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Educational perspectives related to the impact of the HIV/AIDS pandemic on child labour in Zambia

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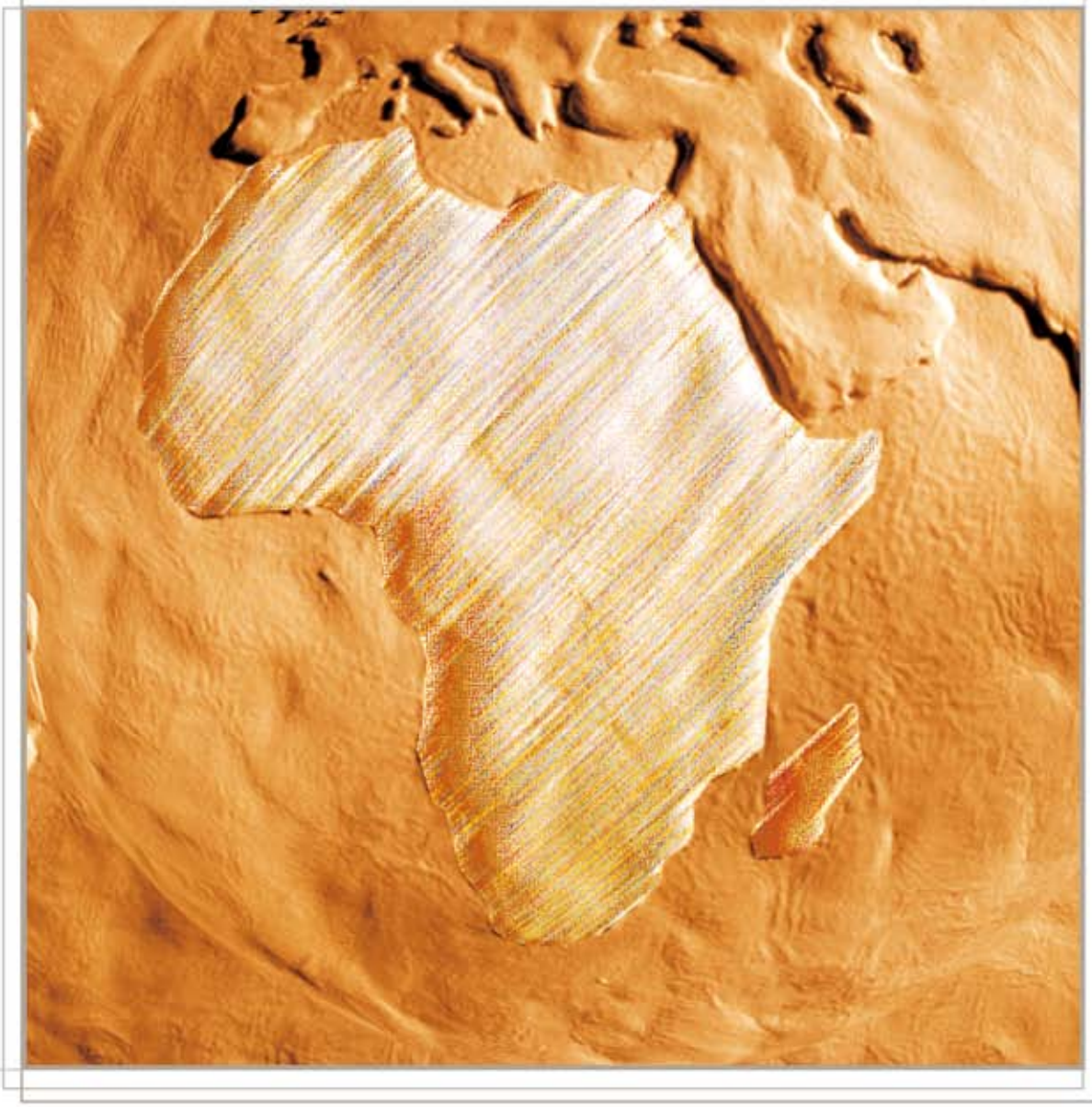

International Programme on the Elimination of Child Labour (IPEC)

Policy paper on educational perspectives related to the impact of HIV/AIDS on child labour in Zambia

September 2005

Paper No. 8*

Paper No. 1: Combating child labour and HIV/AIDS in sub-Saharan Africa, ILO-IPEC 2003
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Contents

Annexes

List of abbreviations

ABC	Abstain or Be faithful to one faithful partner or use a Condom every time you have sex
AIDS	Acquired Immuno-Deficiency Syndrome
ART	anti-retroviral treatment
ARV	anti-retroviral drugs
CBO	community-based organization
CHAMP	Community HIV/AIDS Mobilization and Response Project
CHAZ	Churches Health Association of Zambia
CHIN	Children in Need Network
COMMAGRI	Project to Combat Child Labour in Commercial Agriculture
CRC	Convention on the Rights of the Child
CSEC	commercial sexual exploitation of children
CSO	Central Statistical Office
DFID	Department for International Development
FBO	faith-based organization
GRZ	Government of the Republic of Zambia
HBC	home-based care
HIV	Human Immuno-Deficiency Virus
ILO	International Labour Organization
IGA	income-generating activities
IPEC	International Programme on the Elimination of Child Labour
JCM	Jesus Cares Ministry
LCMS	Living Conditions Monitoring Surveys
MAPODE	Movement of Community Action for Prevention and Protection of Young People Against Poverty, Destitution, Disease and Exploitation
MCDSS	Ministry of Community Development and Social Services
MOH	Ministry of Health
MOE	Ministry of Education
MTCT	mother-to-child transmission
NAC	National HIV/AIDS/STI/TB Control Council
NGO	non-governmental organization
OVC	orphans and other vulnerable children
OPEC	Organization of the Petroleum Exporting Countries
PAGE	Programme for Advancement of Girl Education
PRSP	Poverty Reduction Strategy Paper
RAs	rapid assessments
SADC	Southern Africa Development Community

SHARES	Stop HIV/AIDS Reach Every Student
SIDA	Swedish International Development Cooperation Agency
STI	sexually transmitted infection
SWAAZ	Society for Women and AIDS in Zambia
TB	tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
WB	World Bank
WHO	World Health Organization
WVI	World Vision International
YMCA	Young Women's Christian Association
ZAMSIF	Zambia Social Investment Fund
ZEC-HBC	Zambia Episcopal Council on Home-based Care
ZIHP	Zambia Integrated Health Programme
ZNAN	Zambia National AIDS Network
ZNUT	Zambia National Union of Teachers
ZOCS	Zambia Open Community Schools

Executive summary

HIV/AIDS pandemic poses a big threat to the economic growth and prosperity of the country because of its negative impact on the human resource base (Poverty Reduction Strategic Paper, 2002-2004). [1] About one in every five persons is living with HIV/AIDS in Zambia today. Mortality rates are up to 40 per 1,000 people aged between 30-35 years old. According to the Zambia Millennium Development Goals Report, [2] (2003:23) Zambia has a very high prevalence and rate of HIV infection. An estimated 16 per cent of adults are infected with HIV, especially in the 15-49 age bracket. Most of the infected people are women and girls. The rate of infection among babies born to HIV-positive mothers through mother to child transmission (MTCT) is estimated at 25,000 per year.

Although the first case of HIV/AIDS was diagnosed only 20 years ago, the numbers of those that have contracted HIV have been quite high, with an average of 23 per cent in urban areas and 11 per cent in rural areas. The Ministry of Health in Zambia estimated a few years ago that 1.2 million people would be living with HIV/AIDS by the year 2014. Currently, 1.3 million people are HIV-positive. In 1999, HIV/AIDS prevalence among the sexually active population was around 19.9 per cent. About 90 per cent of all the infections occurred through heterosexual transmission. Other forms of HIV transmission account for a smaller proportion. [3]

Parallel to the spread of HIV/AIDS, child labour has become a wide spread phenomenon in Zambia. As discussed in the growing literature, [4] HIV/AIDS and child labour are two strongly interconnected issues, one leading to the other through various ways. The Child Labour Survey 1999 conducted by ILO-IPEC and Republic of Zambia (Central Statistics Office, 2002) estimated 595,000 Zambian girls and boys perform some forms of child labour activities. A total of 628 boys and girls; 473 in Lusaka, 100 in Kapiri and 55 in Chirundu were interviewed in the survey. Approximately 10 per cent of these girls and boys were in school. More than 50 per cent live with guardians, parents or relatives. Of those working boys and girls living with guardians, parents or relatives, 56 per cent were aged between 10 and 14, while 27 per cent were 15-17 years old. About 80 per cent of the working boys and girls were AIDS orphans.

Although child labour has been a problem for decades, HIV/AIDS has exacerbated the situation of working boys and girls. Orphans, who are the most affected by the epidemic, are forced to work for survival of themselves and their families/guardians/siblings. Some of the orphans escape from abusive guardians and end up leaving school and engaging in employment, which increases their vulnerability to abuse in the workplace.

[1] Ministry of Finance and National Planning (2002): *Poverty Reduction Strategy Paper 2002-04, MOFED*, Lusaka.

[2] UNDP (2003): *Zambia Human Development Report,* 2003.

[3] UNDP (2003), op. cit.

[4] For instance, Rau, B. (2002): *Combating child labour and HIV/AIDS in sub-Saharan Africa*, ILO-IPEC, Geneva.

According to the ILO-IPEC Report on impact of HIV/AIDS on child labour in Zambia,[5] HIV/AIDS has led to a reduction in "human capital", depleting household and national resources. This loss in human capital in turn leads to multiple problems for boys and girls, especially orphans. The burden of orphans on the community and the extended family system should not be underestimated. The report also states that the number of orphans has increased tremendously, with about 720,556 orphans in 1999. Current figures, already given in the overview of this report, indicate a further rise in the number of orphans of HIV/AIDS to slightly over 1 million boys and girls.

It is therefore difficult for meaningful human development to take place when more and more boys and girls are faced with multiple problems of HIV/AIDS, child labour and other social and economic hurdles. [6]

As a result of the devastating impact of HIV/AIDS on welfare of the boys and girls in Zambia, as it directly or indirectly leads them to engage in child labour and drop out of school, this policy paper aims at analysing the key linkages between HIV/AIDS and child labour while considering their impact on the education sector. The study also aimed at mapping existing interventions on HIV/AIDS and child labour and making recommendations on strategies of coping with these issues through government interventions and international programmes.

Following the analysis with the help of growing literature, the above recommendations are made:

- The international community should consider working mostly with those networks and institutions, which have a track record of assisting OVC in a meaningful way, as well as those which deal directly with HIV/AIDS and child labour issues.

- The ILO should seek to collaborate closely with the Ministry of Education, which is the key stakeholder responsible for boys and girls of the school-going age. The MOE already has some anti HIV/AIDS programmes running in its schools.

- It is critical for IPEC, UNICEF and UNAIDS to facilitate linking of orphans and vulnerable children's projects with other sectors, for example, education, agriculture and microcredit, which have also been affected by HIV/AIDS. Programmes and activities for orphans cannot function effectively in isolation from these sectors.

- Sharing of information, lessons learnt and creative answers contributes to the creation of a holistic Zambian solution to the orphans' problems and is therefore a good practice for IPEC.

- International projects on OVC should be lasting and sustainable for service provision from its inception, so that HIV/AIDS and child labour activities may be replicated in the whole country.

- The national governmental and non-governmental agencies should consider supporting initiatives focusing on building the capacity of families to cope with stressful situations like death to avoid a decrease in the quality of life for those who become orphans. This could involve support provision to voluntary counselling and

[5] Chileshe, J.; Rau, B.; and Amorim, A. (2003): "ILO-IPEC Tripartite Workshop Report on the Impact of HIV/AIDS on Child Labour in sub-Saharan Africa", ILO-IPEC.

[6] GRZ and UNDP (1996): *Prospects for sustainable human development in Zambia: More choices for our people*, GRZ, Lusaka.

confidential testing in order to provide an opportunity for HIV-positive parents to begin to make plans, to the extent possible, regarding the future of their children.

- Alternative methods of education, such as adaptations of multigrade systems that take education to the children's doorsteps rather than ask them to come to school, could be encouraged by the international community through the Ministry of Education. Non-formal education could be another interesting area to focus on

- Government and other bursaries should be made available to boys and girls who cannot afford to pay for schools fees and other requirements. AIDS orphans, especially girl, should be special targets of these scholarships.

- Community schools should be regularly monitored and the situation comprehensively reviewed by the MOE at stated intervals, without prejudice, to complement NGO/CBO/grassroots initiatives to provide learning opportunities to all OVCs.

- Child labour issues in relation to HIV/AIDS should be incorporated into the school curriculum as a matter of urgency, to promote awareness among boys and girls and parents/guardians. The UNAIDS family should provide technical and material support to its partners to perform the advocacy role on this.

- HIV/AIDS and child labour interventions should seek to provide communities with adequate information for making decisions, capacity building and provide resources to lighten the orphan burden.

- The nuclear or extended family is unquestionably a very good place for boys and girls to be, and all interventions by the ILO-IPEC programmes and other partners in support of vulnerable children should aim to reinforce this primary safety net.

- Community-based approaches to the issues of child labour and HIV/AIDS should be supported. OVC interventions must originate in the community and be aimed at strengthening the family and community's ability to address the OVC crisis, especially in relation to orphans of AIDS.

- Institutional care, while not the best option, is sometimes unavoidable. Support should be given to centres that are appropriate for orphaned boys and girls and those with special needs, but placement of orphans in these institutions should not be seen as permanent. This is where affected and infected boys and girls could also benefit from the IPEC experience in psychosocial counselling. Foster care is an option that could be explored further.

- Development workers do not wish to further stigmatize and alienate AIDS orphans by constantly separating them from other boys and girls through NGOs programme efforts. AIDS remains a highly stigmatized illness in Zambia. So, the IPEC project should build in a system to counter stigmatization as part of the strategy to fight HIV and child labour.

- Provision of adequate child counselling and psychological support should be central to any intervention for orphans of AIDS.

- When discussing orphan situations, one often hears of domestic abuse, which takes the forms of inequitable distribution of food between "family" and orphans, orphaned boys and girls performing more difficult physical chores, and incidents of verbal, sexual and physical abuse.

- NGOs, the local community, grass root movements and women's organizations should ensure advocacy and lobbying against abuse of orphaned boys and girls by their guardians by influencing law enforcement against such activities.

- There are several issues to be further considered in fuller detail by ILO-IPEC on the impact of HIV/AIDS on child labour and the education sector. There is need for further quantification and wider coverage of the studies on these topics.

- Future interventions by the international community in the area of HIV/AIDS and child labour in relation to education should consider working in Chipata, Livingstone or Luanshya, due to high rates of HIV/AIDS infection in the first two towns and poverty in the third. The Copperbelt province has also recorded high prevalence of HIV/AIDS and should also be taken into account.

- Complementarity rather than competition with other UN agencies should be the main thrust of the HIV/child labour activities of the ILO in Zambia.

1. The impact of HIV/AIDS in Zambia and its direct link to child labour

1.1. Background to the policy paper

HIV/AIDS in Zambia has now become a "household phenomenon" in a way that it has either infected or affected almost every household in the country. More and more people are being diagnosed with the disease and a majority of fall ill and die. Due to its devastating effect on the vast majority of women and men in their most productive and reproductive age, HIV/AIDS has become a workplace issue as well. The pandemic has primarily affected people in the 15-49 years age bracket, which is also the sexually most active age group. The increasing number of cases of HIV/AIDS has also adversely affected various economic and social sectors. The education sector has been the worst hit with more than 1,400 teachers dying from AIDS every year. HIV/AIDS related deaths have resulted in soaring numbers of orphans in Zambia, estimated at 1 million to date. Within sub-Saharan Africa alone, an estimated 11 million girls and boys are orphaned by AIDS, out of the estimated 34 million orphans worldwide. [1]

There is evidence in the literature that orphanhood due to HIV/AIDS is directly linked to child labour. The research findings from community-based and advocacy organizations, universities and international organizations such as the ILO, UNICEF, UNAIDS, World Bank, on HIV/AIDS, child labour and child protection, confirm the link between child labour and HIV/AIDS. [2] In fact, HIV/AIDS and child labour mutually reinforce each other, in a sense that, as much as HIV/AIDS leads to child labour, child labour itself has been responsible for exposing boys and girls to hazardous work [3] such as Commercial Sexual Exploitation (CSEC) that often leads to HIV/AIDS infection. Double orphans without protection that parent can provide are, undoubtedly, more likely to engage in hazardous types of income earning activities than boys and girls with parents.

In the light of above facts, ILO-IPEC has commissioned a policy paper that will assist to assess the impact of HIV/AIDS on the education sector and understand the magnitude and location of HIV/AIDS related child labour among orphans. The purpose of this policy paper, therefore, is to give an overview of the HIV/AIDS pandemic and its impact on child labour with special reference to the impact on the education sector. Another aim of this policy paper is also to map existing institutions working in the area of HIV/AIDS and child labour and recommend future directions, partnerships and actions to be taken by IPEC to address the child labour problems in Zambia. This paper is therefore divided into various sections according to the major themes being explored.

[1] UNICEF (2002): *Africa's Orphaned Generations*, UNICEF, New York.

