (272) were maternal orphans and 33.6% (640) were double orphans (Table 7).

The heads of the households were asked whether or not the children in the household are earning money for the household. Only 2.9% of all children were reported to be earning money. This does not vary by sex of head of household, status as a single or double orphan or as a vulnerable child, nor does it vary by geographic region.

The average length of time that the children have lived in these households is 8.7 years. Respondents were asked how many of the children had lived in a home prior to living in the current home, and reported that 25.8% had lived anywhere else. On average they (1143) have moved 1.1 times, ranging from 1 time to 8 times. Of those who have moved, 88.1% had lived in only one other household, 11.3% had lived in two other households and 6 other children had lived in more than 2 previous households. (Table 8) Female-headed households tend to keep the children longer in their homes than do male-headed households. The main reason that heads of household gave for children moving was that a parent had died.

Regarding the relationship of the OVC to the head of the household, , 65.6% (2898) of heads of households were one of the parents of the OVC in the household. Another 14% (618) were the children's grandparents and 11.9% (524) were aunts or uncles. Siblings made up only 4.5% (200) of all the heads of household. These figures did not vary by district. Only one head of household was a neighbor taking care of someone else's children. (Table 9)

As mentioned above, the percent of OVC in the interviewed households attending school was restricted to the same age group as in the "Living Conditions in Zambia" report. Fifty-eight percent (2564) of the total sample of children identified as orphaned or vulnerable were of school age between 7-18 years old. In all, 67.5% and 50.1% of orphans and vulnerable children, respectively, were of school age. Of all school age children 7-18 years old (2564), 85.6% (2187) had attended school at some point in the past. Of these OVC, 75.7% (1643) are currently still in school. Overall, 64.2% of school age OVC are currently attending school. Each of these statistics are significantly

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different by district, Livingstone consistently has more OVC in school and Kitwe consistently has fewer OVC in school,  $p < .000$  (Table 10).

The percent of orphans vs. vulnerable children of school age is virtually the same - 50.1% are orphans and 49.9% are vulnerable. However, slightly more orphans have never attended school (16%) than vulnerable children (12.8%),  $p = .021$ . For orphans this does not vary by the sex of the head of household. However, for vulnerable children, male-headed households are more likely to be caring for children who ever went to school than are female-headed households.

Of those who have ever attended school, vulnerable children are more likely to be currently in school than are orphans (80.1% vs. 70.6%,  $p < .000$ ) (Table 11). In addition, vulnerable children are more likely to be currently in school if in a female headed household (72%) than in a male headed household (67%,  $p = .043$ ).

Students attended Government-run, community and private schools, with the majority of students (82.6%) attending Government-run schools (Table H, Annex). Mongu appears to have the highest proportion of students attending Government schools (94%), and Livingstone (24%) and Kitwe (25%) seem to have the highest levels students attending Community schools.

Furthermore, while most children did not miss more than one semester of school (11% of current school attendees missed more than one semester), orphans were more likely to miss a semester of school than were vulnerable children (13.4% vs. 9.0%,  $p = .006$ ). (Table 11).

Among OVC of school age who had ever attended school but are not **currently** in school, 21.4% completed grades 1-3, 39.5% completed grades 4-6, 35.7% grades 7-9 and 3.4% completed grades 10-12. (Table 12). Among the 7-18 year old OVC who are **currently attending** school and who responded to a question about absence from school (1580), 11% had been absent from school for more than one term. Among all students who had ever attended school and been absent and among OVC who had never attended school the 82.5% identified financial issues as the number one reason for not attending. The next most commonly cited reason (5.4%) was failed exams 5.4% and a lack of interest in attending school (5.4%)(Table I in annex).

## Household Relationships and OVC Education Experience Tables

**Table 4: Percent of Orphans and Vulnerable Children under the age of 25 Living in Both Male and Female-headed Households by District**

	Livingstone N = 252		Lusaka N = 251		Mongu N = 255		Kitwe N = 256		Overall N = 1014	
	n	%	n	%	N	%	n	%	n	%
<b>Orphans</b>										
No. of hhs	161	63.9	146	58.2	187	73.3	149	58.2	643	63.4
No. of Orphans	393	42.5	443	41.2	511	46.7	551	41.8	1898	43.0
Av. No. of orphans/ hh	2.4		3.1		2.7		3.6		3.0	
Range of orphans / hh	1 – 8		1 –16		1 – 9		1 – 14		1 – 16	
Percent of all orphans	20.6		23.4		26.9		29.0			
<b>Vulnerable Children</b>										
No. of hhs	179	71.0	193	76.9	191	74.9	183	71.5	746	73.6
No. of V. Children	532	57.5	632	58.8	583	53.3	768	58.2	2515	57.0
Av. No. of V. children/ hh	2.9		3.3		3.1		4.2		3.4	
Range of V. children/ hh	1 – 9		1 – 8		1 – 11		1 – 10		1 – 11	
Percent of all V. children	21.2		25.1		23.2		30.5			

N represents the number of households interviewed.

16 missing

**Table 5: Comparison of age groupings and Gender of Head of Households for Orphans, Vulnerable children and OVC overall**

	Orphans		Vulnerable		Overall	
	n	%	n	%	n	%
<b>Age groups</b>	<b>N = 1894</b>		<b>N = 2512</b>		<b>N = 4407</b>	
<b>Less than 1</b>	11	.6	117	4.7	126	2.8
<b>1 – 3</b>	105	5.5	397	15.8	503	11.4
<b>4 – 6</b>	209	11.0	440	17.5	648	14.6
<b>7 – 9</b>	320	16.8	378	15.0	696	15.7
<b>10 – 12</b>	347	18.2	376	14.9	725	16.4
<b>13 – 15</b>	320	16.8	277	11.0	598	13.5
<b>16 – 18</b>	296	15.6	248	9.9	545	12.3
<b>19 – 24</b>	286	15.0	279	11.1	566	12.8
<b>Mean age</b>	12.2		9.6		10.8	
<b>Age range</b>	< 1 to 24		< 1 to 24		< 1 to 24	
<b>Gender of Head of Household</b>						
<b>Male</b>	497	26.6	946	38.2	1443	33.2
<b>Female</b>	1374	73.4	1533	61.8	2907	66.8
<b>Total</b>	1871	43.0	2479	57.0	4350	100.0
	p < .000					

**Table 6: Percent of households caring for Orphans only, Vulnerable children only and both Orphans and Vulnerable children, by district.**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Orphans</b>	73	29.3%	57	23.4%	64	25.8%	69	27.4%	263	26.5%
<b>Vulnerable</b>	88	35.3%	104	42.6%	69	27.8%	103	40.9%	364	36.7%
<b>Both</b>	88	35.3%	83	34.0%	115	46.4%	80	31.7%	366	36.9%
<b>Total</b>	249	25.1%	244	24.6%	248	25.0%	252	25.4%	<b>993</b>	

p = .004

**Table 7: Percent of Orphans under 25 defined as Paternal, Maternal or double, by District**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
Paternal	208	52.9	172	39.2	301	58.8	306	55.5	987	52.1
Maternal	56	14.2	72	16.1	85	16.8	58	10.5	271	14.3
Double	129	32.8	199	44.6	125	24.4	187	33.0	640	33.6
Total	393	100.0	446	100.0	512	100.0	551	100.0	1898	100
P < .000										

**Table 8: Length of time in current household and number of previous households lived in**

Length of time in current household	N = 4365		Number of previous households	N = 4428	
	n	%		n	%
< one year	233	5.3%	0	3285	74.2%
1 to 2 years	300	6.8%	1	1007	22.7%
2 to 3 years	318	7.2%	2	129	2.9%
3 to 5 years	584	13.2%	More than 2	7	.2%
5 to 10 years	1150	26.0%	Mean number of previous households among those with > 0 previous households	1.1 moves	
More than 10 years	1778	40.2%	Range of previous households among those with > 0 previous households	1 - 8	
Mean length of time	8.7 years				
Range of years	< 1 year to 24 years				

**Table 9: Relationship of Head of Household to OVC by district**

Relationship	Livingstone	Lusaka	Mongu	Kitwe	Total
	n %	n %	n %	n %	n %
<b>Parent</b>	624 67.6%	662 61.2%	686 62.7%	926 70.3%	2898 65.6%
<b>Grandparent</b>	121 13.1%	179 16.6%	176 16.1%	142 10.8%	618 14.0%
<b>Aunt or Uncle</b>	92 10.0%	149 13.8%	144 13.2%	139 10.5%	524 11.9%
<b>Sibling</b>	38 4.1%	58 5.4%	46 4.2%	58 4.4%	200 4.5%
<b>In-law</b>	23 2.5%	23 2.1%	23 2.1%	32 2.4%	101 2.3%
<b>Step-parent</b>	19 2.1%	4 .4%	14 1.3%	7 .5%	44 1.0%
<b>Cousin</b>	6 .7%	5 .5%	5 .5%	14 1.1%	30 .7%
<b>Total</b>	923 100.0%	1080 100.0%	1094 100.0%	1318 100.0%	4416 100.0%

One Head of Household in Lusaka was a Neighbour of the children.

**Table 10: Percentage of School age OVC (7 to 18 years, N = 2564) Ever attending and Currently Attending School**

	Livingstone	Lusaka	Mongu	Kitwe	Total
	n %	n %	n %	n %	N %
% ever been in school (N = 2555)	515 91.0%	546 89.4%	499 83.7%	627 80.2%	2187 85.6% <b>p&lt;.000</b>
% of those ever in school and currently in school (N = 2171)	425 82.5%	422 79.0%	407 81.4%	389 62.5%	1643 75.7% <b>p&lt;.000</b>
Overall % of OVC currently in School (N = 2555)	566 75.1%	611 69.1%	596 68.3%	782 49.7%	2555 64.2% <b>p&lt;.000</b>

**Table 11: School Age Children Ever Attended, Currently Attending and Having Missed > 1 Semester of School by Child Status, Orphan vs. Vulnerable**

	Orphans		Vulnerable Children		Total	
	n	%	n	%	n	%
<b>Ever attended school</b>						
<b>Never</b>	204	16.0	164	12.8	368	14.4
<b>Ever</b>	1074	84.0	1113	87.2	2187	85.6
<b>Total</b>	1278	50.0	1277	50.0	2555	
<b>p = .021</b>						
<b>Of Those Ever attending Current School Status</b>						
<b>Currently not attending</b>	315	29.4	213	19.5	528	24.4
<b>Currently attending</b>	755	70.6	880	80.5	1635	75.6
<b>Total</b>	1070	49.5	1093	51.5	2163	
<b>p &lt; .000</b>						
<b>Of Those Currently Attending, Missed &gt; 1 Semester of School</b>						
<b>Have Not Missed &gt; 1 Semester</b>	623	86.6	770	91.0	1393	89.0
<b>Missed &gt; 1 Semester</b>	96	13.4	76	9.0	172	11.0
<b>Total</b>	719	45.9	846	54.1	1565	
<b>p = .006</b>						

**Table 12: Last grade level completed among all school age (7-18 years) OVC who had attended school at some point in the past but are not currently attending, by gender of OVC.**

Gender of orphan	Last Grade Level completed									
	1 – 3		4 – 6		7 – 9		10 –12		Total	
	N	%	N	%	N	%	N	%	N	%
<b>Male</b>	52	48.6%	91	46.0%	86	48.0%	8	47.1%	237	47.3%
<b>Female</b>	55	51.4%	107	54.0%	93	52.0%	9	52.9%	264	52.7%
<b>Total</b>	107		198		179		17		501	
<b>Percent of total</b>	21.4%		39.5%		35.7%		3.4%			

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## PSYCHOSOCIAL ISSUES AND EMOTIONAL WELL BEING

The death of a parent, illness, poverty, and moving homes are all sources of great stress for anyone of any age. Children may be especially hard hit by these issues because they often have no control in their lives or say in decisions that are made on their behalf. While this survey focused on the heads of household, one of the areas of interest is the psychosocial status and emotional well being of the OVC themselves. Heads of households were, therefore, asked a series of questions regarding their perceptions of how well the children they are taking care of are dealing and coping with their life situation.

This section of the report deals with perceptions of how happy the OVC are, severity of conflict in the household, effects of the parents' illness or death, psychosocial support for the household, and general well being of the children.

The majority of heads of households perceive the children living with them as being somewhat or very happy, 89.8%. (Table 12) These do not vary by gender of the head of the household, but are slightly different across the four districts. Football, other sports and physical activities were the most commonly cited types of things that the heads of households identified as ways the OVC have fun.

Almost 60% of the heads of household stated that the children they had taken in got along with their own children either very well or somewhat well. According to the heads of households, the children they have taken in spent most of their time with the guardian (62.7%), followed by the guardian's spouse or relative (18.0%) and then their own brothers and sisters (5.2%). (Table J in annex)

Of the respondents who answered the question about conflicts within the household, 31% indicated that the children they were caring for had conflicts with each other while 69% had none. The three most commonly cited groups of people they had conflicts with were their brothers and sisters, other children in the house, and children in the neighbourhood. These conflicts tend to occur on a daily or every other day basis.

Twenty percent of the guardians interviewed stated that the five main causes of conflicts were: housework, jealousy, fighting over snacks, wanting attention, and ownership of clothes. In response to these conflicts the heads of household were most likely to discuss the issue at hand with the children, followed by separating the children, scolding and punishing.

When asked about whether or not the orphans knew of the reason for their parent's death, 36% believed that the orphan did not know, 32% felt that he or she did know, and 32% refused to answer the questions. This varied by district but did not vary by gender of head of household. In addition, Kitwe had the highest rate of response refusal (42%). (Table 14).

When asked if the orphans ever talk about the death of their parent(s) approximately 33% stated that the orphans do, from time to time, talk about the death of their parent(s), while another 38% do not talk about their parents' deaths, and 30% refused to answer the question. This varied by district, with Mongu having the highest percent of orphans who have talked about their parent's death (Table 14).

Almost 33% of heads of households stated that they have themselves talked with the children about their parent's death. Again, this varied by district with Mongu having the largest percent of heads of households who have discussed a parent's death with the orphans. Heads of households from Lusaka were the largest percentage to report not speaking with the children about their parent's death. (Table 14)

Among the heads of households who have talked with the children, 71% have only done so once or at most every few months. Eleven respondents talked with the children daily. Sixty-four point six percent talked with the children last month or more than a month ago. (Table 15) Other people that

the children talk with about their parents' death are, their friends, cousins or other children (21.4%), and their own siblings (15.6%).

Of the 1014 participating households, total 908 respondents answered the question about whether or not one or both of the children's parents had been seriously ill. Sixty-three percent of all heads of households reported that the deceased parent(s) of the orphaned children they were caring for were seriously ill prior to their death. (Table K in annex) If the child's parent was seriously ill prior to his or her death then the head of the household was more likely to believe that the child knew the cause of the parent's death (52% vs. 10%). Also, if the parent was not ill prior to his or her death then the head of household was less likely to know if the child was aware of the cause of death of the parent or parents (75% vs. 5%),  $p < .000$ . (Table 16).

The illness or deaths of their parents affect the children in a number of different ways. Almost 30% of heads of households reported that the illness or deaths of the parents reduced the amount of food and money in the household. Another 26% reported that school attendance declined or stopped all together while 13% felt that school grades had suffered. Fourteen percent felt that there had been no effect on their lives at all. (Table 17). At the same time, 32% of the heads of household felt that the death or illness of the parents left the child sad and unhappy, 27% felt that the children were sad but determined to face the future, 16.6% saw the children as worried, and 11.8% believed that the children were comforted, relieved and happy.

Fifty-six percent of the 554 heads of households responding to the question about whether or not all the orphaned siblings live together stated that they are not living together. Of those who are not living with their siblings 4.1% see them daily, 11.2% see them weekly, 5.9% see them monthly, 32.2% see them every few months, 19.6% see them one time each year, and 26.2% never have a chance to see their siblings.

Heads of households reported the most difficult aspects about taking in and caring for children are financial constraints (40.7%), having enough food for everyone (27.6%), and being able to keep children in school (15.9%). Paying for the children's school fees (27.2%) was the most commonly cited request for assistance, followed by food (24.5%), training or education (16.8%) and clothing (15.5%). When the head of household is feeling worried or has a problem, 45% reported most likely turning to his or her spouse for support and to talk (44.7%). Their own parents are their second option for receiving support (13.6%).

