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EXECUTIVE SUMMARY

1. National context and stakeholders

This report covers the period from January to December 2020, a year in which the effects of the COVID-19 paused multiple challenges for all sectors of society. The ripple effects of the corona virus found their way into the core programmes. Even though the country remained relatively stable, the major economic indicators showed an increase in the general cost of doing business. The year saw some businesses slow down while others completely closed down. Major economic drivers like the tourism and hospitality industries recorded job losses due to lack of businesses. This presented a very big disadvantage in a country where unemployment rate is already high, at 80%. For SOS Children's Villages, it meant cancelling youth employability and empowerment programmes. For example, internships, mentorships and job shadowing activities could not be carried out.

During the reporting period, the Bank of Zambia recorded a high inflation rate of 14.45%. This together with the effects of the corona virus pushed up prices of commodities and services. This affected some programme activities. For example, the Chipata Family Strengthening reduced the amount of farming inputs because the prices of fertilizers had increased.

Both core programmes (Family-like Care and Family Strengthening) worked with the government as the key implementing partner. The Alternative Care worked with the Case Management Committee where government is the lead, to conduct admissions and reintegration activities. The Department of Social Welfare in Solwezi was part of the Case Management Committee that supported the recruitment of 26 children for the Kitwe Alternative Care programme. The Department of Community Development and Social Services worked with the Family Strengthening teams to conduct community assessments, identify beneficiaries and conduct verifications.

The Advocacy team led a coalition on Alternative Care which comprises civil society organisations to engage the Parliamentary Committee on Children to lobby government to increase the foster care grant and other related issues to do with child and youth care. They also facilitated TV programs to discuss Social Protection Policy and the Birth registration.

Overall, the organisation reached 685 and 6,061 children and young people in the Alternative Care and Family Strengthening Programmes respectively. The MA managed to utilise 95% of the 2020 budget.

2. Member Association analysis

Strategy implementation status [see 2.1]

Achievements

- Establishment of the digital villages in Lusaka and Kitwe which has created access to ICTs for children and young people and SOS mothers and aunts. During the COVID-19 lockdowns children continued to learn virtually. In Chipata and Livingstone, access to education services was facilitated through public television services. The young people in Kitwe were able to attend an online training on Covid-19, which was organised by IOR.
- The Family Strengthening worked with the multi-sectoral teams composed by government to respond to the covid-19 pandemic. Through this effort, families were supported to cope with the economic hardships that resulted due to lockdowns and slowing and closing of businesses.
- Partnership with the Ministry of Community Development and Social Services at district and community levels accelerated recruitment of new beneficiaries for the Family Strengthening program in Kitwe, Lusaka and Livingstone. The government provided

human resource which, conducted community assessments, household identification and verifications.

- SOS Zambia successfully held a meeting with the Parliamentary Committee for Children. The joint meeting, which was held with other civil society with SOS Zambia as the lead, was represented by Members of Parliament. The Clerk of the National Assembly appointed the Parliamentary Committee on Children as the official advocate on behalf of the coalition on Alternative Care, on which SOS Zambia is the lead organisation.

Challenges

- High inflation rates which led to increase in prices of commodities and services. As such some interventions could not be completed. In some instances, like in the case of Income Generating Activities, amounts of inputs had to be reduced.
- The break out of covid-19 and some terror attacks at the beginning of the year led to activities being cancelled or postponed. This affected major delays in recruitment of beneficiaries for the Family Strengthening in all programme locations as well as delays in implementation of some activities in Alternative Care.

Lessons learned [see 2.2]

- Working with existing partners in the communities has led to community entry activities being conducted efficiently as most of the responsibilities were taken up by community leaders.
- Engaging the government at the beginning of a projects proves to be more sustainable and efficient. This made the work of FS program during recruitment very easy and smooth.
- The community integrated SOS family under Chipata programme shows improved child development for the ten boys and girls under the care of an SOS mother. The children have integrated into community life and indicate a preference to live outside the village

Cross-cutting topics [see 2.3]

- Disability inclusion: the Chipata FS programme, which exited one community, Nabvutika in 2019, ventured into a new community in Chadiza central where 75% of the child beneficiaries have various types of disabilities. Through the interventions families will be able to support children and young people with disabilities with basic needs and increase their chances to interact with other children in education and health services.
- Gender inclusion: The Family Strengthening conducted awareness on the importance of girl education and harmful effects of child marriages. In Southern Province, through a meeting that was attended by representatives of traditional rulers, by-laws will be drafted to address the issues of child and early marriages.
- Child Protection and safeguarding measures were mainstreamed into the core programmes. This was done through training that was conducted for co-workers and community partners.

Sustainability actions [see 2.4]

- The SOS Family care has piloted supporting children and young people who live with their families of origin. This is sustainable because the beneficiaries are able to access services within the communities they live in. The final reintegration of the programme participants will done efficiently.
- The identification of existing partners by the Family Strengthening already indicate that exiting the new communities will be efficiently done because the Community Based Organisations are already independent.
- Working with government in both Alternative Care and Family Strengthening shows that as the organisation exits, the government readily takes up the responsibility. In Chipata, at the exit meeting for Mchini and Magazine communities, the Ministry of Community

Development and Social Services took over the responsibility of monitoring and strengthen the interventions that were left by SOS Zambia.