[2] ILO-IPEC Workshop on the Impact of HIV/AIDS on Child Labour in sub-Saharan Africa, 6-8 May 2003, *Participant's Strategy Paper*, Lusaka.

[3] Hazardous work mainly refers to work which is likely to destroy the safety, health or moral fabric of children as defined in various ILO literature on child labour, such as ILO Convention No. 138 on the minimum age for child labour.

1.2. The HIV/AIDS situation in Zambia

Zambia's first reported AIDS diagnosis in 1984 was followed by a rapid rise in HIV prevalence. By 1993, surveys of pregnant women had found infection rates of 27 per cent in urban areas and 13-14 per cent elsewhere. These levels have remained relatively stable ever since. [4] At the end of 2003, UNAIDS/WHO estimated that 16.5 per cent of people aged 15-49 years old were living with HIV or AIDS. Of these 820,000 adults, 57 per cent were women. [5] Young women aged 15-19 are around six times more likely to be infected than are males of the same age. Nearly half of Zambia's population is under 15 years old. According to UNAIDS/WHO estimates, 85,000 of these boys and girls were living with HIV or AIDS at the end of 2003. [6]

Unlike in the USA or Western Europe, HIV in Zambia is not primarily a disease of the most underprivileged. Infection rates are very high among wealthier and the better educated people. However, it is the poorest that are least able to protect themselves from HIV or to cope with the impact of AIDS. [7]

Slightly lower than 40 per cent of Zambians live in towns or cities, and HIV prevalence is considerably higher in these urban areas than elsewhere. Among pregnant women, the highest rates have been recorded in the capital, Lusaka (whose population is 10 per cent of the total population); the industrial towns Kabwe and Ndola; Western Province's capital, Mongu; and the cross-border trading centres Chipata and Livingstone (Livingstone is also a tourist resort). It has been estimated that urban areas contain 54 per cent of all adults living with HIV/AIDS. [8]

AIDS has devastated Zambia, disturbing all aspects of the country's development. The Department for International Development (DFID) [9] reports that about 40 per cent of teachers in the field of education are HIV-positive. This loss of human resources has also taken its toll on the productive sectors of the economy, like agriculture. The disease has depleted the households and the nation of the labour necessary for food and other crop production, as the capacity of households to feed themselves and the nation is limited by illness and death of key productive household members. Time is also lost through giving care to the sick. Women and girls spend more time caring for the sick, foregoing their normal productive activities. Households have to use some of their disposable income to meet the forever-increasing burden of health-care expenses for the ill. When death occurs, more resources have to be expended on funerals, leaving behind even poorer households.

At the national level, most of the medical expenditure is on patients with HIV/AIDS and related illnesses; AIDS patients now occupy most hospital beds in Zambia. The Government spends a large part of its resources in providing anti-retroviral treatment

[4] UNAIDS/WHO (2004): *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Diseases*, *Zambia,* http://www.who.int/GlobalAtlas/predefinedReports/EFS2004/ EFS_PDFs/ EFS2004_ZM.pdf .

[5] UNAIDS (2004): *AIDS Epidemic Update 2004*.

[6] WHO (2004): *Zambia Summary Country Profile for HIV/AIDS Treatment Scale-up*, http://www.who.int/3by5/en .

[7] AVERT, *HIV and AIDS:* The epidemic and its impact, http://www.avert.org/aids-zambia.htm

[8] UNAIDS/WHO (2004), op. cit.

[9] DFID (2002), op. cit.

(ART). AIDS fatalities have grown as well; according to the recent Policy Project Strategy and work plan [10] the infant mortality rate stands at 95 per 1,000 live births. In 1999 it stood at 105 per 1,000 live births. AIDS has been largely responsible for the increasing infant mortality rate. If these high and alarming mortality rates continue to rise, they will eventually lead to a negative population growth.

Provincial estimates of HIV/AIDS in Zambia vary according to distance from the major highways, line of rail, trading and mining border centres. Lusaka leads the nation in HIV/AIDS prevalence, which is estimated at 22 per cent, followed by Copperbelt and southern provinces with 19.9 per cent and 17.6 per cent respectively. Other provinces have lower prevalence rates; for example, northern and north-western Provinces have figures as low as 8.3 per cent and 9.2 per cent respectively. [11] The HIV/AIDS epidemic has increased to the extent that the figures for the border cities like Livingstone and Chipata stand at 31 and 27 per cent respectively. [12]

Whereas AIDS has been partly responsible for the sharp rise in poverty levels on one hand, poverty, on the other hand, has also been a major contributing factor to the spread of HIV. In order to deal with the issue of HIV/AIDS more effectively, there is need to reduce poverty and also examine the impact of HIV/AIDS on poverty. Interventions, therefore, should concentrate on breaking the vicious cycle between AIDS and poverty.

Although the HIV/AIDS situation in Zambia looks dangerously bleak, there is a ray of hope. In 1998, the 5-19 age group recorded a reduction in the prevalence of AIDS. This situation has not changed much in the last five years. This change has been significant in that infection rates for this age group dropped from 28 per cent to 15 per cent. This is a clear indication that existing strategies are getting more and more effective. Since the identification of this age group as the one at highest risk of contracting HIV, many strategies, such as the ABC programmes promoting abstinence and condom use among sexually active girls and boys were used to reach them. These are programme campaigns aimed at fighting against the HIV/AIDS pandemic. Above all, there is hope since several donors, cooperating partners, NGOs and CBOs are putting more human and financial resources into AIDS activities in Zambia and HIV/AIDS response and interventions are being mainstreamed into national and institutional programmes.

1.3. The orphan crisis in Zambia

Although HIV/AIDS has reached almost every corner of the world, no other region was harder hit than sub-Saharan Africa, which is home to about three-quarters of the world's people living with HIV/AIDS. By the end of 2002, over 29 million people in sub-Saharan Africa were living with HIV/AIDS. Of these, 10 million were young people (aged 15-24) and almost 3 million were boys and girls younger than 15 years old. In 2002 alone, about 2 million adults died of HIV/AIDS in the region. [13]

The UNICEF report – "Africa's Orphaned Generations" – states that eight out of every ten boys and girls who have lost parents to HIV/AIDS live in sub-Saharan Africa.

[10] Policy Project (2004): Strategy and Work plan September 2002-August 2004, Lusaka, p. 1.

[11] Policy Project (2004), op. cit.

[12] DFID (2002), op. cit.

[13] UNICEF (2003): *Africa's Orphaned Generations*, http//www.unicef.org/media/files/orphans.pdf, p. 7.

Between the years 1990 and 2001, the proportion of orphans whose parents died from HIV/AIDS rose from 3.5 per cent to 32 per cent. There are more than 34 million orphans in the region today, 11 million of them orphaned by HIV/AIDS. By 2010, it is estimated that the number of orphans of AIDS in sub-Saharan Africa will rise to 20 million. The situation will be worsened as the number of orphans in sub-Saharan Africa continues to grow in the years ahead, due to the high proportion of adults living with HIV/AIDS and the continuing difficulties in expanding access to life-prolonging anti-retroviral treatment. The UNICEF report further highlights the fact that orphans are concentrated in certain regions and countries in sub-Saharan Africa, with the highest percentage of boys and girls being orphaned in countries with high HIV prevalence levels or those that have been recently involved in armed conflict. The report also refers to projections in "Children on the Brink" 2002 that predict orphan rates of more than one in five boys and girls in 2010, in countries such as Botswana (21 per cent), Lesotho (25 per cent), Swaziland (22 per cent) and Zimbabwe (20 per cent). The proportion of orphaned boys and girls in Zambia is projected to rise to 18 per cent by 2010. According to the Zambia Human Development Report 2003, the number of boys and girls orphaned by HIV/AIDS will remain high for a while. The report underlined UNAIDS estimates pointing out that the number of HIV/AIDS orphans was 620,000 thousand in 2000 and was expected to rise to 974,000 in 2014.

Orphanage has been part of Zambian society since time immemorial and the traditional extended family structure had coped with the situation quite well. However, the recent rise in the number of HIV/AIDS related deaths and the deteriorating economic situation have led to an increased number of orphans in parallel to the weakening extended family system. There were 961,000 orphans aged below 20 years old in 1998. According to the World Bank Report in 1994, three-quarters of orphans live in households that are classified as very poor and only 5 per cent live in rich households. This means that the responsibility for care is placed on those that are most unlikely to cope. In most cases, guardians are elderly grandparents, single parents and older children. [14]

Urban poverty is visible through the expanding shanty townships, beggars, street children, street vendors, increased crime, prostitution and even riots. The street children in Zambia also make up a considerable percentage of the orphan boys and girls population. The number of street children is growing, especially in the urban areas of Zambia. The 1998 Zambia National Human Development Report [15] estimates that 75,000 boys and girls are street children with over two-thirds of the boys and girls between the ages of 6 to 14 years. A majority of these are boys. About 40 per cent of street children have lost both parents. These boys and girls make up around 14 per cent of the orphan population in Zambia.

Living Conditions Monitoring Survey in 1996 estimated that 670,000 orphans existed in Zambia then with 22 per cent having lost their mother only, 64 per cent having lost their father only, and 14 per cent being double orphans. Most of these orphans were aged below 14 years. About one-third of the street children interviewed in the 1996 survey were orphans and out of this number 35 per cent of these were double orphans. Double orphans are at an exceptionally high risk of working on the street. Zambia Open Community Schools (ZOCS) also recorded an increase in the number of orphans from 23 per cent in 1997 to 30 per cent in 1998.

[14] UNDP (2003), op. cit.

[15] UNDP: *Zambia Human Development Report 1998.*

The situation of orphans and vulnerable children (OVCs) in Zambia is represented in the 1999 OVC-Situation Analysis Report. [16] In 1996, Zambia had a total of 4.1 million boys and girls and according to the Living Conditions Monitoring Survey of 1996, [17] 13 per cent (approximately 550,000) of these were orphans. In 1999, the number of single orphans (boys and girls who have lost one parent) was estimated to be 86 per cent or 472,588 boys and girls. The Child Labour Survey in 1999, [18] states that 19 per cent of boys and girls aged between 15-17 years old were orphans at the time of the study. Zambia is said to have one of the highest numbers of orphans and street children in the world.

A study on child abuse carried out by Children in Need Network (CHIN) confirms that many orphans are abused and forced to work by their guardians and treated as second-class citizens. [19] The rapid assessment of HIV/AIDS and child labour in Zambia confirms that such coercion exists everywhere: the workplace, family, neighbourhoods, and even in institutions meant to curb the spread of HIV/AIDS. [20]

UNICEF states that governments in sub-Saharan Africa and other donor countries have been slow to respond to the increasing problem of orphans and other vulnerable children. However, in June 2001, the United Nations General Assembly Special Session on HIV/AIDS decided to give the issue new impetus by paying special attention to boys and girls orphaned and made vulnerable by HIV/AIDS, and set specific goals for the subsequent five years.

Some of the Centres for AIDS Orphans and Other Orphans

Child Care and Adoption Society of Zambia: strives to take care of the interest of boys and girls in need, has transit homes and maintains motto of boys' and girls' place being in the natural home (community) and not in institutions. The centres take care of abandoned and abused boys and girls. World Food Programme and World Health Organization support the centre.

Kabwata Orphanage and Transit Centre: provides foster care for boys and girls without family to look after them, whether the family is alive or deceased, largely in response to the AIDS crises in Zambia. The centre tries to provide this foster care in a loving, family environment where each child is an individual and not a number, as often occurs in traditional orphanages. The centre's emphasis has remained on AIDS intervention although a number of street children have been brought to the centre. It is also intended as a "transit home". Canadian Mission, Netherlands Mission, United States Mission, Angels in Development and local business such as Shoprite, Nandos, Ovenfresh support the centre.

[16] GRZ (1999): *Orphans and Vulnerable Children: A Situation Analysis, Zambia Report*, a joint UNICEF/USAID/sida Study Fund projects, GRZ, Lusaka.

[17] CSO (1996): *Living Conditions Monitoring Survey Report*, Desktop Unit, CSO, Lusaka.

[18] ILO and Central Statistical Office (CSO) (1999): *Zambia 1999 Child labour survey: Country report,* ILO and CSO, Lusaka.

[19] Chileshe, J.; Rau, B.; and Amorim, A. (2003), op. cit., pp. 17-20.

[20] Mushinge, A.C.S. (1995): *An Investigation of High-Risk Situations and Environments and Their Potential Role in Transmission of HIV in Zambia: the case of the Copperbelt and Luapula Provinces*, Population Council of Zambia, Lusaka, pp. 122-127.

Kasisi Home Orphanage: provides direct financial help and school facilities to orphans who are in foster homes in communities. Boys and girls are tested for HIV status but are not informed about their status. The administrators are ready to meet proper medical and nutritional needs. Kasisi centre conducts AIDS education, counselling and awareness raising to orphans. It is organized in such a way that orphans are divided into groups of ten and a "mother" is responsible from raising the orphans by simulating a home situation as much as possible.

Movement of Community Action for Prevention and Protection of Young People against Poverty Destitution, Disease and Exploitation (MAPODE): has dormitories/transit homes and was formed as a response to the growing number of vulnerable children like street children, CSEC, members of child-headed households and AIDS orphans, widows and families living in absolute poverty and unemployed youth. It supports, cares and empowers HIV/AIDS orphans, economically empowers women in difficult circumstances such as widows and advocates and lobbies for youth friendly legislation, economic and social policies. It works in cooperation with Ministry of Community Development and Social Services and Ministry of Youth and Child Development.

Muslim Care Orphanage: provides a "family" and a home for boys and girls where their basic needs for food, shelter, clothing, education and emotional support can be met; provides better opportunities to lead a normal life when this would have been difficult after the loss of parents. Centre was established by two Lusaka businessmen.

Jesus Cares Ministry: Rehabilitation of boys and girls who are withdrawn from child labour and reintegration of these girls and boys into formal school and communities. Boys and girls are withdrawn from child labour, the streets, CSEC and given psychosocial and spiritual counselling and HIV/AIDS and child labour awareness raising. The group mobilizes communities to form community committees to manage the programme.

AIDS care and prevention programme, St. Francis: provides care and support to people living with AIDS and orphans.

Chikankata community mobilization and outreach programme: provides care and counselling to HIV/AIDS infected and affected people and orphans using a community mobilization model.

Zambia has several rehabilitation centres for both orphans and street children withdrawn from child labour, such as the Jesus Cares Ministry's rehabilitation and transit centre. ILO-IPEC's HIV project could consider supporting this JCM centre, Chikankata hospital, MAPODE, Lazarous project so that they can benefit from its experience in psychosocial counselling.

1.4. Child labour in Zambia

Zambia has experienced severe economic crisis since the early 1990s. Household poverty, leading to unemployment and lack of regular income of many adults, has had a rigorous impact on children, especially the girls. [21] Poor families, mostly having large household size, have found it increasingly difficult to care for their children, who increasingly leave home to become beggars, loiterers or child labourers. The street is both

[21] UNDP: *Zambia Human Development Report 1999-2000*.

physically and psychologically hazardous for boys and girls since they are forced among other things to steal and engage in prostitution. [22]

Concerning child labour issues, the study of Lungwangwa et al. (1999) [23] found that families expect boys and girls to contribute economically to the well-being of the household through their labour. Boys' and girls' activities vary, from looking for fuel, drawing water, preparing food and cleaning the surroundings at home. It was noted that most of these chores fall on the shoulders of the girl children and this strongly affects their school attendance and performance at school. Other duties that are categorized as child labour include animal husbandry, fishing, weeding, harvesting, hunting, vending, serving as messengers, running errands, caring for stalls in the market, looking after younger siblings, taking sick boys and girls and relatives to clinics, or prostitution. Child labour is even said to exist in schools in the form of excessive manual work.

Table 1.1. Per cent distribution of currently economically active children according to occupation of employment by sex

Occupation	Boys	Girls	Total
Trading	4.6	3.8	4.2
Domestic servants	1.8	6.2	3.9
Restaurant/bar waiters	0.1	0.7	0.4
Barbers/hairdressers	0.7	0.3	0.5
Agricultural	87.8	84.8	86.3
Brick layers	1.0	-	0.5
Carpentry/crafts	1.0	0.7	0.9
Food production/baking	1.0	0.6	0.8
Knitting/tailoring	-	0.2	0.1
Vending/hawkers	2.2	2.6	2.4
Labourers	0.5	-	0.3
Not stated	0.1	-	0.1
Total	100	100	100
Number of observations	260,494	245,144	505,638

Source: ILO and CSO (1999), Zambia 1999 Child labour Survey: country report, Lusaka http://www.ilo.org/public/english/standards/ipec/simpoc/zambia/report/zambia.pdf

HIV/AIDS and poverty can be listed as two important factors leading to an increase in the incidence of working street children and child labour. The 1999 Child Labour Survey estimated that 595,000 Zambian boys and girls between 5-17 years old worked during the previous year of the survey. According to the survey results, the numbers of girl and boy child labourers are almost equal. Approximately 90 per cent of boys and girls are working in the rural areas, predominantly in agriculture/livestock/forestry activities. The

[22] ILO-IPEC (2003): *HIV/AIDS and Child Labour in Zambia: A Rapid Assessment on the Case of Lusaka, Copperbelt and eastern provinces*, Geneva, Switzerland.