A series of questions to measure symptomatic emotional effects of being an orphan or vulnerable child were asked of each head of household to gain their perception of how severely affected the children in their care are being or have been affected. Each question concerned a specific behavior, such as disobedience in the home, refusing to eat, preferring to be alone, among others (see Table 18 for specific behaviors). Respondents were asked to state whether the child or children *often*, *sometimes*, *on rare occasion*, or *never* experienced each behavior pattern.

In general, most of the heads of households reported not observing the behaviours being measured in this set of questions. Two thirds of all respondents reported that the children they care for are never disobedient at home. The same percent (66%) reported that the children they care for never refuse to eat. Sixty-nine percent believe that the children never have trouble making friends, while 47% stated that the children never cry over small things. Forty-nine percent believe that the children never prefer being alone while 23% believe that they want to be alone on occasion, 23% sometimes, and 5% often. Thirty-six percent stated that they have difficulty getting the children to bed in the evenings and 33% stated that they have trouble getting the children to go to school. (Table 18)

Thirty-seven percent of heads of households believe that the OVC they are caring for feel different from other children. (Table L in annex) This does not vary by sex. In their opinion, the kinds of things that make the OVC feel different are: being an orphan (42.3%), not being in school (40.9%),

not doing well in school or not being smart (15%) and being poor or having poor looking clothing (1.8%). (Table M in annex).

## PSYCHOSOCIAL ISSUES AND EMOTIONAL WELL BEING TABLES

**Table 13: How Happy are the Children Living in the Interviewed Homes, by District**

Level of Happiness	Livingstone		Lusaka		Mongu		Kitwe		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Very Happy</b>	96	38.6	129	52.2	196	78.7	152	60.3	573	57.5
<b>Somewhat Happy</b>	128	51.4	94	38.1	36	14.5	64	25.4	322	32.3
<b>Somewhat Unhappy</b>	22	8.8	18	7.3	12	4.8	29	11.5	81	8.1
<b>Very Unhappy</b>	3	1.2	6	2.4	5	2.0	7	2.8	21	2.1
<b>Total</b>	249		247		249		252		997	
<b>Percent of total</b>		24.8		24.8		24.8		25.3		

$p < .000$

**Table 14: Head of Household's Knowledge of the Orphans' Knowledge of the Cause of their Parents' Death and Communications About Their Parents' Death, by District**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Percent of Head of Household stating that the Orphans Know the Cause of their Parents' Death (n = 930)</b>										
<b>Child Knows</b>	99	40.7	78	34.5	77	36.5	76	30.4	330	35.5
<b>Child Does not Know</b>	57	23.5	66	29.2	107	50.7	69	27.6	299	32.2
<b>HHH Refused to answer</b>	87	35.8	82	36.3	27	12.6	105	42.0	301	32.4
<b>P &lt; .000</b>										
<b>Does Orphan talk about deceased parent (n = 859)</b>										
<b>Yes</b>	51	22.3	61	32.6	97	50.3	72	28.8	281	32.7
<b>No</b>	92	40.2	73	39.0	86	44.6	73	29.2	324	37.7
<b>HHH Refused to Answer</b>	86	37.6	53	28.3	10	5.2	105	42.0	254	29.6
<b>P &lt; .000</b>										
<b>Has HHH talked with orphan about deceased parent</b>										
<b>Yes</b>	64	25.8	47	20.8	100	47.2	94	37.5	305	32.6
<b>No</b>	89	35.9	95	42.0	84	39.6	52	20.7	320	34.2
<b>HHH Refused to Answer</b>	95	38.3	84	37.2	28	13.2	105	41.8	312	33.3
<b>P &lt; .000</b>										

**Table 15: Frequency of talking with orphans about parent's death among Heads of Households who stated that they talk with orphans about parents' death.**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	n	%	n	%	n	%	n	%	n	%
How frequently did the Head of Household talk about parent's death in last 6 months (N = 300)										
<b>Daily</b>	6	9.2%	3	6.0%	1	1.0%	1	1.1%	11	3.7%
<b>Weekly</b>	5	7.7%	6	12.0%	5	4.9%	9	9.7%	25	8.3%
<b>Monthly</b>	3	4.6%	6	12.0%	27	26.2%	14	15.1%	50	16.7%
<b>Every few months</b>	21	32.3%	24	48.0%	40	38.8%	45	48.4%	130	43.3%
<b>Only one time</b>	23	35.4%	11	22.0%	27	26.2%	23	24.7%	84	28.0%
<b>Total</b>	55		50		103		93		300	
Last time Head of Household talked about parent's death (N = 294)										
<b>Today or yesterday</b>	10	16.7%	6	12.8%	11	11.1%	7	7.9%	34	11.5%
<b>This week or last</b>	2	3.4%	8	17.0%	11	11.1%	14	17.2%	45	15.3%
<b>Two weeks ago</b>	6	10.0%	4	8.5%	6	6.1%	9	10.2%	25	8.5%
<b>Last month</b>	12	20.0%	5	10.6%	21	21.2%	19	21.6%	57	19.4%
<b>&gt; one month ago</b>	30	50.0%	24	51.1%	50	50.5%	29	33.0%	133	45.2%
<b>Total</b>	60		47		99		88		294	

**Table 16: The percent of parents of orphaned children who had been seriously ill, by HHH perception of the orphan's knowledge of the parent's death and whether or not the orphan discusses that death**

	Parent was ill		Parent was not ill		Total	
	n	%	n	%	n	%
<b>Orphan thought to know cause of parent's death</b>	294	51.5	30	10.2	324	37.5
<b>Orphan thought to not know cause of parent's death</b>	248	43.4	45	15.3	293	33.9
<b>HHH does not if orphan knows cause of parent's death</b>	29	5.1	219	74.5	248	28.7
<b>p &lt; .000</b>						
<b>Orphan talks about deceased parent</b>	261	47.1	17	6.7	278	34.4
<b>Orphan does not talk about deceased parent</b>	270	48.7	49	19.4	319	39.5
<b>HHH does not know if orphan talks about deceased parent</b>	23	4.2	187	73.9	210	26.0
<b>p &lt; .000</b>						

**Table 17: Effect of Parent(s) Death or Illness on Children's Daily Life (%)**

Effect	Livingstone N = 146	Lusaka N = 160	Mongu N = 329	Kitwe N = 223	Total HHs Reporting N = 858	
	%	%	%	%	N	%
Less food/money as a family	24.2	23.1	26.3	42.2	257	29.3
School attendance declined or stopped	15.4	30.2	29.3	23.8	225	25.7
Their grades have worsened	5.4	8.3	23.0	7.2	115	13.1
They do more house/field work	2.7	3.6	3.9	7.2	39	4.5
Take care of smaller children	3.4	1.2	2.4	5.8	28	3.2
They take care of living parent	2.7	0.6	0.6	2.2	12	1.4
It has not affected their life	34.2	17.8	9.3	5.8	125	14.3
Other	6.0	7.1	3.6	4.9	44	5.0
Do not know	4.0	3.0	0.0	0.9	13	1.5
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>858</i>	<i>100</i>

**Table 18: Head of Households' perceptions of frequency of certain behaviours among OVC living with them.**

Question	Often		Sometimes		On Rare Occasion		Never		Total n
	n	%	N	%	n	%	n	%	
<b>Disobedient at home</b>	46	4.6	155	15.5	134	13.4	666	66.6	1001
<b>Refusing to eat</b>	14	1.4	168	16.7	157	15.7	660	66.0	999
<b>Difficulty Making Friends</b>	51	5.7	111	12.5	118	13.3	609	68.5	889
<b>Feels like Running away</b>	15	1.6	34	3.5	16	1.7	894	93.2	959
<b>Crying over small things</b>	104	10.9	220	23.0	186	19.4	448	46.8	958
<b>Prefers to be alone</b>	46	5.2	204	23.3	200	22.8	427	48.7	877
<b>Refuses to go to bed</b>	36	3.8	70	7.4	233	24.6	610	64.3	949
<b>Refuses to go to school</b>	20	3.6	89	16.2	75	13.6	366	66.5	550
<b>Total</b>	332	4.6	1,051	14.6	1,119	15.6	4,620	64.3	7,182

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## HOUSEHOLD ACCESS TO SUPPORT SERVICES

The final section of the questionnaire dealt with the experiences with and knowledge of various support services as well as kinds and types of assistance that the heads of households feel they need.

Of all the heads of households responding to these questions, 33% stated that they had received some sort of assistance from a support service provider during the previous 6 months, with the majority (67%) receiving none. Out of all heads of households 5.3% had someone from a service provider come to their home to provide the support in the past six months, the average number of visits was 2.2 visits. Of these households, 77% had only one visit, one person reported 12 visits and another head of household reported 24 visits. The most frequently cited type of assistance provided to all respondents was counselling (21.2%), followed by direct food assistance (13%), financial assistance for food (10.6%) and then at about 6% each clothing assistance, financial assistance for medical care and financial assistance for education. (Table 19) The majority of respondents receiving assistance received no more than two of these services, while nearly 10% of the respondents received three of these services and 12 respondents received all 6.

The proportion of heads of households receiving counselling seems to vary by district. Thirty-seven percent of heads of households in Kitwe and 9% in Livingstone had received counselling support. Of the 21% (212) of the respondents who stated that they received counselling support, 43% received this support from the church, 26% from friends, 15% from their relatives, 12% from neighbours and 4% from a health care unit. (Table 20).

The proportion of heads of households reporting having received direct food assistance varied by district. In Kitwe, 79% received direct food assistance compared to 90% in Mongu and 93% in Livingstone. Of the heads of households who received direct food assistance, 51.8% received the food from relatives and 24.1% received the food from friends and neighbours. Receiving financial assistance for food did not vary by district and relatives were again the most frequent source of assistance (73.2%) followed by friends (19.1%) and the church (6.7%). For the few households receiving assistance with clothing (6.4%), 75% received that assistance mainly from relatives and another 11.3% from the church. The families who received financial support for medical care (5.7%) reported that their families provided this support (64.4%) from the church (11.1%), friends (11.1%) and neighbours (11.1%). Among the 6.4% of respondents who received clothing assistance, 66.7% received the clothing from relatives, 9.8% from the church, 9.8% from formal organizations (World Vision, YWCA, CINDI, and the local school), 7.8% from neighbours, and 5.8% from friends. Less than 3% of the total respondents received any training during the previous six months. Of those who did receive training, types of training they received was for small business, vocational skills and farming skills.

Respondents were also asked to provide the names of organizations that provide assistance to orphans and vulnerable children. In all, 20 organizations were mentioned across all four districts. See Table 21 for the listing by district. The following organizations were the most frequently mentioned organizations in all the responses across all districts: the Catholic Church (190 respondents 19% of all respondents), SCOPE-OVC (107 respondents 11% of all respondents), CINDI (106 respondents 10.5% of all respondents), and World Vision (90 respondents 9% of all respondents).

Respondents were also asked about their knowledge of and experience with the Community Orphans and Vulnerable Children Committees (COVCC) and the SCOPE –OVC program itself. Tables N through S in the annex show the details of these results. In general, fewer than half (44.3%) of all respondents had ever heard of the COVCC; this varied slightly by district, 31% in Livingstone, 48% in Lusaka, 51% in Mongu and 46% in Kitwe. Of all the roles that were mentioned by those recipients who had heard of the COVCC, general support to orphans was the most frequent response (46%) followed by education (30%). Thirteen percent of those who had heard of the COVCC did not know what they did. Other responses were, providing funding for organizations (3.1%), nothing

(2.4%), and distributing information (1.9%). Of the 432 respondents willing to rate the usefulness of the COVCC, 40.5% felt that the COVCC was either Helpful or Very Helpful, 32.7% felt that they were Not Helpful, 23.1% did not know if they were helpful or not, and 1.2% felt that the COVCC gets in the way.

With regards to SCOPE-OVC, 86% of respondents had not heard of SCOPE. Of the 144 respondents who had heard of SCOPE, only 50 could respond to the question about what SCOPE does. The most common response was Funding Organizations (30%) followed by Support Orphans Directly (28%) then Distribute Information (20%) and Education (16%) with 6% saying that they do Nothing. Of all those who knew of SCOPE only 86 responded to the question about how helpful the organization is. The largest group (48.6%) did not know how helpful they were. Eleven percent felt that they were Helpful or Very Helpful while 19% felt that they were Not Helpful and 2% felt that they get in the way.

## HOUSEHOLD ACCESS TO SUPPORT SERVICES TABLES

**Table 19: Experience with Support Services**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
<b>Received assistance</b>	45	17.8	98	39.0	68	26.7	124	49.2	335	33.1
<b>Received a home visit</b>	28	11.3	7	2.8	6	2.4	12	4.8	53	5.3
Mean home visits – 2.2										
<b>Type of Assistance</b>										
Counselling	23	9.3	66	26.3	30	11.8	93	37.3	212	21.2
Direct food assistance	17	6.8	37	14.7	25	9.8	52	20.8	131	13.0
Financial assistance for food	18	7.1	30	12.0	25	9.8	34	13.6	107	10.6
Clothing assistance	9	3.6	27	10.8	11	4.3	18	7.2	65	6.4
Financial assistance for medical care	9	3.6	21	8.4	12	4.7	15	6.0	57	5.7
Financial assistance for education	14	5.6	19	7.6	8	3.1	15	6.0	56	5.6

**Table 20: Providers of Emotional Support/ Counseling**

	Livingstone		Lusaka		Mongu		Kitwe		Total HHs	
	N	%	N	%	N	%	N	%	N	%
Church	13	48.1	19	31.2	6	37.5	58	48.7	96	43.0
Friends	10	37.0	16	26.2	4	25.0	27	22.7	57	25.6
Relatives	1	3.7	21	34.4	2	12.5	10	8.4	34	15.3
Neighbours	2	7.5	4	6.6	1	6.2	20	16.8	27	12.1
Health Care Unit	1	3.7	1	1.6	3	18.8	4	3.4	9	4.0
<i>Total</i>	<i>27</i>	<i>100</i>	<i>61</i>	<i>100</i>	<i>16</i>	<i>100</i>	<i>119</i>	<i>100</i>	<i>223</i>	<i>100</i>

**Table 21: Institutional Care Providers in the 4 Study Districts**

<b>District</b>	<b>Number of Institutions Identified</b>	<b>Total # of H/hold Beneficiaries<sup>5</sup></b>	<b>Names of the Institutions<sup>6</sup></b>
Livingstone	12	151	Churches <sup>7</sup> ; Catholic church; WVI; SCOPE-OVC; Social Welfare; CINDI; ASKO; CARE; SEPO; Community school; Red Cross Society; YWCA.
Lusaka	16	262	Churches; Kabwata orphanage; SOS Children's Village; Kwashe Mukwemu; Kasisi orphanage; Catholic church; WVI; SCOPE-OVC; Social welfare; CINDI; CARE; Red Cross Society; YWCA; Anglican Church; CARE PULSE; CCF.
Mongu	7	202	Catholic Church; WVI; YCCF; SCOPE-OVC; Social welfare; CARE; YWCA.
Kitwe	9	252	Churches; Catholic church; WVI; SCOPE-OVC; Social welfare; CINDI; Community school; YWCA; Anglican church

<sup>5</sup> These were beneficiaries of support from the institutions concerned in the previous 6 months.

<sup>6</sup> The following number of households benefited from the "other" institutions which were not specified: Livingstone 11; Lusaka 35; Mongu 5; and, Kitwe 18.

<sup>7</sup> Churches include all other denominations apart from the Catholic church and the Anglican church.

## **PART III: DISCUSSION**

This study was designed to gather baseline data on the well being of orphans and other vulnerable children and to facilitate the evaluation of the effectiveness of the SCOPE-OVC project in the identified target sites of Zambia by collecting baseline information. The study also provides critical information that contributes to the ongoing development of programs and interventions to strengthen the well being of OVC. The results of this study also contribute to the documentation of lessons learned in the provision of OVC work and further strengthen the importance of the use of participatory evaluation process. Zambia is one of the countries hardest hit by HIV in the world and was selected as the site of this study because the country has made progress in mobilizing national and local commitment to address the impact of HIV on children and the existence of the SCOPE-OVC project.

### **Demographics**

The findings demonstrate that the majority of the heads of households are mostly middle-aged females between the ages of 30-39 years old. Widowed heads of households also constituted more than half of the single population of respondents, with females being three times more likely to be widowed than males. The large numbers of women headed households, many of whom are widowed, demonstrate that women are still providing the bulk of care and support for orphans children affected by AIDS and other vulnerable children. In addition, although women provide the majority of care for children in the community, they earn half of the income of male-headed households, further adding to their household burden.

