

Pilot Study of the Adaptation of an Established Measure to Assess the Quality of
Child Services in a Selected Orphanage in Zambia: The Inclusive Quality Assessment
(IQA) Tool

by

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ABSTRACT

This study set out to pilot the Inclusive Quality Assessment (IQA) process adapted for use in British Columbia in 1998 from the Inside Quality Assurance tool of the University of North London Centre for Environmental and Social Studies in Aging. The current study was exploratory to determine the tool's suitability and appropriateness in a non-Western culture. The IQA tool was successfully implemented in a selected orphanage where it was administered to assess the quality of care provided to orphans. This exercise involved the participation of orphans and caregivers in identifying their needs and how to fulfill them. It also involved the role of the frontline managers in planning and improving the quality and assurance of care to orphans in their institution. The researcher concludes that this tool is appropriate for regular evaluation of services in childcare facilities and home settings but will require effective policy formulation and implementation to make it a reality in Zambia.

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To God be the Glory.

CHAPTER 1: INTRODUCTION

Area of Research

This research study assesses the childcare services that are available and provided to orphans in one selected orphanage in Zambia.¹ This is an exploratory study to obtain insights into the basic and affective dimensions of care that are provided in a selected setting and how the institution could be supported to enhance the quality of care for children who live in it. This is crucial given the challenges of finding or creating a culturally and care-work appropriate assessment tool for orphan care in Zambia. For the purpose of this research, we adopt the UNICEF (2003) definition that an orphan is a child (0-14 years) who has lost one or both parents. A maternal orphan has lost the mother, a paternal orphan the father. A single orphan is a child (0-14 years) who has one surviving parent. A child who has lost both parents is referred to as a double orphan. In Zambia, some children are multiple orphans, having lost both parents, grandparents and other relatives to death especially the HIV/AIDS pandemic.

The demand for orphanages is on the increase as the number of orphans increases: by 2010, 18% of all children in Zambia will be orphaned, with AIDS accounting for 75% of orphanhood (UNAIDS, UNICEF & USAID, 2002). Furthermore, the coping mechanisms of the extended family network, the manpower supply and resources of the nation are currently being undermined by poverty, anomie(?) and HIV/AIDS. A culturally relevant monitoring and evaluation tool is therefore required to promote quality

¹ This Masters Thesis focused on only one orphanage and has been limited to one site in order to be completed within the timeframe of the ECDVU M.A. program. It is envisioned that this one site will be a pilot for additional related work with other facilities.

assurance and control in the context of service delivery and with regards to fulfilling the best interest of the child in orphanages. The adaptation and use of the Inclusive Quality Assessment (IQA) tool would also help determine a minimum standard of care that is client-centred.

The research was undertaken within the context of an integrated early childhood care and development (IECD) initiative. IECD aims to provide a good start in the context of the Convention on the Rights of the Child (CRC, 1989) to which the government of Zambia and UNICEF are both signatories. According to the Consultative Group on Early Childhood Care and Development (2002) the term IECD comprises

. . . all the essential supports a young child needs to survive and thrive in life, as well as the supports a family and community need to promote children's healthy development. This includes integrating health, nutrition, and intellectual stimulation, providing the opportunities for exploration and active learning, as well as providing the social and emotional care and nurturing that a child needs in order to realize her/his human potential and play an active role in their families and later in their communities (p. 1).

The goal of IECD in Zambia is to promote the holistic development and improve early learning preparedness of children aged 0- 8 years through integrated, comprehensive home and community-based initiatives. For this purpose, integration is seen as the single most effective intervention for helping poor children, families, communities, and nations break the intergenerational cycle of poverty. In addition, integration is also thought of as an attempt to bring people from the various sectors related to early childhood development such as health, nutrition, education and other

services together to combine the resources in such a way as to produce synergy (Evans, 1997; 1998). According to Evans, Myers and Ilfeld (2000), care is the integrated set of actions that ensure for children the synergy of protection and support for their health, nutrition, psycho-social and cognitive aspects of development (p. 3). This is what IECD is all about.

The assumption among social scientists and development workers is that, traditionally, orphans who are taken care of by members of the extended family network receive better care and affection than their counterparts in orphanages or in such residential facilities. This assumption, according to “Orphans and Vulnerable Children – A Situation Analysis” (USAID, UNICEF & SIDA, 1999), is based on the cohesiveness of the extended family and the fact that families and communities are in the front line coping with the problems of orphans in Zambia. McKerrow (1996, cited in USAID, et al., 1999, p. 94) revealed that rural households were better able to feed their members, including orphans, while a higher proportion of urban orphans were able to attend school. On the other hand, scholars like Kelly (2002) posited that orphans in Zambia who are living with grandparents, especially elderly grandmothers, are particularly vulnerable because of the inability of the grandparents, at their age, to provide for the material, social and psychological needs of another generation of children (p. 2). Furthermore, there are now more orphans than grandparents because of the HIV/AIDS situation, and therefore even if orphanages are ‘second best’, they are an inevitable reality in the current context. Thus, there is a need to assess with IQA, the type of care provided and received in orphanages within the concept of children’s best interests- bearing in mind the need for services to be child-centred, child-oriented (Anglin, 2002) and child-focused.

As stated by Anglin and Dolan (1988), “Inclusive Quality Assurance is a client-centred quality assurance review process that helps people in service settings focus on what they hold to be important and what kind of environment they want to create” (p. 1). It is a specific technique for undertaking a client-centred review of the quality of life experienced by clients receiving services within a residential program.

Use of established instrument: The IQA tool.

This study utilized an established tool to evaluate the quality of care provided, within the premise of the “best interest of the child” to survival, development, protection and participation. It adapted the evaluation tool developed by The Centre for Environmental and Social Studies in Ageing (CESSA) at the University of North London, England, called Inside Quality Assurance (IQA). This study adopted the concept of Inclusive Quality Assurance tool, which was adapted for use in the province of British Columbia, Canada (Anglin & Dolan, 1988). This study utilised the terminology Inclusive Quality Assessment tool. The Zambian version conformed to the following characteristics of the version adapted for use in British Columbia (B.C.):

1. IQA is especially focused on the residents of the program and including their perspectives, experiences and interests as a key component of the process.
2. The term captures the unique consideration of inside and outside representation on the Quality Assessment Group that steers and leads the agency process.
3. The term “inclusive” has the virtue of allowing the abbreviation to remain “IQA,” thus indicating the essential similarities and linkages between the

version adapted for B.C. use and the original University of North London model (Anglin & Dolan, 1988).

IQA is concerned with every day events by looking through the eyes of participants and those who work within the setting. It emphasizes the residents of the program and includes their perspectives, experiences and interest as a key component of the process. “It is the quality of their life which is of prime importance and their understanding should be central in defining, assessing and reviewing quality” (Youll & McCourt-Perring, 1993, p. 36).

In adapting the IQA approach, the residents were seen as the key evaluators and “residents’ wishes and concerns about living in the home are respected. Staff and others who know the home are also asked what they think, but from the residents’ perspective” (Polytechnic of North London/CESSA, 1992, cited in Youll & McCourt-Perring, 1993, p. 40).

Based on the above procedures, this research study addressed the following questions:

1. (IQA Observational Guidelines): How do children in this care model interact with caregivers and services? In other words, what is going on in this care-giving arrangement? A set of observational procedures will be adopted to obtain objective information on the aspect of daily interactions in the selected orphanage.
2. (Interview): What type of care and services are provided in the orphanage? This involved an interview for 30 randomly selected orphans aged 7-20 year old and a focus group discussion among 57 orphans in the selected orphanage

and the Quality Assessment Group (see above for explanation of the Quality Assessment Group).

3. (Questionnaires): What type of care and services are provided in the orphanages? What is the impact of this arrangement on children's experience of care? One questionnaire was administered to selected caregivers and a second one to the founder of the orphanage by the Quality Assessment Group.

This Quality Assessment Group was created as part of the research process.

Purpose

The purpose of this thesis was twofold: 1) to contribute to the scientific knowledge about the quality of care provided to children in a selected orphanage in Zambia and 2) to pilot an inclusionary quality assessment developed in the West to determine its suitability for Zambia.

The findings brought to the fore the strengths and challenges in the selected orphanage while also producing a culturally appropriate tool for measuring quality of care in homes. This assessment would contribute further evidence that may help in the future to test the assumption among Zambian professionals that children in orphanages show a deficit in psycho-social development.

Beneficiaries of this research will include the residents (orphans), caregivers, the management of the selected orphanage; Ministries of Sports, Youth and Child Development (MSYCD), Education and Local Government and Welfare Services; the University of Zambia, UNICEF Lusaka Education and Child Protection Sections as well as the Library. The findings of the report will be disseminated during the Planning and

the Mid-year review sessions of the 2004 Programme Plan of Action (PPA) with different stakeholders. Other orphanages particularly those assisted by UNICEF will be able to use the IQA assessment tool as a monitoring and evaluation tool.

Justification

In Zambia, as in other African countries, there is an increasing demand for and an upsurge of orphanages, because of the HIV/AIDS epidemic. The current estimate is that 16 percent of the individuals tested were found to be HIV positive, with women at 18% versus men at 13% prevalent level (ZDHS, 2001-2002, p. 236). The loss of productive adults and the costs involved in caring for the sick and burying the dead have eaten away at families' few resources, leaving survivors in a state of deprivation, degradation and their coping mechanisms severely compromised. The majority of these survivors are the orphans.

According to the 1998 Living Conditions Monitoring Survey (LCMS), 833,000 children aged 0-18 years were orphans (p. 9) while 130,000 out of 1,905,000 households (6.8%) were child-headed. The rural and urban areas recorded an increase in the number of children orphaned from 13% in 1996 to 15% in 1998 and from 15% in 1996 to 17% in 1998, respectively (Central Statistical Office, 1999, p. 105). The End of Decade Goals and Child Labour Survey (Republic of Zambia and UNICEF, 1999) showed that 15 percent of all children below the age of 18 in Zambia were orphans. The "Children on the Brink 2002" publication has given an estimate of 1,200,000 orphans (a 44% increase from the 1998 figure of 833,000); more than three-quarters are orphans because of AIDS. UNICEF, USAID and UNAIDS (2004) statistical report estimated that in 2001, 25% of

households with children were caring for at least one orphan with 50% of such households being female-headed. In addition, 44% of female-headed households have two orphans on average compared with 1.7 average number of orphans per male-headed households (p. 5). This figure could be somewhat low as the concept of “orphan” is different in most African countries than is typically understood in the West. Despite the official definition of orphans, most Africans refuse to regard or refer to their orphaned nieces and nephews as “orphans.” This stems from the custom that a person’s nieces and nephews should be regarded and treated as one’s own child; the term and utilisation of “orphan” is foreign and unacceptable in a close-knit society where every child is the responsibility of every member of the extended family network. According to USAID et al. (1999), “although all languages in Zambia have a word for ‘orphan,’ it would not traditionally be used – or even thought of – for a child living with an adult relative. In such a case the child quite naturally refers to an aunt and uncle as his or her mother and father, and the adults would immediately think of the child as their own” (p. 10).

However, more than most other diseases, HIV/AIDS often exacerbates already existing poverty and food insecurity since it attacks adults during their more active and economically productive years. For the government, trained manpower is wiped out without adequate replacement, thus creating a generational gap in systems efficiency. For the family, it erodes the income that a family depends upon for their current and future well-being. Some of the consequences of HIV/AIDS include children being removed from school due to costs and increased labour needs at home, decreasing income and reserve depletion as families are forced to cope with fewer workers and greater costs.