[23] Lungwangwa, G.; Kelly, M.J.; Sililo, G.N.; Silanda E.M.; Haatuba, H.; Kanyika, J.; and Milimo, J.T. (1999): *Basic Education for Some: Factors Affecting Primary School Attendance in Zambia*. Lusaka: Study Fund on Social Recovery Project.

survey findings prove the division of labour along gender lines as 6.2 per cent of girls work as domestic servants while the per cent is 1.8 for boys (table 1.1.).

In Zambia, although the Employment of Young Persons Act stipulates that only persons above the age of 14 are eligible for employment, boys and girls below the age of 18 are legally not allowed to work in hazardous jobs. However, the results of the above survey show that in Zambia, about 347,000 boys and girls below the age of 15 (about 58 per cent of all working boys and girls) were economically active.

2. Impact of HIV/AIDS pandemic on the education sector in Zambia and its direct link to child labour

"HIV/AIDS affected girls and boys, especially orphans, through various ways. Losses due to HIV/AIDS add to a huge number of other problems faced daily by boys and girls, such as poverty, deep unemployment and decrease in the delivery of social services". [1] The pandemic led to a decline in the working age population and in the overall productivity, deepening poverty and orphan crisis, worsening the economic conditions of households most of which have to take care of orphans in addition to their own children and causing girls and boys to engage in some forms of work, even the worst forms. It also affected the educational attainment of girls and boys through their participation in reproductive activities at home such as caring for the sick or productive work outside and through household poverty since many households can not afford to send their children to school, which lead to long periods of absenteeism or even drop out of children, often girls.

Another reflection of the pandemic to education sector is the increasing number of teachers infected and or affected by HIV/AIDS. It is apparent from the alarming figures that a lot of teachers dying from AIDS each year. These alarming figures even do not include the teachers who affect the education sector through regular absence from school due to HIV/AIDS related illnesses. Incidence and prevalence of HIV/AIDS among teachers and its effect on their presence or absence adversely affects school attendance of girls and boys as well.

This is a dangerous trend because basic education is a human right that should be promoted at all costs. The UN Convention on the Rights of the Child (CRC) pronounced basic education as a right of every child and not a privilege. The Jomtien 1990 World Conference on Education for All also emphasizes basic education as every child's right. [2] It is presumed that once boys and girls receive education, they can acquire skills in literacy and knowledge to earn a living and operate effectively in a given social set-up. Lungwangwa et al. (1998) [3] summarize this assumption in the following statement:

> The fundamental aim of a school system of education is to promote the integral harmonious development of the physical, intellectual, effective, moral and spiritual endowments of all students so that they can develop into complete persons to their fulfilment and for the common goal of the society in which they are already members and in whose responsibilities they will share as adults. [4]

The Zambian Government has not only ratified the Universal Declaration of Human Rights of the United Nations but it also recognizes the importance of basic education. Since as far back as 1965, the Government of Zambia has been concerned with the need to enrol boys and girls who are 7 years old in primary school. As of now, a free basic education policy has been included in the overall policy on education. [5] However, in

[1] Rau, B. (2002), op. cit.

[2] UNESCO (1991): *Education for All: Purpose and Context*, UNESCO, Paris, pp. 1-5.

[3] Lungwangwa et al. (1999), op. cit.

[4] Luangwangwa et al. (1999), ibid., p. 1: citing, MOE (1992).

[5] Ministry of Education (1996): *Educating our future: National policy on education*.

reality, even this free basic education has certain costs, which must be shouldered by parents. As Anderson (1998) states:

> Even when school is absolutely free there are often direct expenses involved ... Such expenses, in the form of activities fees, examination fees, uniforms, paper, pens, textbooks, transport, lunch, gifts expected by the teachers, furniture for rooms in boarding, etc., often result in the exclusion of poor children from school. [6]

With this background, the following sections seek to establish the impact of HIV/AIDS on the education sector and examine the direct impact the pandemic has on child labour.

2.1. HIV/AIDS, child labour and education

The impact of HIV/AIDS on child labour, as stated in the report prepared after ILO-IPEC Tripartite Workshop, [7] is that any negative change in income resulting from illness of an earner causes a ripple effect on expenditure on education, health, food and other basic social needs, forcing boys and girls to find work to meet the deficit income. As boys and girls start to work to make up for the income loss, school attendance is also reduced or and there is an increase in the drop out rate. HIV/AIDS orphans are particularly at high risk of contracting HIV as most of them are likely to engage hazardous work, possibly including commercial sexual exploitation, with a high risk of HIV/AIDS infection and may be susceptible to sexual abuse as they turn to the streets. The report identifies a close link between HIV/AIDS orphans and child labour. Girls are particularly affected, as they too have to take care of sick parents. IPEC therefore places an emphasis on eliminating the root causes of child labour by devising action in line with national development efforts like the economic and social policies aimed at combating poverty. Allowance is made for the participation and collaboration of stakeholders.

Rau (2002) [8] highlights the following major challenges in reducing child labour, exacerbated by the HIV/AIDS pandemic:

- Rise in number of vulnerable children.
- Mounts pressure on households forcing boys and girls to leave school for income earning ventures.
- Greater demand on both public and private services e.g. health care for boys and girls.
- Heavier burden for caregivers and institutions and community actors supporting them.
- Greater risk of vulnerable children engaging in commercial sexual exploitation for survival (this mostly leads to commercial sex exploitation of girls).
- Stigma on boys and girls who have HIV, or parents with HIV.
- Poverty forcing boys and girls to leave school and go to work, risking HIV/AIDS contraction.

[6] Luangwangwa et al. (1999), op. cit. citing, Anderson (1998).

[7] Chileshe-Chalo, J.; Amorim, A.; and Rau, B. (2003), op. cit.

[8] Rau, B. (2002), op. cit.

- Male sexual demand is directly linked to child labour and employment of children especially girls, in the commercial sexual exploitation.

A recent ILO-IPEC study [9] examines the relationship between the HIV/AIDS pandemic and child labour in Zambia since they are interconnected with essential components of welfare of girls and boys, such as health and education. The study considers gender issues related to HIV/AIDS and the survival strategies of girls and boys, including AIDS orphans and also considers the child labourers' awareness and knowledge of HIV/AIDS. The research for the study was conducted in Copperbelt, eastern, and Lusaka provinces and the sample consisted of 306 child labourers (211 boys and 95 girls aged between 5-16 years old). According to the findings of the study:

Family circumstance: One-third of the working boys and girls have lost one or both parents, a sizeable proportion of this group were engaged in prostitution and many were also involved in other forms of child labour. The non-orphaned boys and girls had parents whom they described as being either poor or unemployed, many of these boys and girls were left to live on the street. In this way, the HIV/AIDS pandemic exacerbated the extent of child labour.

Type of work: Vending on the street and in markets, quarrying and stone breaking, fetching water, portering (kuzezera), household chores or domestic work, digging wells and garbage pits, carpentry, cooking nshima in the markets, cutting grass, picking bottles, and prostitution are the type of activities boys and girls engage in. The financial contributions of the child were often the only income their families had. Over 90 per cent of the child labourers earned as little as US$3 per month, especially in the eastern province.

Health problems: Most boys and girls worked in hazardous environments, and were exposed to a variety of health problems including headaches, fatigue, chest pains, injuries/bruises, painful/swollen legs, painful ribs, coughing, stomach pains and diarrhoea, sore necks, sneezing, backache, waist ache, malaria, and sexually transmitted infections (STIs). Health services were described as expensive and usually inaccessible. Self-medication combined with traditional therapies was often the only recourse, while on many occasions no care or treatment was sought.

Education: Low per cent of child labourers advanced beyond seventh grade. Dropping out of school to work was more common a factor than failure to pass exams. Only 27 per cent were in school since it required boys and girls to divide their time between work and school while struggling to find money for fees and supplies. The situation was worse for orphans. Almost every child declared their wish to return to school if given an opportunity.

Prevalence of commercial sexual exploitation (CSE): Commercial sexual exploitation is common among boys and girls between 14-16 years old. Half of the 34 in-depth interviews were conducted with CSE victims. Girls claimed they slept with as many as four men per night and their earnings ranged between US$0.63 and US$2.10 per act. Condoms were rarely used. Boys' clients tended to be rich widows who paid in dollars.

Awareness of HIV/AIDS: over 86 per cent of the boys and girls recognizing the dangers related to unsafe sex. Awareness was low among younger boys and girls aged 5 to 11 years. Most failed to mention the principal cause of HIV/AIDS (i.e. unprotected sex). Many boys and girls failed to report at least three symptoms of the disease.

[9] ILO-IPEC (2003), op. cit.

Stigmatization: HIV/AIDS victims in Zambia, according to most of the boys and girls, suffered stigmatization and discrimination resulting in social isolation. Infected people were commonly held responsible, since they had supposedly engaged in unprotected sex and "immoral activities".

2.2. Psychosocial impacts of HIV/AIDS pandemic on the education sector in Zambia

A report prepared by Kelly (1995) [10] suggests various impacts of HIV/AIDS on schooling in Zambia, such as, the unaffordable cost of education to families caring for the sick or for homes where parents/guardians have died. Money may be spent on the sick at the expense of spending it on education of orphans. Boys and girls may be absent from school to take care of the sick or to supplement household income. Girls' participation in school will be more adversely affected than that of boys, thus reducing their chance to attain higher education. Great numbers of orphans create a serious problem for society, as these boys and girls must be cared for before they become adults. In addition, younger boys and girls will assume the role of family support. The primary school curriculum therefore would need to be revised to ensure that it provides boys and girls with useful life skills. Fewer resources will be given to general health care due to diversion of resources to AIDS treatment and care. This reduces the quality of health among boys and girls, contributing to their school absence.

In terms of supply side of education sector, many teachers and other staff in the Ministry of Education will be lost through HIV/AIDS illnesses. About 42 per cent of teachers and Government officers were HIV-positive out of 400 who were tested. Assuming that this was a countrywide scenario, almost all infected teachers may be dead within 10-15 years. There are high costs associated with training and retraining teachers to fill the gap left by those who have died of AIDS. These teachers would be paid for by the Ministry of Education and National planning committee.

National income would fall due to loss of skilled human resources. A reduction of 10 per cent in skilled human resources was expected by 2000. This would mean cutting down on expenditures such as education, and creating poor quality and reduced quantity of schooling.

It will not be possible for communities destroyed and impoverished by illness/deaths of productive members to provide labour for self-help projects, support the education system or provide management skills.

[10] M.J. Kelly (1995): "HIV/AIDS and Schooling in Zambia," Jesuit Centre for Theological Reflection, JCTR Bulletin No. 26, Oct. 1995, pp. 6-7.

Table 2.1. Per cent distribution of children according to their current school attendance status by age

Age group	Current school attendance status %		Total	Number of observations
	Attending school	Not attending school		
5-7	20	80	100	1 007 041
8-9	66	34	100	574 114
10-14	76	24	100	1 409 248
15-17	56	44	100	799 751
Total	55	45	100	3 790 154

Source: ILO and CSO (1999), Zambia 1999 Child labour Survey: country report, Lusaka, http://www.ilo.org/public/english/standards/ipec/simpoc/zambia/report/zambia.pdf .

According to findings of Child Labour Survey conducted in 1999 by ILO and CSO, 45 per cent of girls and boys aged 5-17 years old were not attending school at the year of survey (table 2.1.). In terms of investigating the factors behind girls' and boys' not attending school, Kelly and Banda (1998) [11] suggest that the poor cannot participate fully in education mainly due to the indirect cost of education such as transport, clothes, shoes, books, lunches, pens, PTA levy on parents and other requirements. These costs can be real obstacles to the parents/guardians of orphans and vulnerable children (OVC). Many orphans selected to attend boarding school opt to go into basic schools whose quality is often doubtful because most teachers there are trained to teach in primary and not secondary schools.

Another factor, they suggest, hindering education is malnutrition, which affects boys' and girls' performance in schools. Additionally, poor infrastructure creates difficult situations for rural boys and girls, who have problems in getting to school because of poor roads, long walking distance to school, and swollen impassable rivers. It is estimated that nearly 80 per cent of all the out-of-school boys and girls live in rural areas. Curriculum related problems, such as low level of teaching/learning and reading materials and language barriers, also prevent boys and girls from receiving a qualified education. Issues related to teachers that reduce the quality of education include poor salaries, poor housing, and lack of professional support.

Kelly and Banda (1998) also argue that girls have average completion rates of 60 per cent and 94 per cent for rural and urban areas respectively for primary and secondary education. Girls primarily face social barriers due to stereotyping of girls and women in learning institutions and organizations. They suggest that society views girls as being only fit for motherhood and marriage. Care and support of the sick and AIDS infected relatives becomes a responsibility for girls. Girls are pulled out of school for early marriage, which is viewed as a necessary economic venture for some poor families. Female role models who delay marriage and have successful academic and social achievements are rare in rural areas. Role models can also help change the belief that a woman can only attain security and fulfilment through marriage. Girls mainly drop out of school between fifth and seventh grade.

Orphans fall into all the categories of boys and girls at risk discussed above. About 42 per cent of urban and one-third of rural households were caring for an orphan within their household. About two-thirds of orphans in rural areas are not in school due to their

[11] Kelly, M.J. and Banda Sinkala, E. (1998): "Equity Interventions" Draft Chapter for Basic Education Subsector Investment Implementation Plan, MOE , Lusaka, pp. 1-3, 18-21.

newly acquired roles and responsibilities following the death of their parents. An additional factor is that orphans are also malnourished, which affects their school performance, and they often do not have the needed materials like pencils and books for use at school.

From the supply side of education sector, DFID [12] reports that about 40 per cent of teachers in the Ministry of Education (MOE) are HIV-positive. The Living Conditions Monitoring Survey [13] found that school attendance for both pupils and teachers fell due to the numerous challenges faced by them in the wake of HIV/AIDS. Some of the reasons suggested for staying away from school include fear of getting infected by teachers and fear of boys and girls from homes affected by HIV/AIDS that they would be stigmatized. [14]

Evidence from the Ministry of Education also shows that some teachers have been responsible for sexually molesting their pupils, especially girls who are minors, and sometimes leading them to be infected with the virus. This problem was captured in the video documentary "My teacher, my killer" shared at the ILO-IPEC Lusaka Tripartite Workshop in 2003. It is about a girl who was sexually molested and as a result HIV infected by her teacher. The girl subsequently died of AIDS in 1998. When parents and guardians are exposed to such information, many of them, especially in rural areas, are likely to withdraw their children from schools to protect them from contracting the HIV infection. On its part, the Ministry of Education has declared zero tolerance for teachers who engage in sexual intercourse with their pupils and that any teacher proven guilty of such an offence could be dismissed from employment. However, actually, reports received by the MOE do not reflect the true magnitude of this problem as most school authorities and parents opt to hide the incidence ostensibly "for the sake of the unborn child," if the girl was impregnated by the teacher, by not reporting the cases. Mwansa (1995) alludes sexual harassment of girls by boys, teachers and even male head teachers in schools as one of the factors discouraging girl pupils from attending school. Sinyangwe and Chilangwa (1995) also discuss gender-related issues concerning the increased vulnerability of girls in schools, as they are more likely to be sexually harassed than boys. [15]

Many schools in Zambia, today, attempt to support orphans of HIV/AIDS in one way or another. Although, there is not a clear mechanism and system for ensuring proper counselling of such boys and girls, most schools have teachers trained in counselling skills. Yet, the emotional support to HIV/AIDS orphans takes place depending on the nature of the teacher involved and not according to a regularized standard. Above all, teachers have to meet the requirements of the curriculum to complete the syllabus in due time. Orphans may feel that they are not getting enough sympathy from school and end up giving up school. It is also true that many of those who are affected by HIV/AIDS deliberately avoid seeking external help or may withdraw from school for fear of stigmatization. When these boys and girls lose their parents they undergo a lot of emotional stress, which may also lead to depression and absenteeism from school. Self-withdrawal from the community leads the child to slip through the cracks of society, therefore missing out on any available support mechanisms.

[12] DFID, op. cit., p. 7.

[13] CSO (1997): *Living Conditions Monitoring Survey Report*, Desktop unit, CSO, Lusaka.

[14] Lungwangwa et al. (1999), op. cit.

[15] Mwansa, D. (1995): *Listening to the Girl Child*, MOE, Lusaka.

Lungwangwa et al. (1999) [16] state that illness and death of both parents and teachers affect school attendance of boys and girls negatively. Their study on factors affecting primary school attendance had numerous findings. Illness of parents or guardians is found to be responsible for a reduction in school attendance of 0.36 per cent while a death in the family accounted for a 2.5 per cent drop in school attendance among boys and girls, especially those in rural areas. Initially there was fear among parents to send their girl children to school because of some reported cases of HIV/AIDS infection among teachers. Safety of their daughters is found to be more important for parents than risking infection through their teachers. Experience has shown that girls are more vulnerable to sexual abuse than boys.