However, the impact of the fundamental shift in gender ratio of infections in sub-Saharan Africa – as of 1999, where 13 women are infected for every 10 men, was not anticipated and its implications remain unexplored, especially within the Zambian context. This shift will cause major demographic changes with important consequences for systems of care over the next five to ten years for which programs must be prepared. Reducing the vulnerability of people living with AIDS, enhancing their quality of life, and prolonging their life are recognised as viable options for reducing the number of orphans and other vulnerable children and improving their quality of life. This approach, however, needs further actualisation.

More than half of the orphans identified in this study are paternal orphans. Given the high prevalence of HIV in Zambia, it is likely that a number of the husbands/fathers have died from AIDS. If the surviving spouse is also infected with HIV, then there is the likelihood of imminent illness and subsequent death. With the death of a parent, children experience profound loss. A heavy burden falls to the surviving parent, the majority of whom are women. If the second parent also dies, all aspects of that child's world are threatened.

Female heads of households were found to stay longer in their community than their male counterparts. This could be due to the following factors: women remain in the same community after the death of their husbands for longer periods than widowed men, and internal and external migration of men due to employment.

Prolonged periods of absence from home by heads of households have been found to have a negative impact on the nature of care provided to OVC. This relates to both material support as well as psychosocial support. Children who have consistent care from one or both parents are more likely to feel a sense of connectedness, emotional security, and a sense of belonging. They are also not forced to adjust to new caregivers or environments.

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## Head of Household Education

Most heads of households have had some formal education with more than half completing primary school. Female heads of households were twice as likely to go onto secondary school and university than their male counterparts. This finding is particularly important given the correlation between lower maternal mortality of educated women and greater child survival of children whose mothers have had formal education. The educational level of male heads of households is comparable to other Zambian men described in the 1996 DHS and the 2000 Behavioural Surveillance Survey (BSS).

## Household Security

Almost none of the households reported having a member who is earning income from a formal occupation, such as teaching. Close to one half of all households have one person who has regular employment and one fifth have a household member conducting piecework for income. There is no variation by sex in terms of household members working in either regular employment or piecework. The most commonly-cited source of income is through trading goods. The trading of goods itself can be an inconsistent and unstable means of income. A number of Zambian traders travel long distance and cross borders to procure and sell their goods. People involved in this sector of trading which involves extensive travel have been found to be at an increased risk of contracting HIV given time spent away from home and the correlation with increased number of sexual partners.<sup>8</sup> Very few respondents indicated that they receive income from friends and family. These findings underscore the need for intensive efforts to strengthen the economic security and stability of households with OVC and HIV prevention efforts.

Furthermore, given the large disparity in income levels between male and female-headed households, it is apparent that mechanisms to increase women's financial security also need to be taken into account during design and implementation of programs

The large number of respondents who did not disclose their sources of income may be due to discomfort at discussing this issue. There needs to be increased efforts at probing for the true implication of this non-response. Non-disclosure of sources and amount of income is not unique to this particular study.

Given equal opportunities for female-headed households, particularly in Lusaka and Kitwe, there is a demonstrated greater acquisition of income generation as shown by women's capacity to raise high levels of irregular income. Hence, one possible explanation for the higher irregular income for female-headed households in more urbanised districts is that female heads tend to be more enterprising as a coping strategy. Among other things, women get involved in trading (whose major component for female-headed households was marketeering), possibly facilitated by higher purchasing power and larger markets in such places.

It is widely recognized that many of the problems faced by AIDS-affected children and households result either directly or indirectly from the economic impact of AIDS. Families affected by HIV/AIDS are placed in a situation whereby there are increased resource demands for providing adequate care and support to the sick, to OVC, and to the surviving parent or guardian. Children living in these situations are at increased risk of losing opportunities for school, health care, development, nutrition, and shelter. Hence, the findings in this study related to employment and income reinforce the need for strengthening economic security at the household level identified as a priority in Zambia's 1999 situation analysis of OVC. The strengthening of economic security is crucial for families affected by HIV/AIDS if they are to be able to provide adequate care for the infected and affected in the household. Given the relationship between household economic strengthening and the capacity of communities to support those who are most vulnerable, approaches

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<sup>8</sup> Behavioral Surveillance Surveys, FHI, 2000

such as microfinance, the promotion of household savings schemes, and business development at the household and community level must be intensified to increase safety nets and prevent households from falling into destitution.

Food was the largest expenditure of the household income followed by education and health care. These findings are also consistent with the identified needs of the respondents and findings from Zambia's situation analysis on OVC, in which communities identified inadequate food, poor access to health care, inability to afford school fees and uniforms, and lack of clothing as their areas of greatest concern. These findings further raise the serious need to bring economic opportunities to households.

This study also revealed that not only do households caring for OVC have a low intake of meals, an average of 2.1 per day but also lack an adequate nutritional balance, as the most common source of food identified is nshima (corn meal porridge) and most uncommon source is that of protein. This is consistent with findings in the Zambia situation analysis of OVC whereby data demonstrates that more than half of orphan and vulnerable children are stunted. These findings warrant the need for strengthening and linking nutritional programs to high HIV prevalence areas and OVC programs.

### **Child labour**

Child labour appears to be uncommon in Zambia, however unsalaried labour is common among some households, where children are expected to help with extensive chores around the house and farms of their parents and neighbours<sup>9</sup>. Moreover, the impact of HIV/AIDS upon households increasingly places children in the position of taking on premature caregiver roles in order to provide respite care for the primary caregiver or provide full care for an ill parent which at times is at the expense of continuing school.<sup>10</sup> Although the short and long-term repercussions of the premature caregiver role of children has not been well documented in Zambia the implications are grave for the psychological, physical and economic viability of OVC.

### **Religion**

Close to half of all respondents identify themselves as either of the Lozi or Bemba tribe. Almost all of the respondents are Christian and this finding is consistent with other research conducted in Zambia and has important implications for OVC programming especially in fragmented communities such as the urban areas where this study was conducted. Even in the fragmented communities it has been found that the church is still one of the main fabrics of society around which communities mobilize. Therefore, in fragmented societies the church is an important entry point for community mobilization to increase the well being of children. They are also in one of the best positions and most often the main sources of the provision of direct support to OVC and their families. This was confirmed through the results of this study whereby the church was reported as the most frequent provider of assistance to OVC and their families. Church members and affiliates are also comprised of individuals with expertise in areas that are needed to assist OVC and their families (e.g., nurses, doctors, respected community members, politicians etc) and play an extremely important role not only in care for the sick, and dying but in the provision of much needed spiritual and psychological support.

### **OVC within households**

Almost every household approached by the interviewers had children whose mother, father or both parents had died and/or were seriously ill or living in extreme poverty. This result in itself indicates that every adult and child is somehow affected by this crisis. Close to one out of six homes were caring for children identified as orphans and about one out of seven were caring for children

<sup>9</sup> Zambia Situational Analysis of OVC. 1999

<sup>10</sup> Children on the Brink. USAID, 2001

identified as vulnerable. At the same time more than one out of three of these households were caring for children identified as both orphans and vulnerable children thus increasing the intensity of the burden on the caregiver. There was an average 3-orphaned children living in these households with the range from 1-11 children.

An examination of the 1996 and 1998 LCMS data demonstrate an increase in the percentage of double orphans from 13% to 15% and this survey indicates that approximately one out of every three orphans are double orphans with Lusaka having the highest rate of double orphans where almost half of all orphans have lost both parents. Although the basis of comparison between these two studies may be unrealistic due to different sampling frames. These findings have important implications, as when one parent becomes infected with HIV, the other is likely to as well thus putting the surviving children at increased vulnerability. Furthermore, the increased proportion of children who have lost both parents can be a secondary indicator of higher AIDS mortality.<sup>11</sup>

Half of the children identified as orphans were paternal orphans and the majority were of school age. This can have serious implications on various aspects of the children's lives such as access to education as most fathers tend to be the breadwinners and when there is a dramatic loss of income in a household school fees often become unaffordable.

Overall the majority of children have lost either their mother or father and more than one out of six OVC are living with at least one parent, which is comparable with findings in the 1998 LCMS. The findings indicate that the majority of orphans continue to be kept by either the immediate or extended family (uncles, aunts and grand parents) and that the extended family structure has not yet buckled from the pressure of the AIDS epidemic. As there continues to be an increase in double orphans one can expect an unbearable strain on extended families, causing the traditional structure to collapse unless more efforts are made to not only strengthen existing safety nets but to rebuild those that are already failing. When the family and community capacity to absorb children has been reached, increasing numbers of children must look after themselves. Oftentimes the eldest child takes responsibility as the head of the household. Some of these children are left with no other option than to live on the streets, exposing them to even greater medical, social, and psychological difficulties.

Three quarters of the children were reported to have never lived anywhere else. Of the remaining one-quarter of children most had lived in only one other household. The most common reason for orphans to change homes was due to the father dying, followed by the mother's death, which is consistent with the findings of the rates of maternal and paternal orphans.

Very few adolescent households were seen in this study, yet one quarter of the heads of households were between the ages of 20-29 years old. Given the proportion of heads of households between 20-29 years of age found in this study coupled with the anticipated increase of mortality has caused concern regarding an increase of a younger generation of heads of households. This younger generation may increasingly be comprised of young adults who may not have benefited from grade 12 or higher education and because of their age are at times considered "old enough" by other relatives to assume the responsibility for younger children and struggle to cope with the pressure of keeping siblings in school and with the reality of abandonment by relatives.

One neglected fact that needs intensified attention in order to strengthen existing safety nets is that many people who become ill and die not only have children but also parents who survive them.

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<sup>11</sup> Williamson, John, "Finding a Way forward: Principles and Strategies to Reduce the Impacts of AIDS on Children and Families," Draft, November 2, 1999. (As of January 2001, available at: [http://www.usaid.gov/pop\\_health/dcofvvf/dcwvprogs.html](http://www.usaid.gov/pop_health/dcofvvf/dcwvprogs.html) )

These elderly parents are often affected by their adult child's illness and death in a number of profound ways. Unfortunately these elderly parents, of whom many are increasingly taking on caregiver roles of their orphaned grandchildren, have been almost completely ignored in the discourse about the epidemic and programmatic design and implementation of interventions to strengthen their care taking roles and well-being except for occasional recognition of their role in fostering orphaned grandchildren.

Strengthening the capacity of communities to fill the widening gaps in the safety net traditionally provided by the extended family is the most efficient, cost-effective, and sustainable way to assist orphans and other vulnerable children. Families and communities also play a crucial role in identifying children who are most in need, both those affected by AIDS and other vulnerable children (e.g., orphans due to causes other than AIDS, children living in extreme poverty, street children). Community members know best who these children are and what their needs are. Through the use of community mobilization and capacity building community members can increase their ability to improve well-being of OVC and their families. The community mobilization process also increases community responsibility and ownership for improving the well being of children and ensuring that the children who are most in need receive proper attention.<sup>12</sup>

### **Sibling relationships**

Perhaps one of the most profound findings in this study in regards to relationships with both the nuclear and extended families is the amount of orphaned children who are separated from their siblings. More than half of the heads of households responding to the question about whether or not all orphaned siblings live together stated that they are not living together. Of these almost half of the children only one out of three see them every few months and one out of five see them one time per year. More than one-quarter of the orphans in this study never have a chance to see their siblings and appear to be permanently separated from them. This staggering amount of separation of siblings is something that has not been adequately addressed and underscores the need for further examination. Keeping siblings together provides them a critical sense of continuity and is a source of support. One can assume that part of whether or not siblings live together or visit each other is related to the economic well being of the household.

### **Education**

Almost all school age children 7-18 years old have attended school at some point in the past. Of these children less than three quarters are currently in school. Although the percent of orphans versus vulnerable children of school age is virtually the same, there are some differences in school attendances between the orphans and vulnerable children, where slightly more orphans have never attended school than vulnerable children. This does not vary by gender of head of household.

However, for vulnerable children, male-headed households are more likely to be caring for children who ever went to school than are female-headed households. Of those who have ever attended school, vulnerable children are more likely to be currently in school than are orphans. Furthermore, the results of this study show that while most children do not miss more than one semester of school, orphans are more likely to miss a semester of school than are vulnerable children.

Results from this study indicate that among OVC of school age who have ever attended school and are currently not in school more than half dropped out during primary school and very few complete secondary school. These findings are consistent with those in the Zambia situation analysis of OVC, which indicates that nearly half of Zambian children are not enrolled in primary school.

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<sup>12</sup> Care for Orphans, Children Affected by HIV/AIDS, and Other Vulnerable Children. A Strategic Framework. FHI, 2001

The relationship between increased poverty and decreased access to education is important. In Zambia the government pays teachers' salaries whereas school fees are used to pay for school provisions such as maintenance and books. Parents are also responsible for the provision of uniforms, pencils, exercise books, and transportation if needed.<sup>10</sup> Thus, it is no surprise that most respondents identified financial issues as the primary reason children were not attending school. This is consistent with the finding in this study that very few of these households received financial assistance for education, despite the guardians having identified support for school fees as the most pressing need.

Zambia's situation analysis on orphans and other vulnerable children indicates that, "it is perhaps in the area of education that government, donors and the development community have failed the Zambian child the most... An obligation to provide an education should not wait for that child to become vulnerable." The results of this study reveal that orphans are at a greater risk of not only dropping out of school but of never attending school and that vulnerable children are at a high risk of following suit. Education plays a vital role in the well being of children. Education offers children a chance for their future and provides developmental stimuli. Mechanisms to strengthen the educational system, retain teachers, and improve access to quality education must be strengthened. Communities in Zambia have made tremendous efforts to respond to the educational needs of OVC with the creation of community schools. A majority of children in this study attend government schools. Close to one out of seven children attend community schools with Livingstone and Kitwe having the highest proportion, one out of four children attending community schools. It is important to note that the percent of OVC in the interviewed households attending school was restricted to the same age group that the sample size was based on, 7-18 years of age and that community schools enrol children between the ages of 9-16 years.

Community schools are one example of what communities can do to increase the well being of OVC. This mobilization that started at the community level gained national status in 1997 when the Zambia Community Schools Secretariat (ZCCS) was formed and recognized by the Ministry of Education (MOE) as the umbrella organization to facilitate coordination and quality control. This is further evidenced by the signing of a memorandum of understanding (MOU) between the ZCCS and the MOE to help channel support to community schools from donors, NGOs, churches and even the government.<sup>13</sup>

Uniforms, shoes and payment of school fees are not mandatory at community schools and results from a study by CARE on the Whole Child Health Project found that community school pupils, both boys and girls, performed better than their counterparts from Government schools in all components examined in the competence test. These results are commendable especially given the shortage of resources for infrastructure and that the teachers are volunteers without salaries. Yet, there is concern that community schools are a second-class system for OVC and that children in these schools are stigmatised; another area that needs further exploration. Despite these criticisms, community schools are the currently one of the primary options for many OVC and were created by community members who have taken sustained action on their own to identify a solution to their priority of education for their children. The interactive radio-learning program being piloted by the MOE is another program that is hoped to benefit children throughout the country, especially for rural areas. However, the potential for this intervention must be weighed against the reality that most of the children continue to try and learn in an environment that does not have adequate resources such as chalkboards, books, notebooks etc thus limiting the impact of long distance education methodologies.

### **Psychosocial well-being**

The purpose of this section of the study is to gain insight to the head of household's perception of the psychological well-being of the OVC under their care and their own coping mechanisms. This

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<sup>13</sup> Draft report: A Review of the SCOPE-OVC Program, FHI, 2001

component is unique to this study and is intended to be used as a baseline for measurement over time and the identification factors to consider when programming interventions for the psychological well-being of children and their families. These findings will be used in conjunction with the second stage of this multi-phase evaluation, which focuses on children's perception of their own psychological well being , which will give further insight to the magnitude of the issues these families are confronting and areas of intervention to strengthen their well being.

All children are faced with emotional experiences and challenges as part of their development. However, orphans and other vulnerable children face specific challenges unique to their own circumstances, many of which are brought on by extreme poverty and/or the illness and death of parent(s) or guardians. Children who lose a parent or guardian to illnesses such as HIV are affected by the stability of family circumstances and the availability of social support for them and their surviving parent or family members. When a parent is dying, children react to inconsistencies in the family's daily environment and to the unpredictability in the family's daily routine, as well as to changes that occur after a parent's death, such as economic changes, a new residence, a new school or loss of access to education, and the surviving parent's remarriage. If the surviving parent dies, the child experiences extreme devastation.