Household incomes are stretched when adults fall ill due to HIV/AIDS and can no longer keep their jobs. The costs of treating illnesses caused by HIV/AIDS place a huge economic burden on families and impoverish them. In rural Zambia, households where the head was chronically ill reduced the area of land they cultivated by 53 percent, compared with households without a chronically ill adult, resulting in reduced crop production and lowering food availability (UNICEF, 2003, p. 15).

Dependency ratios of households caring for orphans are higher compared with other households with non-orphan children. Female-headed households with orphans in rural areas have the highest dependency ratios. In 2002, a survey conducted in four Zambian districts found that the average income of female-headed households with orphans was only about half that of male-headed households with orphans (cited in UNICEF, 2003, p. 17). In addition, 6% of female-headed households take care of double orphans in contrast to 3% of male-headed households in Zambia (UNICEF, 2003, p. 21). A rapid assessment conducted in Zambia found that the average age of children in prostitution in 2002 was 15 years (UNICEF, 2003, p. 28). About 47% were double orphans and 24% single orphans with the need to earn money being the main reason for prostituting. There are indications of strong links between HIV/AIDS, orphanhood and the worst forms of child labour in Zambia: HIV/AIDS was estimated to have increased the child labour force by between 23% and 30% (UNICEF, 2003, p. 28). Consequently, HIV/AIDS is the current cause of poverty, a new variant cause of famine and low socio-economic status often leading to higher risk of sickness, malnutrition and stunting among orphans in Zambia (UNICEF, 2003, p. 27).

Furthermore, the Zambia Demographic and Health Survey (2001-2002) statistics revealed that 47% of Zambian children under 5 are low height-for-age (moderately stunted), 56% of orphans compared with 49% of non-orphans are stunted. Twenty-eight percent of orphans are low weight-for-age (underweight) and 5% are low weight-for-height (wasting). It is essential that children who benefit from different care models do not suffer psycho-social deprivation, or other forms of deprivation, as a result of bereavement, neglect and want.

The few isolated researches and anecdotes reveal that orphans are prone to abuse which takes the form of inequitable distribution of food between family and orphans, and they are often required to do difficult physical chores and experience verbal, sexual and physical abuses (USAID et al, 1999, p. 326). A female adult head of a household in Serenje district of Zambia recalled, “When my relatives cooked food they used to hide it from us. My young brothers and sisters became beggars” (USAID et al., 1999, p. 12). This statement conforms to the findings in the report “Africa’s Orphaned Generations” (UNICEF, 2003, p. 29), which states that orphans may be treated as second-class family members as they are discriminated against in the allocation of food or in the distribution of household chores. In the same report, orphans in Zambia have reported a lack of love and a feeling of exclusion and outright discrimination. A survey in four districts of Zambia revealed that orphaned children felt different from other children as indicated by 38% of the heads of households interviewed (UNICEF, 2003). Heads of households in the report (UNICEF, 2003, p. 29) gave the following reasons that made orphans feel different from other children: being an orphan (42%), not being in school (41%), not doing well in school (15%) and being poor (2%).

Orphans are more likely not to be enrolled in school (55% in 1999 and 32% in 2001) and not to have basic classroom materials (USAID et al., 1999, p. 326). Fifty-five percent of orphans do not attend school due to lack of support (USAID et al., 1999). Orphans' caregivers are predominantly poor women with little or no access to property and employment to buy or produce food. Orphans also have unique psychological needs arising from stress, grief and depression as they witness their parents' deterioration and death. While being looked after at the community level, orphans face stigmatization resulting in shame, fear and anxiety due to attitudes about HIV/AIDS and as a target of attention or privileges from development agencies (USAID et al., 1999, p. 48). For example, UN-commissioned researchers in 1999 found that Buyantanshi Christian Open Community School was nicknamed "kabulanda" which means "the place of the paupers" (cited in USAID et al., 1999, p. 13). The research conducted in 1999 targeted 10 districts where 19 organizations provided shelter, food, clothing, health and school facilities, revealed inadequate care due to limited resources in the face of an increasing number of orphans in Zambia (USAID et al., 1999, 15).

UNICEF and many other UN organizations are emphasizing rights-based programming for children. It is imperative to ensure that the rights of orphans to survival, development, protection and participation are respected and met in orphanages. It is evident that caregivers in these settings require a comprehensive package of skills and training/education, which will enhance the current care practices and promote the holistic development of orphans and other vulnerable children in their care. Vulnerable children are regarded as street/homeless children, children affected and infected with HIV/AIDS, children at risk by reasons of poverty, discrimination or exclusion whether or not as a

consequence of HIV/AIDS (UNICEF, 2003, p.11). By implication and in reality, orphans are also vulnerable. An assessment of an orphanage setting with the use of an IQA tool will therefore shed further light on the current situation and proffer possible solutions to prevailing challenges to strengthen the care system.

The IQA is a unique technique that, in contrast to other approaches, puts children's needs in the center of the paradigm for assessing quality, particularly by ensuring that their voices are heard. IQA focuses particularly on the residents of the program and includes their perspectives, experiences and interests as a key component of the process. Wagner (1988) posited that IQA focuses on "the expressed wishes and views of the resident" (cited in Youll & McCourt-Perring, 1993, p. 37). Another component of the process is the involvement of outsiders, or people who are external to the program, but serve as members of the Quality Assessment Group who direct the assessment technique and generate its report. With the IQA, the assessment of quality relates directly to children's needs as voiced by the children - which is in contrast to other approaches for quality assessment that do not respect children's rights as strongly by putting their needs in the center.

Choice of Topic

This topic relates to the type of decisions that I have to make on a regular basis as a Project Officer in the Education Section in collaboration with the Child Protection Unit, UNICEF Zambia. We are daily called upon to assist orphanages, which have undertaken to care for these less advantaged children. We are often requested by the UNICEF Representative to go and assess the quality of care being provided. To be able to do this

professionally, I need to know what constitutes quality basic care, have a usable and acceptable assessment tool, and know the most appropriate way to measure elements of quality care in a home setting, in ways that are appropriate to the cultural context of Zambia.

This project to carry out the adaptation of the Inclusive Quality Assessment tool should fulfill these needs and provide for UNICEF Zambia a culturally relevant assessment tool that will help improve the quality of care for orphans in institutional care settings. It also used a participatory and experiential approach to upgrading the status of orphanages in the best interest of children while also listening to their voices. This new assessment tool could be a legacy to bequeath to the orphans in Zambia who rarely have any inheritance. For me, this is a significant issue in the promotion of holistic child development in Zambia.

CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter links the major issues related to the utilisation and adaptation of the IQA tool to assess childcare services provided to orphans in one selected orphanage in Zambia. As indicated above, the purpose of this exploratory study was twofold: 1) to contribute through scientific inquiry to knowledge about the quality of care provided to children in a selected orphanage in Zambia and 2) to pilot an inclusionary quality assessment tool developed in the West to determine its suitability for Zambia.

In contributing to knowledge on the quality of care provided in a selected orphanage, the researcher reviewed relevant definitions and elements of quality of care. In this quest, it became evident that to assess is to evaluate and evaluation requires the use or adaptation of an appropriate evaluation tool in order to attain a realistic and comprehensive assessment. Evans et al. (2000), provided a comprehensive definition which states that evaluation allows one to ask the questions one needs to know about the project, collect the appropriate information, and then use that information to reshape, reframe, and redirect activities, or to keep them on track, depending on what the data tell you (p. 254). This summarises the goal of the IQA process as it collects appropriate information on the quality of care in an orphanage. IQA has been shown to be a potentially effective quality assurance tool for use in the foster care program in B.C. as it focuses on the well-being and quality of life on an individual level (Youll & McCourt-Perring, 1993). The IQA tool emphasises qualitative and individual appraisal of service outputs.

Furthermore, a critical review of the IQA process by Youll and McCourt-Perring (1993) has brought to the fore the fact that quality of life is an integral part of quality assurance which IQA tool promotes in a residential setting (p.61). The elements of quality of life are the basic ingredients that constitute quality assurance and give children and youth a sense of happiness and satisfaction. Stark and Goldsbury (1990) included life satisfaction, happiness, contentment or success into elements of quality of life (p.71). IQA is central in the quality of life literature with quality of life defined as “the whole of someone’s living experience” (Youll & McCourt-Perring, 1993, p. 183).

These living experiences form the basis of all relationships within the ecological settings and lead to the formation of attachments. Bronfenbrenner (1998, cited in Berk, 1999, p. 26) explains that all relationships are bi-directional and reciprocal. As these reciprocal interactions become well established and occur often over time, they have an enduring impact on child development. Bowlby (1969, cited in Berk, 1999, p. 271) formulated a theory, that views the infant’s emotional tie to the caregiver as an evolved response that promotes survival. The ingredients of quality of care are basic needs, which promote survival and development.

In addition, the success of the IQA process in Zambia will tell the story of its suitability in a non-West country. This chapter therefore takes cognisance of the needs of orphans as a way of evaluating their quality of life.

The Needs of Orphans

The needs of orphans are receiving more attention, particularly as many countries under the United Nations Development Assistance Framework (UNDAF) adopt the

rights' based programming approach in the best interests of children. For the purposes of this study, the concepts of "needs" was adopted from Kelly (2002) who identified four aspects of needs of the orphans as:

- needs of households in poverty for food, shelter, accommodation, clothing;
- needs of any child under age 15 for health care and schooling;
- needs of any young person for access to work; and,
- psychological needs arising from their orphan status.

Kelly (2002) further posited that orphans have unique psychological needs. The death of parents can plunge them into grief and remove one of the basic anchors in their lives, thereby creating significant psychological trauma with potentially negative consequences.

Compounding these problems are the critical questions, such as: Who provides for these needs? Where are these needs being met? How will these needs be met? To what extent are they being met? This section will focus on a review of literature related to the models of care for orphans in Zambia and other countries, policy issues, relevant theories of child development and previous experiences with the adaptation of the IQA tool.

Responses to Orphan Children in Zambia

Government responses.

Although the Government of Zambia is a signatory to the Convention on the Rights of the Child, Zambia does not have a national policy that comprehensively addresses orphans and vulnerable children's issues. Many ministries provide assistance to

children including Health, Education, Sports, Youth and Child Development, Community Development and Social Services. They also have developed policies regarding children but there is inadequate implementation and enforcement. There was, however, no overall structure to co-ordinate and monitor various responses. In 1999, an Inter-ministerial Task Force comprising four social sectors' Permanent Secretaries – Ministries of Health, Education, Community Development and Social Services and Legal Affairs, recommended the establishment of a National Steering Committee on Orphans and Vulnerable Children (OVCs) to ensure coordination and provide guidance. After two national workshops to work out its modus operandi, the National Steering Committee was established in March 2001, a Secretariat was set up and an officer of the Department of Child Affairs and Youth assigned.

The Ministry of Community Development and Social Services is the government ministry charged with the responsibility for the care and well-being of children and youth in child care facilities. It is being assisted by UNICEF to implement a Child Care Upgrading Programme (CCUP), which has developed "Minimum Standards of Care for a Child Care Facility" (2002). This guide is consistent with Article 3 (3) of the UN Convention of the Rights of Child, which states that set standards of care should be in existence.

CCUP has formulated standards to be applied in all childcare facilities. To this end, every person who operates a childcare facility should have a Certificate of Recognition from the Department of Social Welfare (DSW). This is in consonance with the Juveniles Act, Chapter 52 that requires that all voluntary homes and private homes should notify the DSW of their existence (Sections 32 and 43). In this, as in other areas,

the government's role is to facilitate the development of institutions and structures, ensure equity and promote security in terms of human and physical rights. It has financing and quality assurance responsibilities as well as strategic planning and policy functions. However, the government is constrained by budgetary allocation that impacts on the situation of orphans.