The study stresses the importance of primary education as a human right for all boys and girls. However, there is evidence that there are barriers for the access to education. Reference is made to the declarations made at the Jomtien World Conference on Education in 1990 and the CRC as important steps in child education. Zambia's national education policy stipulates that all school age boys and girls must have some basic education and that this should be realized through provision of free basic education up to grade nine. Primary education is viewed as a human right, not a privilege, which presumes that everyone who receives it should be numerate, literate, and gain skills and knowledge relevant for them to advance their education or to operate well within the social system. They should also be able to earn a living and lead enjoyable lives.

The findings further reveal that poor school attendance results from child labour in family enterprises in urban and rural areas. The growing problem of street children also contributes to truancy, as these boys and girls are the least likely to afford education.

As suggested by a growing literature, vulnerability of boys and girls increases with gender. It is also an important factor in Millennium Development Goals, one goal of which is to promote gender equality and to empower women. Girls are found to be in a more disadvantaged position compared to their male peers in terms of types of work, working conditions and educational attainment. Lungwangwa et al. (1999) also found that most of the boys and girls who drop out of school or have irregular attendance are girls. It offers the example from 1996 when there were 24, 000 fewer girls than boys in lower primary school, while the gap widened even further at the upper section with 45,500 fewer girls than boys. However Lusaka and the Copperbelt provinces recorded a smaller gap with the number of girls exceeding that of boys at times. Zambia as a whole enrolled a total of 450,941 girls and 474,910 boys that year. Girls accounted for 48.7 per cent at lower primary while at upper primary they constituted only 46.2 per cent of the total enrolment. Enrolment rates do not match the number of school age boys and girls due to remoteness and distance of the schools in rural areas or inadequacy of school places in urban areas. Girls are in a more disadvantaged position in such cases. Their retention in school once enrolled is not assured as they may leave school prematurely because of caring for the sick, early marriage or pregnancy. The report on discrepancies in schools prepared by Kelly (1999) [17] states that about 40 per cent of girls do not attend school.

In their study, ZNUT (Zambia National Union of Teachers) highlights three key impacts of HIV/AIDS on the education sector: low supply of teachers due to high morbidity rates, irregular school attendance/teacher absence, and an increased numbers of

[16] Sinyangwe, M.I. and Chilangwa, B. (1995): *Listening from Inside the Classroom* MOE/UNICEF, Lusaka.

[17] Kelly, M.J. (1999): *The origins of education in Zambia: From pre-colonial times to 1996*, Image Publishers, Lusaka, pp. 273-275.

orphans. These effects lead to high drop out rates, contributing to street work, exploitation of boys and girls as cheap labour and a high risk of HIV infection. ZNUT trains and sensitizes teachers on the dangers of HIV/AIDS and imparts skills like counselling and handling stigmatization and provides training manuals to pupils, teachers, and focal persons in schools so they can further disseminate the information. [18]

When both girls and boys drop out of school before the completion age, they are likely to fill up this time by going into income earning and other types of work. At times, these boys and girls are forced to work under hazardous conditions, as they have no skills and knowledge needed for them to obtain good employment. Most of these boys and girls get employed in agriculture, the streets, the marketplace, nightspots like disco houses and even in factories and on commercial farms. [19] In many situations, these boys and girls become invisible to the law because they work in places where the Zambian law enforcing agents may not easily find out what is going on. Existing labour laws do not cover child labour in commercial farms or in the informal sector. The Ministry of Labour and Social Security, however, is interacting with businesses in these sectors in order to increase awareness of national laws on child labour, including hazardous work conditions. [20] There are also other initiatives to improve education sector held by state and non-state actors. The Ministry of Education has taken a number of measures to address the issue of child labour and HIV/AIDS including:

- Incorporation of child labour issues in the school curriculum.
- Training teachers in HIV/AIDS counselling.
- HIV/AIDS focal points in schools.
- Holding sensitization workshops for teachers.
- Anti-HIV/AIDS clubs in schools.
- Free basic education policy in government schools.

In the ILO-IPEC Tripartite Workshop Report it is suggested that mainstreaming child labour/HIV/AIDS into the education sector could be done through free and compulsory education up to ninth grade, increasing the use of rehabilitation centres to counsel boys and girls, integrating HIV/child labour into the school curriculum, and creating recreation facilities for boys and girls. [21]

[18] Chileshe-Chalo, J.; Amorim, A.; and Rau, B. (2003), op. cit.

[19] ILO-IPEC (2003), op. cit.

[20] Rau, B. (2002), op. cit.

[21] Chileshe-Chalo, J.; Amorim, A.; and Rau, B. (2003), op. cit.

2.3. Socio-cultural impacts of HIV/AIDS pandemic on the education sector in Zambia

2.3.1. HIV/AIDS and "care economy"

Many families have entrusted the responsibility of caring for the sick to girls and boys. Lungwangwa et al. (1999) [22] states that caring for their sick parents/guardians can be very demanding and traumatic for girls and boys and can prevent them from leading a normal life and even abandon school. As a result of historically rooted division of labour which disproportionately assigns reproductive activities to women and girls, such as being responsible for maintaining and caring for the household and the sick, girls are more negatively affected by such roles. For instance, when a parent falls ill, girls are more likely than boys to stay away from school to be there for the needs of the patient, take sick children to the hospital, cook food for the sick, maintain cleanliness in and around the home, attend to the personal hygiene of the patients, care for siblings and have company visitors. When the ill person is a child's guardian, this child is more likely to drop out of school to perform care-taking duties than the other.

It was also suggested in above study that many people affected/infected by the HIV/AIDS pandemic do not seek support, particularly from institutionalized home-based care for fear of stigmatization. When parents and other family members refused the option to seek help from outside, the boys and girls had to bear the responsibility of care giving. As a result, many boys and girls assume a very high level of responsibility at an early age, especially when the AIDS patient is their own parent.

The ILO-IPEC tripartite workshop report [23] also identifies a strong link between home-based care (HBC) and child labour. Child labour in home-based care emerges in the form of cooking food for the sick, maintaining cleanliness in and around the home, attending to the personal hygiene to patients, caring for siblings and entertaining visitors. There is a need to reform HBC to mitigate its impact on child labour.

The boys and girls looking after AIDS patients usually run a high risk of contracting the virus by not adhering to the minimum standards of hygiene and safety required for the type of nursing. For instance, boys and girls may not always understand what is needed and may even handle waste from AIDS patients without wearing gloves and regularly washing their hands with soap, to avoid direct contact with the bodily fluids of their parents. Therefore, there is need to give specialized counselling and education to boys and girls caring for their sick parents or to convince adult relatives to come and assist the boys and girls; in order to prevent them from becoming infected themselves.

2.3.2. Early marriage

HIV/AIDS orphans become economically and socially more vulnerable after the death of their parents from AIDS. The pandemic hinders access to various resources due to the death of a breadwinner. Double orphans are more affected than single orphans whose mothers are still alive. When both parents die, young girls often assume household headship and become responsible for generating an income for survival. Some of the girls engage in child prostitution, while others opt for early marriage as they seek someone to take care of their socio-economic needs.

[22] Lungwangwa et al. (1999), op. cit.

[23] Chileshe-Chalo, J.; Amorim, A.; and Rau, B. (2003), op. cit.

Marriage is viewed by many cultures as a source of social protection and security for girls. A girl who becomes orphaned and gets married is seen as being better off than another who remains single despite her economic problems. Many orphaned girls find early marriage to be a viable option after their parents die. However, the security of marriage may not always be a reality as most girls are forced to take on the role and responsibilities of an adult at an early age doing household chores and managing household affairs. Early marriage also exposes girls to serious sexual and childbirth complications due to the incomplete biological development of their bodies. Thus, early marriage can be a physically and psychologically hazardous choice for many young girls. The overwhelming responsibilities they have to bear constitute a form of child labour and the practice of early marriage should be discouraged at all costs.

Orphans are particularly vulnerable to early marriage in rural areas where a father or uncle acts as a facilitator in recommending a girl's marriage to an acquaintance. This may be done by persuasion or even force, at times using threats; a girl may be too young to disobey the guardian and will just accept his decision.

Early marriage automatically leads to the withdrawal of girls from school mainly due to their newly acquired responsibilities, but also as a result of fear of being teased by other boys and girls at school. Lungwangwa et al. (1999) [24] cites that early marriage as one of the reasons why girls do not attend school even though they may still be of school-going age.

2.3.3. Orphan crisis and pressure on families

A new phenomenon of child-headed households is a social reality which has recently emerged in Zambia, as have street children and child labour. Traditionally, such vulnerable children would be fused into the extended family system. However, these institutions are now extended beyond capacity, especially in urban areas. [25] In addition to economic difficulties, orphanhood due to HIV/AIDS creates many challenges for the affected boys and girls. Many families within the extended family system do not maintain strong family ties, as was the case in the past. The element of community has broken down due to the current economic difficulties and prevailing social trends; this is especially the case in urban areas, which tend to promote nuclear families more than extended ones.

Lungwangwa et al. (1999) noted that the large number of double orphans has a great potential for raising the number of child-headed households. Therefore, the school curriculum needs to provide young people with a solid base for developing economic skills. Many men have died leaving women to assume the role of household heads. This also increases the risk of boys and girls working outside of the house to supplement household income. The capacity of mothers to earn a living on their own is limited. As a result some boys and girls are compelled to go into work to increase the family's income.

The extended family was one way in which orphans and widows were cared for by society. Although orphans were not always treated the same as other boys and girls, it was an appropriate method of protection in that orphans were given social security and guidance by older relatives. Several studies conducted on social welfare reveal that orphaned boys and girls who remain under the care of their own relative as opposed to an orphanage do better in terms of social adjustment. Institutions tend to isolate boys and girls from the community, whereas remaining with extended families promotes socialization.

[24] Lungwangwa et al. (1999), op. cit.

[25] UNDP (2003), op. cit.

Today, during the illness of a relative, most members of the extended family are not willing to help the nuclear family with care and support of the patient and the children. Most people within the extended family avoid AIDS patients and their children because of the long-term burden of the responsibilities, the heavy cost involved in caring for the patient, and future stigmatization of the family as a whole. This may anger the children who may be solely responsible for maintaining the patient's health. When their parents die, they may find it hard to accept and adjust to the presence of relatives who were not present during their parent's illness. This results in such boys and girls becoming heads of their households, and looking after siblings on their own instead of moving in with the extended family. In order to meet the demands of being household heads, orphaned boys and girls look for an easy way to earn cash, which is mostly found in the informal sector and in illegal professions in Zambia, like commercial sexual exploitation.

2.4. Socio-economic impacts of HIV/AIDS pandemic on the education sector in Zambia

2.4.1. Poverty

While HIV/AIDS has been partly responsible for the sharp rise in poverty levels, poverty itself has contributed significantly to the spread of HIV. Thus, any intervention aimed at child welfare can deal with HIV/AIDS more effectively by seeking to address the root causes of the disease, such as poverty. Conversely, in order to reduce poverty, which often forces orphans and other vulnerable children to work and expose themselves to HIV/AIDS infection, the incidence and prevalence of AIDS must be curbed.

According to recent reports, poverty levels in Zambia have gone above 80 per cent. [26] Contributing factors include the impact of macro and micro-economic policies such as structural adjustment programmes, economic policies like liberalization and privatization. World trading factors such as increasing oil prices at OPEC, lending policies of IMF, debt servicing, and unfavourable trade relations between developed and developing countries contribute to difficulty in the acquisition of resources. National issues such as a need to support for poverty reduction programmes, implementation of anti-poverty programmes, creation of employment opportunities and HIV/AIDS hinder a multi-sectoral attack on poverty.

Several families, especially those in rural agriculture, rely heavily on the contribution of each member of the household to the well-being of a family. Such contributions mainly come in the form of labour and even cash from those working in urban areas. Due to the economic difficulties Zambia has been experiencing in the last 20 years and deepened poverty, labour force participation of each household member has become critical to survival. As and when is necessary, girls and boys, especially in rural areas and shanty compounds, engage in different types of work. For instance, it is common in Lusaka for parents or guardians to send their children to the street for vending activities, preventing them from attending school because they need to go back home with some kind of income. They cannot return home until they have convinced people to buy their merchandise, or else they may be punished by their parents or guardians.

Rau (2002) states that both the Government and NGOs recognized the contribution of poverty to exacerbating boys' and girls' vulnerability to HIV/AIDS. For example, many girls from impoverished homes have to engage in commercial sexual exploitation for

[26] GRZ (2003): *Zambia Millennium Development Goals Report*, 2003, Lusaka.

survival. [27] As already pointed out, poverty also denies boys and girls their right to education as parents and guardians fail to meet basic needs like food, shelter, and school uniforms despite Minister of Education abolished school fees to expend opportunities for boys and girls to attend school.

In order to mitigate the effects of poverty, interventions such as food distribution to households have acted as a short-term solution to the food crises. Orphans also receive training in income generation and life skills, but most of these skills are too traditional, basic and impractical and therefore ineffective at reducing poverty.

Rau (2002) also highlights other initiatives aimed at mitigating poverty in households looking after orphans to include microfinancing/lending activities meant for income generation. Such programmes have not done very well as the loan ends up being used on other everyday necessities. [28] In addition, borrowers lack business, technical and entrepreneurship skills, making a successful venture nearly impossible.

2.4.2. Cost burden weakening education

According to the Ministry of Education, more than 1,400 teachers died of AIDS in the year 2000 alone. These figures have remained high from year to year. Schools in Zambia are already understaffed with each teacher having very large numbers of pupils to teach (well above the expected 10 pupils to a teacher). The impact of HIV/AIDS has been felt by the MOE in that several hundreds of teachers are not reporting to school due to prolonged illness. Several of these teachers remain on salary until they die but MOE has to find ways of compensating the relief teachers, who may also have their own classes to teach.

The Poverty Reduction Strategy Paper (PRSP) [29] also expresses concern over the effect of HIV/AIDS on the education sector. It underlines the fact that in 1999, more than 1,600 teachers died from HIV-related causes. HIV/AIDS prevalence is up to 40 per cent only among teachers.

Sickness and death of a parent affects the education sector by redirecting resources from education to attend to health needs and HIV/AIDS care and treatment. It is estimated that about US$200 per day per patient is needed for hospitalization. However, the Government only spends US$3 per year per patient (PRSP, 2002).

HIV/AIDS increases the burden of providing education; the MOE doubled its efforts to combat the negative effects of the pandemic on education. The MOE will, in the long run, spend several millions of kwacha in training and retraining teachers. The way forward might also be to train some back up teachers who will be immediately available to take over from those who are not able to attend school due to the ailment. As has been indicated in a lot of literature, the MOE should train two teachers for every position in order to maintain the current teaching staff. However, this will be a costly exercise for the Government, as it will increase expenditure on education by a significant margin. Zambia already faces a shortage of teachers, and as such it is expected that these backup teachers will not eliminate the problem but will only contribute to reduce the heavy impact of HIV/AIDS in the initial stages.

[27] Rau, B. (2002), op. cit.

[28] Rau, ibid.

[29] Ministry of Finance and National Planning (2002), op. cit.

Providing care and support and making salaries available to teachers who may be ill for extended periods but are not able to teach may also increase the cost burden. The quality of education is also affected by the teachers' continued absence from school, compromising the effectiveness of the learning experience for boys and girls. The link between HIV/AIDS and the related illness and death of teachers leads to a lower quality of education and to boys and girls repeating grades. This contributes to parents' perception that this reduces the effectiveness of education. Thus, parents become reluctant to send their children to school, particularly when they could be contributing to the family income by working. [30]

2.4.3. Malnutrition

Studies by Kelly (1999) and Rau (2002) establish the link between orphanhood and the probability of malnourishment. [31] About 50 per cent of the orphans in Zambia are stunted. This clearly points to the nature of living conditions of orphans in Zambia. Some orphans live in impoverished homes where even a balanced diet remains a far-fetched dream. Many orphans are stunted because of poor diets as well as from engaging in child labour that is often physically abusive. Poor nutrition results in a drop in immunity levels and increases the risk of HIV infection. The study on abused boys and girls conducted by CHIN [32] established that orphans are more mistreated than other children in the homes where they live. Therefore, abuse by guardians and employers, inadequate food, and exploitation contribute to boys' and girls' stunted growth.

Malnutrition of orphans lowers their immunity and makes them more susceptible to contracting HIV. For those orphans who are already HIV-positive, malnutrition could hasten the onset of full-blown AIDS. Therefore, there is a need to devise interventions that will ensure orphans are fed on balanced diets just like other boys and girls they live with in their extended family homes.

[30] Rau, B. (2002), op. cit.

[31] Kelly, M. (1999), op. cit and Rau, B. (2002), op. cit.

[32] http://www.chin.org.zm/chindb/chin_main.htm .

3. Good practices

3.1. Introduction

According to Chileshe et al. (2003), there are good practices in policies and programmes targeted at combating HIV/AIDS and child labour. These programmes have the following criteria in common: innovativeness, creativity, effectiveness/impact, replicability, sustainability, relevance, responsiveness/ethical force and efficiency and implementation. [1] Rau has given another definition of good practices from ILO in the following quotation: "ILO-IPEC defines a good practice as anything that works, in some way, to combat child labour, whether fully or in part; and has potential for practice elsewhere or at other levels" (Rau, 2002). [2]

Good practices, some of which were identified at the workshop on the impact of HIV/AIDS on sub-Saharan Africa in 2003 include use of the media to raise awareness and prevent HIV/AIDS related child exploitation, frequent sharing of information and lessons learnt, use of participatory approaches in mobilizing communities to support HIV/AIDS affected people, like orphans and HIV/AIDS infected people and use of volunteers. These elements of good practices may lead all people to understand the problem and change their attitudes towards HIV/AIDS and child labour.

