

DEVELOPING PROGRAMS TO SUPPORT CHILDHEADED HOUSEHOLDS IN ZAMBIA: CRITICAL LESSONS

Samson Bwalya Chama, PhD

Corresponding Address:

Samson Bwalya Chama
School Of Social Work and Family Studies
Southern Adventist University
P.O. Box 370
Collegedale, TN, 37315
E-mail: schama@southern.edu

Abstract

As a phenomenon child headed households have emerged in most sub-Saharan African countries hardest hit by HIV/AIDS and poverty. The impact of HIV/AIDS in particular has devastated the capacity of communities to provide critical care to vulnerable young people affected by HIV/AIDS. As challenges faced by child headed households intensify a plethora of programs has emerged as a frontline response to this problem. Some programs have shown promise in terms of positively impacting child headed households. But more needs to be done to improve their overall well-being. In order to make a contribution to this area this study used a qualitative approach to conduct focus groups for sixteen Africans living in Richmond, Virginia with a view to developing a program for child headed households in Zambia. Using thematic analysis and data units to analyze the data results suggest that feasibility, content and quality are critical components for programs targeting child headed households. Results also highlight need to pay attention to funding, staff training, collaboration, education and civic education, health services, targeted services, involvement of young people, community involvement, and extended Families.

Key words: HIV/AIDS; child headed households; poverty; programs

Introduction

While there have been orphans in much of Africa for a long time, in part due to a comparatively high incidence of poverty, AIDS has swelled their number in many countries. In Africa, HIV/AIDS orphans have increased from 3.5% in 1990 to 32% in 2001, and it is estimated that there are 20 million orphans in Africa (Subbarao, Mattimore & Plangemann, 2001). Orphans in Africa constitute a significant development issue and Sengendo and Nambi (1997) have outlined three primary reasons that have contributed to their gloomy situation. First, the sheer number of orphans and the size of the problem is a threat to the traditional care-giving capacity of communities. Second, true to the African tradition, most orphans are placed either in extended families or in fostering households, yet this communal arrangement may come at great cost to these households.

And third, faced with limited resources, households taking in orphans favor their biological children, denying orphans in their care access to education,

health care, and proper nutrition (Phiri, Foster & Nzima, 2001; Kwofie & Milimo 2000; Yamba, 2001). The cost of looking after orphaned children is high for families already burdened with poverty. Makame and Grantham-McGregor (2002) reported similar findings in a study of orphaned households in Rwanda. Similarly, Yamba (2001) and Ntozi (1997) found evidence of poverty and disparities in provisions of care to vulnerable children in households with orphans in Zambia.

Child Headed Households

Child Headed households (CHHs) exist for several possible reasons, among them HIV/AIDS and poverty (Luzze, 2002). In Zambia, HIV/AIDS has altered the structure of the family and has led to a proliferation of CHHs. Kwofie (2003) found similar results when he documented that periods of poverty and limited resources mean that there are limited options for supporting CHHs. According to Luzze (2002) this happens when the eldest child is a drug addict and unable to care for others. Lugalla and Mbwambo (1999) have stated this clearly by

positing that vulnerable children may have opinions about how to “manage day-to-day affairs, and quibbles about their specific chores such as fetching water and sweeping” (p. 34). The existence of CHHs is a phenomenon that demonstrates the limited capacity traditional households have in coping with the challenge of caring for them children.

Children in CHHs may have extended families who are burdened in their own family situations, and who are therefore unavailable to them. Lacking traditional family options, families of youngsters are being constructed without adult supervision or the necessary support to consolidate their efforts to live independently. Ntozi (2000) observes that CHHs need a supportive environment for normal growth and development.

The phenomenon of CHHs has been reported in academic and non-academic governmental organizational circles (Mann, 2004). While there has not been serious examination of the issues of these households in Zambia, there has been discussion of the circumstances of such households by non-governmental organizations particularly in regards to the establishment of programs to support CHHs. Organizations such as United Nations have increased their recognition of the strengths and difficulties of these households.