The government is currently being assisted by UNICEF to revise the existing child policy to fully reflect OVC-related issues. This exercise will be followed by the development of relevant policy guidelines, which will provide guidance and support for NGOs, CBOs, church and other community-based organizations working with orphans. It is envisaged that the new integrated policy will place orphans at the center of the government agenda.

Non-Governmental Organization (NGO) and Community-Based Organization (CBO) responses.

The NGO community is targeting orphans and children in need with their resources and programs. The focus is on community mobilization and capacity building to promote community ownership, responsibility and sustained action, provision of education through the community schools and income generating activities. Other major activities focus on the need to address the psycho-social and health needs of orphans at the community level. The 1999 "Orphans and Vulnerable Children – A Situation Analysis" (USAID et al., 1999) indicated that communities were not receiving adequate assistance from NGOs and CBOs. These organizations felt overwhelmed by the large numbers of families and children in need of support. The survey, which was conducted in

ten districts, revealed that 19 organizations were targeting orphans and providing basic necessities of food, shelter, clothing, health and school costs. Fourteen of those organizations operated in only one district, the Catholic Church was providing community response to orphan care in 8 districts, while World Vision International and the Department of Social Welfare were operating in three districts each. Services provided by NGOs and CBOs include orphanages, pre-school classes, day care centres, home visits combined in some cases with a feeding center, community school, adult literacy program, crop production, water, sanitation and health education. These efforts are a drop in the ocean compared with the needs of the orphans.

Family and community responses.

The vast majority of orphans are still being absorbed by the extended family network and a very small proportion of orphaned children are cared for in orphanages but the demand for care is increasing. Almost three quarters of all Zambians prefer to take care of orphans within the family. However, in a study conducted in Copperbelt and Southern provinces in Zambia, McKerrow (1996, cited in USAID et al., 1999) showed that 60% of the households were providing care to orphans rather reluctantly, largely because there was no one else to do it (p. 94). Many were afraid that they would not be able to continue because of economic limitations. Furthermore, the 1999 Situation Analysis (USAID et al., 1999) estimated that only 14% of families caring for orphans received any form of support from a formal community, NGO, church or government program. Informal support is received from other family members, neighbours and other community members generally in the form of advice, childcare and personal needs, with

only 19% of households receiving any benefit of a material kind from these sources. The study also revealed that the greatest needs of the care-takers of orphans were food, health care, education, clothing, bedding, discrimination, shelter and money (USAID et al., 1999). The access of orphans to education was regarded as the second most difficult problem because of socio-economic reasons as well as opportunity costs (USAID et al., 1999).

Surveys conducted in urban areas of Zambia in 2002 showed that only one third of households with orphans were receiving any kind of support in the form of emotional support, counselling and financial assistance for food (UNICEF, 2003). Financial assistance for food was provided to households by relatives (74%) and friends (19%), while church (43%) and friends (26%) offered emotional support and counselling.

Despite the burden of poverty, urbanization and the HIV/AIDS impact, the families were found to be the frontline of response to orphan demands in Zambia. Three types of families were identified during the focus group discussions in the Situation Analysis (USAID et al., 1999, p. 17):

- Bakankala, bavubide, Bapina (the rich, well off);
- Bulanda, basaukide, Inchusi (the poor, suffering); and,
- Bapengele (those who suffer a lot); bapina sana/bacete (the very poor).

Placements of orphans unrelated to the family exist and may be increasing among urban communities but they are not yet widespread. Formal adoption is rare, accounting for no more than a handful of cases each year but statistics are not readily available (USAID et al., 1999). Fragmentation of family units due to poverty and death is

becoming a major concern. For example in Zimbabwe, 17% of orphans were moved to the homes of relatives after the death of a parent (Foster et al., 1995, cited in Consultative Group on ECCD, 2002).

In Zambia, nearly 60% of sampled orphaned children were separated (not living together with brothers and sisters); nearly four out of five children saw their siblings less than once a month (UNICEF, 2003).

Institutional care responses.

The 1999 Situation Analysis in Zambia (USAID et al., 1999) estimated that the percentage of children in institutional care was significantly low. The survey recommended the following elements as desirable for orphanages:

- Openness of the project to the local community for example by incorporating a community school or church to ensure that orphans are not isolated from society.
- A perception that the children were not permanent residents (or the property) of the institution, but had families or social ties outside, manifested as “going home” for holidays or having regular family visitors (p. 18).

The survey concluded that orphans who grow up in institutions frequently experience a type of dysfunction upon return to the community, having been raised without internalizing Zambian culture. Furthermore, institutional care is expensive and often perceived as a waste of resources in the long run. Placement of orphans in institutions is usually undertaken through referral from other institutions such as the YMCA, Victims Support Unit of the Police Force, Department of Social Welfare,

churches or clinics or through traditional or village leaders. According to Lusk and O’Gara (2002), “institutional placement is considered best a last resort, to be used only until more appropriate placement can be arranged” (cited in Consultative Group on ECCD, 2002, p. 16).

They further posited that orphanages are not only risky for children but are the most expensive option for orphan care. In the Tororo District of Uganda, the ratio of costs to support a child in an orphanage was fourteen times higher than support in a community care program (Germann, 1996, cited in Consultative Group on ECCD, 2002). Other studies reported even higher ratios of 1:20 or 1:100 (HOCIC, 1999, cited in Consultative Group on ECCD, n.d.). According to the World Bank (1997, cited in Consultative Group on ECCD, 2002, p. 17) the cost of residential care in Kagera, Tanzania in 1992 was 5.7 times the cost of supporting a child in a foster home. According to Lusk and O’Gara (2002, cited in Consultative Group on ECCD, 2002), despite the limitations of orphanages, they remain an option for overstressed communities.

Alternate models of care responses.

The Situation Analysis (USAID et al., 1999) also found that orphans were in a small number of child-headed households or given out for formal adoptions. When orphans find themselves without family support, many end up on the streets. According to the 2002 Rapid Assessment of Street Children in Lusaka (UNICEF, 2003, p.23), the majority (58%) of children living on the street are orphans. With the breakdown of the extended family network, alternative models such as groups of women with no blood or marital ties are pooling their resources together to raise children and generate income

(USAID et al., 1999). This is the situation in the communities of Northern province of Zambia, where it is reported that there are no orphanages. The First Lady of Zambia has set up a project to support community initiatives which focus on keeping orphans within the households in those communities.

Research Used to Examine Orphanages or Foster Homes

There is limited research on care in orphanages or foster homes in Zambia. The 1999 Situation Analysis appears to be the first. The methodology adopted in that study included the use of questionnaires, interviews and focus group discussions. The focus group discussions revealed a range of differences in orphanages and their administration from one community to another. This methodology was useful in appraising those orphanages, especially the faith-based or those with a religious affiliation, which involved communities in their administration. The discussions also afforded the opportunity to criticize the orphanages, which isolated orphans from their extended families and friends. It captured a few voices from the orphans regarding their experiences within the 18 home-based projects of the Catholic Diocese of Ndola and those within the extended family network.

The significant outcomes of the survey were the recommendations that a periodic children's survey should be undertaken to assess all aspects of children's and orphans' vulnerability (USAID et al., 1999, p. 34). It further emphasized that monitoring and evaluation required a strong focus and that an effective monitoring and evaluation (M&E) tool should be developed to evaluate the effectiveness of orphan interventions, including

the orphanages (USAID et al., 1999, p. 210-211). This raises the question about whether or not the IQA could be employed as an M&E tool in Zambia.

In addition to using an open-ended approach, the study on the 1999 Situation Analysis of Orphans and Vulnerable Children in Zambia utilised a Participatory Assessment Group that focused on perceptions of the present and ideas for the future. It brought to the fore that the community solutions for shelter and educational problems faced by orphans were orphanages (USAID et al., 1999, p. 334). This notion is consistent with the reluctance with which relatives took in orphans. Through the use of Participatory Learning and Action (PLA) exercises in Western Kenya, (November 2000), similar findings revealed the perception of community members that the best solution to orphan care was an orphanage (cited in Consultative Group on ECCD, 2002).

PLA is a methodology which engages the participation of community members and outsiders to gather information that can be jointly analysed, realizing that the source of information is the community itself. The communities tell their own stories and the best result is achieved when a multi-disciplinary team is created. The IQA tool, used in this study, goes beyond the PLA, as it incorporates:

- 1) Inclusion: listening to those who know best because they have first hand knowledge (residents and staff);
- 2) Quality: paying full attention to equality of opportunities, self-respect, autonomy and dignity; and,
- 3) Assurance: developing confidence that the best care is being offered and that people's needs are being met.

The goal of the IQA is to involve each person from the program in the planning and evaluation of the program.

While there is no survey on the quality of care in orphanages in Zambia, I decided to adopt and adapt the IQA tool, which had formerly been adapted for use in British Columbia in 1988 and was reviewed for application in “Foster Care in B.C.” (Lochhead, 1993). To take a critical look at what constitutes quality of care in an orphanage, the British Columbia study offers a good example of how the IQA may be used.

Anglin (2002) reviewed literature on residential care for children and youth in Britain and North America for the past 35 years. His review revealed that in recent times, there has been a strong movement in favour of “homebuilder” and “family preservation” programs in North America and internationally. The exploratory study utilized the IQA tool, and its findings brought to the fore the notion of the “congruence in service of the children’s best interests.” The study found each home was engaged in what could be termed a “struggle for congruence,” at the centre of which was the intention to serve the “children’s best interests.” The notions of “child-centred” and “child-oriented” were used by the research participants (p. 52).

The current study of orphans in Zambia reviewed the pattern of care provided from these perspectives. It also benefited from the observational tool used for the above study as well as adopt the methodology for the three levels of home operations. Emphasis was also on listening to the voices of the children, and the development of a new research methodology to encourage children’s participation as a basic right.

Youll & McCourt-Perring (1993) presented findings of a study that used the IQA where the lives of all the three levels of operation particularly the residents in residential

homes improved positively. It was an evaluation of a major program of developmental research in residential care practice and management-the Caring in Homes Initiative (CHI). The use of the IQA tool helped to address a series of issues on residential care and services in the nineties as well as identified issues that helped to shape the provision of care for the future. It led to the re-appraisal of the traditional notions of residential care, of the need for and purposes of care, priorities for change and development as well as approaches to management and training. Residents and workers had the opportunity to assess the pattern of care provided and jointly determined the way forward for improvement. The study demonstrated that residents could be involved in the way services are run and developed.

Lochhead (1993) attempted to pilot the IQA tool as an evaluation tool for use in three foster homes, with the approval and participation of the Ministry of Children and Family Development in British Columbia. However, her failure to pilot the tool in a foster home setting led to the development of a project, which explored the reasons why the tool could not be implemented despite the belief that IQA would be appropriate and potentially effective. The reasons for the unsuccessful attempt in B.C. included:

1. The researcher's dual roles as an insider as well as an outsider (she was working as a manager of a residential program for high-risk youth in another community in B.C. – a position which involved regular meeting with a group of foster parents and close contact with children/youth from different settings). This led to the refusal of both the government officials and the foster parents to participate for fear of “opening themselves up to the possibility of

serious negative consequences, such as losing their positions as foster parents” (Lochhead, 1993, p. 68).