3. Overview of programme(s)

The Alternative Care and Family Strengthening programme reached 685 and 6,061 children and young people respectively. For the Alternative Care programme this indicated 94% capacity utilisation while the Family Strengthening recorded 80% capacity utilisation. The family of ten children in Chipata Family Care, integrated in a community have indicated a sense of independence and take part in community activities. 70 children and young people were being supported within their families of origin in Kitwe (34), Chipata (26), Lusaka (5) and Livingstone (5). Lessons learned from both the community integrated and beneficiaries being supported with families of origin, are that it is a sustainable and cost effective approach. Children and young people in the two types of care settings exhibit better esteem than those in a traditional village setting. Because the children access services outside the traditional village setting programme, the approach is cheaper. Most of costs toward child care and development are taken up within the community and public services.

The Alternative Care programme enabled children and young people to access education and health services through partnerships with public education and health services providers. The challenges among many others, is the poor quality of services especially for primary and secondary schools where numbers of pupils are not controlled. During the COVID-19, public schools could hardly meet the minimum standards stipulated for prevention of the corona virus. This put children and young people who returned to school at risk, despite the organisation providing the Personal Preventive Equipment.

The Family Strengthening successfully conducted community entry meetings with key stakeholders in the new areas under the new NORAD framework of 2020-2024. The key lessons learned is that working with partners, especially government has proved to be effective. Government departments are present in a wider community and hence the response in terms of service provision is extensive. The Ministry of Community Development and Social Services was very handy in conducting community assessments, identification of programme participants in Chadiza, Katete, Masaiti, Ndola, Mumbwa, Chibombo, Chongwe, Kazungula and Livingstone.

Riding on the influence of traditional leaders in Livingstone, Kazungula, Masaiti, Mumbwa, Chongwe and Chibombo, information on the harmful practice of child marriages received the attention it deserved. In Livingstone, the traditional leaders have commenced the process of drafting by-laws to deter parents from marrying off girls and to ensure children go to school.

Working with partners and in networks creates a big impact. The SOS Children's Villages led Alternative Care Coalition engaged the Parliamentary Committee on Children to lobby for government subsidy for the alternative care interventions. The engagement meeting resulted in the appointment of the Parliamentary Committee on Children as the official advocate of the Alternative Care Coalition, by the Clerk of the National Assembly. The Committee also committed to presenting key issues around alternative care to Parliament.

The MA made great strides in sourcing for funds through proposal development. 15 applications were made in the year 2020 to various donors and four of them were approved for implementation. This was a representation of 27% success rate. One concept note was approved for the next stage of full application.

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1. NATIONAL CONTEXT AND STAKEHOLDERS

General description of national context

The Republic of Zambia is a landlocked country in South Central Africa, bordered by eight countries: Angola, Botswana, Democratic Republic of the Congo (DRC, formerly Zaire), Malawi, Mozambique, Namibia, Tanzania and Zimbabwe. Its geographic area is 752,614 sq. km. In the reporting period, the challenges of minimizing the spread of the corona virus required closure of borders, especially from South Africa where the highest infection rates were recorded. However, this did not happen as Zambia's economy is significantly dependent on importation of goods due to limited manufacturing industry, and there was need to keep the wheels of the economy running. Even though Zambia did not close any of its borders, closures effected by other countries affected importation of essential goods to a large extent. In this regard the local currency was weakened, pushing up inflation. This had a negative impact at a family level as prices of commodities increased.

SOS Children's Village was not spared of the impact of the covid-19 pandemic. With the rising numbers of positive cases of covid-19, SOS Children's village had several lock downs over the year to minimize movement of beneficiaries in the Children's Villages as well as co-workers. This affected the smooth implementation of activities both in the CV and in the communities.

The population of Zambia has grown in the past decade and half; from 7,818,447 as at 1990 census to 14,365,719 as at the 2012 Labour Force Survey, giving an overall population density of 14 persons per sq. km. However, more recent data indicates that the population of Zambia now stands at 18,720,000. Of this 46% is said to be below 15 years of age. The mean household composition is 5.1 members. The Lusaka and Kitwe programmes are located in high density areas, while Livingstone and Chipata are in more sparsely, but growing, populated regions. Thus population increase is highly likely to cause youth unemployment surges, which increases the risks that surround the children's villages.

The HIV/AIDS prevalence is at 12.4% (Zambia Demographic Health Survey, 2017). Life expectancy is now placed at 58years. The Human Development Index stands at 139 out of 188. Like many other African states and developing countries, Zambia is addressing the issue of early marriages, which now stands at 31% of children who are married by 18 years of age (World Bank UNICEF, UNDP HDR 2015, DHS 2013/2014).

The political environment for Zambia was generally peaceful in the implementing year. However, political tensions were recorded from time to time, especially when there were by-elections, held during the year. Invariably, unstable political environments in the country have affected young people, especially the unemployed, in different ways including their involvement in political vices.