More than six out of ten households reported that the deceased parent(s) of the children they care for were seriously ill prior to their death. Of these, the majority of heads of household believed that the children knew the cause of the parent's death. Conversely, in cases where the parent(s)' death was sudden, the head of the household was less likely to know if the children knew the cause of death. Furthermore, one out of three respondents indicated that the orphans do from time to time talk about their deceased parent(s) and slightly more indicated that the children never talk about their deceased parent. It is important to note that one third of the respondents chose not to answer questions related to whether or not the child talks about their deceased parent. Among the heads of households who have talked with the children about their parent(s) death the majority have only done so one time or at most every few months.

The above findings regarding communication and knowledge about an orphans deceased parent are not surprising given that in most traditional settings it is uncommon or taboo to discuss impending death and even more uncommon for adults to discuss impending death with a child or to have discussions at the time of the death. This may also explain the non-response rate to these questions.

Furthermore, children's perception of the surviving parent or guardian's level of openness in general communication has been highly correlated with the child's level of distress.<sup>14</sup> Yet, this is an area that has not yet been properly explored in developing countries and there needs to be a deeper understanding of these issues, the cultural influences and responses by children in order to strengthen interventions that are culturally appropriate for the emotional well-being of children who lose a parent. The integration of modern knowledge of child development and child rights with traditional concepts and practices in order to have programs that encourage self-help and build on local culture, realities and perceptions of child development are needed. For instance there are a number of religious and traditional practices for dealing with grief and mourning that permit the expression and release of intense emotions, which helps survivors recover.

Extensive research conducted in western counties have shown that a significant factor in the outcome of children who have lost a parent or both parents is not the parent's death alone but the type of care the children receive before and after the death. Added to that are other factors ranging from the surviving parent's or guardians depression and loss of family income, the income and the child's perception of open communication. Children's perception of the surviving parent or guardian's level

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<sup>14</sup> Christ, Grace. Healing Children's Grief: Surviving a Parent's Death from Cancer. Oxford University Press, 2000.

of openness in general communication has been highly correlated with the child's level of distress.<sup>15</sup> Yet, this is an area that has not yet been properly explored in developing countries and there needs to be a deeper understanding of these issues, the cultural influences and responses by children in order to strengthen interventions that are culturally appropriate for the emotional well-being of children who lose a parent. The integration of modern knowledge of child development and child rights with traditional concepts and practices in order to have programs that encourage self-help and build on local culture, realities and perceptions of child development are needed. For instance there are a number of religious and traditional practices for dealing with grief and mourning that permit the expression and release of intense emotions, which helps survivors recover.

Close to a quarter of respondents also believed that the children they are caring for feel different from other children. The two most common reasons that they thought the children felt different were being an orphan and/or not being able to attend school.

It appears that going to school is perceived by many children as part of life. Consequently, they become, in many cases, overly conscious of being an orphan, especially when they are out of school. The absence of friends during certain periods of the day when schools are in session serves as a reminder to such children that they are in a different situation than other children. This becomes particularly depressing for children, especially if it shortly follows the death of their parent(s). This further drives them to be more conscious of their being an orphan as discussed above.

The Zambia situational analysis of OVC (1999) revealed that there is a significant amount of stigma felt by children who attend community schools. For instance, it is cited that comments are often made like 'they don't even have to wear uniforms or shoes. What kind of school is that?' The researchers even found that enough children, to warrant comment, were ashamed of their schools and would prefer to be in government schools. This is contradicted by the fact that community schools with access to resources tend to offer better quality education than their resource stretched government schools. Although this was not directly measured in this study it could be one of the factors contributing to the head of households perception that their children feel different from others.

Despite the above findings, the overall the majority of head of households perceived the children living with them as being somewhat or very happy without variation by sex of head of household. While most of the heads of households reported that they did not observe behaviors that would indicate symptomatic emotional effects of their experiences related to being an orphan or vulnerable child, it was also found that one third of the heads of households reported that the children had conflicts with other children on daily or every other day basis. The majority of the guardians indicated that they either talk to the children or separate them when they are having conflicts verses scolding or punishing the children. Talking to children about a conflict as opposed to quick punishment can indicate that guardians are experiencing a good coping capacity for the stress they face.

These findings regarding the head of household's perception of how happy the children are, if they have observed behaviours indicating possible symptomatic emotional effects, and the amount of conflicts that the children have may be influenced by two general traditional family beliefs. First, there is the belief that people should relate kindly towards orphans to avoid misfortune, and second, that guardians might not admit that their child is unhappy, as it would be perceived as if the guardian was inadequate.

Close to one out of three of the respondents indicated that the illness or the death of the parent reduced the amount of food and money in the household. One quarter reported that school attendance declined or stopped all together. Depending on the length of the illness, a point which was not captured by the survey instrument, a good portion of the household financial resources are likely to

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<sup>15</sup> Christ, Grace. Healing Children's Grief: Surviving a Parent's Death from Cancer. Oxford University Press, 2000.

have been diverted away from meeting the usual household needs to providing medical and other forms of care to the sick parents thereby worsening the vulnerability of the children. Given the high HIV prevalence and that the majority of the deceased parents were ill before their death this reinforces the need for interventions to begin at the time of infection and comprehensive programming that is rooted in community mobilization around the well-being of children and their families. Community monitoring and attention to OVC by teachers, peers and others can provide curtail support to children whose emotional needs are not being met at home. Helping children to feel cared for and to find hope and a belief in their own future, are not just important to making them feel better, they are a foundation for moving on with their lives. Without them children have will have little motivation to stay in school or avoid behaviours that risk HIV infection.<sup>10</sup>

Of the one third of respondents who stated that they had received some type of assistance from a formal provider or other caregiver in the past six months the most frequently cited type of assistance was emotional/spiritual support, with approximately one fifth of the heads of households having received counselling support. Close to half of the respondents who have had emotional/spiritual support received it from the church, and the remaining primarily from relatives, neighbours or friends. At the same time almost half of the married respondents indicated that when they are feeling worried, the first person they rely on is their spouse for support. The second most common person they reported turning to was their parents. The 1999 Zambia situation analysis identified psychosocial support as an area in need of greater attention and recommended that formalized counselling services be implemented throughout the country, however, very few respondents reported receiving what would be considered formal counselling from a health care unit. Although counselling services are important and access needs to be strengthened only very few children actually need one on one professional counselling hence there also needs to be a stronger emphasis on community psychosocial awareness and interventions to benefit the majority of these children.

Mobilization around strengthening traditional-visiting practices (e.g., by women's church groups) to include visiting of orphans and other vulnerable children and their families to provide respite care and emotional support is one example of ways that community initiatives can be used to support the psychosocial well being of children and their families. The heads of households cited football, other sports and physical activities as the most common types of ways that the OVC have fun. This recognition is important in the mobilization process and support of communities to conduct recreation, art and cultural and sports activities which helps to promote social interaction, provide physically expression of pent-up emotions, promote mutual support and cohesiveness and help children keep their spirits up. This is especially important given the number of funerals in these communities that have increased dramatically and will continue to increase as the death toll rises due to AIDS. In many areas people are either preparing for or burying someone everyday and children are witnessing this on a daily basis.

### **Support to households**

Very few respondents reported receiving other forms of support, such as direct food assistance and financial assistance for food with even less reporting that they have received financial assistance for medical care and education. Moreover, the primary means of support was reportedly from the church, friends and relatives. Barely any respondents reported receiving any of this support from formal organizations. These findings indicate that despite efforts of various organizations, institutions, and government structures community members themselves are still at the forefront of caring for one another. This finding coupled with the increasing poverty and stress on households due to the death and illness of guardians intensifies the need for increased community mobilization and on-going support to strengthen and sustain social safety nets, community strengths, and the well being of orphans and other vulnerable children and their families.

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Fewer than half of the respondents had heard of COVCC with general support to orphans cited as the most common role of the COVCC followed by education. The majority of heads of households in this study had never heard of SCOPE. The lack of awareness of SCOPE is what one would hope to find as the role of SCOPE is to mobilize and strengthening community and district structures rather than to directly provide services.

### **Strengths and Limitations of the Methodology**

The training of enumerators was adequately undertaken, vigorous, and included questionnaire pre-testing. The adequacy of training was apparent by the considerably high quality of data collected by enumerators from all the four districts. The achieved sample size of at least 251 households per district was sufficient for detection of statistically significant difference between districts and will allow for comparison within the districts over time.

Data collection on some sections of the household questionnaire proved difficult. This was particularly the case with the following sections: household economics; psychosocial issues, and; emotional-well being. In retrospect it perhaps would have been more efficient to use as check list of possible food items purchased in the past 30 days in terms of quantities, then taking the total expenditure and compare it to the average price list that all the other districts used. It was also challenging to get information regarding the expenditures on education and health. It was also difficult to get the figures for income. It is possible that perhaps some respondents distorted the information they gave, especially where they felt they may get assistance.

A number of issues dealt with under the psycho-social as well as emotional well being sections, were quite subjective, leading to potential biases. The temptation for respondents to give information based on his or her perception of what he or she believed the interviewer was looking for cannot be ruled out.

Traditionally, it is not uncommon for uncles and aunts to refer to their nephews and nieces as sons and daughters. This may explain why some in some cases where both parents of a child were reported dead there was still a *child-relationship* to the head of the household. The fact that guardians sometimes identify children they have taken in as their own may have also lead to some under-reporting of parental death.

Based on the interviewers and research teams experiences, the number of various languages the research team chose to use a standard English questionnaire. Although all interviewers have professional command of English this may have effected the consistency of questions asked by each interviewer and hence the results.

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## **PART IV: RECOMMENDATIONS AND NEXT STEPS**

The following are some recommendations, which emerged during a stakeholder data dissemination meeting.

### **Data Collection Needs for OVC Programming**

Government, NGOs and communities do not have the data they need to plan and execute OVC interventions effectively at the moment.

Exchange of data information and methodologies amongst organizations and communities needs to be fostered and encouraged. This would assist organizations and communities to better utilize resources and decrease duplication of efforts both in terms of intervention delivery, but also in costly data collection. NGOs, in particular, need to overcome fears of competition from each other and enter into relationships where information is shared with each other. Some implementing organizations already have systems of collecting data. There needs to be broad level sharing, reviewing, evaluating and scaling up of methodologies.

Data collection should be 'user-friendly' to the different levels, that is, for community level, organizational level and district level. But harmonization of data from these levels would be useful for implementers. It is important is that the information collection formats used by district government offices, NGOs and communities are innovative and flexible so that the organizations and communities are able to easily adjust information collection to developing information needs.

Ultimately, information collected from the districts should go to one database, thereby creating a national database. This process could be further strengthened by the creation of a database in a government ministry dealing with children. This would create a standardized system of storage and access for organizations, which could then be a reference point of access for implementers at all levels.

Data collection needs can be categorized into national data collection, NGO/CBO and community.

#### ***National Level***

At the national level there is a need for the Central Statistic Office to collect national data on a variety of demographic issues including: percentage, gender and age of orphans and vulnerable children, percentage of paternal, maternal, double and multiple orphans and various socio-economic data including education and access to health care. Data needs to be collected on the specific needs of OVC or which can be interpreted to identify specific needs of OVC, such as education levels. The bi-annual Living Conditions and Monitoring Survey should be expanded to collect additional data in order to assist OVC stakeholders to better use data for programming purposes.

#### ***NGO Level***

NGOs should maintain and regularly update information on OVCs. There is a need to assist organizations to develop a systematic methodology for collecting, storing and using the information they collect.

Organizations should join forces at district level to map specific services and interventions available in communities and districts in order to identify gaps and overlaps.

There are already important methods of secondary information collection that implementing organizations need to start tapping into. Health facilities, District Social Welfare Offices, Council

Offices, and schools have already been collecting information on OVCs. Implementing organizations should start collaborating with these sources of information. Organizations can collect information on immigration, marriages, deaths and births from the BOMA for example.

The Central Statistics Office (CSO) is an underutilized resource for NGOs and communities. CSO can help NGOs develop information collection mechanisms and in sorting out what kind of information they need and want.

### ***Community Level***

Communities need information in order to make their work more focused and planned. Many communities keep detailed registers of OVC including names, age and gender. However, the information is often not disseminated in a manner which is useful to the community itself. There is need to sensitize and train community members in how to identify, collect and utilize relevant data.

Communities can be assisted to collect data which feeds into the next level, like the district. The communities cannot capture all the information but they can capture some important and very specific data such as how many orphans are in a particular school, gender ratios and so on.

### **Perception On HIV/AIDS**

Zambians continue to perceive HIV/AIDS as something which only attacks a certain group of people e.g., prostitutes, homosexuals etc; many still do not look at it as a disease which can affect anybody. In general, Zambians remain in denial about AIDS, even when a close friend or relative is obviously dying from HIV/AIDS. AIDS continues to remain stigmatized in Zambia and there is well-founded fear of rejection from family and friends when you are diagnosed with HIV.

The following factors are considered as critical to OVC programming:

- Existence of stigma for people with HIV/AIDS;
- Denial that the disease can impact you personally;
- Misconceptions about who can be infected by HIV/AIDS;
- Myths about practices believed to provide a cure for HIV infection, especially those that pertain to having sex with children;
- Poor participation in VCT and limited availability of MTCT programs leading to increasing number of HIV positive children;
- Lack of familiarity with the purpose of planning for one's eventual death, especially with regard to the psychosocial needs of bereaved children and the protection of their inheritance rights;
- Inability of communities to openly discuss HIV/AIDS and death; and
- Cultural context in which organizations are operating.

### ***Dealing with Denial and Stigma***

The fear of community or household members telling people that they themselves are HIV positive, caring for or living with an HIV/AIDS patient and/or that a relative died of HIV/AIDS causes a lot of trauma and perpetuates stigma. The inability to openly discuss HIV/AIDS appears to be having a significant emotional impact on orphans.

OVC implementing agencies need to help communities to open up, discuss and communicate on issues related to HIV/AIDS, which will reduce the trauma and stress levels of in the family and stigmatization of HIV/AIDS illness and death.

The content of messages is very important. The initial HIV/AIDS prevention messages focused on promiscuity which has contributed to people believing they are somehow safe from HIV and to the

stigma associated today with HIV/AIDS. Communication on HIV/AIDS needs to focus on the fact that everyone can be at risk of contracting the HIV virus and on decreasing people's negative perceptions towards those who are HIV positive.

In many communities, there is an inadequate cadre of trained people to talk to about the issues related to HIV/AIDS. There is need to have a broader spectrum of accessible, well-trained community level people so that communities and households have easier access to counseling. When people understand the issues around HIV/AIDS it helps reduce stigma, denial, trauma and stress levels of in the family and community. Medical personnel, church members and religious leaders need to undergo counseling training in order to effectively help the those with the virus and their families to accept HIV/AIDS and therefore lessen the stigma and denial connected to HIV/AIDS. Seeing people dealing with the disease in a positive way helps others to stop stigmatizing the disease.

OVC organizations should consider ways to create linkages and synergies with other organizations to decrease the stigma. Some of these means include:

- Involvement of PLHAs and their families in communicating messages about the effects of stigma and denial on families and communities and individuals;
- Raising awareness amongst CBO's, Home Based Care programs and Neighbourhood Health Committees, on the existence of stigma so that they develop appropriate household level interventions of communication;
- Public collaboration with Home Based Care programs and other ASOs that are caring for and supporting for clients and members so that the message of acceptance is shared and openly role-modeled.

Information dissemination can be key to decreasing stigma surrounding HIV/AIDS. We need to examine what has worked in the past and which messages have been most useful in terms of both creating real behavior change and also decreasing stigma. Some mechanisms for decreasing stigma and creating behavior change could include:

- Use of drama groups to convey messages;
- Encouraging families and communities to engage in group discussions about the economic, social and emotional impact of HIV/AIDS on their lives;
- Teaching adults and children to discuss issues related to sexuality;
- Encourage churches to have information on HIV/AIDS in their churches and to include this in their sermons;
- Strengthen Peer Educators, Parent Elder Communicators, Teacher HIV/AIDS Educators, Community Based Distributors (of condoms and other contraceptives), existing community based structures e.g. knitting groups, couples, PTAs and special target population training in communities, so that more and more people become knowledgeable about all aspects of HIV/AIDS;
- Encourages more person to person communication, which is the most effective way of communicating issues in communities;
- Organize community events, competitions, quizzes that encourage debate and discussions;
- Incorporating 'modern' sex and HIV/AIDS messages in traditional instruction (Banafimbusa) and working with Banafimbusa to spread the HIV/AIDS message without losing traditional values.