2. The risk of retribution for the children/youth and the foster parents. Lochhead (1993, p. 69) declared “They spoke of foster parents being fearful of any type of evaluation at that point in time, fearful of possible negative outcomes (the shutting down of their homes if the Ministry has it in for them) and/or retribution (e.g. the children/youth could get involved in ‘manipulative behaviour’ as a bargaining tool).”
3. The labour intensiveness of the process for participants.
4. The difficulty in protecting the confidentiality of the children/youth.

Lochhead’s (1993) recommendations for a successful implementation of the IQA tool in B.C. included:

1) Implications for Practice:

- a) the need for the Ministry to take a more active role in promoting the use of IQA. This was described as needing a “champion” of IQA.
- b) the need to build an environment characterized by a culture of evaluation and accountability and a firm policy foundation is needed to accomplish this.

2) Implications for Policy Development:

- a) the need for policies and guidelines at the Ministry level that require all foster parents to participate in regular reviews of their homes.
- b) the need for built-in safeguards for the foster parents and the children/youth participation in IQA.

3) Implications for Research:

- a) to increase the legitimacy and relevancy of the above and future research efforts, a partnership needs to be built with a research institution such as a university. For this purpose, the government of B.C. needs to build an alliance between the Ministry of Children and Family Development and one or two provincial universities.

In adapting some of the lessons learned in B.C. to the IQA version in Zambia, the following issues were considered as critical to the adaptation of the IQA process for Zambia:

1. Avoidance of the use of a rather extensive consent process which according to Lochhead (1993) “it could well be that the form itself (i.e., rather extensive consent form) contributed to my inability to initiate the study” (p. 91).
2. The use of an orphanage in which the Founder is receptive to self-evaluation and criticism and is proactive in effecting necessary changes, if recommended. Since this is an exploratory study, the choice of a privately founded orphanage was most suitable to avoid the usual government bureaucratic protocols given the limited time within which to complete the IQA process.
3. In order to establish trust and build confidence in our interactions with the Founder of the orphanage, the Chairman of the Quality Assessment Group served as a major contact with the orphanage during the review.

Literature on Evaluation Research

The term “evaluate” is defined by Evans et al. (2000) as “to ascertain the worth of something” (p. 254). An evaluation in this context is the search for, and recognition of, quality (Stake, 2001). The adaptation or use of an appropriate evaluation tool is critical to the attainment of a realistic and comprehensive assessment. According to Evans et al. (2000), evaluation allows one to ask the questions one needs to know about the project, collect the appropriate information, and then use that information to reshape, reframe, and redirect activities, or to keep them on track, depending on what the data tell you (p. 254).

Lochhead (1993), in her literature review on the use of IQA as an evaluation tool, offered an interesting exposition from Shadish, Cook and Levinton (1991) on theory of evaluation. Shadish et al. (1991) focused on the practical issues involved in evaluation, which involves “whether or not an evaluation should be done at all, what the purpose of the evaluation should be, and what role the evaluator ought to play” (cited in Lochhead, 1993, p. 25). In responding to these questions, Shadish et al. recommended that a theory needs to incorporate the purpose of the evaluation, when an evaluation should be done, the roles of the evaluators, the types of questions asked, the designs used, and the activities implemented to increase its use (cited in Lochhead, 1993, p. 25-26).

Based on the above, the evaluation tool for use in the selected orphanage in Zambia must also address the above elements as comprehensively as possible. The recommendation from a previous survey identified the need for a comprehensive monitoring and evaluation tool of care practices in the orphanages in Zambia (USAID et al., 1999, p. 33-34). These issues include the need to consider the orphans’ well-being,

and their views in decisions that affect their lives, with regards to provision and assessment of care services. This is why the IQA is appropriate for this study.

IQA as a study topic.

IQA is designed for use in every kind of program regardless of the program's philosophy, goals and objectives. It is also designed for programs where individuals who are receiving service and staff members need to exercise their right of expression "in determining how ordinary every day things are taken care of and how they might be different" (Anglin & Dolan, 1988, p. 2). Anglin and Dolan (1988) further posited that IQA could be adapted to suit the particular style of program and be linked to many other forms of review such as monitoring and review process associated with residential, community-based and foster standards. The goal of IQA review is to involve each person from program in the planning and evaluation of the program. The basic ingredients of IQA provide the framework for achieving the monitoring issues indicated by Shadish et al. (1991, cited in Lochhead, 1993).

The nine steps of IQA described below signify one complete cycle of an IQA review. The steps show a comprehensive process of how to go about collecting and sorting information that can be built into future planning. These are as follows:

Step One: Preparing for the IQA review.

At the onset of an IQA review, a researcher needs to lead and follow the logical steps suggested by Anglin and Dolan (1988, p. 6). These steps include a deliberation on the following three critical questions:

1. Will I be raising expectations without the possibility of meeting needs and hopes?
2. Can I manage IQA? I have never done this sort of thing before.
3. Do I want to risk hearing what people want? Can I risk not hearing what people want?

The answers to these questions will help shape the research. It is crucial to ensure that everyone who will participate in the IQA process is well informed and has a clear understanding of the goals, the methodology for its implementation, the purpose and utilisation of the end report which will highlight how each one sees the program rather than a review of the needs and hopes of an individual.

At this stage, it is also critical to consider the following issues:

1. Involving all participants from the onset to initiate the process. They must be given sufficient time to seek clarifications and decide if they want to be involved and devote the required time to IQA process.
2. Deciding on a mixture of people (representatives of staff, children/youth and guests) who would constitute members of the Quality Assessment Group, their characteristics, number, delineation of roles and responsibilities, deciding on the Chairperson who should not be related to the institution for review, issues of confidentiality, logistics for interviewing, report writing, direct and indirect costs to participants as well as for reproducing materials and the final report. The values inherent in IQA such as-respect, dignity, rights, autonomy, choice, fulfilment and equality of opportunity should be emphasised.

3. Considering and discussing the two critical issues raised by Anglin and Dolan (1988) which are as follows:

- a) Can the program take self criticism?- are people prepared to hear what is being said about standards of service?
- b) Can the program afford the time and emotional effort of running (p. 4-5)?

The first step in the process is also to clarify the purposes and objectives of the residential home or selected organization as a crucial basis for setting clear standards and expectations (Youll & McCourt-Perring, 1993, p. 40).

The date for the first meeting of all members of the Quality Assessment Group should be agreed upon while arrangement must be made to reproduce and circulate detailed information on IQA in preparation for discussion at the First Quality Assessment Group meeting.

Step Two: The first Quality Assessment Group meeting: Introducing IQA.

The purpose of the first meeting is to introduce the IQA process and to get the review started. There are nine items that are expected to constitute the agenda for the first meeting. These are:

- 1. Introduction to IQA
- 2. Goals and strategies of the program
- 3. Goals and strategies of IQA
- 4. Values for the program and IQA
- 5. Confidentiality
- 6. Responsibility and accountability

7. The IQA timetable
8. Allocating tasks -activities must be assigned according to skills, interest and time.
9. Next meeting of the Quality Group (Anglin & Dolan, 1988, p. 1).

The Chairperson whose role is critical to the management of all meetings to be held by this Group, should be conversant with IQA to enable him provide effective leadership. Emphasis must be on the goals, strategies and outcomes of IQA through participation of individuals in the planning and evaluation of everyday program. Anglin and Dolan (1988) called the team Quality Assurance Group but for the sake of this study, the Quality Group will be referred to as the Quality Assessment Group. The Quality Assessment Group should be well oriented on the strategies for obtaining, collating and writing up a report on the views and comments of residents and staff. It will also be necessary at this first meeting to set up a small technical subcommittee to produce draft research instruments that will be shared with other members for input at the next meeting. The interview questions will be based on the following seven identified topics: physical care, making choices, expressing feelings, the home as somewhere to live; knowing how things run; making links, how the home feels to residents (Youll & McCourt-Perring, 1993, p. 40). A feedback mechanism among members of the Quality Assessment Group should be put in place to keep other participants informed possibly at a wider meeting soon after.

Steps Three to Six.

These steps could be accomplished through two or more discussion and three feedback sessions in order to prevent burnout of participants and within a ten-week period. For this purpose, the Quality Assessment Group could hold 3 discussion and 3 feedback sessions for effective implementation of the IQA tool. Feedback is the presentation of ideas that emerged from the Second Quality Assessment Group meeting to everyone in the program and listening to what these people have to say. Feedback is important to ensure that the Quality Assessment Group has not misunderstood the strengths and weaknesses of the program. These sessions will include a revision of the discussions on the methodology, sampling and interview schedule, plans for focus group discussions and any emerging issues. The discussions and feedback sessions should aim at providing opportunities for clarifications, surprises that may emerge from the review, and better understanding of the IQA process.

Step Seven.

A third Quality Group meeting should review the results of the feedback sessions held with staff and program members, decide the content, format and beneficiaries of the report as well as ensure that the emerging recommendations and the plan of action are feasible. The recommendations with the way forward should be jointly put together and agreed upon by all members. The report must be seen to have highlighted the program objectives, voices of children/youth and staff. A member of the Quality Assessment Group must be given the responsibility to coordinate the production of a draft report for further review by other members of the Group.

The cost of the review has to be borne by the researcher or whoever commissions the review. The next meeting of the Quality Assessment Group should be held as soon as the report is finalised.

Steps Eight and Nine: Producing the report and the fourth Quality Assessment Group meeting: Finishing off.

Further planning and structuring of the report is also undertaken in Step 8. There is close link among all participants as the report writing continues to ensure that everybody's views are clearly reflected. The report should conclude by highlighting the comments of the Quality Assessment Group, participants and others on the IQA review itself; details of what went well and what should be done differently next time the program undertakes a similar review. The voices of children and all participants should be heard in the report.

The fourth Quality Assessment Group meeting is to ensure that all that needs to be done has been successfully finalised and the report is ready. There should also be a review of the process of IQA as well as discussions with the program Manager on the implementation of recommendations contained in the report. Ideally, the recommendations should be discussed with the Frontline managers and all participants and possible implementation and monitoring discussed. The researcher should actively participate in the meetings and discussions especially to experience IQA process and adaptations. Confidentiality is of paramount importance and for this reason a decision will have to be made concerning the completed interview sheets and other information collected. It is probably that they will be destroyed to prevent access to confidential

information in the future. A list of beneficiaries of the final report may be reviewed and strategies put in place for distribution of the report. It is also appropriate to find the views of participants about a possible next cycle of IQA review.

In conclusion, IQA is designed for programs where individuals who are receiving service and staff members need to be given a voice in determining how ordinary every day things are taken care of and how they might be different. This is why quality assurance is critical to achieving total quality management in service delivery in orphanages.

Quality Assurance

Cassam and Gupta (1992, p.13) define quality assurance as making sure that the users of a service always get what they have been promised. This definition also implies getting things right the first time and every time without picking up expensive or embarrassing mistakes at the end of the day. Cassam and Gupta (1992) also emphasize that “the business of quality assurance is to ensure that the service which is offered at the point of delivery to a consumer meets the standards which have been set by the designer and which are seen as acceptable by the consumer” (p. 13). Total Quality Management (TQM) describes an approach to quality assurance that stresses the importance of creating a culture in which concern for quality is an integral part of service delivery (Cassam & Gupta, 1993, p.14). Planning and evaluation are a strategy for achieving and assuring quality of service delivery as well as bringing about the necessary improvements.

In this regard, the IQA process is related to, and also goes beyond TQM, in which a culture of quality attainment is being created as a critical part of service delivery. TQM

aims at meeting customer requirements and where possible, exceeding them. However, TQM is regarded as a user-orientated approach, but not one that requires or specifically enables direct user participation (Youll & McCourt-Perring, 1993, p. 60). The IQA tool emphasises qualitative and individual appraisal of service outputs. Impacts and outcomes are the experience of the service user and only they can comment on their level of satisfaction (Youll & McCourt-Perring, 1993, p. 61).