There are other elements of good practices in combating child labour related to vulnerable boys and girls such as orphans and the ones affected by HIV/AIDS, which are providing direct resources to HIV/AIDS infected and affected orphans, rehabilitation of orphans/orphanages, youth friendly services, VCT, empowerment of women and youth, implementing programmes for the advancement of girl children in education, gender sensitivity of interventions, supporting HIV/AIDS orphans while leaving them within the normal family setting.

In terms of policy interventions by governmental and non-governmental agencies, basic education module campaigns, representation on AIDS action committees mainstreaming HIV/AIDS in budgetary system presentation programme, developing and implementing an effective monitoring and evaluation system, involving collaborators and actors more, good management systems for HIV/AIDS policies and programme implementation, conducting regular needs assessments in the area of HIV/AIDS, for instance, evaluating training needs of teachers to mainstream HIV/AIDS into the school curriculum as carried out by the MOE, preparation of relevant, replicable training packages for teachers to curb their own risk to HIV infection such as the "Participatory learning activities for teachers to reduce their risk for HIV/AIDS infection", developing guidelines for all employees and business people encouraging responsible sexual behaviour towards boys and girls to reduce child abuse; in the same light developing guidelines for use by the business community for the prevention of hazardous ansd abusive forms of child labour which make boys and girls vulnerable to HIV infection, the establishment of coalitions that would tackle HIV/AIDS and its related issues of child labour and education [3] can be listed.

[1] Chileshe J.; Rau, B.; and Amorim, A. (2003), op. cit.

[2] Rau, B. (2002) op. cit.

[3] Rau, B. (2002), ibid., pp. 13-18, and Chileshe, J.; Rau, B; and Amorim, A. (2003), op. cit., pp. 21-22.

3.2. Elements of good practices in Zambia [4]

- The major surveys, supported by government and donor agencies, and international organizations such as the ILO and UNICEF, have been highly relevant sources of information, and have had a major impact on government and public awareness of the extent and multiple dimensions of child labour, boys and girls in prostitution, and the impact of HIV/AIDS on households.

- The rapid assessment methodology is highly relevant and replicable.

- Media coverage of HIV/AIDS and child labour issues is regular and extensive. Media houses are to be commended for building public awareness and sustaining public attention on the issues.

- Media outlets both assign reporters to cover stories and use information provided by programmes and projects. Most of the reporting is accurate, indicating that reporters and editors are focused on these issues and/or have received training on the target issues.

- Applying good management principles, HIV/AIDS focal points within the Ministry of Education are sustaining attention and monitoring progress on implementation of ministry policies and programmes on HIV/AIDS. The focal point concept is easily replicable at minimal cost, and is to be recommended to other ministries and companies.

- In addition to its policy statements, the Ministry of Education has undertaken in-depth analysis of the training needs of teachers and other staff and of the resources needed to implement its HIV/AIDS curricula components. Effective implementation requires such analysis to identify both needs and gaps in institutional responses.

- Zambian organizations providing direct services to vulnerable boys and girls are performing an important function for the individual boys and girls involved; for their families, potentially; and for the country as a whole. Most of the activities are well-tested and acceptable, but do not represent a specific good practice. Resource constraints, furthermore, place limitations on the expansion, and sometimes the sustainability, of these activities.

- Important expansions of programme activities by direct service organizations include the incorporation of community sensitization in child labour and child abuse issues and community mobilization to identify vulnerable boys and girls. Useful, easily replicated, and highly relevant training materials have been prepared to enable teachers to reduce their own risk to HIV/AIDS and, indirectly, to provide similar guidance to students. One such set of materials is entitled “Participatory learning activities for teachers and adults to reduce their risk for HIV infection”, published by the Zambia Central Board of Health and WHO.

- The establishment of the Zambia Business Coalition on AIDS demonstrates the interest of large companies in addressing common issues and coordinating responses to the pandemic. The Coalition can enhance its influence and expand its good practices by expanding membership as quickly and as widely as possible; encouraging and supporting the framing of guidelines for use by the entire business community – including the informal sector – on prevention of abusive forms of child

[4] Rau, B. (2002), op. cit.

labour that expose boys and girls to HIV infection; and encouraging the development of guidelines applicable to all businesses and employees on appropriate and responsible sexual behaviour toward boys and girls.

It is noteworthy that the Chikankata community development approach is replicated by other organizations, especially as it is being applied to boys and girls and communities affected by HIV/AIDS.

Example of a good practice: The Chikankata model of community mobilization

The model of community mobilization developed at Chikankata to address HIV/AIDS and affected children issues have gained international attention. It has been adopted by several other Zambian organizations as a methodology for engaging local communities in problems identification, problem solving, and resource generation.

- The Chikankata approach has generated training of trainers courses, with associated materials that have been developed by Chikankata staff.
- At the start, community mobilization initiatives can be staff intensive, making contacts, gaining confidences, facilitating initial meetings and discussions, and responding to problems. Once community groups are organized and functioning, however, they can be sustained with minimal outside involvement.
- The approach is easily replicable, so long as organizations are prepared to invest initial staff resources and recognize that the processes involve long-term commitments (at least two years to ensure that a community group is confident in using member skills to carry on).

Source: Rau, B. (2002), Combating child labour and HIV/AIDS in sub-Saharan Africa, ILO-IPEC, Geneva.

4. Mapping of existing interventions and the Zambian response to HIV/AIDS

Although HIV/AIDS was first detected in Zambia as early as 1984, little could be done in the first decade because there was not much research on the disease. African governments including that of Zambia had no idea about the magnitude of the potential impact of the epidemic. However, the 1990s were a decade of deeper understanding and comprehension of HIV/AIDS in its fullness. Today, knowledge and awareness about AIDS is fast spreading.

Since the last decade, actors from government, non-governmental organizations and donor agencies have taken the issue of HIV/AIDS as one requiring immediate attention in Zambia. Donors and governments have pledged support in terms of budgetary allocation through the Ministry of Health. Community-based initiatives to curb the pandemic have been started. In the new millennium, efforts to curb HIV/AIDS have doubled as more and more institutions realize that HIV/AIDS is a cross cutting issue that they cannot afford to overlook. There are some organizations that also focus on mitigating the impacts of HIV/AIDS on child labour such as MAPODE (Movement of Community Action for Prevention and Protection of Young People Against Poverty, Destitution, Disease and Exploitation).

HIV/AIDS interventions range from financing and technical assistance from donors and Government to conducting actual sensitization on HIV/AIDS related issues, care provisions and making HIV/AIDS drugs available. Due to the multi-faced nature of HIV/AIDS interventions, several institutional arrangements have emerged.

The National AIDS Prevention and Control Programme was originally set up in 1986 by a bill of parliament. The programme covers sexually transmitted infections (STI), tuberculosis (TB) and malaria control and prevention. The National HIV/AIDS/STI/TB Control Council (NAC) established in the year 2000 is charged with the responsibility of providing leadership on HIV/AIDS interventions to all the public and private sector organizations and NGOs.

The NAC has the responsibility of coordinating the fight against HIV/AIDS so that organizations and institutions can have access to the Global Fund through the Ministry of Finance and National Planning. This ministry has access to the Global Fund on HIV/AIDS, giving access to information, money, and best practices. Individual companies and organizations now have HIV/AIDS policies in place.

In order to enhance the impact of strategies on HIV/AIDS, multi-sectoral approaches have been established with several donors supporting them. Zambia Integrated Health Programme (ZIHP), which has a strong component of HIV/AIDS and related issues, has been established to carry out work against HIV/AIDS. [1] The Global Fund for HIV/AIDS has pledged $92,842,000 while DFID will give Zambia up to £20 million this year (2004) to support the fight against AIDS. With these large amounts of funds, Zambia should build an effective monitoring and evaluation mechanism to assess and control the incidence of AIDS.

Civil society organizations in Zambia have also built into their budgets some lines to support HIV/AIDS work in their own organizations. However, civil society organizations still suffer from poor collaboration and coordination, resulting in fragmented efforts to

[1] GRZ: *National HIV/AIDS/STI/TB Intervention Strategic Plan 2002-05*, Lusaka, p. IX.

combat HIV/AIDS at the national or district levels. This and the scarcity of information on effective interventions and mechanisms for dealing with the epidemic impede efforts to combat HIV/AIDS. Faith-based organizations like the Jesus Cares Ministry, Assemblies of God church, and World Vision International are involved in supporting orphans and rehabilitating former sex workers.

At the policy level, there is a draft National Policy on HIV/AIDS. A policy on HIV/AIDS and child labour has been drafted with the help of ILO-IPEC. However adoption of this policy depends on the lengthy procedure and process followed by the decision makers at the governmental level.

Rau notes that the draft gender policy is designed to act as a basis for Government and NGOs to implement action to curb HIV/AIDS. The policy recognizes that vulnerability is increased by poverty, gender factors, HIV/AIDS and child labour.

The Ministry of Labour and Social Security is developing a policy on child labour based on the national and international policies and processes like the ILO Worst Forms of Child Labour Convention No. 182, 1990, and the ILO Minimum Age Convention No. 138, 1973 which Zambia has ratified (including SADC). A national Steering Committee on Child Labour exists in Zambia and the Ministry of Labour and Social Security is a member. However, the current labour laws do not address child labour on commercial farms and the informal sector. [2]

The report prepared after the workshop on HIV/AIDS and World of Work [3] held by ILO-IPEC states that out of 40 million people infected with HIV/AIDS, 25 million are workers. HIV/AIDS acts as a barrier to education and increases the severity of the orphan situation. Therefore, the need to formulate HIV/AIDS policies at all levels is imminent and necessary. It is also important to realize HIV/AIDS as a work place issue. Some of the impacts of AIDS in the workplace are low productivity, loss of skilled human resources, increase in cost of health care, and reduction in profits and investment.

The ILO-IPEC tripartite workshop report [4] highlights the existing initiatives on child labour/HIV/AIDS to include the SADC (Southern Africa Development Community) Code of Conduct, Government Bill on HIV/AIDS, Draft National HIV/AIDS policy, National AIDS Council, Public-Private partnerships, resource mobilization, WB Global Fund, an existing Health Care System programme on HIV/child labour issues at the national level. District-level interventions include peer education, HBC and Kit, advocacy, debate on HIV/AIDS in schools, District Task Forces and support groups, counselling and support groups, procurement and stocking of essential drugs and ARVs, and district AIDS management situation reports.

At community level, strategies for fighting HIV/AIDS and child labour include anti-AIDS Clubs, teachers Against HIV/AIDS in schools, educators in communities, awareness campaigns by various groups and NGOs, Youth Friendly Corners at clinics, Bible clubs in churches for boys and girls, Church outreach programmes, family circle discussions, condom distribution, HBC and counselling, and drama used by various groups.

[2] Rau, B. (2002), op. cit.

[3] ILO-IPEC (2003): "Draft Workshop Report on HIV/AIDS and the World of Work: Consequences for Labour and Socio-Economic Development", unpublished report of ILO-IPEC workshop held at Lusaka, Zambia.

[4] Chileshe-Chalo, J.; Amorim, A.; and Rau, B. (2003), op. cit.

The report concludes by giving guidelines for integrating child labour in HIV interventions at three main levels, namely, national, district and community, including the following considerations on child labour: Focal Points Persons should be recruited, enforce stiff punishment for child abusers in the legal framework, provide free education to all boys and girls up to ninth grade (in practice), Introduce budget lines on HIV/AIDS and child labour, use rehabilitation centres for counselling, use the media for sensitization on child labour, initiate HIV/AIDS and child labour awareness into school curriculum, and empower parents economically, socially, spiritually.

The various interventions existing in Zambia can be summarized as follows:

4.1. National-level interventions

At national level, SADC Code of Conduct is used as a point of reference for child labour issues. Government Bill on HIV/AIDS and Draft National HIV/AIDS policy, a level of intervention involving the formulation of policy which supports all work related to HIV/AIDS and child labour are two important interventions. National AIDS Council has mainly a key role in capacity building. Health care system and prosecution reduction programme of HIV/child labour issues are also part of national-level interventions. Moreover, there are public-private partnerships in addition to resource mobilization and provision of financial and material resources by multilateral and bilateral donors like the UNDP, UNAIDS, UNICEF, World Bank, the Global Fund.

4.2. Organization- and institution-level interventions

At organization and institution level, care, support and basic school requirements are provided to orphans. There are formalized orphanages. Rehabilitation centres for orphans and street children are available. There are initiatives for the withdrawal and rehabilitation of boys and girls from the streets and CSEC. In terms of awareness raising on HIV/AIDS and child labour, public discussion on child labour, HIV/AIDS and the value of educating girl children through for instance PAGE; sensitization of employers and employees about the minimum age of employment, the dangers of HIV/AIDS and child labour and panel discussions in the media on issues of child labour and HIV/AIDS are provided. At this level, behaviour and attitude change training, for example using the ABC or the 4As campaigns, and promotion of condom use and distribution are essential initiatives. Gender sensitive surveillance and research are used in approaching child labour and HIV/AIDS issues. HBC of HIV/AIDS patients is provided by FBOs. There are HIV/AIDS task forces at district level. School-based counselling activities are provided to boys and girls. In addition, youth friendly corners exist at clinics.

4.3. District-level interventions

At district level, peer education and HBC are provided. There is debate on HIV/AIDS in schools. Advocacy, district task forces, counselling and support groups are existing initiatives. Procurement and stocking of essential drugs and ARVs and district AIDS management situation reports are essential.

4.4. Community-level interventions

Community-level interventions include:

- Feeding programmes to encourage orphans to attend school where boys and girls are provided with high protein and carbohydrate rich foods. Food is either cooked and served at a central place or distributed to households caring for orphans and vulnerable boys and girls.

- Community mobilization and response to HIV/AIDS through local committees and use of participatory approaches, as in the case of Chikankata in southern province of Zambia. There are HIV/AIDS task forces at community levels to carry out various interventions at that level.

- Orphanages; Anti-AIDS Clubs; youth-friendly corners at clinics; bible clubs in churches for boys and girls; HBC and counselling activities; church outreach programmes, condom distribution.

- Teaching and awareness against HIV/AIDS in schools; awareness campaigns by various groups and NGOs; educators in communities; family circle discussions encouraging families to hold discussions about issues affecting them; awareness-rising through creative mediums such as drama.

There are very few existing interventions dealing with both HIV/AIDS and child labour together, compared to those addressing one of the issues. An attempt has however been made to include existing institutions and interventions on child labour and HIV/AIDS. Interventions on HIV/AIDS, which may have a direct impact on child labour and affect the education sector, have also been examined below.

4.5. Community- and school-based HIV/AIDS counselling organizations

Community Home Based Care Programme, Archdiocese of Lusaka: provides care and support for people living with HIV/AIDS; care and support for orphans; income generating activities and supplementary feeding programme.

GURU Community Empowerment Foundation Network: aims at raising community sensitization/awareness on HIV/AIDS and prevention.

KARA Counselling and Training Trust: provides HIV/AIDS counselling, care, prevention and training.

KARA Counselling Girls Programme: assists girls aged between 14-19 years old, focuses on girls as they are more vulnerable in terms of abuse, early marriages and HIV/AIDS. In the programme, communities identify the girls within their localities and then the girls are equipped with basic skills needed for them to become responsible citizens.

Young Women's Christian Association (YMCA): runs drop-in centres for adults, youth and children and providing counselling and support, legal advice and peer education.

Human Settlement of Zambia: aims at economic empowerment of people in communities; supports for widows and orphans; trains youths in tailoring, carpentry and

business management, builds health centres, sensitizes communities on issues of HIV/AIDS through distribution of brochures and other materials.

Care International Zambia: serves individuals and families in the poorest communities, with a focus on development, emergency relief and HIV/AIDS workplace initiatives.

Integrated AIDS Programme, Catholic Diocese of Ndola: implements community-based home care for chronically ill patients living with HIV/AIDS, provides orphan care and sensitize communities on HIV/AIDS prevention.

S**EPO Centre Community Integrated HIV/AIDS Project**: coordinates voluntary counselling and testing (VCT), community mobilization and home-based care, implements peer education, VCT and workplace education programmes and provides assistance to support groups of people living with HIV/AIDS.

Fountain of Hope: provides an outreach programme for street children, primarily boys, encourages the boys to attend the community schools. Most of the volunteers of Fountain of Hope have been trained by Kara Counselling to help the boys and girls cope with the circumstances they face with in the streets.

Christian Children's Fund: assists needy boys and girls through the global sponsorship programme for education and health of boys and girls, where a sponsor from North America and Europe "adopts" a child and contributes a minimum of $21.00 per month towards a pool fund. School fees and other requirements, such as primary health care and basic medical needs are provided from the pool fund. The accumulated funds are directed to vulnerable boys and girls and orphans get priority over non-orphans in the selection process because they are regarded as being more vulnerable. Micro-enterprise development schemes, which are loan schemes given to vulnerable groups to develop their economic capacity to qualify for credit elsewhere, are provided.