Preparing parents and guardians to deal with their own loss of health and life is an important facet of HIV/AIDS care and support and particularly OVC activities. It also requires a fundamental shift in Zambian culture where death is never spoken of before it occurs. However, interventions addressing the psycho-social issues of children can begin during the parent or guardian's illness. Given the AIDS epidemic in Zambia, there is a requirement to explore how to facilitate a shift from current cultural norms to a situation where parents and guardians prepare for their death.. This requires training home based care staff, medical personnel, church lay people, church groups, religious leaders and family members who are literate and knowledgeable of their clients' illnesses, in

communication skills that will encourage parents to prepare their children for their death. The preparation should include both emotional issues such as how children should behave and interact with family and community members and practical issues such as writing a will, leaving instructions on their children's future welfare and other issues. Home based care providers, in particular, need to be trained on emotional and development issues of children and the impact of a prolonged terminal illness on children's psyche in order to assist the household cope and handle their situation accordingly.

There is also an opportunity to use tradition funeral rituals and post funeral discussions to prepare the bereaved family for their new conditions and responsibilities.

## **Financial, Education, Health Care And Living Conditions**

### ***Improving Household Economic Security***

Economic insecurity at household level lies at the heart of the OVC problem in Zambia. Since it is a core part of the problem, it is also a core part of the solution.

The micro-finance industry in Zambia is nascent and the demand for start-up funds and for technical assistance is far greater than the current supply. Furthermore, the micro-finance industry has not found a manner in which to enter the rural areas while maintaining cost recovery of the loans. NGOs can train communities in the fundamental principles of micro-finance so that communities can receive a grant to implement community managed revolving loan schemes. This would enable individual households to improve their economic situation.

It is important to train communities in insurance mechanisms for the most vulnerable groups and also for unexpected incidents. For example, Uganda has experimented with some 'insurance' programs which encourage solidarity groups to include a member who is HIV positive. Individual solidarity groups need to make plans for unexpected incidents such as an illness or funeral to ensure that members do not dip into their principle.

Improving household economic security in rural areas is more problematic. Agricultural based micro-finance programs face low loan recoveries. With no agricultural subsidies for inputs or outputs in Zambia, it has become increasingly difficult for rural families to cope. This situation has been further exacerbated by the increasing movement of orphans from the urban situation to live in the village with distant relatives. The relatives in rural areas are often already bearing the burden of care for those dying of AIDS – those who have OVC stakeholders need to explore and develop viable means to improve rural household economic security in a difficult agricultural economy which does not spoil the efforts of NGOs attempting to promote participation in the agricultural economy.

### ***Financial Management***

Communities need to be able to access outside resources. To access financial resources, communities must be able to demonstrate sound financial management skills. Many communities need training on how to account for and utilize funds received from outside organizations.

### ***Public Safety Nets***

The Public Welfare Assistance Scheme (PWAS) is operating in 36 districts and will expand to all districts by 2003. The Social Welfare Department has a scheme that assists OVC and indigent adults but the problem is that poverty is so widespread in general and the funds available for disbursement are insufficient. This scheme works through CWACS (Community Welfare Assistance Schemes) and DWACS (District Welfare Assistance Committees). These committees still need to be trained in skills and methods of clarifying who are the OVC. The programme has already been launched and taken to a number of districts. The community social welfare officers - are there to deal with smaller

groupings and areas. The aim of the department is to cover all 72 districts. So far they are in 36 districts. It was suggested that these should be linked to NGOs in the community. The Social Welfare Department takes up the responsibility of community mobilization.

### ***Meeting OVC Education Needs***

Fewer than half of Zambia children eligible for primary school are enrolled in primary school. There are two contributory factors: 1) parents/guardians are unable to afford fees and 2) there are not enough spaces in existing schools for all Zambian children.

Community schools can be one means to meet the primary education needs of children. Community schools raise much debate about issues related to parallel school structures, quality of education and teacher qualifications. Despite these issues, community schools with access to resources can provide a decent education for its children. However, government must be challenged to provide for the educational needs of Zambian children.

Zambian children are required to write exams at Grade 7 and 9 in order to pass on to the next level of education. Although community schools have developed in response to meeting primary education needs of OVC, there is a real challenge to meet the secondary education needs of those children who pass their exams. Many donor funds do not allow for the provision of school fees at basic or secondary level.

A limited number of school bursaries are available but there is little information about how to access bursaries. There is need to inform communities about the type of educational bursaries available in order to assist families keep children in school.

More information is needed regarding why children drop out of school and at what age in order to develop appropriate interventions.

In many situations, school going children arrive at school sometimes without having eaten a meal or only having eaten one meal in the last 24 hours. Poor food intake has a direct impact on a child's ability to learn and therefore be able to make educational progress. There is a need for schools to attach a school feeding programme. OVC stakeholders need to find creative means to address these issues while remaining within the regulations of their donor.

### ***Skills Training Centers***

Various attempts are made to provide children with skills based training, such as carpentry, sewing, etc. While presenting these opportunities to children are important, they ignore a few basic issues. Regardless of the child's abilities or capacity, society is relegating children to fulfill labor roles in society which may be an infringement on the rights of these children. Care also needs to be taken that there is an actual labor market for the children after their training. Of equal importance is that training children in skills presents an opportunity to provide life skills training and information on healthy life choices. It is important that interventions link skills training to the natural opportunities for peer-to-peer education as well as trainer to peer education in order to reap maximum benefit and opportunities.

### *Health Care*

Many OVC are unable to access formal health care because of inability to pay user fees and the cost of the medications. OVC stakeholders need to work with Ministry of Health to identify those unable to access formal health care and arrange exemptions from user fees.

### *Shelter*

A few organizations, such as Ireland Aid and Habitat for Humanity, offer programs to upgrade shelters in communities. Communities need information on accessing services of similar organizations.

## **OVC and Parent/Guardian Communication**

Communication is a way of generating common understanding amongst OVCs and affected households and service providers. It is aimed at promoting positive attitude for behaviour change. Programs aimed at enhancing communication should take into account issues pertaining to gender, age, and rural-urban differences.

The issue of communication hinges on many aspects of household and community dynamics. The whole issue of orphanhood has always had ambiguous connotations in Zambian culture. In Zambian folk stories, sometimes the orphan is portrayed as a victim, sometimes as victor of their circumstances. Today, the condition has become tied to the HIV/AIDS issue making it more complicated.

Communication has several larger objectives to try to reach.

- Reduction of Stigma
  - Role models should be made visible in order to influence behaviour.
  - PWAS must participate in the elimination of stigma in communities.
- Modify cultural practices that hinder communication in homes and households.
  - There should be serious research in regard to cultural practices that hinder communication in homes.
  - Consideration of age and gender must be included in designing communication skills training for communities.
- Strengthen positive cultural forms of communications through community action.
  - Communities should be encouraged to build communication strategies using culturally accepted relationships with grandparents, aunts, uncles, parents and neighbors as communication channels to facilitate positive behavior change.
- Counseling should extend to all family members
  - Counseling must be holistic and include the dying, the affected children, extended family and the community affiliated with the affected person.
  - Counseling should not stop with the death of the family member, but continue to support the affected wider circle of people.
- Mainstream communication mechanisms that can promote communication in the design of OVC programs
- Strengthen existing training packages to make communities more responsive to the needs of OVCs and their guardians:
  - Development of training modules on Communication Techniques suitable for caregivers, taking gender, age, and rural-urban differences into account.
  - Minimum package for counseling training must be available to implementing organizations.
  - Involvement of community, OVC and traditional leaders in designing appropriate communication messages on HIV/AIDS.

- Introducing communication and counseling skills, training at pre-service level for helping professionals such as health workers, social workers and teachers.

### **Psychological Coping**

The psychological needs of OVC are down played and the emphasis so far has been mostly on material provision. We are beginning to recognize the importance of addressing the psycho-social issues children face.

Many interventions can begin before a parent or guardian passes away. Home based caregiver (HBC) training should include issues related to children's emotional development and aspects of handling loss and grief for both children and adults to help the community in this regard.

OVC interventions must include addressing issues of stigma in communities. There should be active involvement of people living with HIV/AIDS (PLHAs) to deliver this message.

Communities need to be trained on issues related to child development including emotional development, areas of abuse and its impact on children, HIV/AIDS and youth sexuality as well as how children handle grief. Interventions need to be built around this training to expand the understanding of the community at large.

Religious institutions have a large role to play in the protection of children and in their emotional development and well-being. Training in psycho-social issues must include the religious institutions as well.

In regard to the many deaths that children are now experiencing in their immediate environment, children are frequently left out of the collective grieving process. The impact of this on the children is now becoming a focus of attention. The child has to be allowed to experience and go through the grieving process with appropriate guidance from trusted adults. Adults and caregivers are often also too emotionally unstable during the time of mourning to pay attention to children in the process. Adults must be mindful though, of the individual needs and disposition of the child and assess what is in the best interest of the child, bearing in mind that some children cannot cope with funerals and burial rituals.

Children experience stress when they are separated from their siblings. Economically, it might not be feasible to always keep siblings together in Zambia. However, communities should be sensitised on the need for siblings to have opportunities to be together, particularly in the immediate years post funeral of their parents.

### **Child Headed Households**

There are some specific needs of child headed households, in addition to the larger OVC intervention issues, which are also needed by the child headed households.

- Child headed households need to be trained in parenting and coping skills.
- Child headed households need training in sex education and their own sexuality to enable them engage in sex talk with their siblings.
- The community needs to be aware of its critical role in supporting child headed households.

## **Guardians and Parents**

When discussing psycho-social interventions, often times the parents and guardians are left out of the planning and response. Children are tied to a larger family and to adults. Specific interventions need to be developed to address the needs of the guardians.

- The guardian needs to be targeted for psychological counselling
- Voluntary counseling and testing (VCT) should be encouraged so that couples may allow proper planning for the future, for example, to save or plan financially for their children's education and family planning
- Parent/guardians need for training in bereavement and related issues through HBC, church leaders, hospices, homes, schools and health personnel, to help them prepare, for instance, for the parent/s burial or loss of health.
- Guardians need training in sex education to enable them to talk confidently and accurately about sex with their children.

## **Widow Headed Households**

Establishing and strengthening of widow support groups and services, and providing them with information on health, nutrition and social and financial services, is an important strategy especially when these bereaved women are caring for children. This can be implemented through HBC, church leaders, schools, hospices and health personnel.

**Appendix 1: Data tables****Table A: Highest Level of Education Completed, by Gender and District (%)**

District	Livingstone		Lusaka		Mongu		Kitwe		Overall	
	N	%	N	%	N	%	N	%	N	%
<b>Male</b>										
Primary	29	40.3	20	29.0	23	36.1	37	50.7	109	39.6
Secondary	39	54.2	45	65.2	39	63.9	34	47.9	157	57.1
Higher	4	5.5	4	5.8	0	0.0	1	1.4	9	3.3
<i>Total</i>	<i>72</i>	<i>100.0</i>	<i>69</i>	<i>100.0</i>	<i>62</i>	<i>100.0</i>	<i>72</i>	<i>100.0</i>	<i>273</i>	<i>100.0</i>
<b>Female</b>										
Primary	100	66.7	77	52.0	70	52.3	123	82.0	370	63.6
Secondary	49	32.7	67	45.3	61	45.5	27	18.0	204	35.1
Higher	1	.6	4	2.7	3	2.2	0	0.0	8	1.3
<i>Total</i>	<i>150</i>	<i>100.0</i>	<i>148</i>	<i>100.0</i>	<i>134</i>	<i>100.0</i>	<i>150</i>	<i>100.0</i>	<i>582</i>	<i>100.0</i>
P < .000										

**Table B: Average Monthly Household Income in Zambian Kwacha by Gender of Household Head & District**

District & Gender H/hold Head		Mean Regular Income	Mean Piece work Income	Range-Total <sup>16</sup> Income	Total Mean Income	Total Mean Income regardless of gender
District	Gender of HHH					
Livingstone	Male Head	128,923	24,615	10,000 to 400,000	153,538	122,042
	Female Head	73,727	16,818	5,000 to 1,300,000	90,545	
Lusaka	Male Head	279,282	53,012	20,000 to 1,200,000	332,294	276,512
	Female Head	141,115	79,615	2,500 to 3,000,000	220,730	
Mongu	Male Head	165,242	18,333	15,000 to 1,100,000	183,575	133,820
	Female Head	75,645	8,419	3,000 to 600,000	84,064	
Kitwe	Male Head	131,304	7,826	15,000 to 400,000	139,130	216,351
	Female Head	69,444	7,777	10,000 to 350,000	77,221	

1000 Kwacha = @ 26 US cents

<sup>16</sup> There were a number of households in all the districts who earned nothing (or zero) per month. These ranges include both regular and irregular income.

**Table C: Dietary Composition, N = 1007**

Food Item	Livingstone	Lusaka	Mongu	Kitwe	Overall	
	%	%	%	%	No.	%
Nshima	96	98	96	93	965	96
Vegetables	63	65	57	67	633	63
Tea	34	48	4	21	268	27
Bread	25	49	4	17	238	24
Fish	21	12	18	15	168	17
Meat	17	20	20	6	160	16
Kapenta	17	18	3	15	135	13
Beans	8	18	5	10	104	10
Rice/Sweet Potato	2	5	11	17	88	8
Porridge	13	7	6	4	75	7
Chicken/Eggs	3	13	1	2	53	5
Milk	3	1	2	1	16	2

**Table D: Type of House Roof, by District**

Type of Roof	District								Total <i>N</i> = 1009	
	<i>Livingstone</i> <i>N</i> = 253		<i>Lusaka</i> <i>N</i> = 250		<i>Mongu</i> <i>N</i> = 254		<i>Kitwe</i> <i>N</i> = 252			
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Iron	62	24.5	105	42.0	79	31.1	117	46.0	363	36.0
Asbestos	84	33.2	140	56.0	16	6.3	45	17.9	285	28.2
Grass	82	32.4	0	0.0	143	56.3	3	1.2	228	22.6
Asbestos and Iron	22	8.7	5	2.0	4	1.6	83	33.4	114	11.3
Other	3	1.2	0	0.0	12	4.7	4	1.6	19	1.9

Missing frequency = 2

**Table E: Type of House Floor, by District**

Type of Floor	District								Total <i>N</i> = 1010	
	<i>Livingstone</i> <i>N</i> = 253		<i>Lusaka</i> <i>N</i> = 250		<i>Mongu</i> <i>N</i> = 255		<i>Kitwe</i> <i>N</i> = 252			
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Concrete only	103	40.7	136	54.4	61	23.9	116	46.0	416	41.2
Soil only	126	49.8	9	3.6	136	53.3	87	34.5	358	35.4
Concrete + mats	18	7.1	101	40.4	12	4.7	35	13.9	166	16.4
Soil + mats	6	2.4	1	0.4	5	2.0	5	2.0	17	1.7
Tiles	0	0	2	0.8	1	0.4	1	0.4	4	0.4
Tile + mats	0	0	1	0.4	0	0.0	0	0.0	1	0.1
Other	0	0	0	0	40	15.7	8	3.2	48	4.8

Missing frequency = 1

**Table F: Total number of OVC in interviewed households by district and gender of child**

	Livingstone N = 252		Lusaka N = 251		Mongu N = 255		Kitwe N = 256		Overall N = 1014	
	n	%	n	%	n	%	n	%	n	%
<b>Gender</b>										
Males	516	55.8	569	52.7	500	45.7	649	49.2	2234	50.5
Females	413	44.6	514	47.6	593	54.2	668	50.6	2188	49.5
<b>Total</b>	929	21.0	1083	24.5	1093	24.7	1317	29.8	4422	100

N represents the number of households interviewed.