While the situation of CHHs in Zambia is complex in the matter of welfare, that there are children living in CHHs at all demonstrates the strength and capacity of these households. Findings of a study by Luzze (2002) suggested that children in these households demonstrate the strength to survive as families even without the protection, support, and benefits that are potentially present in the lives of other children. Yamba (2001) supports this argument and comments that children in CHHs take on the task of caring for themselves and others, and often make “important decisions about their lives” (p. 45). Very few programs recognize the strengths of CHHs and most of them churn out services that do not address issues affecting CHHs. Several studies have reported poor outcomes for most programs supporting CHHs (Foster, Levine & Williamson, 2007; German, 2003; German, 1996; Kopoka, 2000; Richter, Manegold & Pather, 2004). Further, there are gaps and insufficient literature

that provides evidence of how these programs are designed and what elements are crucial for developing CHHs programs.

There is need to develop programs that will enhance the well-being of CHHs. This qualitative study was an attempt in that direction. The purpose of the research was to identify elements from views provided by Africans living in Richmond, Virginia in the United States of America that might be used in developing programs to support CHHs in Zambia. In recent years, the number of African immigrants in Richmond has been growing. They have come from different parts of the African continent. Because of their familiarity with both the African and American cultural contexts, they provided multiple views on what elements from Richmond would work best in developing programs for CHHs in an African context.

It was difficult to find participants who were all from Zambia and living in Richmond. Therefore Africans from different African countries served as study participants. The study was conducted in Richmond because it's a city with fairly good number of African immigrants. Second, participants had children receiving services from independent living services. Independent living services are mandated by federal as well as state governments to provide services to young people with troubled backgrounds. Although different contextually lived experiences of young people in independent living services are similar to those of CHHs. Previous studies done on the efficacy of independent living services have suggested good outcomes (Collins, 2004; Jaklitsch, 2003; Lindsey & Ahmed, 1999; Propp, Ortega & NewHeart, 2003; Propp, Scannapieco, Schagrin, & Scannapieco, 1995). Cultural competence was used as the study's theoretical framework.

Theoretical Framework

Several definitions of cultural competency have been given. For example culture has been associated with “integrated patterns of human behavior that includes thoughts, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group that is relevant to everyone's well-being” (Cross, Bazron, Dennis & Isaacs, 1989, p. 25). It has also been linked with socio-demographic and ethnic

population differences in general, as well as how ethnic, cultural, social, environmental and historical factors may influence specific behavior (Carkhuff & Williams, 1979; Leon, 1981).

Taken one step further, the term cultural competency in programming and service delivery has been used to refer to an ongoing commitment and design of appropriate services and policies for different populations (Tervalon & Murray-Garcia, 1998). It recognizes that individuals, institutions and programs can vary in the effectiveness of their services. Further it pays attention to crucial ideas, attitudes and behaviors that can be integrated into the practice of methods of a system, agency, and program. It also enables people providing services to work effectively in different situations. Cultural competency is achieved by transferring and integrating knowledge about services, individuals and groups of people into specific different practices and policies applied in other appropriate settings (Julia, 2001).

This study unfolded within a cultural competence framework that allowed participants to voice their viewpoints concerning relevant practices for CHHs in Zambia. In the following sections the paper focuses on the methodology, ethical requirements, results, and then main discussion including conclusion.

Methodology

A grounded theory design was utilized using a qualitative research. Grounded theory is defined by Glaser and Strauss (1979) to refer to theory that is inductively derived from data. It is context-bound and situation-specific. The final measure of whether or not the elements identified are crucial for programming will be assessed when they are finally tested and implemented in Zambia.

Using a qualitative approach the following research question was explored: What elements of current service delivery to adolescents in independent living services in Richmond, Virginia, can serve to develop generic programming for child-headed households in Zambia? The main objective of the study was to identify those elements that Africans in Richmond consider as important for programming to support CHHs in Zambia. The discussion section answers this objective. Participants were recruited

using snowball and convenience sampling methods. Those participants known by the researcher were contacted directly. In other instances, participants with whom the researcher had previous contacts contacted other participants. Flyers were given to participants to distribute in areas where Africans lived or frequented most.

There were seven male and nine female participants. Participants had different occupations and their ages ranged from 24 to 60 years. Their professional educational backgrounds ranged from divinity, mechanics, theology, business administration, accounting and others had just high school diplomas. Only five of the female participants were not married. All participants had children and their family sizes ranged from one to six children.

Focus groups were used to collect data from participants using a focus group protocol as suggested by Padgett (1998) and Patton (1990). Data was taken back to the participants to assure accuracy of their views and therefore contributing to the study's credibility. Data was analyzed using thematic analysis and began with reading the first transcript immediately after the focus groups had taken place a step supported by Padgett (1998). Analysis was carried out and performed manually. In order to help manage the process of data analysis, a data management procedure was created by creating electronic folders for all data collected.