Zambia Open Community Schools (ZOCS): is an umbrella body supporting community schools. Its aims at providing basic education to orphans and under privileged boys and girls; encouraging behavioural change through child to child and giving skills to orphans after fours years of basic education in fields such as tailoring, carpentry, cookery, and child care. Boys and girls are put in schools under sponsorship of ZOCS and other donors.

Chainama Hills College of Health Science SHARES (Stop HIV/AIDS Reach Every Student) Project: sensitizes boys and girls and teachers, distributes materials like flyers, video shows, proposes to do radio and TV programmes, offers courses in psychosocial counselling with the HIV/AIDS component infused into the training, academic symposiums on HIV/AIDS, interclass debates on HIV/AIDS, person-to-person sensitization.

CHAMP (Community HIV/AIDS Mobilization and Response Project): makes research on HIV/AIDS and implements HIV/AIDS projects.

Society for Women and AIDS in Zambia (SWAAZ):

> **SWAAZ** was founded in 1989 as the Zambian chapter of the Society for Women and AIDS in Africa. SWAAZ's mission is to reach out to communities and families while promoting grassroots participation in response to the challenges of HIV/AIDS and its related issues. SWAAZ provides capacity building and funds to its 64 branches throughout Zambia, raising awareness among communities on STDs, HIV/AIDS, sex and sexuality, reproductive health and poverty alleviation.
>
> Source: http://www.ajws.org/index.cfm?section_id=3&page_id=137

Children In Need Network (CHIN): focuses on orphans and vulnerable boys and girls and combats child abuse and child labour.

4.6. Mapping of communities affected by HIV/AIDS-induced child labour

After mapping existing interventions on HIV/AIDS related issues, it is essential to evaluate areas and communities where HIV/AIDS and child labour are in a rising trend. Mapping of communities that have been adversely affected by HIV/AIDS and child labour also provides critical information on the choice of geographical and thematic areas the international projects may focus on. The below evaluation should be a basis for the further investigation.

Fishing industry

Zambia is well endowed with water bodies, allowing fishing to be a major economic activity. Fishing communities of great concern include Kashikishi, where HIV/AIDS is widespread. Therefore, orphans and child labourers carrying out actual fishing, fish preparation and trading activities there are at risk; Chanyanya in Kafue, Siavonga, Maamba on lake Kariba, Namwala, itezhi-tezhi, Lukanga and Mongu and Senanga, Samfya, Mazabuka rural. Mansa is a transit town to Kashikishi and is rapidly getting affected by the AIDS pandemic.

Petty trading industry in towns along the line-of-rail and the Great North Road

All the way from Livingstone to Kitwe and Nakonde, child traders sell merchandise to travellers. Notable places are Kapirimposhi, Livingstone, Kabwe, Monze, Lusaka. Most of these are urban areas. Some of the boys and girls, often orphans, also sell agricultural products. Both girls and boys sell products such as bananas, apples, and oranges along the Great North Road and line of rail. Some girls and boys also engage in commercial sexual exploitation, stone crushing, portering and work as call boys (inviting travellers to board buses).

Border towns and cities

HIV/AIDS figures are highest in Livingstone, Chipata and Chirundu (rural/semi-rural) and other border towns. Cross-border trade has led to an increase in the spread of HIV/AIDS in these major border towns. Most of the boys and girls working here come from shanty compounds in the various areas. In Chipata, even some rural boys and girls from surrounding areas migrate to the towns.

Night spots like Rhumba Houses, bars, open air entertainment centres, disco houses, hotels and restaurants

These are lined in all the small and large towns where boys and girls are either sent or go on their own to seek work as domestic labourers and CSE, to assist with food preparation before cooking or even cooking, selling food. Notable places are the peri-urban areas of Lusaka, the Copperbelt towns, Mansa, Mongu, Monze, Chipata (Kapata compound near the market) and Livingstone. Boys and girls come from several surrounding areas to meet at popular nightspots. Communities like Kamuchanga in Mufulira, Chawama in Lusaka, Mikonfwa extending to the other former mining townships and Kawama in Luanshya, Zaire Compound, Kabobola and Nakambala in Mazabuka, Zambia compound in Monze are possible inclusions. In Mansa, Senama is another one.

Agriculture

More than 80 per cent of Zambia's farmers are peasant farmers. These mainly rely on family labour. Boys and girls are also expected to work hard in the fields. Rural families are spread out in the country, mainly in the farming regions of southern, eastern, and central provinces. Some of the boys and girls are employed on the farms to plant or harvest crops. This practice is rampant on commercial farms in Mazabuka, Mkushi and other parts of central province as well as in eastern province where demand for child labour is high.

Hair salons and barber shops

Salon and barbershop owners usually sexually, psychologically or economically exploit the young boys and girls they employed. The boys and girls draw water, wash linen and people's heads and keep the surroundings clean. The more established employees send some of the children, especially boys, on errands. Most boys and girls get employed in the peril-urban or shanty compounds of major towns and cities in Lusaka and other towns.

Domestic labour

Children working in the domestic labour are often invisible as most of them do so behind closed doors, sweeping inside the house, washing, caring for babies, etc. Domestic labour is quite common in many places in the country, especially in urban areas where both women and men need daytime domestic labourers when they are out of the home. The rich families of Lusaka, Livingstone, Luanshya, Mufulira, Siavonga, Chirundu, and other cities are usually employers of child labour, especially orphans.

It is therefore recommended that the international projects select its places of intervention based on the above suggested communities and geographical localities. Consideration may be made to work in Chipata's kapata community, Mazabuka's Zaire and Nakambala compounds, Mikonfwa and Kawama in Luanshya, Kumuchanga in Mufulira, Chirundu town, Siavonga, Livingstone's peri-urban compounds like Malota and ZECCO Burton and site and service areas, several compounds in Lusaka like Chawama, George, Chipata, Mandevu, Chaisa, Chainda, Mtendere, Misisi, John Laing, Kanyama, in Kabwe Katondo, and Kasandamalombe compounds and Chowa (ex-mine township). In Kashikishi, the focus may be on the fishing community building into the strategy, an element of capturing the mobile child labour working as porters on public transport like trucks and buses which serve this community.

5. Strategies to address HIV/AIDS and child labour issues affecting the education sector

In order to address issues related to HIV/AIDS and its effect on the education sector and child labour, the following strategies are proposed:

5.1. Policy level

Policy guidelines on the elimination of the worst forms of child labour (WFCL) need to be adapted into the Zambian policy. These guidelines should be related to the education sector and the issue of HIV/AIDS. Capacity building is necessary in analysis and implementation of HIV/AIDS and child labour related interventions.

Existing policy guidelines on HIV/AIDS and child labour should be reviewed, updated and interpreted to ensure ease and viability of implementation with different levels of stakeholders. Another necessary element of implementation is the wide dissemination of policy guidelines on AIDS issues affecting boys and girls within the education sector and to potentially affected guardians/parents and other actors against child labour.

Partners to lobby Government and influence policy formulation and adoption concerning child labour, HIV/AIDS and its impact on education; poverty reduction strategies linked to AIDS and child labour prevention and institutions operating within the country at all levels and multi-sectoral approaches and responses to combating HIV/AIDS and child labour should be supported.

5.2. Institution/organization level

Through the Ministry of Education and related institutions, awareness raising about HIV/AIDS and its effect on child labour and the education sector could be done through workshops, posters, banners, radio, TV and print media. A separate monitoring and evaluation system for HIV/AIDS and child labour should be set up within the Ministry of Education. This is the unit that would concentrate on generating facts and figures about the state of affairs with regard to impact of HIV/AIDS and other variables. There should be collaboration and coordination with other stakeholders like Government, donors, local and international NGOs, and Faith-based Organizations, through support to coalitions and networks working in the field of HIV/AIDS and child labour, including the MOE as a major stakeholder. Capacity building is necessary at national, organizational, and district levels in assessment and analysis of issues related to HIV/AIDS and child labour using learner-directed or participatory methods.

The root causes of HIV/AIDS should be addressed using strategies which focus on school and non-school-based factors affecting school attendance. Counselling and integration forms an essential element of the strategy to curb HIV/AIDS and child labour, thereby mitigating its negative impacts on education. The structures that address HIV/AIDS and the broader education sector should be examined and supported (financially, materially and technically) and it should be ensured that they address child labour and its related causes.

Guardians and older boys and girls above fifteen years of age should be trained in income generating activities (IGAs) and acquire skills relevant for finding employment. Awareness and training of young orphans, especially girls, on safer and non-hazardous

ways of dealing with their (economic) problems should be spread as well as helping them avoid child labour in its worst form. This entails exposing orphaned and other boys and girls to positive practices in life.

Behavioural transformation activities for men should be focused, using various channels like informal discussions, workshops, use of the media, dialogue. This is in order to help men who sexually exploit boys and girls to find alternative and healthy ways of expressing/fulfilling their sexual desires without exploiting young boys and girls.

Surveillance and research studies should be conducted and mitigation actions on the impact of HIV/AIDS and child labour on education be carried out. Gender and rights-based approaches should be mainstreamed as part of the strategy to address HIV/AIDS and child labour in all programmes and projects. Lessons learnt as an integral part of the strategy should be drawn through sharing and documenting these in workshops, video documentaries, meetings and discussions.

5.3. Community level

Skills training should be provided to parents/guardians of orphans and older out-of-school orphans. Since poverty is the leading factor behind the spread of HIV/AIDS and child labour, poverty eradication programmes should be employed and job opportunities should be created for the adult workers. Capacity building of communities to manage HIV/AIDS and child labour locally is essential. All actors in the community should participate in awareness raising activities in order to address the HIV/AIDS and child labour issues.

6. Strategies for developing and implementing action programmes with partners for the provision of educational skills training, targeting HIV/AIDS-affected child labourers

There are several strategies which could be used to develop and implement actions in collaboration with partners.

6.1. Provision of financial support to partners in education and skills training

Financial support to partners assisting HIV/AIDS orphans and HIV/AIDS affected child labourers should be made available by the Government and international agencies. This should be done on the basis of the preparation, by the partners, of sound proposals detailing the numbers of HIV/AIDS orphans (disaggregated by gender) they are supporting. The proposal should also cover a clear strategy to ensure the targeted boys and girls are the actual beneficiaries of this assistance. One way of doing this would be to channel financial resources straight to the education and skills training provider to protect them from being diverted by families for other uses. All the financial transactions should be documented, allowing boys and girls and guardians to benefit from such transactions.

The development of action plans and their implementations should initially be done through joint meetings, sharing of information by the Government, international agencies and partner organizations using a participatory approach. Child labourers who are former street children would require, apart from financial sponsorship, psychosocial counselling facilities and support in awareness raising as they are withdrawn from the streets. This is especially the case for girls who may have been subject to physical and sexual violence and commercial sexual exploitation. Such girls would also require basic survival skills to be provided by partners with IPEC support. This would enhance the withdrawal process from child labour. Moreover, the international community should work with community leaders and District officials to establish HIV/AIDS/child labour committees to assist girls, boys and their families to access income generating projects. The Government should utilize elements of the Chikankata community response approach model to achieve this (see section 3.2) and collaborate with other UN agencies like ILO-IPEC, UNICEF, UNAIDS, and UNDP by pooling resources together to facilitate the production of action-oriented data on child labour and its link with HIV/AIDS. The partners could jointly put together packages, which are user-friendly, simplified and translated into all major Zambian languages.

6.2. Strategy for school-based child labour

MOE should initiate advocacy to ban school-based labour by using the media, a consultative process of stakeholders and sensitization of school authorities, parents/guardians and boys and girls. Specific programmes highlighting the plight of the girl children with regard to child labour should be developed and implemented in schools through the print and other media. Committees for conducting education counselling and awareness raising within the school and community should be established. Such committees should initially be set up with support from international agencies in the form of capacity building in the subject areas they will be dealing with. MOE, school authorities, NGOs, FBOs, community leaders and male and female representatives of the members of communities should be in dialogue.

Planning and implementation of the medical side of intervention against HIV/AIDS, for example ARVs provision to infected boys and girls, should be done in collaboration with Ministry of Health and other health related institutions like CHAZ and ZEC-HBC.

Income generating activities for parents and guardians of orphaned and vulnerable girls and boys should be supported and a monitoring mechanism to ensure the support is having the desired impact should be built. International agencies could financially and technically support partners with sound approaches to assist the economic empowerment of such vulnerable households. The skills that would make a difference in the lives of the HIV/AIDS affected and infected people include entrepreneurship development, assertiveness, business management skills, mushroom growing, dairy cattle rearing, as the milk has a ready market with Parmalat Zambia Limited and other milk processing companies, fish farming, poultry farming, pig rearing and wholesaling of goods as opposed to retailing. Most of the viable activities suggested here fall into the category of non-traditional activities, especially for girls and women.

6.3. A strategy for school-based community counselling and rehabilitation for HIV/AIDS affected boys and girls

Manuals on school and community-based counselling should be provided. International agencies may provide financial and additional technical support. These manuals should be user friendly and be designed to reflect the realities of individual communities in each set up or for adaptation within specific localities. In order to ensure the manuals are user-friendly, the process of preparing them should involve engagement of a wide variety of stakeholders.

Separate school-based counselling committees should be set up without borders. These should be made up of representatives from ILO-IPEC and UNICEF at the national steering committee level, while NGOs, CBOs, FBOs and school teachers will form committees with technical assistance from IPEC-ILO at district levels. Committees at community level should integrate all stakeholders at that level. Committee members should be trained in counselling skills relating to child labour, HIV/AIDS, abusive situations, and rehabilitating boys and girls who are former CSEC. The Government should collaborate with partners in providing relevant materials and kits for the counselling committees. Formal consultation hours for ordinary counselling of pupils and teachers should be established by each committee in accordance with guidelines provided by specialists on psychosocial counselling, child labour and HIV/AIDS. Voluntary counselling and testing (VCT) should be provided to former child labourers, especially girls and boys involved in commercial sexual exploitation. HIV/AIDS and sexually transmitted infections would be of priority here.

Frequent motivational talks by former CSEC, and successful orphans (who have either faced similar circumstances but avoided going into or withdrawn from commercial sexual exploitation) should be organized to create role models for vulnerable girls and boys who are in prostitution as a source of livelihood. The Governmental and non-governmental organizations should identify good motivational speakers and plan a schedule for them. This could be helpful for both prevention and reintegration of CSEC.

6.4. A strategy for awareness raising

The strategy for awareness raising about HIV/AIDS, its impact on the education sector and its link with child labour could include the following long and short-term key actions:

The objectives of education as well as social objectives should be redefined and broadened. Change in type of knowledge and skills transmitted through the school system should be influenced and contributed to in order to make them more relevant to different types of boys and girls. Training in technical and vocational skills should incorporate HIV/AIDS and its links with child labour.

Flexibility in the operations and strategies of international agencies and all their partners/other institutions collaborating on the issues should be provided.

The systematization of planning processes and the generation of all-encompassing multi-sectoral plans should be guaranteed. Such plans should ensure that all sectors are included and strategies directed at dealing with HIV/AIDS devised. Key human resources should be identified and recruited to manage the awareness-raising front. Psychosocial counselling should be introduced as a necessary element of the awareness strategy. HIV/AIDS and child labour preventive programmes disseminating a wide spectrum of related messages to different elements of society should be designed and implemented.

Publications such as newsletters (both paper and web-based) should be prepared and circulated regularly to increase awareness. Bulletins and posters to be posted in public places like wells and trees in rural areas and school notice boards should be prepared. Drama groups should be used as tools for sensitization. Strategic sensitization of media personnel who participate in the production of documentaries which are sensitive to HIV/AIDS, child labour and girl child issues should be provided. Use of the media to conduct public debates, panel discussions and presentation of clear messages on these topics is also a key strategy to reach those who need to be aware of these issues. Awareness workshops should also be held for target groups.

7. Guidelines for mainstreaming HIV/AIDS in child labour programmes

Mainstreaming of child labour and HIV/AIDS can take place at various levels from the national to the district and community levels. Chileshe et al. [1] present the definition of mainstreaming as *the process of integrating child labour issues into the mainstream or existing policies, programmes and projects*. Mainstreaming refers to the incorporation of child labour and HIV/AIDS issues into existing programmes, policies and projects with special reference to the Ministry of Education projects.

Ways and means of mainstreaming the HIV/AIDS and child labour issues into existing projects, programmes and policies:

IPEC and other UN agencies should develop and support programmes and projects where girls and boys, especially HIV/AIDS orphans, are protected from engaging in child labour, especially that which would expose them to HIV infection. This could be done by enrolling girls and boys in school and retaining them there, as being in school delays the age of employment. IPEC and UNICEF projects (like Commercial Agriculture) should allocate adequate resources for activities targeting youth and children, and put deliberate measures in place that can be built into the existing project structures. For example, having a budget line in each project pertaining to issues of child labour and HIV/AIDS could enhance the process of mainstreaming these issues into these projects. Exploration of a common basket approach to which each project could contribute is an excellent idea for ensuring the issues are mainstreamed by IPEC projects. The basket approach entails all IPEC programmes pooling their resources together in order to address issues of common interest

Sensitivity to youth and child development should be ensured by deliberately involving them in planning and implementation of international programmes and projects. Women and youth should involve in the running and administration of youth and child development activities, as they are key stakeholders in child labour and HIV/AIDS. An information and advocacy package that would enhance the tackling of HIV/AIDS and child labour related issues should be developed. To ensure that advocacy programmes are targeted at the youth, an information kit with a special focus on education could be given to them, to enlighten them on the dangers of HIV/AIDS and child labour. IPEC projects could collaborate on the production of such an advocacy kit.