7 missing

**Table G: Length of time OVC lived in the home (yrs) by age and gender of Head of Household**

Gender of HHH	Age Group	Length of Time in the Home
Male	30 or less	5.4
	31 to 44	7.8
	45 or above	8.2
Female	30 or less	7.6
	31 to 44	10.0
	45 or above	10.8

**Table H: Type of school attended by 7-18 year olds by district**

School Type	Livingstone	Lusaka	Mongu	Kitwe	Total
	n %	n %	n %	n %	n %
<b>Community School</b>	102 24.1%	20 4.5%	22 5.4%	93 24.5%	237 14.5%
<b>Government School</b>	320 75.5%	369 86.6%	382 94.1%	280 73.7%	1351 82.6%
<b>Community School</b>	2 .5%	37 8.7%	2 .5%	7 1.2%	48 2.9%
<b>Total</b>	424	426	406	380	1636
<b>Percent of total</b>	25.9%	26.0%	24.8%	23.2%	

**Table I: Among all students who had either never attended or had attended but missed school at some point, Reasons For Not Attending School**

Reason for not attending	n	%
<b>Lack of funds for fees and Uniforms</b>	698	82.5%
<b>Failed exams</b>	46	5.4%
<b>Does not want school</b>	34	4.0%
<b>Waiting to enrol</b>	27	3.4%
<b>Child ill</b>	19	2.2%
<b>Pregnancy</b>	16	1.2%
<b>Parent Ill or died</b>	6	.7%
<b>Total</b>	846	

**Table J: The People With Whom Orphans Spent Most of their Time**

Person	Livingstone N = 284	Lusaka N = 297	Mongu N = 330	Kitwe N = 321	Total N = 1232	
	%	%	%	%	N	%
The Guardian	63.2	49.0	69.1	68.2	773	62.7
Guardian's husband/wife/relative	22.8	35.9	12.1	3.1	222	18.0
Their own brothers or sisters	3.5	1.7	3.9	11.2	64	5.2
Friends, Cousin, other children	4.2	2.7	6.4	5.3	58	4.7
No one, keeps to him or herself	2.8	1.0	1.2	0.3	16	1.3
Other adult relative living elsewhere	0.4	0.7	3.9	1.9	22	1.8
Other	2.1	7.0	3.3	9.7	69	5.6
Do not know	0.7	1.7	0.0	0.3	8	0.6
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>1232</i>	<i>100</i>

**Table K: The percent of parents of orphaned children who had been seriously ill, By District**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
Yes	128	59.0	125	56.1	183	77.9	146	58.6	582	63.0
No	89	41.0	98	43.9	52	22.1	103	41.4	342	37.0
Total	217		223		235		249		924	

**Table L: Percent of Heads of Household who perceive OVC to Feel Different from other Children by District (%)**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
Yes	98	40.2	49	22.5	111	44.0	112	44.8	370	38.4
No	125	51.2	152	69.7	141	56.0	132	53.5	550	57.1
Do not know	21	8.6	17	7.8	0	0.0	6	2.5	44	4.6
Total	244	100	218	100	252	100	250	100	964	100

p &lt; .000

**Table M: Things that make OVC Feel Different from other children, by District**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
Being an orphan	29	53.7	10	50.0	46	39.6	31	36.9	116	42.3
Not being in school	22	40.7	7	35.0	38	32.8	45	53.6	112	40.9
Not doing well in school, not smart	3	5.6	1	5.0	32	27.6	5	6.0	41	15.0
Being poor, having poor clothes	0	0.0	2	10.0	0	0.0	3	3.6	5	1.8
Total	54	100	20	100	116	100	84	100	274	100

**Table N: Knowledge of Community Orphans and Vulnerable Children Committees (COVCC) among Households**

	Livingstone		Lusaka		Mongu		Kitwe		Total HHs	
	N	%	N	%	N	%	N	%	N	%
<b>Ever Head of COVCC?</b>										
Yes	79	31.3	121	48.2	131	51.2	116	46.4	447	44.3
No	171	67.9	130	51.8	125	48.8	133	53.2	559	55.4
Do not know	2	0.9	0	0	0	0	1	0.4	3	0.3
Total	252	100	251	100	256	100	250	100	1009	100
Missing frequency = 5										

**Table O: Expected Roles of COVCCs (%)**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
Support orphans directly	26	25.7	84	56.4	102	55.4	56	38.6	268	46.3
Education	46	45.5	28	18.8	55	29.9	44	30.3	173	29.9
Provide funding for organisations	1	1.0	2	1.3	9	4.9	6	4.1	18	3.1
Nothing	9	8.9	2	1.3	1	0.5	2	1.2	14	2.4
Distribution/ give out information	5	5.0	4	2.7	1	0.5	1	0.7	11	1.9
Do not know	11	10.9	19	12.8	11	6.0	32	22.1	73	12.6
Other	3	3.0	10	6.7	4	2.2	4	2.8	21	3.6
No response	0	0.0	0	0.0	1	0.5	0	0.0	1	0.2
<i>Total</i>	<i>101</i>	<i>100</i>	<i>149</i>	<i>100</i>	<i>184</i>	<i>100</i>	<i>145</i>	<i>100</i>	<i>579</i>	<i>100</i>

**Table P: Opinion of COVCC's Support of Families**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
Very helpful	27	38.6	37	31.1	22	17.1	19	16.7	105	24.3
Helpful	11	15.7	21	17.6	21	16.3	17	14.7	70	16.2
Not helpful	9	12.9	20	16.8	38	29.5	14	12.3	81	18.8
Not very helpful	11	15.7	18	15.1	15	11.6	16	14.0	60	13.9
They get in the way	0	0	1	0.8	2	1.6	2	1.8	5	1.2
Do not know	12	17.1	16	13.4	27	20.9	45	39.5	100	23.1
No response	0	0	6	5.0	4	3.1	1	0.9	11	2.5
<i>Total</i>	<i>70</i>	<i>100</i>	<i>119</i>	<i>100</i>	<i>129</i>	<i>100</i>	<i>114</i>	<i>100</i>	<i>432</i>	<i>100</i>
Missing frequency = 23										

**Table Q: Knowledge of Scope**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
<b>Ever Heard of Scope?</b>										
Yes	84	33.3	16	6.4	20	7.9	24	9.7	144	14.2
No	168	66.7	234	93.6	234	92.1	224	90.3	860	85.7
<i>Total</i>	<i>252</i>	<i>100</i>	<i>250</i>	<i>100</i>	<i>254</i>	<i>100</i>	<i>248</i>	<i>100</i>	<i>1004</i>	<i>100</i>
Missing frequency = 10										

**Table R: What SCOPE Does**

	Livingstone		Lusaka		Mongu		Kitwe		Total HHs Reporting	
	N	%	N	%	N	%	N	%	N	%
Funding of organisations	9	33.3	2	33.3	1	7.7	3	75.0	15	30.0
Support orphans directly	4	14.8	3	50.0	7	53.8	0	0.0	14	28.0
Distribute information	7	26.0	1	16.7	2	15.4	0	0.0	10	20.0
Education	5	18.5	0	0.0	2	15.4	1	25.0	8	16.0
Nothing	2	7.4	0	0.0	1	7.7	0	0.0	3	6.0
<i>Total</i>	<i>27</i>	<i>100</i>	<i>6</i>	<i>100</i>	<i>13</i>	<i>100</i>	<i>4</i>	<i>100</i>	<i>50</i>	<i>100</i>

**Table S: Opinion of SCOPE Services**

	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
SCOPE Helpful	2	5.9	1	5.9	0	0	2	8.3	5	4.7
Very helpful	4	11.8	1	5.9	1	3.1	1	4.2	7	6.5
Not helpful	9	26.5	1	5.9	4	12.5	1	4.2	15	14.0
Not very helpful	2	5.9	2	11.8	0	0.0	1	4.2	5	4.7
They get in the way	1	2.9	0	0.0	1	3.1	0	0.0	2	1.9
Do not know	16	47.1	7	41.2	10	31.3	19	79.2	52	48.6
No response	0	0.0	5	29.4	16	50.0	0	0.0	21	19.6
<i>Total</i>	<i>34</i>	<i>100</i>	<i>17</i>	<i>100</i>	<i>32</i>	<i>100</i>	<i>24</i>	<i>100</i>	<i>107</i>	<i>100</i>
Missing frequency = 47										

**Table T: Respondents' Knowledge of Organisations that Provide Help**

Organisation	Livingstone		Lusaka		Mongu		Kitwe		Total	
	N	%	N	%	N	%	N	%	N	%
Catholic	38	15.1	49	19.6	40	15.8	62	24.6	190	18.8
SCOPE OVC	23	9.0	48	19.3	16	6.1	20	8.1	107	10.6
CINDI	1	0.3	2	0.7	0	0.0	103	40.8	106	10.5
World Vision	1	0.3	2	0.7	87	34.4	1	0.3	90	8.9
Other	74	29.5	105	42.0	27	10.6	26	10.3	233	23.1
Do not know	115	45.8	44	17.7	84	33.1	40	15.9	283	28.1
<i>Total</i>	<i>252</i>	<i>100</i>	<i>250</i>	<i>100</i>	<i>254</i>	<i>100</i>	<i>252</i>	<i>100</i>	<i>1009</i>	<i>100</i>

**Appendix 2: Head of Household Questionnaire**

**SCOPE and FAMILY HEALTH INTERNATIONAL (FHI)  
ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY**

FOR USE WITH HEADS OF HOUSEHOLDS IN FOUR DISTRICTS IN ZAMBIA

January 31, 2001

001 QUESTIONNAIRE IDENTIFICATION NUMBER |\_\_|\_\_|\_\_|

002 District \_\_\_\_\_

003 Compound \_\_\_\_\_

**Introduction:** “My name is... I’m working for SCOPE. We’re interviewing people here in [name of Compound] in order to find out about the situation facing families who have children under the age of 25.

How many children under the age of 25 live with you in this house? \_\_\_\_\_ (If ZERO, thank them for their time and explain that you can not interview them.)

Have you been interviewed in the past few weeks for this study? **IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE, DO NOT INTERVIEW THIS PERSON AGAIN.** Tell them you cannot interview them a second time, thank them, and end the interview. If they have not been interviewed before, continue: “We will be using this information to guide community organizations in doing their work. We want to make sure that we find out from you, the community, what your needs are so that the organizations can serve you better.”

**Confidentiality and consent:** “I’m going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand the circumstances that many people are living with, and we will use the information to create better support programs. We would greatly appreciate your help in responding to this survey. The survey will take about 45 minutes to ask the questions. Would you be willing to participate?”

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

**Incomplete Interviews Log**

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Comment			

Comment codes: Appointment made for later today 1; Appointment made for another day 2; Refused to continue and no appointment made 3; Other (Specify) 4.

004 INTERVIEWER: Code [\_\_|\_\_] Name \_\_\_\_\_

005 DATE INTERVIEW: \_\_ \ \_\_ \ \_\_

CHECKED BY SUPERVISOR: Signature \_\_\_\_\_ Date \_\_\_\_\_

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The Head of Household questionnaire includes the following sections:

Section 0 – Questionnaire identification data (5 codes)	
Section 1 – Background characteristics questions	12
Section 2 – Marriage questions	04
Section 3 – Household Economic Status questions	18
Section 4 – Relationships in Household questions	10
Section 5 – Children’s Education Experience questions	09
Section 6 – Psycho-social issues questions	26
Section 7 – Emotional Well-being Checklist questions	18
Section 8 – Household Access to Support Services questions	19
<b>TOTAL NUMBER OF QUESTIONS:</b>	<b>116 questions</b>

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS  
OF HOUSEHOLDS**

**Section 1: Background characteristics**

No.	Questions and filters	Coding categories	Skip to
Q101	Are you the head of the household?	YES 1 NO 0  DON'T KNOW 88 NO RESPONSE 99	
Q102	RECORD SEX OF THE RESPONDENT	MALE 1 FEMALE 2	
Q103	In what month and year were you born?	MONTH [__] DON'T KNOW MONTH 88 NO RESPONSE 99  YEAR [__] DON'T KNOW YEAR 88 NO RESPONSE 99	
Q104	How old were you at your last birthday?  <b>(COMPARE AND CORRECT Q103 IF NEEDED)</b>	AGE IN COMPLETED YEARS [__]  DON'T KNOW 88 NO RESPONSE 99 <b>ESTIMATE BEST ANSWER</b>	
Q105	Have you ever attended formal school?	YES 1 NO 0  DON'T KNOW 88 NO RESPONSE 99	<b>K Skip to Q108</b>
Q106	What is the highest level of school you completed: primary, secondary or higher?  <b>CIRCLE ONE</b>	PRIMARY 1 SECONDARY 2 HIGHER 3 None 0  DON'T KNOW 88 NO RESPONSE 99	
Q107	How many total years of education have you completed up to now?	# YEARS COMPLETED [__]  DON'T KNOW 88 NO RESPONSE 99	
Q108	Have you ever studied with a tutor or attended classes for adult education?	No 0 Tutor 1 Adult Education 2  DON'T KNOW 88 NO RESPONSE 99	

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS  
OF HOUSEHOLDS**

**Section 1: Background characteristics (continued)**

No.	Questions and filters	Coding categories	Skip to
Q109	How long have you lived here in (NAME OF COMMUNITY/ TOWN NEIGHBORHOOD/ VILLAGE)?	NUMBER OF YEARS    [ ][ ] RECORD 00 IF LESS THAN 1 YEAR DON'T KNOW        88 NO RESPONSE        99	
Q110	In the last 12 months have you been away from your home for more than one month altogether?	YES        1 NO         0  DON'T KNOW        88 NO RESPONSE        99	
Q111	What religion are you?  <p align="center"><b>CIRCLE ONE</b></p>	NO RELIGION        0 Christian            1 Jehovah's Witness    2 Muslim                3 Hindu                 4 Bahai                 5 Traditional          6  DON'T KNOW        88 NO RESPONSE        99	
Q112	What tribe are you?	<hr/> <i>(fill in the appropriate Tribe)</i>  DON'T KNOW        88 NO RESPONSE        99	

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS  
OF HOUSEHOLDS**

**Section 2 Marriage and live-in partnerships**

No.	Questions and filters	Coding categories	Skip to
Q201	What is your marital status?  <i>(READ the list and ask them to select which one best fits their situation.)</i>	Single Never been married      0 Single now but Divorced          1 Single now but Separated          2 Single now but Widowed           3 Currently Married for the first time   4 Currently Married but also Divorced   5 Currently Married but Separated      6 Currently Married but also Widowed   7 Other _____                      8  DON'T KNOW                      88 NO RESPONSE                      99	<b>K Skip to Q301</b>
Q202	How old were you when you first married?	Age in years [__ __]  DON'T KNOW      88 NO RESPONSE      99	
Q203	IF MARRIED:  MEN: Do you have more than one wife? WOMEN: Does your husband have other wives?	YES      1 NO        0  DON'T KNOW      88 NO RESPONSE      99	<b>K Skip to Q301</b>
Q204	How many wives are in this family?	Write down number of wives [_____]	

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS  
OF HOUSEHOLDS**

**Section 3 Household Economic Status**

No.	Questions and filters	Coding categories	Skip to
Q301	How many people in this household earned money from regular employment in the past 30 days?	Number of people <b>(Can be 0)</b> [____] DON'T KNOW 88 NO RESPONSE 99	
Q302	How many people in this household earned money from piece work in the past 30 days?	Number of people <b>(Can be 0)</b> [____] DON'T KNOW 88 NO RESPONSE 99	<b>K. If both Q301 and Q302 are 0, skip to Q304.</b>
Q303	How much money was earned by all members of this household in the past 30 days?	WRITE AMOUNT [____] <b>(Can be 0)</b> DON'T KNOW 88 NO RESPONSE 99	
Q304	How much money did this household receive from sources other than through working in the past 30 days?	WRITE AMOUNT [____] <b>(Can be 0)</b> DON'T KNOW 88 NO RESPONSE 99	
Q305	What are all the sources of the income earned in the past 30 days?  <i>(Probe to find out the type of work done and ask about "Pension" and "Relatives".)</i>	No sources of income 0 Kantemba 1 Hawking items 2 Marketeering 3 Stone crushing 4 House girl/boy 5 Agriculture 6 Fishing 7 Crafts 10 Teaching 11 Pension 12 Relatives 13 Other : _____ 14 DON'T KNOW 88 NO RESPONSE 99	
Q306	How much money was spent on health care in the past 30 days?  <i>(WRITE AMOUNT for each item (Can be 0) next to each item)</i>	Off-the-counter drugs [____] Prescription drugs [____] Payment for Health Scheme [____] Traditional healers (convert gifts to their monetary value) [____] Other _____ [____] DON'T KNOW 88 NO RESPONSE 99	

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS  
OF HOUSEHOLDS  
Section 3 Household Economic Status (continued)**