During the reporting period, the economic indicators showed that Zambia's economy which had been making steady growth, was faced with challenges. The lockdowns due to the corona virus led to closures of businesses. With the closure of major borders, such as South Africa, meant limited importation of essential commodities. The Bank of Zambia (2020), reported increased inflation from a single digit of 7.9% to 14.45%. The national currency in the reporting period was unstable rising to K22.00 per United States dollar. The major drivers of the economy were greatly impacted by COVID-19. For example, the tourism industry remained closed for a long time. The public transport sector, such as passenger travel experienced reduced usage. Other economic drivers such as mining, manufacturing, wholesale and retail operated at a limited rate. The impact of the slowdown of businesses contributed to the already existing high unemployment rates especially for young people. The impact on the organization was the challenges faced in implementing Youth Care programmes such as mentorship,

internship and job shadowing, which largely depends on industries such as tourism and hospitality.

The performance of Zambia's economy has significantly had negative impact on the lives of the 60% of the population who are said to be poor and 58% living in rural areas. For example, the infrastructure development has been concentrated in urban areas with less than 10% development reaching the far outlying areas of the country. Some of these areas are where the Family Strengthening are implementing programmes; Mumbwa, Chibombo, Kazungula, Choma and Chongwe.

The 2018 Living Conditions Monitoring Survey (LCMS) covering 12,251 households in 664 randomly selected Enumeration Areas (EAs) across the ten (10) provinces of Zambia estimated a national average monthly household income of K1, 801 (K810 for households in rural areas and K3, 152 for households in urban areas). On average, male-headed households earned more than female-headed households (K1, 928 compared to K1, 378, respectively). The average monthly household income ranged from K799 for households whose head had primary level of education to K8, 354 for households whose head had degree or higher level of education. The survey estimated that the top 10% of households earned 56% of total household incomes while the bottom 50% earned seven percent of the total household incomes. The level of income inequality estimated by the Gini Coefficient was very high at 0.69 (0.60 for rural areas and 0.61 for urban areas). In rural areas, households spent 56.4 percent of their incomes on food and 43.6 percent on non-food expenditure items, while in urban areas expenditure on food amounted to 34.7 percent of household incomes and non-food expenditure amounted to 65.3 percent. Baseline studies conducted in new Family Strengthening areas showed that the average household income ranged from K500.00 to K1, 000.00.

The most recent Basic Needs Basket survey (BNB, December 2020) conducted by the Jesuit Centre for Theological Reflections (JCTR) puts the average needs of a family of 6 members at K7, 444 in the urban areas. Therefore going by the LCMS of 2018, which puts average income at between K1, 801 per month, indicating that most households can only meet their basic needs at about 33%.

The social indicators show that Zambia has yet a long way to go to meet the various social problems of its citizens. The most recent population and census reports indicate rural population at 58% and a poor population at 60%. The population of children and young persons is said to be at 45%. It is estimated that one or both parents of 11% of these children are deceased (CSO, Zambia Demographic and Health Survey 2018). There are 1,800,000 orphans in Zambia and 13,000 children living on the streets (UNICEF, Zambia report 2016). Of the population of young people, 25% are said to be unemployed (**Central Statistical Office, July 2019**). However, being an orphan is not the only factor that renders children and young people in Zambia vulnerable and in need of care, but also a great number of children and young people are made vulnerable by poverty. According to national statistics, 65% of children in Zambia live in poverty, many of them live in extreme poverty (UNICEF, 2019). Zambia's population is predominantly young, with youth constituting 36.7% of the total national population, of which 17.7% are male youth and 19% are female. (National Youth Policy, 2015). This means the country has, predominantly, dependent population, which causes service delivery difficult (Department of Social Services, report 2018). The two main services of education and health have witnessed significant infrastructure growth however, the quality of services remain poor and access for women and children remains difficult.

Educational indicators reflect negative trends relative to the 2010 survey. For instance, the proportion of pupils in the right grade in line with the correct age (Net attendance rates) in 2019 for grades 1-7, 8-9 and 10-12 were 78.6%, 30.2%, and 25.6%, respectively. The gross attendance rates for grades 1-7 and 8-9 show similar trends to the net attendance rates. The

gross attendance rate for grades 10-12 reduced from 74.1 percent in 2010 to 51.2 percent in 2020.

Health indicators have also shown some improvements since the early 1990s. The Zambia Demographic and Health Surveys in 2007 and 2014 found the HIV and AIDS prevalence to be 14 and 13.3 percent, respectively. Maternal mortality increased from 649 per 100,000 live births in 1996 to 729 maternal deaths per 100,000 live births in the period 2001/2002. In 2007, maternal mortality declined to 591 deaths per 100,000 live births.

In the year under review, the government widened the Social Protection Safety Net from 42,000 participants in 11 districts to 242,000 beneficiaries in 72 districts indicating 83% growth. The target group on the Social Cash Transfer, are the elderly, disabled and the poorest. However, the bi-monthly relief of about \$10.00 per family only represents 3% of the required minimum of a family to meet their basic needs. Other Social Protection Schemes such as the Fertiliser Input Support and other women and youth empowerment programmes receive minimum or no funding at all.

The government of Zambia working with key partners such as UNICEF, Save the Children, SOS Children's Villages Zambia and other CSOs has invested in key Child Care and juvenile legal and policy reforms. The result of the reforms has led to some improvements in child care services. For instance, the major reforms on reintegration and deinstitutionalization have seen child care facilities aligning to the UN Guidelines on Alternative Care, where family care is being promoted. During the period under review, the Children's Code Bill reviews and consultations had reached advanced levels and was about to be submitted to Parliament.