In order to enhance the process of mainstreaming child labour and HIV/AIDS issues, IPEC, UNAIDS and UNICEF projects in Zambia and other countries should create working groups and task forces at both the international and local levels that will act as focal points on these issues. Participation in these groups should be permanent for at least one person from each project, while the other staff will rotate. The participation of more than one staff at every given opportunity would speed up the mainstreaming of child labour/HIV/AIDS programmes. The potential of joint action cannot be underestimated as a channel for mainstreaming key issues. Deliberate measures to address child abuse should be put in place not only by IPEC and UNICEF but also by the Government of the Republic of Zambia. The Government should review legal instruments and policies and partner with various organizations to incorporate issues related to HIV/AIDS and child labour into such policies. Focal point persons in each Line Ministry, especially education, should be established and sensitized to HIV/AIDS and its direct links to child labour. Capacity

[1] Chileshe, J.; Rau, B.; and Amorim, A., op. cit., pp. 20-21.

building of district and community committees in skills for handling issues of child labour in relation to HIV/AIDS is necessary

Information sharing across international projects could facilitate mainstreaming of HIV/AIDS and child labour. Appropriate training and sensitization of international staff and partner organizations on the link between HIV/AIDS, child labour and education is essential as it forms the basis upon which these people can effectively deal with the subject matter on the ground.

Child labour and HIV/AIDS should be incorporated into the basic school curriculum so that girls and boys can start to understand these issues at an early age. This can be one of the most effective ways of mainstreaming these issues in programmes and projects, schools and the community at large. In the long run, communities will have well-sensitized citizens who are able to deal with the issues at hand more effectively. Gender sensitivity in the school curriculum should be enforced rather than being just on paper, as this is critical to enrolling and retaining girls in school and will also reduce the possibility of them going out to seek hazardous work if they drop out of school. Ensure that the attrition rates for girls are low.

Gender discrimination in the appointments, transfers, promotion, or training of school teachers should be eliminated. There must be no discrimination of teachers affected and infected by HIV/AIDS in schools through enforcing policies of non-discrimination on the basis of HIV status. Similarly, measures to protect orphaned children against harassment, especially girls, could be of help if put in place. This could be done by introducing and enforcing stiffer punishment for offenders

The programmes and activities aimed at prevention and spread of STDs/HIV/AIDS should be promoted. Both girls and boys should be active recipients of vital information on HIV/AIDS and child labour and their impact on education.

An appropriate, sound and built-in mechanism should be in place for monitoring the level of mainstreaming of child labour and HIV/AIDS issues in IPEC projects, and partner organizations and institutions should be involved in the plan of implementation at all levels. In addition, built-in community self-monitoring and evaluation mechanisms for communities should be developed to enable them to monitor their progress in addressing child labour/HIV/AIDS issues.

Use of the media, such as television, radio and newspapers, is essential to sensitize the public on child labour and HIV/AIDS on a regular basis. Programmes should run for a long time (at least six months or more) in order for the issues to be embedded in people's minds and lead them to act for change. The media should be a visible participant in ensuring that mainstreaming happens, as they tend to serve a broad spectrum of society and can be very influential. Sensitization of media representatives on the issues of child labour and HIV/AIDS should be provided. The media's role could be very detrimental instead of helpful if they were not sensitized to the issue and given sufficient information themselves.

Translated materials, pictures and drama for creating awareness should be used among the less educated and those who cannot understand English.

Tools for mainstreaming child labour and HIV/AIDS

In order to mainstream HIV/AIDS and child labour and impact education and other sectors, IPEC and other UN agencies should dialogue with partners. The Government could initiate dialogue with relevant partners and stakeholders, but this should be done systematically so that it yields expected results. Lobbying especially at the Government level, can be done in order to influence child labour/HIV/AIDS sensitive policies,

programmes and projects. Localized lobbying could also be done. Tool kits should be jointly developed. The process of developing tool kits is in itself a way of sensitizing the people who are involved in the process. Tool kits, once implemented, would also serve to mainstream child labour and HIV/AIDS in various programmes and projects. Project cycles [2] can be another effective way of ensuring mainstreaming of child labour and HIV/AIDS happens. Information sharing through workshops, discussions and publications is essential. The media is a very useful tool for sensitization and increasing public awareness, and can be used as a basis for mainstreaming HIV/AIDS in programmes, projects and policies. This will have trickle-down effects as sensitized persons may integrate the issues into their planning processes too.

[2] A project cycle describes the different stages of project implementation from conception through to the stage of achievement of desired impact and evaluation. Ensuring each stage incorporates the elements of child labour could help mainstream HIV/AIDS/Child labour into programmes and projects as these will be taken care of at every stage of the project.

8. Strategic partnerships

In order for the international programmes to be effective in the area of mitigating the impacts of HIV/AIDS on the education sector and child labour, international agencies should select their partners strategically. This is to ensure that the partnerships work to their fullest ability. Key partners should be the Government and the Ministry of Education. The other suggested partners are detailed above (Also see Annex 3):

Zambia National AIDS Network (ZNAN): Facilitation, liaison, promotion, collaboration and coordination among civil society involved in HIV/AIDS work.

Mission statement of ZNAN

To promote and facilitate liaison and coordination among HIV/AIDS service organizations and provide assistance in strengthening member organizations' capacities to respond to the challenges of HIV/AIDS in Zambia. ZNAN will do this in collaboration with Government and other cooperating partners.

Overall goal of ZNAN

To contribute to the national efforts and strategies aimed at reducing the rapid spread of HIV/AIDS, and mitigation of the impact of the pandemic on the people affected by HIV/AIDS. To realize this aspiration, ZNAN's primary target groups are AIDS service organizations. Realizing that members lack technical skills to effectively carry out their mandate, the main thrust of ZNAN's strategy is to impart technical skills/financial support to personnel in member organizations, with the view to build their service delivery capacity to the people affected by the HIV/AIDS pandemic.

Development objectives of ZNAN

To strengthen individual member AIDS service organization's service delivery capacity to their target groups. This is expected to be achieved by, first and foremost, achieving the following immediate development objectives:

- To facilitate information sharing among members and other stakeholders.
- To facilitate the exchange of resources and expertise among member organizations and other stakeholders.
- To represent and advocate for the interests of member NGOs and other organizations and individuals who are involved in HIV/AIDS work.
- To enable members reach a consensus on social, economic and medical issues related to HIV/AIDS and to advocate the same to relevant government authorities and other stakeholders.
- To provide services that aim at strengthening the capacity of personnel in member AIDS service organizations in their contribution to the campaign against HIV/AIDS.

Source: http://www.znan.org.zm/pages/positionpaper.htm .

British High Commission: The British High Commission has a small grants scheme targeting women, orphans and the disabled.

ZNBC: Media TV and Radio programmes.

National AIDS Council (NAC): Coordinating, monitoring and evaluating HIV/AIDS programmes in the country.

National AIDS Council (NAC) was enacted by the National HIV/AIDS/STI/TB Council Act of 2002 as a corporate body "...to constitute the secretariat of the council, define its functions and provide for its composition; and to provide for matters connected with or incidental to the foregoing". Its role is:

- To coordinate and support the development, monitoring and evaluation of the multi sectoral national response for the prevention and combating of the spread of HIV, sexually transmitted infections (STIs) and TB in order to reduce the personal, social and economic impacts of the diseases.
- To advocate, receive and disburse global funds to key recipients from various donors.
- To support the development and coordination of policies, plans and strategies for the prevention and combating of HIV/AIDS, STI and TB for health and other institutions concerned with the prevention and combating of HIV, AIDS, STI and TB.
- To play an advisory role to the Government, health institutions and other organizations on policies, strategies and plans to prevent and combat HIV/AIDS/STI and TB.
- To ensure the provision and dissemination of information and education on HIV, AIDS, STI and TB as well as develop a national HIV, AIDS, STI and TB research agenda and strategic plan which includes the quest for a cure for HIV/AIDS as one of the research priorities.
- To support programmes relating to prevention, care, and treatment of HIV, AIDS, STI and TB and also mobilize resources to promote and support identified priority interventions like research in areas related to HIV, AIDS, STI and TB.
- To provide technical support and guidelines to health and other institutions involved in the prevention and treatment of HIV, AIDS, STI and TB; and care and support of persons infected with or affected by HIV, AIDS, STI and TB and TB.
- To collaborate with other research institutions in relation to HIV, AIDS, STI and TB and undertakes other activities related to its functions under the Act.

Source: http://www.times.co.zm/news/viewnews.cgi?category=8&id=1076530871 .

United Nations Children's Fund (UNICEF): advocates for the protection of boys' and girls' rights to enable them to realize their full potential. Priority areas are girls' education, immunization, child protection, prevention of HIV/AIDS and integrated early childhood development.

United States Agency for International Development (USAID): strives to link prevention of HIV/AIDS and care. Regarding orphans, their goal is to facilitate a community response in a sustainable manner so that the orphans are not disadvantaged as adult members of a community. Through the US Embassy, there are self help funds available in the form of grants.

Children in Need Network (CHIN): Umbrella body for organization working with Orphans and Vulnerable Children. It works to provide a network between its members, both large and small, to promote the exchange of information and the sharing of resources regarding Orphans/Vulnerable Children in Zambia.

Children in Need network (CHIN) is a network of one hundred and seventy-eight member organizations addressing needs of orphans and vulnerable children (OVC).

The role of CHIN is:

- To **unify** and **amplify** the voice and actions of the disadvantaged families and communities in order to improve the lives of OVCs.
- **Facilitate** in advocacy and lobby, developing these, linking member organizations to donors.
- **Information sharing**.
- **Capacity building**.
- **Catalyst** in the sustainable development of member organizations.
- **Central body** – providing grooming services to member organizations.
- **Acts** as **a referral** on issues such as child labour, child abuse, orphans.
- **Provide information** and advice for member organization seeking donor funding.

Source: http://www.chin.org.zm/home.htm .

World Vision International: Involved in helping underprivileged people, including orphans, in urban and rural communities to lead normal and fulfilling lives by encouraging the establishment of and managing community-based projects for self sustainability.

Churches Health Association of Zambia (CHAZ):

The Churches Health Association of Zambia (CHAZ) was established in 1970 as an umbrella organization of church health institutions in Zambia. Since then, CHAZ has become one of the most important providers of health care in the country. CHAZ currently provides up to 30 per cent of health cover nationally and up to 50 per cent in rural areas.

Mission

CHAZ's mission is to represent and provide assistance to church related health institutions and programmes in order to improve health in Zambia. CHAZ aims to fulfil its mission by:

- Assisting members to develop the best possible level of health care by providing and/or facilitating technical, administrative and logistical support, as required.
- Assisting churches in formulating appropriate health policies and plans, providing one proactive voice for members in dialogue with the Ministry of Health.
- Assisting members to develop training programmes in co-operation with the Ministry of Health and other relevant agencies.
- Providing a forum for communication and exchange of ideas, information and experiences in the provision of health services.
- Assisting members to monitor and evaluate health programmes.
- Assisting members in the procurement of pharmaceuticals and other medical supplies.

Source: http://www.ifh.org.uk/chaz.html .

Zambia Episcopal Council on HBC: Home-based care and hospice management.

Chainama Hills College of Health Science (SHARES): Psychosocial counselling and training, HIV/AIDS symposiums.

9. Links to other child labour programmes and projects

The main idea of the upcoming project is to integrate HIV/AIDS concerns into all existing child labour projects and actions operating in sub-Saharan Africa. This section therefore, explains how such mainstreaming of HIV/AIDS may be achieved in Zambia and in the current projects. The essence of mainstreaming HIV/AIDS in child labour projects is to ensure that the process of mainstreaming is followed through and comprehensively implemented by all concerned partners.

A child labour project should take into account the existing priorities of other international projects and seek to complement and supplement them. Complementarities in planning and implementation should continue to form a key element of child labour programmes and projects.

Existing IPEC and UNICEF projects in Zambia already enjoy a certain level of collaboration among themselves. Effort at mainstreaming HIV/AIDS entails a close working relationship and further strengthening of the existing ones. The starting point should be the recognition of the present relationship and building upon it. New projects should therefore inform old ones on updates and new knowledge and how they can be incorporated into the existing project. One example of a project that could be closely linked to the HIV/AIDS is the CBP (Capacity Building Project) on child labour. This project is already working directly or indirectly in the area of HIV/AIDS and child labour, indicating a clear need for collaboration both at the planning and implementation levels. Holistic planning should continue for all programmes to take on board HIV/AIDS concerns. The child-monitoring project in the eastern and southern provinces of Zambia could become the focus of research for HIV/AIDS related child labour issues. New projects would therefore gain from already existing data about child labour and HIV/AIDS. Similarly, any new insights from the new HIV/AIDS project will benefit existing ones if information is shared deliberately.

The value of joint action among IPEC and UNICEF programmes and projects is critical to the weighting of any advocacy strategy on HIV/AIDS. It will be crucial for all international activities, projects and programmes to act together or mutually reinforce each other in the area of HIV/AIDS advocacy. The HIV/AIDS projects should focus on building the capacity of existing projects to handle HIV/AIDS child labour related issues in their own programmes. The common goal of eradicating all forms of child labour should be stressed among all international programmes.

Capacity building in HIV/AIDS should also be carried out within IPEC and UNICEF partner organizations so that they can implement HIV/AIDS and child labour sensitive projects and activities. The guidelines proposed in the earlier sections of this document should be considered as a way of mainstreaming HIV/AIDS concerns into international community. Capacity could be built in the areas of awareness raising, counselling and networking.

The strategies to be used to mainstream HIV/AIDS concerns into all IPEC and UNICEF programmes and projects involve information sharing at the local and international levels, creation and raising of HIV/AIDS and child labour awareness through workshops, conferences newsletters, the media and other mechanisms already outlined in this document. Preparation and use of relevant tool kits should be done as a joint activity wherever possible, involving representatives from all international projects in Zambia. Consideration should be made to involve representatives from selected partner organizations who may need to comprehend in greater depth the issues of HIV/AIDS related child labour. Focus should be on those target organizations that are already working

in the area of HIV/AIDS, especially those who combine this area of research with child labour issues.

In order to enhance further the mainstreaming process, new projects on HIV/AIDS and child labour should deliberately seek to cooperate with United Nations agencies such as the ILO-AIDS, UNAIDS, UNICEF, UNDP and others working in Zambia. This would allow the new projects to gain from the experiences and literature of these agencies and will also to encourage complementarities between them.

In order for these proposed links to work effectively, it is important to build upon existing relationships and identify areas, which should be strengthened. Any effort to mainstream HIV/AIDS should consider using the guidelines and tools proposed in another sections of this policy document.

10. Conclusion

It is evident that there is a close linkage between HIV/AIDS and child labour. The education sector has also been devastated by HIV/AIDS, mostly resulting in girl and boy orphans dropping out of school and ending up in employment, which can often be hazardous to their health. Several factors point to the fact that child labour has been a direct or indirect result of HIV/AIDS.

HIV/AIDS has had multiple impacts on the education sector. Several school dropouts are AIDS orphans. These orphans often end up taking paid jobs at a very early age in order to supplement income for their foster families or guardians. Some orphans have to divide their time between school and work; therefore they are less able to concentrate in school. Orphans are also more vulnerable to various types of abuse by their guardians than other boys and girls living in the same households.

Many orphans of AIDS face stigmatisation from schoolmates and other people. They also have to cope with the trauma of losing their parents and the aftermath of nursing them during their illness. Some of the psychological impacts such as depression may force orphans to leave school prematurely.

Some girls who become orphaned due to AIDS end up taking up some risky options like engaging in commercial sexual exploitation or entering into early marriage. These practices expose them to the risk of contracting HIV themselves.

The HIV/AIDS and child labour project of UN agencies such as IPEC and UNICEF therefore are very important. Partnership constitutes a key element of the strategy to fight the HIV/AIDS scourge and mitigate its impact on education and child labour. The recommendations made in this policy paper are mainly proposals for HIV/AIDS and child labour projects. There is a growing problem of child labour emanating from AIDS and it requires a concerted effort from several sectors of society to address it, including governmental, non-governmental and international organizations. The goal of eradicating child labour cannot be attained without first understanding fully the extent to which HIV has caused it through its direct and indirect impact on welfare of children, i.e. education, as discussed in this policy paper.

11. Recommendations

This policy paper offers the following recommendations:

- The international community should consider working mostly with those networks and institutions, which have a track record of assisting OVC in a meaningful way, as well as those which deal directly with HIV/AIDS and child labour issues.