No.	Questions and filters	Coding categories	Skip to																																																									
Q307	<p>How much money was spent on the children's education since the beginning of this school year?</p> <p><i>(Write AMOUNT for each item (Can be 0) next to each item)</i></p>	<p style="text-align: right;">School fees [ ]</p> <p style="text-align: right;">PTA fees [ ]</p> <p style="text-align: right;">Uniforms [ ]</p> <p style="text-align: right;">Books [ ]</p> <p style="text-align: right;">Pencils/pens [ ]</p> <p style="text-align: right;">Other supplies [ ]</p> <p style="text-align: right;">Transportation to and from school [ ]</p> <p style="text-align: right;">DON'T KNOW 88</p> <p style="text-align: right;">NO RESPONSE 99</p>																																																										
Q308	<p>Do you financially support children who do not live in this household?</p>	<p style="text-align: right;">YES 1</p> <p style="text-align: right;">NO 0</p> <p style="text-align: right;">DON'T KNOW 88</p> <p style="text-align: right;">NO RESPONSE 99</p>	<b>K Skip to Q310</b>																																																									
Q309	<p>How much money do you spend on these other children?</p> <p><i>(Responses can NOT be zero.)</i></p>	<p style="text-align: right;">Monthly [ ]</p> <p style="text-align: right;">Quarterly [ ]</p> <p style="text-align: right;">Annually [ ]</p> <p style="text-align: right;">DON'T KNOW 88</p> <p style="text-align: right;">NO RESPONSE 99</p>																																																										
Q310	<p>How many of each of the following items did you purchase in the past 30 days?</p> <p><i>(For ITEM Size, state # of Kg, grams, or liters as appropriate.</i></p> <p><i>For “#” Write NUMBER purchased in the past month for each item (Can be 0) next to each item</i></p> <p><i>Note that for Vegetables we are asking for amount purchased “yesterday”.)</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Item Size</th> <th style="width: 10%; text-align: center;">#</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">Bags of Mealie meal</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Bags of Charcoal</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Bottles of Cooking oil</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Vegetables <i>(Amount spent yesterday?)</i></td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Meat <i>(write # of Kg/week)</i></td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Eggs <i>(write # of units purchased/week)</i></td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Packet of sugar</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Bread <i>(write # of loafs/day)</i></td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Packet of salt</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Packets of tea</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Soap</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Packet of wash-soap</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Jar of vasaline</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Co-op lunches at work place</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Staff canteen</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">Other _____</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr> <tr><td style="text-align: right;">DON'T KNOW</td><td></td><td style="text-align: center;">88</td></tr> <tr><td style="text-align: right;">NO RESPONSE</td><td></td><td style="text-align: center;">99</td></tr> </tbody> </table>		Item Size	#	Bags of Mealie meal	[ ]	[ ]	Bags of Charcoal	[ ]	[ ]	Bottles of Cooking oil	[ ]	[ ]	Vegetables <i>(Amount spent yesterday?)</i>	[ ]	[ ]	Meat <i>(write # of Kg/week)</i>	[ ]	[ ]	Eggs <i>(write # of units purchased/week)</i>	[ ]	[ ]	Packet of sugar	[ ]	[ ]	Bread <i>(write # of loafs/day)</i>	[ ]	[ ]	Packet of salt	[ ]	[ ]	Packets of tea	[ ]	[ ]	Soap	[ ]	[ ]	Packet of wash-soap	[ ]	[ ]	Jar of vasaline	[ ]	[ ]	Co-op lunches at work place	[ ]	[ ]	Staff canteen	[ ]	[ ]	Other _____	[ ]	[ ]	DON'T KNOW		88	NO RESPONSE		99	
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**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS  
OF HOUSEHOLDS  
Section 3 Household Economic Status (continued)**

No.	Questions and filters	Coding categories		Skip to																																																																											
Q311	Yesterday, how many meals did the family eat?	WRITE AMOUNT (Can be 0) [____] DON'T KNOW 88 NO RESPONSE 99		<b>K</b> (If 0, skip to Q313)																																																																											
Q312	What did you eat for those meals yesterday?	_____ _____ (list all food eaten) DON'T KNOW 88 NO RESPONSE 99																																																																													
Q313	If you had a snack, what did you have to eat in between eating meals, yesterday?	_____ _____ (list all snack food eaten) No Snack yesterday 0 DON'T KNOW 88 NO RESPONSE 99																																																																													
Q314	Which of the following items do you own?  (Read the list. Circle 1 for items respondent owns also check the corresponding box if the item does not work.)	Not Working / 2  Not Working / 2 Not Working / 2 Not Working / 2 Not Working / 2 Not Working / 2  Not Working / 2 Not Working / 2 Not Working / 2 Not Working / 2	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>Cattle</td><td>1</td><td>0</td></tr> <tr><td>Sheep</td><td>1</td><td>0</td></tr> <tr><td>Donkey</td><td>1</td><td>0</td></tr> <tr><td>Work-oxen</td><td>1</td><td>0</td></tr> <tr><td>Goats</td><td>1</td><td>0</td></tr> <tr><td>Pigs</td><td>1</td><td>0</td></tr> <tr><td>Chickens</td><td>1</td><td>0</td></tr> <tr><td>Ploughs</td><td>1</td><td>0</td></tr> <tr><td>Ridgers</td><td>1</td><td>0</td></tr> <tr><td>Harrows</td><td>1</td><td>0</td></tr> <tr><td>Ox-cart</td><td>1</td><td>0</td></tr> <tr><td>Tractors</td><td>1</td><td>0</td></tr> <tr><td>Bicycle</td><td>1</td><td>0</td></tr> <tr><td>Motorbike</td><td>1</td><td>0</td></tr> <tr><td>Car</td><td>1</td><td>0</td></tr> <tr><td>Radio</td><td>1</td><td>0</td></tr> <tr><td>Stereo</td><td>1</td><td>0</td></tr> <tr><td>Television</td><td>1</td><td>0</td></tr> <tr><td>Electric cooker</td><td>1</td><td>0</td></tr> <tr><td>Small fridge</td><td>1</td><td>0</td></tr> <tr><td>Medium fridge</td><td>1</td><td>0</td></tr> <tr><td>Large fridge</td><td>1</td><td>0</td></tr> <tr><td>DON'T KNOW</td><td>88</td><td></td></tr> <tr><td>NO RESPONSE</td><td>99</td><td></td></tr> </tbody> </table>		Y	N	Cattle	1	0	Sheep	1	0	Donkey	1	0	Work-oxen	1	0	Goats	1	0	Pigs	1	0	Chickens	1	0	Ploughs	1	0	Ridgers	1	0	Harrows	1	0	Ox-cart	1	0	Tractors	1	0	Bicycle	1	0	Motorbike	1	0	Car	1	0	Radio	1	0	Stereo	1	0	Television	1	0	Electric cooker	1	0	Small fridge	1	0	Medium fridge	1	0	Large fridge	1	0	DON'T KNOW	88		NO RESPONSE	99		
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**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS  
OF HOUSEHOLDS  
Section 3 Household Economic Status (continued)**

No.	Questions and filters	Coding categories	Skip to
Q315	Do you own or rent this house?	<p style="text-align: right;">Own      1 Rent      0</p> <p style="text-align: right;">DON'T KNOW      88 NO RESPONSE      99</p>	
Q316	Do you own any other property?	<p style="text-align: right;">YES      1 NO      0</p> <p style="text-align: right;">DON'T KNOW      88 NO RESPONSE      99</p>	
Q317	RECORD TYPE OF FLOOR IN THE HOUSE. <i>Ask only if you are not sure.</i>	<p style="text-align: right;">Dirt only      0 Dirt with Mats on it      1 Cement only      2 Cement with Mats on it      3 Tile only      4 Tile with Mats on it      5</p> <p style="text-align: right;">Other _____      6</p>	
Q318	RECORD TYPE OF ROOF ON THE HOUSE. <i>Ask only if you are not sure.</i>	<p style="text-align: right;">Grass      0 Asbestos      1 Iron      2 Asbestos and Iron      3</p> <p style="text-align: right;">Other _____      4</p>	

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS  
OF HOUSEHOLDS  
Section 4 Relationships in Household**

No.	Questions and filters	Coding categories	Skip to
Q401	How many children 24 years of age and below live in this household?	[ ]	

**For each child living in the household gather the information in the following 2 charts.**

**For Q404 identify the child's relationship to the head of household using the following list and corresponding codes to report responses.**

<u>CODE</u>	<u>Response</u>
1	Child
2	Brother or Sister
3	Grandchild
4	Nephew/Niece
5	Cousin
6	Neighbor
7	Step-child
10	Brother or Sister IN-LAW
11	Other ( <i>Specify in the box next to the child.</i> )
88	DON'T KNOW
99	NO RESPONSE



ID	Q402	Q403	Q404	Q405	Q406	Q407	Q408	Q409	Q410
	Gender	Age	Relationship to Head of Household	Is mother still alive?  Yes 1 No 0	Is father still alive?  Yes 1 No 0	Does this child earn money for the household?  Yes 1 No 0	Length of time in house	# of Previous homes (If no other households skip to Q501)	Reasons for moving
C11									
C12									
C13									
C14									
C15									



ID	Q501	Q502	Q503	Q504	Q505	Q506	Q507	Q508	Q509
	Ever been in School  Yes 1 No 0  K (if NO skip to Q509)	Currently in School  Yes 1 No 0  K (if NO, skip to Q507)	Attending which? Government Private Or Community	Current grade level	Since starting school, have you been absent from school for more than one term Yes 1 No 0 K (If no skip to Q601)	Reason for absence  K (Skip to Q601)	Last grade successfully completed	Length of time since last attended school	Reasons for not attending school
C11									
C12									
C13									
C14									
C15									

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**  
**Section 6 Psycho-social issues**

No.	Questions and Filters	Coding categories	Skip to																																																
Q601	<p>How happy are the children you have taken in, compared to other children their same age?</p> <p><i>(For families who have not taken in other children ask about their own children.)</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Happy, Happier</td> <td style="text-align: right;">4</td> </tr> <tr> <td style="text-align: right;">The same, sometimes happy, sometimes not</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">Somewhat unhappy, less happy</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Very unhappy, sad</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> </tr> </table>	Happy, Happier	4	The same, sometimes happy, sometimes not	3	Somewhat unhappy, less happy	2	Very unhappy, sad	1	DON'T KNOW	88	NO RESPONSE	99																																					
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Q602	<p>What do they do for fun?</p> <p><i>(For families who have not taken in other children ask about their own children.)</i></p> <p><i>(DO NOT read the list. Circle 1 if item is mentioned.</i>  <i>Probe: "Anything else?")</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td style="text-align: right;">Football, other sports, physical activity</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Non-physical games, dolls</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Being with friends, talking</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Being with family</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Being cared for by guardian</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Eating, food</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Dance, music, drama</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Having, getting new clothes</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Going to/doing well in school</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Reading</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Crafts, weaving, art</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Nothing</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Other _____</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> <td></td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Football, other sports, physical activity	1	0	Non-physical games, dolls	1	0	Being with friends, talking	1	0	Being with family	1	0	Being cared for by guardian	1	0	Eating, food	1	0	Dance, music, drama	1	0	Having, getting new clothes	1	0	Going to/doing well in school	1	0	Reading	1	0	Crafts, weaving, art	1	0	Nothing	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99		
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Q603	<p>Are there any conflicts between the children you have taken in and your own children?</p> <p><i>(For families who have not taken in other children ask about their own children.)</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">NO</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> </tr> </table>	YES	1	NO	0	DON'T KNOW	88	NO RESPONSE	99	<b>K Skip to Q608</b>																																								
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Q604	<p>Who do they have these conflicts with?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td style="text-align: right;">Their brothers and sisters</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Other children in the household</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Neighborhood children</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Their school mates</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Other _____</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> <td></td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Their brothers and sisters	1	0	Other children in the household	1	0	Neighborhood children	1	0	Their school mates	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99																										
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**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**  
**Section 6 Psycho-social issues (continued)**

No.	Questions and Filters	Coding categories		Skip to
			Y N	
Q605	What are the common causes for these conflicts?  <i>(DO NOT read the list. Circle 1 if item is mentioned. Probe: "Anything else?")</i>	House work	1 0	
		Jealousy	1 0	
		Fighting over snacks	1 0	
		Wanting attention	1 0	
		Ownership of clothes	1 0	
		Ownership of household items	1 0	
		Other _____	1 0	
		DON'T KNOW	88	
		NO RESPONSE	99	
Q606	How often do these conflicts happen?	Daily	4	
		Every other day	3	
		Once a week	2	
		Once a month	1	
		Other _____	5	
		DON'T KNOW	88	
		NO RESPONSE	99	
Q607	What do you do about them?  <i>(DO NOT read the list. Circle 1 if item is mentioned. Probe: "Anything else?")</i>	Scold the children	1 0	
		Punish the children	1 0	
		Talk with the children	1 0	
		Separate them	1 0	
		Consult with the school	1 0	
		Other _____	1 0	
		DON'T KNOW	88	
		NO RESPONSE	99	
Q608	How well do the children you have taken in get along with one another?  <i>(For families who have not taken in other children ask about their own children.)</i>	Very Well	4	
		Somewhat well	3	
		Somewhat poorly	2	
		Very poorly	1	
		Only ONE child has been taken in	0	
		DON'T KNOW	88	
		NO RESPONSE	99	
Q609	How well do the children you have taken in get along with your own children?  <i>(For families who have not taken in other children SKIP TO Q610.)</i>	Very Well	4	
		Somewhat well	3	
		Somewhat poorly	2	
		Very poorly	1	
		Do NOT have biological children	0	
		DON'T KNOW	88	
		NO RESPONSE	99	

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**  
**Section 6 Psycho-social issues (continued)**

No.	Questions and Filters	Coding categories	Skip to																																							
Q610	<p>With whom do the children you have taken in spend most of their time?  <i>(Relationship to child)</i></p> <p><i>(For families who have not taken in other children ask about their own children.)</i></p> <p><i>(DO NOT read the list. Circle 1 if item is mentioned.</i>  <i>Probe: "Anything else?")</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">The guardian</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">The guardian's husband/wife/relative</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Step-, Foster-siblings</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Friends, Cousins, other children</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">No one, keeps to him or herself</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Other _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: center;">88</td> <td></td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: center;">99</td> <td></td> </tr> </tbody> </table>		Y	N	The guardian	1	0	The guardian's husband/wife/relative	1	0	Step-, Foster-siblings	1	0	Friends, Cousins, other children	1	0	No one, keeps to him or herself	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99														
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Q611	<p>With whom do the children you have taken in usually talk with when they are worried or have a problem?  <i>(Relationship to child)</i></p> <p><i>(For families who have not taken in other children ask about their own children.)</i></p> <p><i>(DO NOT read the list. Circle 1 if item is mentioned.</i>  <i>Probe: "Anyone else?")</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">The guardian</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">The guardian's husband/wife/relative</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Step-, Foster-siblings</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Their own brothers or sisters</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Friends, Cousins, other children</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Some other adult relative not living with them</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">School teacher</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Clergyman</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">No one, keeps to him or herself</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Other _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: center;">88</td> <td></td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: center;">99</td> <td></td> </tr> </tbody> </table>		Y	N	The guardian	1	0	The guardian's husband/wife/relative	1	0	Step-, Foster-siblings	1	0	Their own brothers or sisters	1	0	Friends, Cousins, other children	1	0	Some other adult relative not living with them	1	0	School teacher	1	0	Clergyman	1	0	No one, keeps to him or herself	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99		
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Q612	<p><i>(Ask only if one or more parents have deceased. If both parents are alive, skip to Q618)</i></p> <p>Do the children who you have taken in know what caused their parent (s)' death?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">NO</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: center;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	1	NO	0	DON'T KNOW	88	NO RESPONSE	99																																
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Q613	<p>Do they ever talk with anyone about their deceased parent (s)?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">NO</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: center;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	1	NO	0	DON'T KNOW	88	NO RESPONSE	99	<b>K Skip to Q615</b>																															
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**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**  
**Section 6 Psycho-social issues (continued)**