During the period under review, Faith Based Organizations continued to contribute towards child and youth care development. At the same time, Faith Based Organizations remained supportive of SOS Children's Villages community programs. In Chipata Family Strengthening, the Reformed Church in Zambia in Mchini Community provided space for community meetings. In addition, at the point of exiting the community, the church has continued to support the community based partner to conduct programmes even in the absence of SOS Zambia CV.

The country still faces challenges in terms of harmful traditional practices that impede child and youth development. In response, the organization has engaged rational leaders and other stakeholders to raise awareness among community members. The value of other community partners was seen through traditional leaders who worked with SOS Children's Villages towards ending child marriages and supporting the education of girls through campaigns.

In the year under review, there was an emphasis on the use of technology to conduct business and get through daily life. However, access to ICTs remains a challenge. For example, even though the government, through relevant ministries provided public broadcast education services, vulnerable children could not access these important lessons because of limited ICT equipment. The Alternative Care programme provided televisions, laptops and desktops for all the children and young to continue learning during the COVID-19 lockdowns, however, children in the Family Strengthening remained left out, especially children in rural communities of Mabwa in Kazungula, Masaiti, Mumbwa, Chibombo and Chongwe.

And while the NA steps up efforts to increase benefits from ICT knowledge, access and use among young people there are increasing threats of risks attributed to ICT such as cyber bullying and abuse. The Zambian government has decided that they have had enough of cyber bullying and carelessness of individuals on the cyber space, therefore, the only resolution is to come up with a law which will control and monitor what individuals do on the cyber space, albeit the likelihood of infringement on freedom of expression. The NA will, therefore, have to



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innovate balancing measures that will benefit young as well as hedge against the risk of cyber space.

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Key partners at national level

Table 1.2 Key partners

Name of partner	Description <i>(purpose of partnership)</i>	Progress in last year <i>(key actions taken)</i>	Effectiveness of partnership <i>(contribution to results)</i>	Formal agreement signed
Ministry of Community Development and Social Services	The department of Social Services is the government child care regulatory body, The Department of Community Development supports community intervention programmes	Department of Social Services conducted inspections of the Children's Villages. They also conducted the recruitment of beneficiaries for both Alternative Care and Family Strengthening Department of Community Development conducted assessment of Community Based Organisations and orientation for new beneficiaries.	Both departments are significant to identification of the target group. They also ensure alignment to legal framework. The departments are significant in ensuring sustainability	Yes
Community Based Partners	To implement activities in the communities together with SOS CV.	The CBOs were identified and MoUs signed. They were also taken through the initial trainings and identification of capacity gaps for purposes of strengthening them.		Yes
Other CSOs in Alternative Care	To advocate and lobby for better services for Alternative Care.	As a coalition, a Parliamentary Caucus on Children was facilitated where 12 MPs were engaged.	The partnership is effective, though more needs to be done to make it more effective	Yes
Christian Blind Mission, DRW, AHDI, CHAZ	Development of proposals and implementation of activities under the family Strengthening Program	Funding was granted from CBM and CHAZ. A proposal was developed together with CBM and submitted to USAID	The implementation of activities is effectively going on	Yes

2. MEMBER ASSOCIATION ANALYSIS (5-7 PAGES)

Strategy implementation status (2-3 pages)

[Briefly explain the achievements and challenges that the MA experienced during the reporting period. Please refer explicitly to the mid-term objectives that you included in your mid-term strategy. Include relevant information about progress of actions for federation, achievement of desired results, changes in key performance indicator values, and implementation of planned actions.]

The major challenge that the Member Association faced was mainly triggered by external factors. Among the factors was the onset of the covid-19 pandemic which had devastating effects on all facets of programming. Both core programmes could not conduct community activities. For the Alternative Care, admissions and reintegration of children and young people had to be postponed. The Family strengthening could not conduct community entry, beneficiary identification and other related assessments. The delay caused by constant lockdowns and general slowing down of businesses meant that some activities had to be postponed to later periods on the year or out rightly cancelled. COVID-19 also had economic impact which had a ripple effect on programmes. For instance, the general increase in commodity prices meant that some Income Generating Activities could only be implemented at lower percentage than planned or cancelled completely. The opportunity to vary some funds toward COVID-19 related issues provided leverage for most important activities to be conducted.

The NA temporarily closed and staff “Worked from Home” to allow for comprehensive disinfections due to likelihood of COVID-19. Management reiterated the strengthening of compliance to Ministry of Health guidelines, and leveraging on free testing being provided.

In view of the challenges, the Member Association successfully developed the localised strategy document and effectively implemented its programmes.

The strategy development was developed to guide the operations of the National Association, according to the NA’s planning priorities and in line with the SOS International 2030 Strategy. Value Propositions would be anchored in expansion of the FS programme, which includes leveraging on partnerships with Government, CSO, CBOs, and philanthropists to ensure alternative care systems for children; Reintegration of children in families and communities; stimulating multiplier effects in family strengthening through building capacities of CBOs, promoting self-esteem, and ensuring fundamentals for economic support systems are present.

In our Theory of Change, child centrality requires adequate family and broad community support levels, through requisite aspects like enhanced household economic portfolios, financial information, skills, linkages promotions and strong local economies.