- The ILO should seek to collaborate closely with the Ministry of Education, which is the key stakeholder responsible for boys and girls of the school-going age. The MOE already has some anti HIV/AIDS programmes running in its schools.

- It is critical for IPEC, UNICEF and UNAIDS to facilitate linking of orphans and vulnerable children's projects with other sectors, for example, education, agriculture and micro-credit, which have also been affected by HIV/AIDS. Programmes and activities for orphans cannot function effectively in isolation from these sectors.

- Sharing of information, lessons learnt and creative answers contributes to the creation of a holistic Zambian solution to the orphans' problems and is therefore a good practice for IPEC.

- International projects on OVC should be lasting and sustainable for service provision from its inception, so that HIV/AIDS and child labour activities may be replicated in the whole country.

- The national governmental and non-governmental agencies should consider supporting initiatives focusing on building the capacity of families to cope with stressful situations like death to avoid a decrease in the quality of life for those who become orphans. This could involve support provision to voluntary counselling and confidential testing in order to provide an opportunity for HIV-positive parents to begin to make plans, to the extent possible, regarding the future of their children.

- Alternative methods of education, such as adaptations of multi-grade systems that take education to the children's doorsteps rather than ask them to come to school, could be encouraged by the international community through the Ministry of Education. Non-formal education could be another interesting area to focus on.

- Government and other bursaries should be made available to boys and girls who cannot afford to pay for schools fees and other requirements. AIDS orphans, especially girl, should be special targets of these scholarships.

- Community schools should be regularly monitored and the situation comprehensively reviewed by the MOE at stated intervals, without prejudice, to complement NGO/CBO/grassroots initiatives to provide learning opportunities to all OVCs.

- Child labour issues in relation to HIV/AIDS should be incorporated into the school curriculum as a matter of urgency, to promote awareness among boys and girls and parents/guardians. The UNAIDS family should provide technical and material support to its partners to perform the advocacy role on this.

- HIV/AIDS and child labour interventions should seek to provide communities with adequate information for making decisions, capacity building and provide resources to lighten the orphan burden.

- The nuclear or extended family is unquestionably a very good place for boys and girls to be, and all interventions by the ILO-IPEC programmes and other partners in support of vulnerable boys and girls should aim to reinforce this primary safety net.

- Community-based approaches to the issues of child labour and HIV/AIDS should be supported. OVC interventions must originate in the community and be aimed at strengthening the family and community's ability to address the OVC crisis, especially in relation to orphans of AIDS.

- Institutional care, while not the best option, is sometimes unavoidable. Support should be given to centres that are appropriate for orphaned boys and girls and those with special needs, but placement of orphans in these institutions should not be seen as permanent. This is where affected and infected boys and girls could also benefit from the IPEC experience in psychosocial counselling. Foster care is an option that could be explored further.

- Development workers do not wish to further stigmatize and alienate AIDS orphans by constantly separating them from other boys and girls through NGOs programme efforts. AIDS remains a highly stigmatized illness in Zambia. So, the IPEC project should build in a system to counter stigmatization as part of the strategy to fight HIV and child labour.

- Provision of adequate child counselling and psychological support should be central to any intervention for orphans of AIDS.

- When discussing orphan situations, one often hears of domestic abuse, which takes the forms of inequitable distribution of food between "family" and orphans, orphaned boys and girls performing more difficult physical chores, and incidents of verbal, sexual and physical abuse.

- NGOs, the local community, grass root movements and women's organizations should ensure advocacy and lobbying against abuse of orphaned boys and girls by their guardians by influencing law enforcement against such activities.

- There are several issues to be further considered in fuller detail by ILO-IPEC on the impact of HIV/AIDS on child labour and the education sector. There is need for further quantification and wider coverage of the studies on these topics.

- Future interventions by the international community in the area of HIV/AIDS and child labour in relation to education should consider working in Chipata, Livingstone or Luanshya, due to high rates of HIV/AIDS infection in the first two towns and poverty in the third. The Copperbelt province has also recorded high prevalence of HIV/AIDS and should also be taken into account.

- Complementarity rather than competition with other UN agencies should be the main thrust of the HIV/child labour activities of the ILO in Zambia.

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Annex 1

Community- and school-based HIV/AIDS counselling organizations

No.	Name of the organization	Main business/intervention	Contact details
1.	Community Home Based Care Programme, Archdiocese of Lusaka	Provides care and support for people living with HIV/AIDS; care and support for orphans; income generating activities and supplementary feeding programme	Plot 41, St Francis Parish, Wamulwa Road Thornpark, P.O. Box 32754, Lusaka Tel/Fax: 260 1 239205 Email: chbc@zamnet.zm
2.	GURU Community Empowerment Foundation Network	Aims at raising community sensitization/awareness on HIV/AIDS and prevention	GURU – The Kids University, Garden Market Road, Garden Road, Garden Compound, P/B RW 27X Lusaka Tel: 260 95 709235
3.	KARA Counselling and Training Trust	Provides HIV/AIDS counselling, care, prevention and training	29 Joseph Mwilwa Road, Rhodespark P.O. Box 37559, Lusaka
4.	KARA Counselling Girls Programme	Assists girls aged between 4-19 years old, focuses on girls as they are more vulnerable in terms of abuse, early marriages and HIV/AIDS. In the programme, communities identify the girls within their localities and then the girls are equipped with basic skills needed for them to become responsible citizens.	Umoyo Girls programme, 18KM Mumbwa Road, P.O. Box 37559, Lusaka West, Lusaka Tel: 260 1 233446/233562
5.	Young Women's Christian Association (YMCA)	Runs drop-in centres for adults, youth and children and providing counselling and support, legal advice and peer education.	Nationalist Road P.O. Box 50115, Lusaka Tel: 260 1 255204/254751) Fax: 260 1 254751 Email: ywca@zamnet.zm
6.	Human Settlement of Zambia	Aims at economic empowerment of people in communities; supports for widows and orphans; trains youths in tailoring, carpentry and business management, builds health centres, sensitizes communities on issues of HIV/AIDS through distribution of brochures and other materials.	New Wing Room 306-307, Civic Centre P.O. Box 50141, Lusaka Tel: 260 1 254881 Fax: 260 1 253276 Email: huza@zamnet.zm
7.	Care International Zambia	Serves individuals and families in the poorest communities, with a focus on development, emergency relief and HIV/AIDS workplace initiatives.	Care House, Dedan Kimathi Road, Kamwala P.O. Box 36239, Lusaka Tel: 01 221701/10/34 Fax: 01 222563/4 Email: care-zambia@carezam.org website: http//www.carezambia.org
8.	Integrated AIDS Programme, Catholic Diocese of Ndola	Implements community-based home care for chronically ill patients living with HIV/AIDS, provides orphan care and sensitize	Health Department, Catholic Diocese of Ndola, Broadway Road P.O. Box 70244, Ndola

No.	Name of the organization	Main business/intervention	Contact details
		communities on HIV/AIDS prevention.	Tel: 02 6131146 Fax: 02 615884 Email: healdept@zamnet.zm
9.	SEPO Centre Community Integrated HIV/AIDS Project	Coordinates voluntary counselling and testing (VCT), community mobilization and home-based care, implements peer education, VCT and workplace education programmes and provides assistance to support groups of people living with HIV/AIDS.	79 John Hunt Way, P.O. Box 60545, Livingstone Tel/Fax: 03 321836 Email: hope1994@zamnet.zm
10.	Fountain of Hope	Provides an outreach programme for street children, primarily boys, encourages the children to attend the community schools. Most of the volunteers of Fountain of Hope have been trained by Kara Counselling to help the boys and girls cope with the circumstances they face with in the streets.	C/o of CHIN, P.O. Box 30118, Kamwala Community Center, Lusaka
11.	Christian Children's Fund	Assists needy boys and girls through the global sponsorship programme for education and health of boys and girls, where a sponsor from North America and Europe 'adopts' a child and contributes a minimum of $21.00 per month towards a pool fund. School fees and other requirements, such as primary health care and basic medical needs are provided from the pool fund. The accumulated funds are directed to vulnerable boys and girls and orphans get priority over non-orphans in the selection process because they are regarded as being more vulnerable. Micro-enterprise development schemes, which are loan schemes given to vulnerable groups to develop their economic capacity to qualify for credit elsewhere, are provided.	Plot 9158 Lunsemfwa Road, P.O. Box 32682, Kalundu, Lusaka Tel: 260 1 291694 Fax:260 1 290354 Email: ccf@zamnet.zm
12.	Zambia Open Community Schools (ZOCS)	An umbrella body supporting community schools. Its aims at providing basic education to orphans and under privileged boys and girls; encouraging behavioural change through child to child and giving skills to orphans after fours years of basic education in fields such as tailoring, carpentry, cookery, and child care. Boys and girls are put in schools under sponsorship of ZOCS and other donors.	174 Luanshya Road, Hope House, P.O. Box 50429, Lusaka Tel:260 1 227084
13.	Children In Need Network (CHIN)	Focuses on orphans and vulnerable boys and girls, combats child abuse and child labour.	CHIN, INDECO House, Cairo road, P.O. Box 30118, Lusaka Tel: 260-1-231298 Fax: 260-1-224267 E-mail: chin@zamnet.zm

No.	Name of the organization	Main business/intervention	Contact details
14.	Chainama Hills College of Health Science SHARES (Stop HIV/AIDS Reach Every Student) Project	Sensitizes boys and girls and teachers at schools, distributes materials like flyers, video shows, proposes to do radio and TV programmes, offers courses in psychosocial counselling with the HIV/AIDS component infused into the training, academic symposiums on HIV/AIDS, interclass debates on HIV/AIDS, person-to person sensitization.	Chainama Hills College of Health Sciences, Great East Road, Lusaka Zambia Tel:260 1 283844
15.	CHAMP (Community HIV/AIDS Mobilization and Response Project)	Makes research on HIV/AIDS and implement HIV/AIDS projects.	Great East Road, Northmead, Lusaka, Zambia Tel: 260 1 295041

Annex 2

Centres for AIDS and other orphans

No.	Name of organization	Main business/intervention	Donors supporting	Contact details
1.	Child Care and Adoption Society of Zambia	Strives to take care of the interest of boys and girls in need. Has transit homes and maintains motto of children's place being in the natural home (community) and not in institutions. The centres take care of abandoned and abused boys and girls	World Food Programme, World Health Organization	West of Soweto Market, Zambia National Association of the disabled Building (ZNAD) P.O. Box 50245 Tel: 260 1 286746 Fax: 260 1 288746
2.	Kabwata Orphanage and Transit Centre	Provides foster care for boys and girls without family to care for them, whether the family is alive or deceased, largely in response to the AIDS crises in Zambia. The centre tries to provide this foster care in a loving, family environment where each child is an individual and not a number, as often occurs in traditional orphanages. The centre's emphasis has remained on AIDS intervention although a number of street children have been brought to the centre. It is also intended as a "transit home."	Canadian Mission Netherlands Mission United States Mission Angels in Development Local business such as Shoprite, Nandos, Ovenfresh	Burma Road, next to ZESCO offices, P.O. Box 51055, Lusaka Tel: 260 1 224059
3.	Kasisi Home Orphanage	Provides direct financial help and school facilities to orphans who are in foster homes in communities. Boys and girls are tested for HIV status but they are not told of their status. The administrators are aware in order to meet proper medical and nutritional needs. Kasisi conducts AIDS education and awareness and counselling to orphans. The institution is organized in such way that orphans are divided into groups of ten and a "mother" is charged with the responsibility of raising the orphans by simulating a home situation as much as possible		P.O. Box 33441 Lusaka Tel: 230585
4.	Movement of Community Action for Prevention and Protection of Young People against Poverty Destitution, Disease and Exploitation	MAPODE has dormitories/transit homes and was formed as a response to the growing number of vulnerable people like street children, girl prostitutes, child headed households and orphans due to AIDS, widows and families living in abject poverty and	Works closely with Ministry of Community Development and Social Services and Ministry of Youth and Child Development	Mtendere, near Mtendere Police Post, P.O. Box 38069, Lusaka Tel: 02 290773/772537/295750 Fax: 290773/254981 Email: kiremire@zamnet.zm

No.	Name of organization	Main business/intervention	Donors supporting	Contact details
	(MAPODE)	unemployed youth. It supports, cares and empowers HIV/AIDS orphans, economically empowers women in difficult circumstances such as widows and advocates and lobbies for youth friendly legislation, economic and social policies.		
5.	Muslim Care Orphanage	Provides a "family" and a home for boys and girls where their basic needs for food, shelter, clothing, education and emotional support can be met; better opportunities to lead a normal life when this would have been difficult after the loss of parents.	Centre was established by 2 Lusaka businessmen	Plot 109, Kabwata Site and Service, P.O. Box 33007 Lusaka Tel: 01 235050
6.	Jesus Cares Ministry	Rehabilitation of boys and girls withdrawn from child labour and reintegration into formal school and communities. Boys and girls are removed from child labour, the streets, CSEC, and given psychosocial and spiritual counselling and HIV/AIDS and child labour awareness raising. The group mobilizes communities to form community committees to manage the programme.		Jesus Cares Ministry 16 Omelo Mumba Road Rhodespark, Lusaka Tel: 260-97879920 Email: Jesuscares18@hotmail.com
7.	Nyampande Orphanage	Education, rehabilitation of orphans		Lukwipa, Chongwe district
8.	Kanakantapa Orphans and Vulnerable children	Education, rehabilitation		Kanakantapa, Chongwe
9.	SOS Village	Rehabilitation of orphans and vulnerable boys and girls		Mandevu, Lusaka
10.	AIDS Care and Prevention programme, St. Francis	Care and support of AIDS patients and orphans		St Francis Hospital, Katete, Eastern Province
11.	Chikankata Community mobilization and outreach programme	Care and counselling of HIV/AIDS infected and affected and orphans using a community mobilization model		The Salvation Army Church, Chikankata Mission Hospital, Mazabuka

Annex 3

Partners and networks that the ILO can work with

No.	Name of organization	Main business/intervention	Contact details
1.	Zambia National AIDS Network (ZNAN)	Facilitation, liaison, promotion, collaboration and coordination among civil society involved in HIV/AIDS work.	Plot 59, Great East Road, Harvey Tile Office Complex, P.O. Box 32401, Lusaka Tel: 01 224397 Fax: 01 229309 Email: znan@zamnet.zm
2.	National AIDS Council (NAC)	Coordinates, monitors and evaluates HIV/AIDS programmes in Zambia.	315 Independence Avenue P.O. Box 38718 Lusaka Tel: 01 255044/255092 Email: aidsec@zamnet.zm
3.	British High Commission	The British High Commission has a small grants scheme targeting women, orphans and the disabled.	Tel: 01 251133 Fax: 01 253978
4.	Children in Need Network (CHIN)	Umbrella body for organization working with Orphans and Vulnerable Children. It works to provide a network between its members, both large and small, to promote the exchange of information and the sharing of resources regarding Orphans and Other Vulnerable Children in Zambia	14th Floor INDECO House Cairo Road, P.O. Box 30118, Lusaka Tel/fax: 01 231298 Email: chin@zamnet.zm Web: http://www.chin.org.zm
5.	United Nations Children's Fund (UNICEF)	Advocates for the protection of children's rights, to enable them to realize their full potential. Priority areas are girls' education, immunization, child protection, prevention of HIV/AIDS and integrated early childhood development.	UN Building Alick Nkhata Road P.O. Box 33610, Lusaka Tel: 01252055/254265/252430 Fax: 01 253389 Email: Lusaka@unicef.org Web: http//www.unicef.org
6.	United States Agency for International Development (USAID)	Strives to link prevention of HIV/AIDS and care. Regarding orphans, their goal is to facilitate a community response in a sustainable manner so that the orphans are not disadvantaged as adult members of a community. Through the US Embassy, there are self help funds available in the form of grants.	351 Independence Avenue, P.O. Box 32481, Lusaka Tel: 01 254303-6 Fax: 01 254532 Email: relay@usaid.gov
7.	World Vision International	Involved in helping underprivileged people, including orphans, in urban and rural communities to lead normal and fulfilling lives by encouraging the establishment of and managing community-based projects for self sustainability.	21A Middleway, Kabulonga P.O. Box 31083, Lusaka Tel:260 1 260722, 260724/5 Fax: 260 1 260723

No.	Name of organization	Main business/intervention	Contact details
8.	Churches Health Association of Zambia (CHAZ)	Represents and provides assistance to church related health institutions and programmes in order to improve health in Zambia.	CHAZ, Ben Bella Road, P.O. Box 34511, Lusaka, Zambia Tel: 260-1-229-702; Fax: 260-1-223-297; Email: Chaz@zamnet.zm
9.	Zambia Episcopal Council on HBC	Provides home-based care and hospice management	Catholic secretariat, Kapingila House, Kabulonga, Lusaka Tel 260-1-260950/260980
10.	ZNBC	Awareness raising through the Media, TV and radio programmes.	Alick Nkhata Road, Longacres, Lusaka Tel:260-1-251901/255881
11.	Chainama Hills College of Health Science (SHARES)	Provides psychosocial counselling and training, organizes HIV/AIDS symposiums	Chainama Hills College, great East Road, Lusaka Tel: 260-1-283488