Ethical Requirements

In order to protect African participants, the study adhered to the requirements of Virginia Commonwealth University's Institutional Review Board (VCU/IRB) in both participant recruitment and securing their informed consents. Approval of the study by the VCU/IRB assured that ethical considerations had been addressed in the study's methodology. Before each focus group, each participant understood the nature of the study and the potential risks and benefits. Participants were informed that they were free to leave the study at any time if they chose to do so. Further, they were informed that, in view of confidentiality and as way of protecting their identities, pseudonyms would be used when analyzing the data. They were also informed that they could be contacted after the

focus groups in order to assure accuracy of their views, and to get further information or clarifications. All participants read and signed consent forms and were provided copies for their records.

In the following section results of the study are presented using the three main themes in context of what participants were saying.

Results

Results are presented in the order presented by data units in the table that follow. A data unit is an approach that uses numbers and has been

supported by Miles and Huberman (1994) as useful in qualitative studies. Three themes namely feasibility, content and, quality with corresponding elements emerged for possible transferability to Zambia. The following tables one, two and three show data unit distributions for the three themes. The tables provide an understanding of what Africans consider as being important programmatic elements for supporting CHHs in Zambia. Data was broken down by gender because two different focus groups were held for African men and women. The following table one shows distribution of data units in the feasibility theme.

Table 1: Data Unit Distribution in the Feasibility Theme

Category	Stakeholder	Data units	Percentages of total data units
Funding	Men	72	15.4
	Women	51	10.9
Finding suitable staff	Men	62	13.3
	Women	35	7.5
Staff training	Men	56	11.9
	Women	28	5.9
Supportive staff	Men	43	9.2
	Women	34	7.3
Sensitizing the public	Men	25	5.3
	Women	17	3.6
Agency collaboration	Men	16	5.6
	Women	8	3.9
Relationship with staff	Men	10	2.1
	Women	10	2.1
Total		467	100.0

Feasibility: Funding, finding suitable staff, staff training, supportive staff, sensitizing the public, agency collaboration and relationship with staff emerged as being important for programming. For example one participant mentioned that; “In order to protect organizations from giving out bad services, we should have central funding for all the programs in the area so that you know exactly who is doing what and how much is being spent on the different

programs.” Another participant emphasized finding suitable staff and mentioned that some of the people that want to work with young people “don’t have the interest or the desire to serve the needs of young men.” One participant highlighted the importance of “providing training which improves staff competence through meeting the needs of children.”

The following table two shows distribution of data units in the content theme.

Table 2: Data Unit Distribution in the Content Theme

Category	Stakeholder	Data units	Percentages of total data units
Education	Men	57	15.3
	Women	42	11.3
Skill Development	Men	46	12.3
	Women	45	12.1
Preparedness for employment	Men	38	10.1
	Women	27	7.2
Social skills	Men	36	9.7
	Women	19	5.1
Maintenance of health	Men	25	6.7
	Women	0	0.0
Civic education	Men	23	6.2
	Women	15	4.0
Spirituality	Men	0	0.0
	Women	0	0.0
Total		373	100.0

Content: Education, skill development, preparedness for employment, social skills, maintenance of health, and civic education are crucial elements for programming. African men only provided input on maintenance of health. One participant said that, in Africa, education was “highly regarded and many people, especially those who want to escape poverty, look at education as the solution to their problems.” Another stressed that “those young people who aspire to live well strive by all means to get at least the minimum education.” One participant indicated that “in my country, education has contributed a lot to improving the lot of the foster children and the orphans. It enlightens them to know their rights and then it enables them to be able to further their careers and have a better life.”

The following table three shows distribution of data units in the quality theme.

Quality: Community involvement, use of extended family, involvement in decisions, consideration of age, targeted services, collaboration with youth and, tracking are elements that are important for CHHs programming in Zambia. For example three men observed that “community involvement was central to African culture.” One regarded this category as “an important avenue for letting young people learn about the values of African culture and embrace the deep sense of community and connectedness embedded in African culture.” Two women shared similar views. For example, one said that “community-based initiatives need to be promoted to engage young people in order to enable them to exploit opportunities within communities.” She highlighted that “in Africa, community involvement is a component of culture that facilitates strong relationships with the community.”