The strategic goal is that “By 2024, SOS CV Zambia is transformed into a recognized leader in innovative alternative care, family strengthening and a voice in influencing policies for care of children in line with international standards of care”

In programme implementation, the Member Association successfully reached the 93% target for the Alternative Care, (685 children and young people). And 74% target for the Family Strengthening, (6,061 children and young people). All the four programmes implemented Alternative Care, with 70 out of the 685 children living under the kinship care setting.

In quarter four, the Family Strengthening worked towards catching up on the time lost during the corona virus lock-downs. The number of child participants increased from 5,352 to 6,061. This is against a planned target of 7,600. The increased number was achieved through 100% recruitment in Kitwe and Livingstone.

In terms of finance utilisation, the MA overall expenditure closed at 95%.

2.1.1 Alternative care

(a) Achievements

There was an increase in numbers under the SOS Family Care by 26 children who were admitted from Solwezi. The Youth Care programme saw a reduction by the end of the year as 15 young people were reintegrated back into society after they reached the level of independence. Therefore, the Alternative Care programme had 685 children by the end of the year. All in all the Alternative Care programme had 562 (270 male and 292 female) children against a maximum capacity of 590 in the family houses and 123 young people (65 male, 58 female), against a capacity of 140 on the programme. All the young people who were reintegrated had reached self-reliance having completed their secondary school education and tertiary training.

Despite the presence of covid-19 pandemic, the children and young people continued accessing education assistance through online education programs and tuitions offered by the Village Educators and the Mothers. The MA, through the covid-19 response interventions, was able to provide some laptops and desk top computers in the houses for use by the children. This kept the children and young people abreast with their education needs even as the schools remained closed. Out of the 685 children and young people on the programme, 642 continued to access education at various levels.

The MA conducted a number of capacity building activities for the SOS Mothers ranging from Youth Leadership Development, Psychosocial Counselling, Child care Development to Child Rights and Child Care Programming.

(b) Challenges

The major challenges that the Alternative Care programme faced were around capacity utilisation of the family houses. Recruitment of beneficiaries for institutional care remains a hurdle because of the new regulatory policies where government promotes children and young people growing up with their families as opposed to institutional care. Since government is the key stakeholder on child admissions, the Member Association has seen a drastic reduction in referrals from the government for the Alternative Care programme.

2.1.2 Family strengthening

(a) Achievements

Despite the COVID-19 challenges, the Family Strengthening successfully launched its programme in new areas of Kazungula, Ndola, Masaiti, Chongwe, Chibombo, Mumbwa and Chadiza. The programme successfully recruited 6,061 child beneficiaries against a planned target of 7,600. Out of this number, 3,104 are female and 2,957 male. Apart from recruiting the beneficiaries, nine MoUs were signed with nine Community Based Organisations in the new FS communities. This will assist with speedy take off of activity implementation in 2021.

The programme had 2,174 children and young people accessing education at different levels. Of these 671 were provided with support.

The Chipata programme successfully exited two communities, Mchini and Magazine. The Magazine community had reached self-reliance where the Community Based Organisation took up responsibilities to support children and young people in the target group. The Magazine Community Based Organisation was part of the area Child Protection Committee and was able to conduct sensitisation on child rights, promotion of girl child education and harmful traditional practices. In addition, the group also had sustainable economic projects which generated income to support school going children.

Caregivers who have been on the program for some time are now able to raise adequate income to respond to the needs of children in the target group in Zambia and Mwaona compounds in Choma. This is evidenced from the VSLA audit conducted in Choma and Livingstone which revealed that Liyoyelo group has acquired basic record keeping skills for its expanded membership has women benefitting both directly and indirectly. The audit further established that the group is now able to help vulnerable women to take care of children. The VSLA group donated 10 pairs of school shoes and 10 benches to a community school which had no enough desks. It has further formed a social network to offer psychosocial support to people with HIV/AIDS. The group, despite having been exited from the program in 2019, has been assisting 6 sibling headed households which are not receiving any services from government and NGO's. The group donated bags of mealie-meal and food staffs to children living with disability as part of COVID-19 response. As a sustainability measure, the group embarked on a poultry project and manages a grocery

(b) Challenges

The Family Strengthening in Livingstone planned to exit 128 families in Livingstone. However, this could not be actualised as the preparatory activities for exit could not be implemented. Families did not receive the required inputs for them to continue sustainably after leaving the programme. This was due to the challenges that came as a result of the corona virus.

Even though the Chipata programme exited the Mchini community, it had not reached self-reliance. However, working in partnership with the Department of Community Development, the Community Based Organisation in Mchini will continue to receive support from the government. In addition, the Faith Based Organisation in Mchini, the Reformed Church in Zambia has also taken up some responsibilities for the group.

The general increase in the prices of commodities led to some activities being cancelled or postponed. In some instances, the MA reduced the amount of income generating activity inputs due to the price hikes.

2.1.3 Youth care and employability

(a) Achievements

Through education and skills training activities that included career initiatives, entrepreneurship trainings, mentorship, career expo, sexual reproduction talks, life skills and awareness, youths in FS and AC continued receiving empowerment towards independent living.

Under youth care five (5) group homes were managed as a way of guiding young people to independent life. These were in Lusaka and Kitwe while Livingstone would implement group homes in 2021.

Mentorship of young people who were due to leave care took place with 24 (20 males, 4 females) young people being trained. The 24 young people had attained tertiary education in form of college or skills training. These were successfully reintegrated in society in December 2020.