It was within this milieu that a review of quality assurance was undertaken, to improve the services provided in an orphanage. This section will highlight the steps towards an evaluation.

Lochhead (1993) stated that the evaluation of quality in human services is evolving towards a client-focused (i.e., user-based) approach. She posits that the quality assurance field began with the advent of human civilization and has developed into a widely used, relevant field for all industries. For the human services, the methodology has become more client-focused and user-based. She concluded that for this reason, an evaluation tool for orphanages needs to be based upon these philosophies in order to be appropriate, effective and acceptable to the current literature on quality assurance. Furthermore, Cassam and Gupta (1992) proposed the following checklist for achieving quality assurance in consumer satisfaction:

- 1) Your services will have failed the test of quality if:
 - a) They are seen to be irrelevant to the real needs of users.
 - b) Proper information is not circulated about them
 - c) User dissatisfaction is not handled with care.
- 2) Service users should be involved at all stages of the quality assurance process.

- 3) Legislation and government guidance require consultation with service users and carers in the following areas:
 - a) Planning services (The Community Care Plan)
 - b) Setting standards and inspecting them
 - c) Assessment of need and care management
- 4) Service users now have a right to know what services are on offer and how to complain if they are dissatisfied.
- 5) Involvement of service users does not mean that they will necessarily get what they want. It does mean that their views are always taken into account and that they are fully informed about what is happening.
- 6) Just as staff needs to “own” what they are doing and have some control over their activities, so the service user should be similarly empowered.
- 7) This empowerment not only will lead to greater user satisfaction but will overcome some of the discriminations met by minority groups (p. 98).

These are some of the issues that an effective utilisation of the IQA tool should bring to the fore.

Quality of Life

As discussed above, the quality assurance field indicates the move to a client-focused, user-based approach for assessing quality in the human services. According to Lochhead (1993), quality of life has been used in a multitude of ways, creating many differing criteria and measures. Wallander, Schmitt, and Koot (2001) defined quality of life as an “holistic concept, that incorporates the material, emotional, productive,

physical, and social aspects of well-being (p. 5). Stark and Goldsbury (1990) included life satisfaction, happiness, contentment or success into elements of quality of life. Taylor and Bogdan (1990) saw quality of life as what most people simply think of as describing “their feelings about their existence” (p. 34). Lochhead (1993) concluded that, in essence, quality of life is about trying to put into words and to understand the human quest for importance and value as experienced by the individual, community and society (p. 34).

This perception (of the quality of life as a concept) epitomises what IQA as a tool for measuring quality of life strives to achieve. IQA focuses on “the expressed wishes and views of the resident” (Wagner, 1988, in Youll & McCourt-Perring, 1993, p. 36). The guiding principle of the IQA process is “the centrality of the residents’ experience” (Youll & McCourt-Perring, 1993, p. 37). Therefore, IQA is central in the quality of life literature with quality of life defined as “the whole of someone’s living experience” (Youll & McCourt-Perring, 1993, p. 183).

Quality of life researchers recognize the importance of eliciting information from the individual as to what is important in achieving a life of quality. The recognition has been accepted and achieved with the adult population while that of children and youth has lagged behind. Social science researchers are beginning to accept the need to directly involve the child/youth in the process of gaining a meaningful understanding of their quality of life (Wallander, Schmitt, & Koot, 2001).

In summary, quality of life is an appropriate approach to evaluate quality in orphanages for two reasons using the IQA tool. First, it is an effective quality assurance tool that focuses on well-being and quality of life on an individual level. Second, it allows children/youth and/or their representatives to specify the issues of importance to

them in their own situation. However, this new approach of children/youth's inclusion faces a number of challenges that currently limit their participation.

Reference is made to the involvement of children and youth aged 5-18 years in the 2002 UNICEF-sponsored research "Children and Young People Voice their Experiences on Gender, Sexuality, HIV/AIDS and Life Skills" (2nd draft) in Zambia (Ministry of Education & UNICEF, 2002). For the first time, researchers listened to the voices of those children; they gave them the opportunity to express themselves through visuals, role modeling, discussions, and drawing away from the influence of their parents and older siblings. The findings were astonishing. They revealed quite significantly that parents, grandparents and other adults undermined the accounts of knowledge, practice and attitude of children particularly the under 6 year old children about sexuality. The voices of children in this regard have illumined the future activities regarding the appropriateness of HIV/AIDS programs in Zambia as plans of actions are being developed on the outcome of that research. In essence, quality of life is an important aspect for evaluation of peoples' lives and activities.

The literature reviewed for this study has highlighted a number of issues that are important when selecting or developing an evaluation tool for use in orphanages. The tool needs to focus on the well-being of children from the rights' perspective and the research on quality from the standpoint of the client. As discussed in the quality of life literature, the tool needs to be multi-dimensional to reflect quality of life from various domains. As will be explored further, the assessment tool known as the Inclusive Quality Assurance (IQA) adapted for use in British Columbia (Anglin & Dolan, 1988) appears to very well meet all of these needs.

To further understand the conditions under which orphans survive, reference is made here to a few theories of child development, which will help examine the impact of the society on the needs of orphans.

The Ecological Systems Theory

Urie Bronfenbrenner's ecological systems' theory views the child as developing within a complex system of relationships affected by multiple levels of the surrounding environment. Since the child's biological dispositions join with environmental forces to mould development, Bronfenbrenner (1998, cited in Berk, 1999) called this perspective a bioecological model. He posits that the innermost level of the environment is the microsystem, which refers to the activities and interaction patterns in the child's immediate surroundings. Bronfenbrenner (1998, cited in Berk, 1999) explains that all relationships are bi-directional and reciprocal – as these reciprocal interactions become well established and occur often over time, they have an enduring impact on development.

The mesosystem is Bronfenbrenner's second level of the environment and it states that for children to develop at their best, child-rearing supports must also exist in the larger environment. It encompasses connections between microsystems, such as the home, school, neighbourhood and day care center, that foster children's development. Parent-child and caregiver-child's relationships are each likely to support development when there are links, through visits and exchange of information, between home and day care setting. The exosystem refers to social settings that do not contain children but that affect their experiences in immediate settings. These may be formal organizations, such

as the parents' workplace or health and welfare services in the community. Research confirms the negative impact of a breakdown in exosystem activities (Berk, 1999). For example, the current situation in Zambia as depicted in the study "Africa's Orphaned Generations" (UNICEF, 2003) is a typical case of a breakdown in exosystem in which because of the impact of HIV/AIDS on parental health and the resultant death, children become orphans and are plunged into deprivation, anomy and abuses. The macrosystem, the outermost level of Bronfenbrenner's model, is not a specific context but consists of the cultural values, laws, customs and resources. The priority that the macrosystem gives to children's needs affects the support they receive at inner levels of the environment. He concludes that children are both products and producers of their environments, both of which form a network of interdependent effects (cited in Berk, 1999). This factor will be considered while assessing children's perception of the quality of care received at and provided in the selected orphanage.

In our research exploration, this theory provided a basis from which to analyse the interaction patterns in the orphanage in relationship to the caregivers, peer groups, the neighbourhood and the society. We did ask the question "What roles do they each play in fulfilling the needs of the orphans?" As stated above, many orphans experience stigmatization and discrimination even at the microsystem level where some members of the extended family network are known to be caring for these children reluctantly (USAID et al., 1999). It was expected that this thesis would in its investigation reveal how the levels of the surrounding environment affect the quality and type of care received by orphans in this particular orphanage. Are interactions bi-directional and reciprocal? Are there links at the various levels, if not what gaps are there and how do

they affect care service? These questions also impacted on the development of attachment, which is the second theory for discussion below.

Development of Attachment

Bowlby's (1969, cited in Berk, 1999) ethological theory of attachment is a widely accepted view of the infant's emotional tie to the caregiver. Attachment is defined as the strong, affectional tie that humans feel toward special people in their lives that leads them to feel pleasure and joy when they interact with them and to be comforted by their nearness during times of stress. Bowlby (1969) formulated a theory that views the infant's emotional tie to the caregiver as an evolved response that promotes survival. He stated that the human infant, like the young of other animal species, is endowed with a set of built-in behaviours that help keep the parent nearby, increasing the chances that the infant will be protected from danger. Contact with the parent also ensures that the baby will be fed. According to Bowlby (1969), the infant's relationship to the parent begins as a set of innate signals that call the adult to the baby's side. Over time, a true affectional bond develops which is supported by new emotional and cognitive capacities as well as a history of warm, sensitive care (cited in Berk, 1999). Sigmund Freud (1938-1973) was the first to suggest that the infant's emotional tie to the mother provides the foundation for all later relationships.

Attachment cannot be fostered with repeated moves and placements often experienced by orphans. Hunter and Williamson (1998, cited in Consultative Group on ECCD, 2002) warned that the younger the child, the more likely it is that placement in an institution will impair his or her psychological development. Children under five years

old have even more urgent needs for love and trust from consistent caregivers. The issue will be assessed in the day-to-day living pattern of orphans as a critical psychological situation for the development of a healthy personality. Who do the children relate with in the orphanage? How close are they to the care -givers?

In summary, this chapter took an holistic view of the needs of orphans with special emphasis on the psycho-social issues that are often subsumed under physical needs. It reviewed relevant literature on the quality of life as an integral part of quality assurance and how they relate to the IQA process. IQA was critically viewed within the context of evaluation. The IQA tool emphasises qualitative and individual appraisal of service outputs. Impacts and outcomes are the experience of the service user and only they can comment on their level of satisfaction (Youll & McCourt-Perring, 1993).

CHAPTER 3: METHODS

Study Design

This research study set out to combine qualitative and quantitative designs to generate information to address the research questions. This is in line with the view of Denzin and Lincoln (1994) that “no single method can give the subtle variations in on going human experience” (p. 12). This study addressed the following research questions:

1. (IQA Observational Guidelines): How do children in this care model interact with caregivers and services? In other words, what is going on in this care-giving arrangement? A set of observational procedures were adopted to obtain objective information on the aspect of daily interactions in the selected orphanage.
2. (Interview): What type of care and services are provided in the orphanage?
This involved an interview for 30 randomly selected orphans aged 7-20 year old and a focus group discussion among 57 orphans in the selected orphanage and the Quality Assessment Group (see above for explanation of the Quality Assessment Group).
3. (Questionnaires): What type of care and services are provided in the orphanages? What is the impact of this arrangement on children’s experience of care? One questionnaire was administered to selected caregivers and a second one to the founder of the orphanage by the Quality Assessment Group.

In the process of developing questionnaires and interview guides, the researcher realized that the study would benefit more from a qualitative research base. According to

Paton (1990, cited in Goodwin & Goodwin, 1996), qualitative research generates knowledge that puts emphasis on processes, extrapolation, understanding, and illumination. In it, the central feature could be meaning or meaningfulness. On the other hand, quantitative research generates knowledge that focuses on outcomes, generalizations, predictions and causal explanations. Therefore, this study benefited from qualitative research analysis and orientation.

This study also followed Bronfenbrenner's (1998) theoretical assumption that "the child is developing within a complex system of relationships affected by multiple levels of the environment, from immediate settings of family and school to broad cultural values and programs"; in other words, the conditions under which human beings live have a powerful effect on how they develop (cited in Berk, 1999, p. 26). IQA emphasises processes and focuses on the residents' experiences while receiving the service and the quality of the service as assessed through the residents' quality of life.