Table 3: Data Unit Distribution in the Quality Theme

Category	Stakeholder	Data units	Percentages of total data units
Community involvement	Men	39	14.0
	Women	31	11.1
Use of extended family	Men	25	9.0
	Women	24	8.6
Involvement in decisions	Men	21	8.0
	Women	19	6.8
Consideration of age	Men	18	6.5
	Women	26	9.3
Targeted services	Men	14	5.0
	Women	16	5.8
Collaboration with youth	Men	13	4.7
	Women	11	4.0
Tracking	Men	10	3.6
	Women	11	4.0
Total		278	100.0

Discussion

Feasibility

Increasing Funding for Services Supporting Adolescents

In order to develop any program support for CHHs in Zambia and, to allow these programs to function at desirable levels, funding is vital. A weak funding base limits the viability and ability of any program to function at optimal capacity. Weak funding affects the delivery of services to vulnerable children as well. Kwofie (2003), Collins (2001) including Subbarao and Coury (2004) share a similar position and concluded in their studies that most programs in Africa fail to function effectively because they have none or minimum, weak funding sources. A weak funding base can have a negative impact on staff training.

Staff Training

Practice with CHHs requires qualified and well trained staff to assure optimum service delivery. There is need for African countries to invest in

recruiting and retaining suitable staff that can work with CHHs. Staff training might include development, retention, and capacity building. Richter (2006) found similar results in a study conducted in Malawi and pointed out that effective programming requires “levels of professional preparation and ongoing coaching and supervision that many CHHs serving organizations are not delivering” (p. 21). Having untrained and unqualified staff often leads to ineffective services and causes a high level of turnover in many programs for orphans. Agencies supporting vulnerable children in particular play a central role as they work with and for CHHs. Collaboration between agencies is crucial for CHHs.

Promoting Collaboration between Different Agencies

Agencies are key players in provision of services to CHHs. They serve a different but important role that ensures that needs of orphaned children are highlighted. Agency impact on CHHs in general

reflects to some extent the quality of their services. Lack of agency collaboration is not healthy for CHHs and when left alone could lead to a waste of resources and a duplication of services (Hess, 2002; Krift & Phiri (1998).

Content

Improving Access to Education

There is strong need for CHHs in Zambia to have access to education. Education is necessary for their success, and a lack of it can escalate poverty, crime, and homelessness. Kelly (2002) concurs with this viewpoint and has documented that education enables vulnerable children to better understand the world in which they live. There is need for program policies that ensure that CHHs are provided with an education that prepares them for future responsibilities. For Zambia in particular and Africa in general, education might help young people affected by HIV/AIDS to better understand the world. If there is need to make changes to existing educational national policy, then those changes should focus on specific educational needs of CHHs. The need for education to address issues affecting vulnerable children has been highlighted by others (UNICEF, 2009, 2001; Germann, 2003; Kopoka, 2000; Kwofie & Milimo, 2000; Mann, 2004; Ntozi, 2000; Phiri, Foster & Nzima, 2001). The need to deliver optimum health to CHHs is very important.

Strengthening Provision of Health Services

There is research evidence that suggests that vulnerable children are exposed to negative circumstances (Everett, 1995; Hess, 2002; Luzze, 2002; Mufune, 2000; Shin, 2004; UNICEF, 2000). This results in the deterioration of their health conditions evident in worsened condition of diseases such as malaria, diarrhea, and skin infections such as scabies. A lack of access to health care can lead to mental health and psychological illnesses such as depression and trauma, (Preble, 1990; Papungwe, 2001). Health care to CHHs needs to be strengthened. Children living in CHHs need to be exposed to the values of civic education.

Broadening the Base for Civic Education

The role of civic education cannot be over emphasized and, the importance of civic education for Zambian vulnerable children is

crucial. Kelly (2002) noted that, if implemented effectively, civic education has many benefits for young people. This study echoes this position and goes further by highlighting how civic education might help children in CHHs become good and responsible citizens.

Quality

Provision of Targeted Services

Targeted services are defined as those services that meet the specific skill development, educational, health, and job readiness needs of CHHs. Richter, Foster and Sherr (2006) and Lugalla and Mwambo (1999) and echoed similar views in their studies. This study extends this argument further by insisting that targeted services are central to effective CHHs programming. Related to targeted services is the need to involve young people in program functioning.