In terms of aftercare support, four (4) young people from Lusaka were linked to a lodge to do internship for a period of one year in different departments of the lodge.

(b) Challenges

The year 2020 proved to be a challenge due to the Covid-19 pandemic as such activities that involved external support could not be implemented.

There were recorded challenges in adjusting work with the onset of the covid-19 pandemic that had strict guidelines to ensure limited movement in both the FS and AC. Thus, work with the FS and AC youths reduced drastically leading to failure to implement some activities.

The high inflation of the kwacha meant upward adjustment in costs of all basic goods and services. The upkeep allowances were therefore devalued and could not meet the demands of the young people in AC.

One Lusaka group home was closed as the young people abused the freedom given to them and started leading a wayward life. The young people were brought back to the youth facility in the village for close monitoring and guidance. The MA still has a gap in staffing for the Coordinator- Youth Empowerment

2.1.4 Advocacy

(a) Achievements

At National level, the MA as Chair of the Coalition on Alternative Care facilitated a meeting with Parliamentary Caucus on Children (PCC) and coalition partners to lobby for increased Government subsidies for children's programs. This resulted in the Clerk of the National Assembly officially assigning the PCC as the official Advocate on behalf of the Coalition on Alternative Care Partners.

The MA also conducted a study to assess the implementation of the National Social Protection Policy and identify its gaps thereof, for the new communities where the organization has begun implementation in its FS 2020-2024 project frame. The findings of the assessment were published in the national newspaper.

Further, engagement meetings to discuss social protection were held, in conjunction with the Department of Social Welfare representatives targeting the local authorities (Area council), Community Chairpersons, CBO leaders, Religious and traditional Leaders, Community Development and Social Welfare Officers, Ministry of Agriculture officers, and Churches/Faith Based Organizations. In addition to the Social Protection engagements, there were also engagements on securing legal documents such as birth certificates, National registration cards, Passports, Death records and title deeds with the community members. During one of the birth registration engagement, a total of 687 child programme beneficiaries (360 male and 327 female) were supported to start the process of getting birth registration certificates.

In terms of media engagement, the MA held three TV discussions on COVID_19 effects, Social Protection and Registration of Births respectively on National Television. The discussions were held together with the Ministries of Home Affairs, Community Development and Social Services and Health, together with other partner organizations.

In terms of collaboration and partnerships, as part of the Joining Forces Network participated in National activities commemorating the International and national days such as International Day of the Girl Child, International Children's Day and 16 Days of Gender activism.

(b) Challenges

A lot of activities, especially capacity building and stakeholder engagements, could not be undertaken during the most part of the year due to meeting and movement restrictions brought about by the onset of Covid-9 pandemic.

2.1.5 Human resources

(a) Achievements

The MA successfully varied the employment conditions for all the FS staff from Permanent and Pensionable contracts to three-year renewable contracts. This was in line with the funding conditions from the donor.

The MA realigned the Conditions of Service to the new Government's Employment Act of 2019.

A review of the Human Resource and Administration manuals commenced in the year 2020, progressing adequately well for completion during the year 2021, while the Finance Procedures and Policies were adequately completed during the year 2020.

The NA maintained staff compliment of 232 against the approved established of 241 at the close of the year 2020, with the Family Based Care having the majority of staff members.

(b) Challenges

The Member Association faced challenges of staff turnover due to resignations, disciplinary measures and retirements. In the programmes, SOS mothers who reached retirement age were retired. As a result, the MA conducted so many job interviews to fill up the positions that were left vacant.

It was a challenge to get the right kind of personnel for the vacant positions due to uncompetitive remunerations. In most instances, the MA was forced to get to the third choice or forced to re-advertise, thereby having vacant positions for a long time before they are filled up.

There is a challenge of getting personnel to work on the other IPD projects that do not come with 100% project staff as the FS staff are 100% project staff on the Norad FS project.

2.1.6 Internal processes and digitalisation

(a) Achievements

Internal Audit activities were conducted and successfully elicited areas that require correctional process measures. Some of the areas include:

- *Establishing Resettlement Follow up Procedures which will document the various stages in the resettlement process.*
- Ensuring capacity building on record keeping for programme participants engaging in IGAs in the new communities is enhanced, for instance the programme will encourage participation of other household members to support the caregivers in the area of record keeping.
- During the review of Human Resources and Administration (HR&A) it was identified that the NA needs to increase levels of compliance with policies and procedures,

(b) Challenges

The NA did not have an Internal Auditor for a substantial period of time, which led to delayed observations and findings on the extents to which processes and procedures are complied with.

2.1.7 Fund development

(a) Achievements

In 2020, the MA successfully acquired 5 new grants from the following funders, Comic Relief, NORAD, Rural Finance Expansion Programme, Christian Blind Mission, and HGFD. In addition, USAID approved a concept note submitted in partnership with CBM (Lead Applicant)

on child blindness to proceed to full application stage. SOS Zambia was awarded a new funding framework by CHAZ to implement the “Accelerating towards Epidemic Control (ATEC)” for the next three years.