Sample

The study examined three levels of orphanage care consistent with those developed by the Inclusive Quality Assurance (IQA) tool. The three levels are:

- 1) Senior Management, comprising the Founder and One selected care provider.
- 2) All the children in the selected orphanage (30 out of 84 participated in the interview procedure and 57 in the focus group discussion).
- 3) A group created during the process, called the Quality Assessment Group, consisting of 3 representatives of the children in the orphanage (two- 21 year old orphans and one caregiver), outside interest represented by a member of

the ECCD NGO, the Founder of the orphanage who is deeply involved with the care of the children in this particular orphanage; a post-graduate student in Psychology (Child Assessment) from the University of Zambia and the Researcher. This selection was done in consultation with officers in charge of the UNICEF Child Protection Unit who have worked extensively with orphanages in Zambia.

Sampling frame.

Mosi-oa-Tunya orphanage, the selected site of this study, is located in the centre of Lusaka City, Zambia. The researcher selected an orphanage whose Founder is known to be amenable to suggestions that will add value to the quality of life of residents. The decision was in consonance with the lessons learned from Lochhead (1993) as stated in the above literature review (p. 37).

Table 1 shows the distribution of the children in the Mosi-oa-Tunya orphanage.

Table 1: The distribution of children in the orphanage.

Age	Girls	Boys	Total
14 months to 6 years	16	08	24
7 to 12 years	22	11	33
13 to 19 years	09	14	23
Over 20 years	02	02	04
TOTAL	49	35	84

The listing of the accessible population from which we drew the sample is the sampling frame of 84 children, three-quarters ($n = 63$) of who are orphans. This privately funded orphanage was established in 1998 as a commitment to take care of Orphans and Vulnerable Children (OVCs). The orphanage also has 10 caregivers.

Sample numbers.

Out of the population of 84, 24 children under the age of 7 years were excluded from the interview. This decision was taken after a brief pre-test of the questionnaire when as observed, many of the children in this age category lack clarity and could not provide meaningful responses to the questions. Their exclusion left a total of 60 in the age categories of 7 to over 20 years. Out of the 60 children who constituted the sampling frame, 30 (50%), who were randomly selected constituted the sample number for the administration of the IQA tool while 57 (68%) children participated in the focus group discussion. The 57 children also included 10 of the pre-school age children in the orphanage. Two female and one male adults of over 21 years and three female caregivers were also selected to respond to the questionnaires.

Sampling method.

A Representative of the Quality Assessment Group selected the sample using the stratified random sampling technique on the children from the sampling frame of 60 children. Gender was utilised as the stratifying variable by which the population was divided into females and males. To select 15 from each stratum, the population of 30 based on gender was divided by number $15 = 2$ groups. A representative of the Quality Assessment Group was then requested to randomly draw a number between one and two.

Number one was drawn and therefore the 15 girls and 15 boys who were selected for the sample were those numbered 1,3,5,7, 9 and so on from each gender group. These were the boys and girls in the 7- to 20 year-old categories who participated in the interview. The use of the random sampling was meant to improve external validity (Trochim, 2000). We also used random sampling and ensured that the 30 selected children participated in the study.

In addition, two female and one male orphans over 21 years and three female caregivers were also selected to respond to the questionnaires. At this stage, the Founder also offered to complete a questionnaire in case sufficient information was not obtained from the children and selected caregivers. As agreed, all children available in the orphanage including the selected 30 participated in the focus group discussion. Prior permission of the children was sought through their representatives who were members of the Quality Assessment Group.

Procedures

The research design for this study utilised the following procedures:

- 1) Adaptation of the IQA tool to make it more culturally relevant and acceptable to Zambia. In this respect, the lessons learned in B.C. were brought to bear in designing the IQA for Zambia. The following critical issues influenced the modifications outlined under the use of IQA:
 - a) Avoidance of the use of a rather extensive consent process which according to Lochhead (1993) “it could well be that the form itself contributed to my inability to initiate the study”(p. 91). In addition, the

nine steps under the IQA process were collapsed to prevent boredom on the part of all participants and curtail time. The whole review process was compressed to a period of ten weeks.

- b) The use of an orphanage in which the Founder is receptive to self-evaluation and criticism and is proactive in effecting necessary changes, if recommended. Since this is an exploratory study, the choice of a privately founded orphanage was most suitable to avoid the usual government bureaucratic protocols given the limited time within which to complete the IQA process and complete the study. The selection of this orphanage was done in consultation with the Child Protection Unit, which has been working closely with orphanages in Zambia. This orphanage was regarded as being representative of many of its type in its characteristics.
 - c) In order to establish trust and build confidence in our interactions with the Founder of the orphanage, the Chairman of the Quality Assessment Group served as a major contact with the orphanage during the review. Permissions were sought regularly before interviews and discussions were held and the Founder was kept abreast of development as issues evolved. Confidentiality was strictly upheld. The involvement of the three young adult workers gave a different dimension of experience of work, contact with outside world and the demand of life in the orphanage. These are the role models to the younger children in the orphanage.
- 2) Interview schedules were prepared with the use of the Inclusive Quality Assurance (IQA) process with children and caregivers to obtain information

about children's experiences and their needs. Members of the Quality Assessment Group approved the guides after a brief pilot-testing session on a few of the children and caregivers.

- 3) Assessment of quality of care using a series of indicators of "good quality" both for the basic care and affectionate care dimensions.
- 4) Utilisation of observational procedures to obtain objective information on daily interactions in selected care giving settings: at play with other children or with the caregivers, meal times, leisure time as they watch the television or during normal household chores as well as in the library for the school age children.

IQA as a collection device.

For the purpose of this study, the following nine steps of IQA were implemented to complete the IQA review cycle:

Step One:

The researcher paid a visit to the orphanage to explain the purpose and expected outcome of the study as well as seek permission to undertake the study at the orphanage. Crucial decisions were taken at this first visit on the composition of the Quality Assessment Group, number of children to be interviewed and to participate in the focus group discussion, number of caregivers for the questionnaires, sample size, etc. The following persons were jointly agreed upon to serve as members of the Quality Assessment Group: three representatives of the orphans designated Aunties and Uncles by the children in care (these are two over 21 year-old orphans and one adult caregiver

who live in the orphanage), two outside interests consisting a member of the ECCD NGO and a Post graduate student in Child Assessment from the University of Zambia (UNZA); the Founder of the orphanage and the researcher. The characteristics of members of the Quality Assessment Group were of critical concern at this stage. The Founder was agreeable to the participation of those two outsiders because she felt their organizations are influential and committed to the course of childcare in Zambia is concerned. The Aunties and Uncles are respected adults who serve as role models to the orphans and who are loved by them. The orphans hold them in high esteem and readily refer to them as Aunties and Uncles.

A date was set and an agenda was discussed for the next meeting when all members of the Quality Assessment Group would meet at the orphanage.

Step Two:

The meeting commenced with an introduction of all members and of IQA process. The meeting discussed the nine items of the “Step 2 First Quality Assessment Group Meeting introducing IQA” (Anglin & Dolan, 1988, p. 1). The emphasis was on the goals, strategies and outcomes of IQA through the participation of individuals in the planning and evaluation of their everyday program in the orphanage. Its aim of giving a voice to those individuals in determining how their everyday events are taken care of and how they might bring about a favourable difference was extensively discussed.

The central feature of the system is the Quality Assessment Group referred to in this study as the Quality Assessment Group which formally was set up to undertake the

review. The Quality Assessment Group was constituted to perform the tasks of obtaining, collating and writing up the report on the views and comments of residents and staff.

Each member received a copy of the IQA process to facility easy comprehension of the tool for meaningful participation. The representative of the ECCD NGO was nominated as the Chairman and assumed responsibilities immediately. Critical decisions were taken regarding confidentiality, time allocation, report writing and action plan. It was decided that positions/relationships of participants be used rather than their names and that the Founder should allow participants freedom of expression for the sake of bringing about positive change in the orphanage. Every member was supported to understand and appreciate the following values which were built into the IQA: respect, dignity, rights, autonomy, choice, fulfilment and equality of opportunity; which will demand their own honesty, accountability and confidentiality.

Members sought clarifications on the project and IQA and the benefit of IQA to Zambia as a nation. Based on this premise, the Quality Assessment Group commenced their expected tasks and roles. It was difficult to include a teacher from any of the children's schools to serve as a member of the Quality Assessment Group due to acute shortage of teachers and their busy schedules. It was however decided that a questionnaire for the teachers might be developed to capture the general behaviour of the children.

The subsequent meeting came up two days later when four members of the Quality Assessment Group including the Founder met to develop draft interview questions for input from other members. The interview questions were based on seven

topics: physical care, making choices, expressing feelings, the home as somewhere to live; knowing how things run; making links, how the home feels to residents.

Steps Three to Six:

These were accomplished through two more discussion and three feedback sessions in order to meet the ECDVU deadline. For this purpose, the Quality Assessment Group held 3 discussion and 3 feedback sessions for effective implementation of the IQA tool. These sessions included discussions on the methodology, sampling and interview schedule and plans for the focus group discussions as well as the emerging issues. The discussions and feedback sessions provided opportunities for clarifications and better understanding of the IQA process. The feedback sessions were spent reviewing the interviews and responses, FGD, observations and seeking clarifications on issues raised by the residents. Comments from the children's interviews, questionnaires from the caregivers and observations were discussed by members of the Quality Assessment Group. These also gave the Founder the opportunity to ask questions on the on-going review so as to prevent surprises at the end of the exercise. The big surprise that emerged was the fact that boys were demanding a competent role model for regular contacts with them whereas the Founder felt her husband served this role adequately. This issue was explained to the Management and all members of the Quality Assessment Group within a framework of the theory of personality development.

The third feedback meeting was spent discussing the content and format of the draft report, recommendations and the plan of Action. At this stage, it was decided that the UNZA Child Assessment Graduate should work with the researcher to analyse the

information collected and for the Chairman-who is an ECD specialist to write the draft report. The recommendations were jointly put together by all members and finalised by the UNZA Graduate. The Founder and staff of the orphanage wanted to know how the recommendations would be financed and implemented. They were advised to seek assistance from donors including UNICEF whose Representative is willing to improve the quality of care provided in orphanages in Zambia. The expenses incurred for this review were borne by the researcher. The Chairman of the Quality Assessment Group also offered to assist the orphanage to ensure that the recommendations get implemented in 2004. The Quality Assessment Group completed its assigned tasks of obtaining, collating, analysing information as well as writing up the report on the views and comments of residents and staff.

Step Seven:

The fourth discussion session was used to disseminate the findings of the draft report, a review of the process of IQA as well as the development of an Action Plan. Series of recommendations were proposed to the Founder. Unfortunately, the children and caregivers did not participate at this discussion meeting because the Founder at this stage felt that their participation was unnecessary and would constitute overexposure. She promised to share the report and the recommendations with the Management of the orphanage. However, the Quality Assessment Group had discussed with and sought opinions on the way forward from the children during the focus group discussion and also from the caregivers at a prior meeting with them.

These meetings and discussions involved the researcher's active participation to maintain checks and balances and to experience IQA adaptation in Zambia.

Steps Eight and Nine:

Confidentiality was of paramount importance and for this reason, fictitious names were adopted for the orphanage, the children, young adults who served on the Quality Assessment Group, the interviewed caregivers as well as the Founder. Titles were also used in addition to the fictitious names. Photographs of the orphanage or the children were not taken to observe confidentiality. The researcher was allowed to keep the completed questionnaires and interview schedules since the identities of the respondents were effectively protected.

Interviews.