Involvement of young people in service delivery

Promoting services by involving vulnerable children is crucial. Involvement with CHHs might promote and advance welfare of CHHs. Donahue and Williamson (1999) have noted that many services for CHHs in Africa do not involve children in major programmatic processes. Consequently, vulnerable children are at risk. They are pushed to the margins of programs and have no voice to add to how programs are developed and run. Further, getting CHHs involved in running programs might enhance their leadership skills. It may lead to better results, as children identify and participate in areas they consider important to them. Equally important to the well-being of CHHs is community involvement.

Expanding Community Involvement

There is need to pay attention to the critical role community involvement might play in tackling problems of CHHs. Community involvement means the ways in which programs work with volunteers. Community involvement might also be instrumental in providing supportive care for CHHs so that they might begin to embrace values that are essential for their standing in society. These implications confirm other findings (Odhiambo, 2003; Sengendo & Nambi, 1997; Subbarao, Mattimore & Plangeman, 2001) that suggest that involving the community in work with CHHs might have a positive impact on their well-being.

Working with Extended Families

Extended families play a critical role in shaping lives of vulnerable children. It is within families—including extended families—that young people are socialized, learn norms and, embrace values essential for their development.

Williamson (2003), Lule, Seifman and David (2009) extend the discussion further and posit that extended families provide necessary parameters in which vulnerable children might develop into responsible citizens. This viewpoint is important and calls for need to share common consensus on the centrality of the extended family in providing care and support to CHHs.

Conclusion

This study has highlighted important lessons that are critical for developing programs to support CHHs in Zambia as well as other countries within the region. The problem of CHHs is one that requires immediate attention. Children growing up in these structures have often exhibited a lot of resolve in the way they navigate daily challenges. However, a lot more needs to be done in term of designing and providing appropriate programs and services that would enhance the wellbeing of CHHs.

Current services, as discussed previously, have not done enough to improve the livelihood of CHHs. One challenge facing services is a lack of programmatic useful elements that have potential to change lives of CHHs. The findings of this study discussed above corroborate this view point and highlight the need for better programs.

In order for programs to have desired outcomes it is important to collaborate with other relevant players. Doing this might create an environment that promotes effective collaboration and networking. What program is implemented in Zambia might yield useful lessons for other countries within the region. Giving due consideration to these lessons might provide clear guidance in developing and implementing programs that have potential to positively impact CHHs affected by HIV/AIDS in an African context. The onus is therefore on programmers, policy makers, practitioners, administrators, and relevant others to work together and provide effective services to CHHs.

Limitations of Study

They were limitations to this study. First, the sample utilized in the study was very small and did not include children living in CHHs. Not having vulnerable children in the sample limited their voices which might have made important contributions to this study. Given the cultural similarities between many African countries lessons drawn from this study, as previously mentioned, might be transferable and replicated in other African countries where the scope and gravity of CHHs is high. In the future research that specifically focuses on orphaned children living in CHHs is needed. This research should explore perceptions of children living in CHHs vis-à-vis the types of programs supporting them. Further, more research is needed to assess the extent and impact of programmatic services on the functionality of CHHs. Research is also needed to evaluate the impact of elements such as education, community involvement, extended family support, agency collaboration and, health on the well-being of CHHs as these emerged as part of the critical areas of CHHs welfare.

References

- Collins, M.E. (2001). Transition to adulthood for vulnerable youth. A review of research and implications for policy. *Social Service Review*, 75(2), 271-291.
- Donahue, J., & Williamson, J. (1999). Community mobilization to mitigate the impacts of HIV/AIDS. In G. Foster, C. Levine & J. Williamson (Eds.), *A Generation at Risk: The global impact of HIV/AIDS on orphans and vulnerable children* (254-277). New York: Cambridge University Press.
- Everett, J.C. (1995). Relative foster care: An emerging trend in foster care placement policy and practice. *Smith College Studies in Social Work*, 65(3), 241-254.
- Foster, G., Levine, C., & Williamson, J. (Eds.). (2007). *A generation at risk*. Cape Town, SA: Cambridge University Press.
- Germann, S.(2003, May). Psychosocial needs and resilience of children affected by AIDS. Long-term consequences related to human security and stability. *PowerPoint Presentation at the World Bank OVC Conference*, Washington, DC.
- Germann, S. (1996). Community based orphan care. A vital alternative to institutional care. MSc dissertation. Swansea: University of Wales Center for Development.