In order to have a coordinated way of responding to calls for proposals, the NA constituted a Fund Development Steering Committee that will spearhead IPD grant acquisitions and corporate engagements. With the development of a new NA Strategic Plan 2021 to 2024 the plan will inform the direction of fundraising

(b) Challenges

Covid-19 pandemic had an effect on local fundraising as no fundraising events could be organised. The start of community-based project activities in the EU and Comic Relief Projects was delayed as the planned community-based activities had to be re-scheduled due to restrictions in movements and meetings. In addition to the covid-19 challenges, the poor economic performance of the country led to many corporates not being committed to Corporate Social Responsibility.

Lessons learned (1 page)

[In Table 2.2, insert the main lessons learned from the reporting period and the actions taken to overcome challenges, capitalise on good practices, or use observations to improve programmes. If desired, briefly explain how you elicited and managed lessons learned during the reporting period.]

Table 2.2 Lessons learned

Type	Lesson learned	Action(s) to be taken	Status of action
<i>[challenge / good practice / observation]</i>			
Challenge The exiting of Mchini community was a challenge because of limited capacity of the CBO to sustainably continuing to support children d and young people in the target group.	The CBO could not reach self-reliance due to limitations within the group. The Member Association has learned that it is better to work with existing community partners unlike it was in the case of Mchini and other catchment areas where CBOs were formed by the MA, trained and then empowered.	The Family Strengthening in Chipata will follow in the example of the other three locations who are working with existing community partners, as this more effective and provides a sustainable exit strategy	In the new NORAD framework and the new communities where Chipata FS has ventured all community partners were pre-existing and already working with vulnerable families.
Best practice Working with the government stakeholders when conducting meetings or sensitizations in the community	Under the 4 th outcome of the NORAD Framework 202-2024, the Kitwe FS has successfully facilitated the birth registration of 687 children. This was made possible as the registration officers were part of the meeting and they were able to start the process of registering the children right there and then.	The lesson will be documented and shared with the other locations to use similar strategies	Action will be incorporated in 2021 activities

Cross-cutting topics (¾ page)

Gender and disability

The Member Association mainstreamed disability and gender in its core programmes. Throughout the reporting, the MA is encouraged to disaggregate data according to gender and disability. Through the Family Strengthening programmes, stakeholder engagement meetings were held to raise awareness and take action against child marriages and other

harmful traditional practices. In Kazungula, all the four locations, traditional and civic leaders participated in discussions on the harmful effects of marrying off children. In addition, talks were held on the importance of girls' education. In each programme an action plan was created which will further engage key stakeholders from education, health, social services and traditional leaders. In Livingstone, the group will work on by-laws that will be implemented in the chiefdoms to deter parents from marrying off children, especially girls.

Child Safeguarding

The Association continues to maintain a strong child safeguarding culture as can be seen from the reduction in the number of cases being reported and responded to. Capacity building activities for both children and young people and the staff, timely management of cases, safe reporting mechanisms and active collaboration with the department of Social Welfare contributed to ease implementation of the Child protection Policy and the Reporting and Responding Procedures. The Association has also been able to conduct its own CS and Care assessments to inform decision making and learnings. From these learnings, the Association has drafted a Health and Safety guideline to support the staff and children. The guidelines are currently waiting for Board approval. With Covid-19, a steering committee was created to ensure information, updates and trends were shared with Management for quick decision making. The Association remained Covid-19 free for the year 2020.

COVID-19

Zambia as a nation was not spared from the global scourge. In response, the Member Association had its national budget in order to create a fund that would meet the cost of the mitigating measures that had been launched by the state.

While being mindful of community empowerment, four CBOs under the Lusaka programme were given an opportunity to produce face masks that were later distributed among other beneficiaries. The groups were also able to sell some of the masks to fundraise for other activities. In the same vein the Kitwe and Livingstone programmes worked with the Multi-sectoral COVID-19 response team at district and provincial levels to support families and children that had been hard hit by the devastating economic effects of the Coronavirus. The Kitwe FS worked with the government to ensure children who had been removed from the streets were provided with food and other materials. All the four programmes supported education facilities in their areas with protective equipment, hand washing and sanitizers.

Sustainability actions (¾ page)

[Describe measures taken to ensure the sustainability of the member association. Relate the response to the type(s) of sustainability that the MA is striving for: e.g. social, political, financial, etc.]

The Member Association aimed at working with partners. The government is the main duty bearer and hence it becomes the key stakeholder in all programmes. The MA continued to engage government at a strategic level to lobby for subsidies and other related support. At a meeting held with the Parliamentary Committee for children, the MA lobbied for the implementation of government subsidies and the foster care grant. In addition, the MA also tabled the need for government to recognise the care model that is implemented by SOS Children's Villages.

At programme level, the MA has identified existing partners in the communities who will spearhead programme implementation. The approach already indicates a sustainable exit strategy as the key partners have already shown capacity to continue supporting vulnerable families.

The MA also planned to join efforts with other like-minded organisations. The synergies formed in child and youth care networks pooled both human and financial resources to advance child and youth care programmes.

3. OVERVIEW OF PROGRAMME(S) (½-1 PAGE PER PROGRAMME)

*[Provide a **brief overview** of each programme location. If a Progress Report is available for the programme, simply paste the executive summary below. If a Progress Report is not available, summarise the programme learnings from the reporting period including achievements, lessons learned, risks, and sustainability actions.]*

3.1 Programme location: Lusaka

The maximum capacity of family houses is 150, with 10 children per family house. The capacity of the Youth Care programme is 80. Lusaka Family Care cared for 140, (77 female, 33 male), children and 75, (40 male, 35 female), young people. Of the 75 young people on the Lusaka Youth Care programme, 47 (23 male, 24 female) were in residential care. The other 10 (six male, four female) are in small group homes and 18 (11 male, 8 female) live with their families. Altogether, Lusaka SFC cared for 215 children and young people. The children and young people were supported by 15 mothers, ten aunts, two youth leaders, one social worker, one educator and an Alternative Care coordinator.