The members of the Quality Assessment Group developed interview guides, which were used to solicit information from the 30 participants from the orphanage in the sample as well as to conduct the focus group discussion. The questions were based on critical issues related to care that included: Safety and Health, Food, Interpersonal relationships (decision making in the orphanage, freedom of expression and participation, Leisure/Recreation) Respect, Hygiene, Choice, Getting on with Peers, Play facilities, Equality of Opportunity and linkages with life outside the orphanage (see Appendix 1). The members of the Quality Assessment Group collected children's responses by reading out to them the questions and writing down their individual responses per interview guide. The interviews were conducted at the orphanage (under a shed within the premises) and each interview took about an hour. There were 34 questions in the

interview guide for children and 37 for the caregivers. The children were not rushed and the interviewers built a rapport with them to encourage free expression. No names were written on the question guide and where necessary, questions were translated to the local language. This meant that all members of the Quality Assessment Group were trained and they understood the questions.

Focus group discussions.

The Interview Guide for children (see Appendix I) was used to conduct focus group discussions among 57 children and three members of the Quality Assessment Group. The questions focused on Safety and Health, Food, Interpersonal relationships (decision making in the orphanage, freedom of expression and participation, Leisure/Recreation) Respect, Hygiene, Choice, Getting on with Peers, Play facilities, Equality of Opportunity and linkages with life outside the orphanage. The discussions were held with the children sitting on the lawn within the premise of the orphanage on a beautiful and sunny Saturday morning. All the interview questions were discussed with the 57 children and it gave us another opportunity to verify the responses from the interviews with those obtained during focus group discussion. It took one hour to conduct the focus group discussion because the children could not stop talking. None of the adult caregivers was present so the children were able to express themselves freely. We also took the opportunity to clarify a few more issues related to the questionnaires (for verification) and obtain inputs for the Plan of Action, recommendations and suggested way forward from the caregivers alone.

Observations.

In line with the IQA components, the Quality Assessment Group developed a set of observational procedures to obtain objective information on daily interactions in the selected orphanage.

A set of IQA observational guidelines were developed, based on issues relating to children's best interests (Anglin, 2002) which included the following:

- Listening and responding with respect
- Communicating a framework for understanding
- Building rapport and relationship
- Establishing structure, routine and expectations
- Offering emotional and developmental support
- Challenging thinking and action
- Respecting personal space and time
- Sharing power and decision making
- Inspiring commitment
- Discovering and uncovering potential
- Providing resources

A general observation sheet was developed and utilised during our interaction in the orphanage (see Appendix IV-B). The combination of observations, interview guides and questionnaires would also help to ascertain the consistency of the tool. The observation was conducted by the Post Graduate Student from UNZA and myself. This was undertaken to ensure that we would come up with a comprehensive and succinct

account of the various issues raised during the focus group discussion and watch the behaviour of the children., As the researcher, I moved along the Glesne and Peshkin (1992) participant/observer continuum to occupy a middle space as the “observer as participant” and the “participant as observer”(cited in Goodwin & Goodwin, 1996, p. 132). This gave me the opportunity to capture the responses of all participants without introducing biases.

Survey questionnaires.

An open-ended questionnaire was administered to the Founder (Management of the orphanage, see Appendix III), three caregivers and the three young adults under the sample (see Appendix II). It covered issues relating to physical care, safety and health care, decision making in the orphanage, freedom of expression and participation, linkages with life outside the orphanage, promotion of family life, relationship between the staff and the children and among children themselves (see Appendix 1). The caregivers were assisted to complete the questionnaires due to low literacy level. The Founder did not complete the questionnaire because she felt that sufficient information has been provided in her discussions with us and through the children and her staff members.

The guide for pupil observation for classroom teachers to capture the general behaviour of the children (see Appendix IV-A) was not administered. The teachers were very busy with school examinations and said they could not make time for this study. For this reason, the members of the Quality Assessment Group used every opportunity available to observe the general behaviour of the children: among themselves, with their Aunties and Uncles, as well as the caregivers.

Protocol for Obtaining Data

I sought approval from the owner of the orphanage by explaining the purpose of the thesis. The letter presented in Appendix V served the purpose. I also presented my UNICEF identity card as evidence of authenticity of confidentiality and future support to improve the quality of care in the orphanage. The documents gave the Founder some degree of confidence that the study was being implemented in the “best interest of children” and to update our knowledge-base on the care of orphans.

Analysis

Qualitative data analysis.

The following statistical procedures were conducted for the qualitative data analysis:

- 1) Simple descriptive analysis was utilised for interviews and focus group discussions in this analysis.
- 2) Qualitative data analysis involved classification of field notes, grouping relevant information and similar issues together according to the questions. During the data analysis, the large interview statements were condensed to make the briefs more succinct and meaningful, without distorting the respondents’ ideas. By doing this, the responses were summarised, consistent with the principles stated by Creswell (1994, p. 153).
- 3) Descriptive statistics were calculated to provide simple mean and percentages while frequency distributions were undertaken. The responses from all

participants for each of the open-ended questions in the survey questionnaire were compiled and summarised.

- 4) The information from the focus group discussions and observations were also analysed using simple descriptive statistics and content analysis for an in-depth understanding of the interactional relationships within the orphanage.

Discussions of Ethical Issues

The information on ethical issues was shared and agreed with participants: (See Appendix V under Protocol for Obtaining Data). Participants were delighted that their voices would be heard, to the children, it was fun.

A Brief Description of Information Letters and Consent Forms Developed

For the senior staff members and workers in the orphanage, a set of information sheets was prepared and presented during the brief at the introduction of the study. Another brief was prepared for the members of the Quality Assessment Group at the initiation of the IQA process (see Appendix V under Protocol for Obtaining Data).

In summary, this chapter has highlighted related issues to the research methodology as well as the protocols for obtaining data. It is interesting to note that an informal introduction from a well-known colleague broke the ice at the introduction stage and thereafter, rapport was built with members of the Quality Assessment Group. The next chapter presents a succinct account of the adaptation of IQA in a selected orphanage in Zambia.

CHAPTER 4: FINDINGS

This chapter describes the findings of the study on the adaptation of an established measure to assess the quality of child services in Mosi-oa-Tunya Orphanage. The research was undertaken at the orphanage, which is situated about 4 kilometres southeast of Lusaka city centre in the capital of Zambia. The orphanage is named after the Township in which it is established. In Bemba, one of the Zambian languages, “Mosi- oa-Tunya” means “a small pot boiling.” The orphanage’s Founder established it in 1997 from a strong personal sympathy and commitment to contribute to the care of orphans and vulnerable children in Zambia. It has a current population of 84 children and youth.

This study attempted to answer the following research questions, using the methods identified:

1. (Interview): What type of care and services are provided in the orphanage?
The Quality Assessment Group conducted interviews with 30 randomly selected orphans aged 7-20 years old.
2. (Questionnaires): What type of care and services are provided in the orphanage? What is the impact of this arrangement on children’s experience of care? The Quality Assessment Group administered one questionnaire to selected caregivers and a second one to the Founder of the orphanage.
3. (Focus Group Discussion): A focus group discussion was carried out with 57 orphans in the selected orphanage, using the questions under the interview guide.
4. (IQA Observational Guidelines): How do children in this care model interact with caregivers and services? In other words, what is going on in this care-

giving arrangement? A set of observational procedures was adopted to obtain objective information on the aspect of daily interactions in the selected orphanage.

IQA Tool as a Study

In adapting the IQA as an Inclusive Quality Assessment tool, we also adapted the use of the Quality Assessment Group, which included the participation of three young adults who though living in the orphanage, have access to the outside world of work. The comments below were drawn from participants' reaction to the IQA tool as they participated in each of the nine steps:

Step One: Preparing for the IQA review.

The purpose of this step was fulfilled in that the Founder was well informed about IQA, she took time to seek clarification, which informed the critical decisions taken regarding the conduct of the review. It was evident that the earlier the frontline members understood and accepted the IQA process, the quicker it would be to plan and implement the required steps. In responding to the critical issues raised in the IQA process, I was careful not to raise unfulfilled and unrealistic expectations in seeking permission and explaining the goals and objectives of the review.

At the onset of the review, the Founder had expressed dissatisfaction with the low level of financial assistance to orphanages from donors in Zambia. My reaction was to present her with some donor conditionalities for assistance and suggest how to tap them. In this way, I made up my mind not to be defensive of any agency but to be guided by the reality on the ground. As a sign of commitment to the review, the participants from the

orphanage were introduced to the program and me as soon as the Founder understood and accepted to participate in the review. This first visit gave me a wonderful opportunity to view the orphanage and obtain background information about relevant events and issues.

Step Two: The first Quality Assessment Group meeting introducing IQA.

The tool allows for flexibility and modification. We were able to change the composition of the Quality Assessment Group and still received good participation, coverage and feedback. The participants understood the concept of IQA and had no difficulty developing questions based on the seven values outlined in the IQA process (Anglin & Dolan, 1988, p. 4). Given our time constraints and the sample size, we had to meet more frequently and work hard to meet our deadline. The only component, which was not unanimously agreed upon, was the involvement of the schoolteachers who were regarded by some members as outsiders to the orphanage and felt that their participation would not add any value to our findings. This component however was not part of our original plan but was later conceptualized by the Quality Assessment Group as an additional component that would add value to the psycho-social domain.

One lesson learned is that the smaller the membership of the Quality Assessment Group, the easier it is to control. We were only 7 members and getting everybody to participate at each meeting was often difficult but negotiable. The members demonstrated a high degree of professionalism, which the researcher appreciated. The IQA tool was quite interesting and relevant for investigating the quality of care within the context of the study. It was not regarded as prying. IQA provided the opportunity for self- assessment by the frontline managers-the Founder was delighted with the appraisal of her efforts as

seen from the eyes of outsiders. The participants had the opportunity to take part in the refinement of the interview schedules, observational indicators and in piloting the instruments. The residents participated in an action research in the true sense of the word as they were involved in evaluating what is on the ground, what works and thus analysing their experiences and operations. Their experience was feeding from one stage to the next and providing series of learning opportunities. The IQA therefore drew heavily on the experience of the frontline officers, the children themselves and ECD practitioners as well as the researcher. It became clear that the review involved “all those with an interest in the home but that the needs and views of residents should take primacy” (Youll & McCourt-Perring, 1993, p. 38).

Steps Three to Six.

These steps consisted of two discussion and three feedback sessions in order to keep within the stipulated ten-week period. Our findings revealed that the IQA is time consuming but is an innovative, experiential and rewarding exercise. Its inclusive approach makes it different from other instruments. It is innovative in that the voices of children as beneficiaries and users of services are critical concerns. Children had the opportunity to identify issues of importance to their situation. It exemplifies the use of a qualitative research, which produces a lot of in-depth information about an institution or orphanage. The children felt very important as a lot of attention was focussed on them.

The members of the Quality Assessment Group found the children to be friendly and talkative. The children enjoyed being asked questions. The Founder and the caregivers felt satisfied that the IQA tool brought to the fore their contribution to

childcare which could be replicated by other orphanages. The tool generated a lot of useful information. The Quality Assessment Group completed its assigned tasks of obtaining, collating, analysing information as well as writing up the report on the views and comments of residents and staff. They felt a great sense of fulfilment and accomplishment.

Step Seven.

Participants concluded that IQA could be utilised as an evaluating tool for clients-satisfaction of goods supply and service delivery in a commercial world. This is a big challenge. IQA offers a comprehensive monitoring and evaluation tool for care practices in an orphanage. It is an example of a client-centred (user-based) quality assurance review process that helps people in service settings focus on what they hold to be important and the kind of environment they want to create (Youll & McCourt-Perring, 1993). IQA helps to measure the quality of life of children in the orphanage in terms of their happiness, contentment or success (Stark & Goldsbury, 1990).