No.	Questions and Filters	Coding categories	Skip to																																				
Q614	When they do talk about their parent (s), who do they talk with?  <i>(DO NOT read the list. Circle 1 if item is mentioned.            Probe: "Anyone else?")</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">The guardian</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">The guardian's husband/wife/relative</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Step-, Foster-siblings</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Their own brothers or sisters</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Friends, Cousins, other children</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Some other adult relative not living with them</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">School teacher</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Clergyman</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Other _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: center;">88</td> <td></td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: center;">99</td> <td></td> </tr> </tbody> </table>		Y	N	The guardian	1	0	The guardian's husband/wife/relative	1	0	Step-, Foster-siblings	1	0	Their own brothers or sisters	1	0	Friends, Cousins, other children	1	0	Some other adult relative not living with them	1	0	School teacher	1	0	Clergyman	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99		
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Q615	Have you ever talked with the children about the death of their parent(s)?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">NO</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: center;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	YES	1	NO	0	DON'T KNOW	88	NO RESPONSE	99	<b>K Skip to Q618</b>																												
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Q616	How often in the previous 6 months have you talked with the children about their deceased parent(s)?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">Daily</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: right;">Weekly</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: right;">Monthly</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: right;">Every few months</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: right;">Only one time</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">Other _____</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: center;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	Daily	5	Weekly	4	Monthly	3	Every few months	2	Only one time	1	Other _____	6	DON'T KNOW	88	NO RESPONSE	99																					
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Q617	When was the last time you talked with the children about their deceased parent(s)?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">Today</td> <td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: right;">Yesterday</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: right;">This week</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: right;">Last Week</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: right;">Two weeks ago</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: right;">Last month</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: right;">More than a month ago</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: center;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>	Today	7	Yesterday	6	This week	5	Last Week	4	Two weeks ago	3	Last month	2	More than a month ago	1	DON'T KNOW	88	NO RESPONSE	99																			
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**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**  
**Section 6 Psycho-social issues (continued)**

No.	Questions and Filters	Coding categories	Skip to
Q618	Have either of the parents been seriously ill? <i>(If neither parent has died nor been seriously ill, skip to Q621)</i>	<p style="text-align: right;">YES      1 NO        0</p> <p style="text-align: right;">DON'T KNOW      88 NO RESPONSE      99</p>	<b>K Skip to Q621</b>
Q619	How has the illness or death of their parent(s) effected the children's daily life ( <u>circumstances</u> , etc.) if at all? <i>(DO NOT read the list. Circle 1 if item is mentioned. Probe: "Anything else?")</i>	<p style="text-align: right;">Y    N</p> <p>Their school attendance has declined/stopped      1    0  Their grades have worsened      1    0  They do more housework or field work      1    0  They have to take care of smaller children      1    0  They have to take care of a living parent      1    0  We have less food/money as a family      1    0  It has not effected their life circumstances      1    0  Other _____      1    0</p> <p style="text-align: right;">DON'T KNOW      88 NO RESPONSE      99</p>	
Q620	How has the illness or death of their parent(s) effected the way the children <u>feel</u> about life? <i>(DO NOT read the list. Circle 1 if item is mentioned. Probe: "Anything else?")</i>	<p style="text-align: right;">Y    N</p> <p>Sad, Unhappy      1    0  Sad, but determined to face the future      1    0  Worried      1    0  Scared      1    0  Isolated, alone      1    0  Angry      1    0  Comforted, relieved      1    0  Happy      1    0  Other _____      1    0</p> <p style="text-align: right;">DON'T KNOW      88 NO RESPONSE      99</p>	
Q621	FOR THOSE HOUSEHOLDS THAT ARE A COMBINATION OF CHILDREN FROM MORE THAN ONE FAMILY ASK <i>(If not, skip to Q624)</i> :  For those children you have taken in, are all of the brothers and sisters living together?	<p style="text-align: right;">YES      1 NO        0</p> <p style="text-align: right;">DON'T KNOW      88 NO RESPONSE      99</p>	<b>K Skip to Q624</b>
Q622	How often do they get to see those who live elsewhere?	<p style="text-align: right;">Daily      5 Weekly      4 Monthly      3 Every few months      2 Only one time each year      1 Never      0 Other _____      6</p> <p style="text-align: right;">DON'T KNOW      88 NO RESPONSE      99</p>	

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**  
**Section 6 Psycho-social issues (continued)**

No.	Questions and Filters	Coding categories	Skip to																																				
Q623	How do you think the children feel about being separated?	<table border="0"> <tr> <td></td> <td align="right"><u>Y</u></td> <td align="right"><u>N</u></td> </tr> <tr> <td>Sad, Unhappy</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Sad, but determined to face the future</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Worried</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Scared</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Isolated, alone</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Angry</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Comforted, relieved</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Happy</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Other _____</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">88</td> <td></td> </tr> <tr> <td>NO RESPONSE</td> <td align="right">99</td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Sad, Unhappy	1	0	Sad, but determined to face the future	1	0	Worried	1	0	Scared	1	0	Isolated, alone	1	0	Angry	1	0	Comforted, relieved	1	0	Happy	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99		
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Q624	Who do you talk with when you are worried or have a problem?  <i>(DO NOT READ LIST. CIRCLE 1 IF MENTIONED)</i>	<table border="0"> <tr> <td></td> <td align="right"><u>Y</u></td> <td align="right"><u>N</u></td> </tr> <tr> <td>Spouse, partner</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Parent</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Best friend</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Clergy</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Neighbor</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>No One</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Other _____</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">88</td> <td></td> </tr> <tr> <td>NO RESPONSE</td> <td align="right">99</td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Spouse, partner	1	0	Parent	1	0	Best friend	1	0	Clergy	1	0	Neighbor	1	0	No One	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99								
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Q625	FOR THOSE HOUSEHOLDS THAT ARE A COMBINATION OF CHILDREN FROM MORE THAN ONE FAMILY ASK <i>(If not, skip to Q626):</i>  What is difficult about taking in other children?  <i>(DO NOT READ LIST. CIRCLE 1 IF MENTIONED)</i>	<table border="0"> <tr> <td></td> <td align="right"><u>Y</u></td> <td align="right"><u>N</u></td> </tr> <tr> <td>It gets hard financially</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>There is less food to go around</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Some children can't go to school</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>I have no time to rest</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Too much pressure</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Other _____</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">88</td> <td></td> </tr> <tr> <td>NO RESPONSE</td> <td align="right">99</td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	It gets hard financially	1	0	There is less food to go around	1	0	Some children can't go to school	1	0	I have no time to rest	1	0	Too much pressure	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99											
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Q626	What kind of help/support do you need?  <i>(DO NOT READ LIST. CIRCLE 1 IF MENTIONED)</i>  <i>(If they say "Money" probe to find out what they would use the money for.)</i>	<table border="0"> <tr> <td></td> <td align="right"><u>Y</u></td> <td align="right"><u>N</u></td> </tr> <tr> <td>Medical Care</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Food</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Support for the children's school fees</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Clothing</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Someone to talk with</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Someone to watch the kids for me from time to time</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Training or education</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Other _____</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">88</td> <td></td> </tr> <tr> <td>NO RESPONSE</td> <td align="right">99</td> <td></td> </tr> </table>		<u>Y</u>	<u>N</u>	Medical Care	1	0	Food	1	0	Support for the children's school fees	1	0	Clothing	1	0	Someone to talk with	1	0	Someone to watch the kids for me from time to time	1	0	Training or education	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99					
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**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**

**Section 7 Emotional Well-being Checklist**

*(If no children have been taken in, ask these questions of their own children and check the box below.)*

**/ Own Children**

No.	Questions and Filters	Coding categories	Skip to
Q701	How often do the children you have taken in cry during the course of a normal day, over something small or nothing at all?	<p align="right">Often 3 Sometimes 2 On rare occasions 1 Never 0</p> <p align="right">DON'T KNOW 88 NO RESPONSE 99</p>	
Q702	How often do the children you have taken in have scary dreams or nightmares?	<p align="right">Often 3 Sometimes 2 On rare occasions 1 Never 0</p> <p align="right">DON'T KNOW 88 NO RESPONSE 99</p>	
Q703	How often do the children you have taken in feel unhappy, or sad?	<p align="right">Often 3 Sometimes 2 On rare occasions 1 Never 0</p> <p align="right">DON'T KNOW 88 NO RESPONSE 99</p>	
Q704	How often do the children you have taken in, ever get into fights with other children?	<p align="right">Often 3 Sometimes 2 On rare occasions 1 Never 0</p> <p align="right">DON'T KNOW 88 NO RESPONSE 99</p>	
Q705	How often do the children you have taken in, prefer to be alone, instead of playing with other children?	<p align="right">Often 3 Sometimes 2 On rare occasions 1 Never 0</p> <p align="right">DON'T KNOW 88 NO RESPONSE 99</p>	
<b><i>IF CHILD DOES NOT ATTEND SCHOOL, SKIP TO Q708</i></b>			
Q706	How often do the children you have taken in, refuse or resist going to school?	<p align="right">Often 3 Sometimes 2 On rare occasions 1 Never 0</p> <p align="right">DON'T KNOW 88 NO RESPONSE 99</p>	

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**  
**Section 7 Emotional Well-being Checklist (continued)**

No.	Questions and Filters	Coding categories	Skip to
Q707	How often do the children you have taken in, act disobediently at school?	<p align="right">Often 3  Sometimes 2  On rare occasions 1  Never 0</p> <p align="right">DON'T KNOW 88  NO RESPONSE 99</p>	
Q708	How often do the children you have taken in, act disobediently at home?	<p align="right">Often 3  Sometimes 2  On rare occasions 1  Never 0</p> <p align="right">DON'T KNOW 88  NO RESPONSE 99</p>	
Q709	How often do the children you have taken in, bully or attack other children?	<p align="right">Often 3  Sometimes 2  On rare occasions 1  Never 0</p> <p align="right">DON'T KNOW 88  NO RESPONSE 99</p>	
Q710	How often do the children you have taken in, ever feel worried?	<p align="right">Often 3  Sometimes 2  On rare occasions 1  Never 0</p> <p align="right">DON'T KNOW 88  NO RESPONSE 99</p>	
Q711	How often do the children you have taken in, feel like not eating or refuse to eat at mealtimes?	<p align="right">Often 3  Sometimes 2  On rare occasions 1  Never 0</p> <p align="right">DON'T KNOW 88  NO RESPONSE 99</p>	
Q712	How often do the children you have taken in, become very angry?	<p align="right">Often 3  Sometimes 2  On rare occasions 1  Never 0</p> <p align="right">DON'T KNOW 88  NO RESPONSE 99</p>	

**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**  
**Section 7 Emotional Well-being Checklist (continued)**

No.	Questions and Filters	Coding categories	Skip to																					
Q713	On an average night, how often do you have to tell the children you have taken in to go to bed?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Often each night</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">Several times each night</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">One time each night</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Never</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> </tr> </table>	Often each night	3	Several times each night	2	One time each night	1	Never	0	DON'T KNOW	88	NO RESPONSE	99										
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Q714	How often do the children you have taken in, have difficulty making friends with other children?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Often</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">Sometimes</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">On rare occasions</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Never</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> </tr> </table>	Often	3	Sometimes	2	On rare occasions	1	Never	0	DON'T KNOW	88	NO RESPONSE	99										
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Q715	How often do the children you have taken in, ever run away from home or feel like running away from home?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Often</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">Sometimes</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">On rare occasions</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Never</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> </tr> </table>	Often	3	Sometimes	2	On rare occasions	1	Never	0	DON'T KNOW	88	NO RESPONSE	99	<b>K Skip to Q717</b>									
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Q716	How many times in the past 6 months has one of the children you have taken in run away from home?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">NUMBER OF TIMES IN THE PAST 6 MOHTS</td> <td style="text-align: right;">[ ____ ]</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> </tr> </table>	NUMBER OF TIMES IN THE PAST 6 MOHTS	[ ____ ]	DON'T KNOW	88	NO RESPONSE	99																
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Q717	Is there anything about these children that makes them feel different from other children?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">NO</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> </tr> </table>	YES	1	NO	0	DON'T KNOW	88	NO RESPONSE	99	<b>K Skip to Q801</b>													
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DON'T KNOW	88																							
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Q718	What is it? <i>(DO NOT READ LIST. CIRCLE 1 IF MENTIONED)</i>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Not being in school</td> <td style="text-align: right;"><u>Y</u> 1</td> <td style="text-align: right;"><u>N</u> 0</td> </tr> <tr> <td style="text-align: right;">Not doing well in school, not smart</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Not having a parent, being an orphan</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Being poor, having poor clothes</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Other _____</td> <td style="text-align: right;">1</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">DON'T KNOW</td> <td style="text-align: right;">88</td> <td></td> </tr> <tr> <td style="text-align: right;">NO RESPONSE</td> <td style="text-align: right;">99</td> <td></td> </tr> </table>	Not being in school	<u>Y</u> 1	<u>N</u> 0	Not doing well in school, not smart	1	0	Not having a parent, being an orphan	1	0	Being poor, having poor clothes	1	0	Other _____	1	0	DON'T KNOW	88		NO RESPONSE	99		
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**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**

**Section 8 Household Access to Support Services**

No.	Questions and Filters	Coding categories	Skip to
	<b>In the past 6 months have you received any of following kinds of services?</b>		
Q801	Financial assistance for purchasing food?	<p align="right">YES 1 NO 0 DON'T KNOW 88 NO RESPONSE 99</p> <p>If yes, who provided the assistance?</p>	
Q802	Direct food assistance?	<p align="right">YES 1 NO 0 DON'T KNOW 88 NO RESPONSE 99</p> <p>If yes, who provided the assistance?</p>	
Q803	Financial assistance for education?	<p align="right">YES 1 NO 0 DON'T KNOW 88 NO RESPONSE 99</p> <p>If yes, who provided the assistance?</p>	
Q804	Clothing assistance?	<p align="right">YES 1 NO 0 DON'T KNOW 88 NO RESPONSE 99</p> <p>If yes, who provided the assistance?</p>	
Q805	Financial assistance for Medical care?	<p align="right">YES 1 NO 0 DON'T KNOW 88 NO RESPONSE 99</p> <p>If yes, who provided the assistance?</p>	
Q806	Emotional support/counseling?	<p align="right">YES 1 NO 0 DON'T KNOW 88 NO RESPONSE 99</p> <p>If yes, who provided the assistance?</p>	



**SCOPE ORPHANS AND VULNERABLE CHILDREN BASELINE SURVEY FOR HEADS OF HOUSEHOLDS**  
**Section 8 Household Access to Support Services (continued)**

No.	Questions and Filters	Coding categories	Skip to																											
Q814	What does this committee do?	<table border="0"> <tr> <td></td> <td align="right"><u>Y</u></td> <td align="right"><u>N</u></td> </tr> <tr> <td>Distribute/give out information</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Education</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Support orphans directly</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Provide funding for organizations</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Nothing</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td>Other _____</td> <td align="right">1</td> <td align="right">0</td> </tr> <tr> <td></td> <td align="right">DON'T KNOW</td> <td align="right">88</td> </tr> <tr> <td></td> <td align="right">NO RESPONSE</td> <td align="right">99</td> </tr> </table>		<u>Y</u>	<u>N</u>	Distribute/give out information	1	0	Education	1	0	Support orphans directly	1	0	Provide funding for organizations	1	0	Nothing	1	0	Other _____	1	0		DON'T KNOW	88		NO RESPONSE	99	
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Q815	How helpful has this committee been in providing support to families with orphans and vulnerable children?	<table border="0"> <tr> <td>Very helpful</td> <td align="right">4</td> </tr> <tr> <td>Helpful</td> <td align="right">3</td> </tr> <tr> <td>Not helpful</td> <td align="right">2</td> </tr> <tr> <td>Not very helpful</td> <td align="right">1</td> </tr> <tr> <td>They get in the way</td> <td align="right">0</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">88</td> </tr> <tr> <td>NO RESPONSE</td> <td align="right">99</td> </tr> </table>	Very helpful	4	Helpful	3	Not helpful	2	Not very helpful	1	They get in the way	0	DON'T KNOW	88	NO RESPONSE	99														
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Q816	Have you ever heard of SCOPE?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">0</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">88</td> </tr> <tr> <td>NO RESPONSE</td> <td align="right">99</td> </tr> </table>	YES	1	NO	0	DON'T KNOW	88	NO RESPONSE	99	<b>K If No, Skip to Q819</b>																			
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Q819	Please tell me the names of all the organizations that you know about who provide assistance to orphans and vulnerable children.	<table border="0"> <tr> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td></td> </tr> <tr> <td></td> <td align="right">DON'T KNOW 88</td> </tr> <tr> <td></td> <td align="right">NO RESPONSE 99</td> </tr> </table>	_____		_____		_____		_____			DON'T KNOW 88		NO RESPONSE 99																
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