The Lusaka FS had 732 children and young people (365 male and 367 female) in Mumbwa, Chibombo and Palabana area representing 121 families. The 732 children and young people is 58% of the planned 1,250 recruitment for 2020. The overall number for the framework period is 2,500 children and young people for Lusaka FS.

3.2 Programme location: Kitwe

The Kitwe SFC had 143 (59 male, 81 female) children in the family houses under the care of 14 mothers, supported by 10 aunts. The Kitwe location recruited 26 (13 male, 13 female) children who were admitted onto the programme by the Case Management Committee, working together with the Solwezi District Social Services during the year 2020. The Kitwe Youth Care had 48 (25 males and 23 female) young people, 34 of whom are under kinship care. The total number of children and young people on the programme was 188.

The FS program in Kitwe recruited 2,500 children and young people (1,266 male and 1,234 female), represented by 498 (56 male and 442 female) families onto the program. Out of the 2,500, 14 are children (10 male and 4 female) with disabilities. Out of the 498 caregivers, 27 families (7 male and 20 female) were persons with disabilities representing 133 children (66 male, 67 female) and 32 (8 male and 24 female) are child headed households, representing 136 children (64 male, and 72 female).

At the end of the year the programme reintegrated 6 young people back into society.

3.3 Programme location: Livingstone

The Livingstone SFC cared for 151 children and young people (74 female; 77 male). Of these, 24 children were in primary school, 85 in secondary school and 38 in tertiary. The Livingstone SFC team has planned for the reintegration of children who were identified to have at least a surviving parent. In addition, the Department of Social Welfare also recommended that the identified children be reintegrated with families of origin. The population of young people constitutes 84% of the total 151 on the programme. These are either in boarding schools or tertiary education and rarely live in the Children's

The Livingstone FS reported 1,944 (961 male, 972 female) children and young people on the programme. This is an increase from 1,500 children reported in quarter three. The total number of caregivers is 372, (106 male; 266 female).

3.4 Programme location: Chipata

The Chipata SFC supported 128 children (57 male, 71 female). Among the 28 children, 26 continued to be supported within their families of origin.

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The Chipata FS increased the number of children and young people with new recruitments in Chadiza, bringing the total to 620 children and young people (319 male; 301 female), represented by 153 families.

ANNEX

ANNEX 1: HYPERLINKS TO RELATED MATERIALS

Topic	Person responsible	Source of information	MA file should be saved to:	Hyperlink
Actual statistics of the MA	Member support advisor	LUCY Report accessed via the following path: LUCY → Finance management → Reports → Statistics → Actual statistics	Federation planning & steering: MA statistics	<i>Insert hyperlink of the MA statistics</i>
List of board members	National director	MA fills in template list of board members	Federation planning & steering: MA annual reports	<i>Insert hyperlink of the list of board members</i>
MA mid-term plan	National director	MA fills in template for mid-term planning	Federation planning & steering: Mid-term & annual plans	<i>Insert hyperlink of the mid-term plan</i>
MA annual plan	National director	MA fills in template for annual planning	Federation planning & steering: Mid-term & annual plans	<i>Insert hyperlink of the annual plan</i>
MA website	National director	Member association website	Not applicable: provide link only	<i>Insert hyperlink of the MA website</i>
Online directory page for MA	National director	SOS Online Directory	Not applicable: provide link only	<i>Insert hyperlink of specific page for the MA</i>

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ANNEX 2: SUMMARY OF MAJOR ACTIVITIES OF THE MEMBER ASSOCIATION

[Provide an overview of major activities that occurred at the national level for the reporting period (e.g. audits, trainings/workshops, visits, etc.). Please mention which mid-term objective these activities support and what the results of the activity were.]

Major activities of the MA	Date	Corresponding national mid-term objective	Results
Strategy Development and Theory of Change constructed	2020	Simplify SOS	Strategy development
Board Orientation	Nov 2020	Simplify SOS	Governance strengthening
Engagement with Parliamentary Caucus on Children	Nov 2020	Advocate for Children	Advocacy strengthening
Collaborative dimensions with partner organisations	Year Round	Advocate for Children	Partnerships and advocacy strengthening
Financial Audits		Simplify SOS	The MA attained an unqualified audit report
Recruitment of program beneficiaries in the CV and communities		Innovate Alternative Care, Strengthen Families	685 children on the Child and Youth care under the AC program and 6,061 child beneficiaries on the FS program.
National CS capacity building		Innovate Alternative Care	New skills and knowledge on responding and reporting acquired by the CS teams
National RBM training		Simplify SOS	New skills and knowledge in RBM processes and procedures acquired by staff
Implementation of the Digital Village		Simplify SOS	The young people and children were able to use the DV to access online training and education services and materials
Acquisition of new grants		Invest in funding Growth	This strengthened our institutional partnership and provided the MA a platform to reach a wider target of vulnerable children.