- Hess, D. (2002). The emergence of child-headed households: The impact of HIV/AIDS on the increasing number of child headed households. London: University of London.
- Kelly, J.M. (2002). The impact of HIV/AIDS on education in Zambia. Lusaka: UNICEF.
- UNICEF. (2009). Situation Analysis of children and women 2008. Joint Report of the Ministry of Finance and National Planning/UNICEF. Lusaka: UNICEF.
- Kopoka, P.A. (2000). The problem of street children in Africa: An ignored tragedy. Paper presented at the International Conference on Street Children and Street Children's Health in East Africa, Dar-es-salaam, Tanzania.
- Krift, T., & Phiri, S. (1998). Developing a strategy to strengthen community capacity to assist HIV/AIDS affected children and families: The *COPE Program of Save the Children Federation* in Malawi. Pietermaritzburg: Southern Africa
- Kwofie, K.M. (2003). A case study of scaling up community driven development in social development in social investment fundprogram of Zambia. Washington, DC: World Bank.
- Kwofie, K.M., & Milimo, J.T. (2001). National Poverty Reduction Action Plan for 2004. Lusaka: Ministry of Community Development and Social Services
- Lugalla, J.L.P., & Mbwambo, J.K. (1999). Street children and street life in urban Tanzania: The culture of surviving and its implications. *International Journal of Urban and Regional Research*, 23(2), 329-345.
- Lule, L.E., Seifman, R.M., & David, A.C. (2009). The changing HIV/AIDS landscape. Washington, DC: World Bank.
- Luzze, F. (2002). Survival in child-headed households. A study on the impact of World Vision support on coping strategies in child-headed households in Kakuuto county, Rakai district Uganda. MA Thesis. Oxford Center for Mission Studies.
- Mann, G. (2004). Family matters: the care and protection of children affected by HIV/AIDS in Malawi. *Sweden: Save the Children*.
- Mufune, P. (2000). Street youth in southern Africa. *International Social Science Journal*, 52(164), 233-244.
- Ntozi, J.P. (2000). Street youth in Southern Africa. *International Social Science Journal*, 52(164), 233-244.
- Odhiambo, W. (2003). HIV/AIDS and debt crisis: Threat to human survival in sub-Saharan Africa. *Medical Conflict Survival*, 19(2), 142-149.
- Padgett, D. (1998). Qualitative methods in social work research: Challenges and rewards. Thousand Oaks, CA: Sage Publications.
- Papungwe, A. (2001). Evaluating the impact of the study fund of the social recovery project. Lusaka: GRZ.
- Patton, M. (Ed.). (1990). Qualitative research and evaluation methods. Newbury Park, CA: Sage Publications.
- Phiri, S., Foster, G. & Nzima, M. (2001). Expanding and strengthening community action: A study of ways to scale up community mobilization interventions to mitigate the effects of HIV/AIDS on children and families. Retrieved November, 22, 2010, from www.usaid.gov.
- Preble, E.A. (1990). Impact of HIV/AIDS on African children. *Social Science and Medicine*, 6(31).
- Richter, L., Foster, G. & Sherr, L. (2006). Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS. The Netherlands: Bernard van Leer Foundation.
- Richter, L., Manegold, J. & Pather, R. (2004). Family and community interventions for children affected by HIV/AIDS. Chicago: IL.
- Sengendo, J., & Nambi, J. (1997). The psychological effect of orphan hood: A study of orphans in Rakai district. *Health Transition Review*, 7, 105-124.
- Shin, S.H. (2004). Developmental outcomes of vulnerable youth in the child welfare system. *Journal of Human Behavior in the Social Environment*, 9(2), 57-68.
- Subbarao, K., Mattimore, A., & Plangemann, K. (2001). Social protection of Africa's orphans and other vulnerable children. Africa region human development working papers series. World Bank, Washington, DC.
- Subbarao, K., & Coury, D. (2004). Reaching Out to Africa's Orphans: A Framework for Public Action. World Bank, Washington, DC.
- UNICEF. (2000). Strategic framework for the protection, care, and support orphan and other children made vulnerable by HIV/AIDS. New York: UNICEF.
- UNICEF. (2009). Situation Analysis of children and women 2008. Joint Report of the Ministry of Finance and National Planning. UNICEF. Lusaka: UNICEF.
- Williamson, J. (2003). Distorting image of AIDS and orphaning in Africa. Retrieved November, 22, 2010, from www.committ.com/strategic.
- Yamba, B.C. (2001). Social consequences of the AIDS pandemic: Organizing social care for AIDS orphans. Paper presented at the 3rd International on Social Work in Health and Mental Health. Uppsala, Sweden.