In measuring quality of care, the children were quite happy that they have good food, play facilities, clothing, love and care, a mother who listens to them and a good shelter. Initially, they were uptight about information sharing but soon relaxed for effective participation in the interview. The questions for the Focus Group Discussion helped verify the responses provided during the interview. The tool revealed no major difficulties in its utilisation among children and youth. The main task was to communicate the questions adequately to the children and caregivers. The dynamics of a

good Chairman and a Child Psychologist were brought to bear in finalising the report and ensuring that the recommendations from the Group were adequately captured.

Step Eight.

The IQA also provided us the opportunity to develop a Plan of Action that is doable and result-based to improve and increase services rendered in the best interest of children and from their perspectives. The plan looks at what should be done for the pre-school aged children as part of a comprehensive development and learning preparedness for school. This will involve the training of caregivers who would manage the ECCD facility in a multi-sectoral approach-with emphasis on health, nutrition, and cognitive, psychosocial and physical development. Provision of recreational facilities will satisfy the yearning of children who suggested a long list of play materials and games. The voices of children were captured and taken into consideration in deciding the way forward.

Step Nine.

Confidentiality was not compromised and participants were encouraged to regard responses as “a collection rather than a series of individual commentaries”. This helped to “discourage undue emphasis on the responses of individuals and encourage an understanding of the general messages coming through” (Youll & McCourt-Perring, 1993, p. 41). The big surprise that emerged was the demand, by the children, for a more readily accessible surrogate father. This issue was handled with care to prevent overall resentment of the boys. Its positive implication is that the Uncles are ‘a rare and essential commodities’ who are highly revered by the boys. As agreed, it was emphasised that the

selected orphanage and other similar establishments, UNZA, UNICEF, government and all stakeholders will benefit from the findings of this study. UNICEF could also adapt this tool for an end of cycle analysis of services rendered to women and children for specific program components of the Country program of Collaboration with the Government.

Survey Results

The following are the findings on the child care practices that were generated by the successful utilisation of the IQA process in the selected orphanage in Zambia.

Data were collected using a semi-structured questionnaire, which was administered to the senior staff members, the caregivers and the four youths (two boys and two girls over 20 years). The questionnaire guide covered issues relating to physical care, safety and health care, decision making in the home, freedom of expression and participation, linkage with life outside the orphanage, promotion of family life, relationship between the staff and the children and among children themselves. In addition, the Quality Assessment Group developed an interview guide that was used for structured interviewing of the children in the orphanage and to conduct the focus group discussion. The interview guide included questions based on safety, respect, hygiene, freedom of choice, interpersonal relationships among the children, equality of opportunity, and food.

Interviews with the children.

Physical care.

This category included facilities in the boarding house such as beddings, kitchen, water and sanitation and play facilities.

Bedroom facilities

One 15-year-old male youth that was first interviewed happily said, “Two children share a bed but I sleep alone.” It was found that the orphanage has good boarding facilities for the current population. Of the children interviewed, 88% (n = 30) (26 children) indicated that the boys’ bedroom has an average capacity for accommodating 29 boys while on the other hand, the girls’ bedroom accommodates at least 24 girls. There are 17 babies in the children’s bedroom. Children below the age of 10 sleep in pairs and those above 12 years sleep alone. The beddings include, bunk-beds, double beds, single and cot beds, mattresses bedspreads, blankets, bed sheets and pillows. The Ministry of Community Development and Social Services, Department of Social Welfare (2002) stipulated that a childcare facility should not be overcrowded with children. In this orphanage, the children sleep in 3 large and spacious dormitories thus meeting the set standard.

Kitchen

According to the children interviewed, 95% (n=29) said that there are sufficient cooking facilities in the kitchen. Basically, there are two big four-plate cookers, and there are enough saucepans, plates, spoons, and cups for catering purposes. The big Aunties

teach the younger ones to cook in this well equipped kitchen especially at the weekend when caregivers are off duty and the children are all at home.

Water and sanitation

It seems there is appropriate health care in the orphanage. As a measure of ensuring good health and sanitation for the children, availability of water has been given great attention. For instance, there is constant supply of water for domestic use, (that is bathing, laundry, watering the garden, lawn as well as the farm). The sinking of a borehole at the orphanage has facilitated this. There are approximately 16 water points in the orphanage, which include, the bathrooms, the kitchen, and outside the house. Thus water is easily accessible within and outside the house. In addition to this, there are adequate toilet facilities for the children. For example, each bedroom in the house has two toilets: 2 for the boys, 2 for the girls, 2 for the babies and an additional one for the caregivers. In general, the surrounding is very conducive as far as sanitation and good toilets are concerned. The Ministry's stipulation is that there should be 17 children of 18 months and above to one child-friendly toilet: this orphanage has 7 toilets to 84 children- a ratio of 12 children to one toilet.

Play facilities

Children view play and games as serious business, they love fun. The world of play is a miniature society, with its own codes and rules. Much of children's play involves role-playing, which enables them to learn about different issues, ideas and responsibilities.

Almost 87% (n=26) the children did state that swings, football and other traditional games were the activities they were involved in. Thirteen percent (n=4)

included in-door play activities like snakes and ladders, chess and play toys that include dollies, cars etc, though not sufficient to reach everybody. The playground within the orphanage curtails children's movements and involvement in boisterous activities. During free time, especially in the evenings, children spend their time in the television (TV) room. Three quarters of the interviewees said that the programs to view were selected for them. They were encouraged to watch Trinity Broadcasting Network (TBN) – a Christian network. The TV room is located at the reception and can accommodate about 70% (n=59 of the total population) of the children at a time.

When asked what additional play facilities they would need to have, almost all the children were quick to say that there is a need for adequate football, volleyball, and basketball and netball courts. The children further requested for the supply of balls to the orphanage as the available ones are almost worn out. In addition, 56 percent (n=17) requested for the construction of a swimming pool at the orphanage. While others, especially the young ones (during the focus group discussion) asked for the supply of materials such as toys, building blocks, dolls and tri-cycles and any other play facilities that may be considered appropriate.

Health and personal hygiene.

It is evident that there is an emphasis on good health and personal hygiene. When asked on how many times they bathe in a week, the children and the caregivers were consistent in their responses. Ninety-five percent actually reported that they bathe not less than two times in a day, that is, in the morning and afternoon whilst 5% indicated that they bathe 3 times including in the evening. When it comes to washing clothes, children

below the age of 12 years have their laundry done by the caregivers while those above the age of 12 do their own laundry. To make this service easy, there are two washing machines in the house. However, 96% (n= 29) of the children interviewed reported that the Founder does the laundry of the clothes for Sunday Church outing.

Food, which is part of good health, is adequately provided in the orphanage. Like many middle class Zambian households, the children in the orphanage have at least three meals a day and sometimes snacks at 16:00 hours. The types of food include, nshima (which is staple corn food in Zambia), bread, rice, beans, rape, cabbage, chicken and beef, to mention but a few. This information was provided by 99% (n=29) of the children.

Safety.

Security is safeguarded in the orphanage. Generally, the area in which the orphanage is located is safe and secure because there is a police post in the vicinity. The orphanage itself has a wall fenced with electrified wire; the windows have burglary bars that also strengthen security of the home.

In terms of personal safety, the children feel very secure to be in the orphanage because they have friends and surrogate parents around them. This was made possible because they live in the orphanage. Actually, almost all of them reported that they have never been unhappy since they came to the orphanage. They have a mother, aunties and uncles who are very caring about their welfare, and thus have developed a sense of belonging.

When asked about what makes them happy, a 15-year old boy said, “Everything here is just cool” – a slang meaning “everything is good.” Many of the children,

including a 21-year-old youth said, “This is home.” A rather sensitive account from an 11-year-old boy in Primary (Grade) 4 reads, “Mother is so caring. Being in the street is so difficult than having a home.” The same boy regards the husband of the Founder as his role model and wants to be a pastor when he grows up so as to show love to others. He is one of the children who used to live on the street before the Social Officers brought them to the orphanage.

As a measure to instill discipline in the children, especially considering their heterogeneous backgrounds, the orphanage has its own stipulated rules both in and outside the house. For instance, children are not supposed to fight or insult one another. Therefore, there is mutual respect among the children in the house regardless of age and gender. Children also observe bedtime. Failure to adhere to these rules may result in consequences, such as cleaning the house or dishes. One child reported that children are beaten when they disobey the rules. On further investigation, it was discovered that children are smacked when they disobey-which is a culturally accepted norm in most African cultures especially if it does not constitute corporal punishment, which is against the law. As declared by one of the caregivers interviewed: “Spare the rod and spoil the child.” This is a Biblical injunction popularly adhered to in the orphanage through smacking, but corporal punishment is forbidden.

Autonomy and interpersonal relationships.

This study focused on the following aspects: decision making, freedom of expression, and friendships.

Decision making

Children reported that they exercise the right to make decisions. For instance, 98% (n=29) children reported that they have the freedom to choose activities in which to participate. Among these activities are: sweeping the surrounding, cleaning the house, watering the garden for boys in particular, and bathing children, cleaning the bathroom, cleaning dishes and cooking for girls. The only child that said “no” reported that it was quite difficult to make decisions in the house because activities are assigned to the individuals in a routine manner.

Freedom of expression

All the children said that they are able to express their needs and feelings freely through the Founder and another elderly caregiver whom they fondly refer to as Mummies; the two female youth as Aunties and the older male youth as Uncle. The other female caregivers in the orphanage are also called Aunties.

Friendships

All the children prefer to be in a group with others most of the time as was noticed from the number of friends each one of them has both at school and in the home. All the children interviewed said that although they have a regular group of friends, they consider every member in the orphanage a friend and a member of a big family.

However, it was noted that boys yearn for a surrogate father who is regularly as accessible as their Mothers are. When asked what makes them unhappy, an 18 year old girl also said: “Not having a father.” For one of the Aunties, she is unhappy “when one of the children leaves the house, a member of the family is gone.”

To cater for their emotional needs, there is great emphasis on spiritual life. Constitutionally, Zambia is a Christian country and most parents are Catholic by denomination with a lot of emphasis on religiosity. The Founder and Management as much as possible, wish to bring-up the children in a Christian environment to enable them develop Christian morals. All the children said they are Christians and that they worship at the family church of the Founder. On Sunday mornings, the children are picked from the orphanage to the church. At church, children participate in various activities, which include; singing, youth group activities, Sunday school and ushering. All the children reported that they like going to church because they learn good morals and the word of God.

Leisure and recreation.

This aspect focused on how children spend their free time in different social settings such as home, church and school.

Home

During their free time, children participate in various activities in the orphanage. For instance, some children especially in examination classes (Grades 7 and 9) utilise this period for studying in the library and doing homework. As part of recreation, some children see this as an opportunity to interact with their peers, thus they engage in social games such as; “chiyato” (a local game for the girls), “round us,” “chidunu” (hide and seek) and marbles. Others, especially those who are in the choir at church, attend singing practices during their free time.

However, some children mainly the girls reported that they would like to acquire certain survival skills and therefore participate in domestic chores such as cooking, cleaning the house and taking responsibility for the childcare.

School

Just like in the home setting, children participate in a number of activities at school and some of them are members of interest groups. These activities include soccer, basketball, netball, and members of the Scripture Union, Youth Alive, Anti-AIDS and Interact Clubs.

Church

At church level, all the children belong to clubs such as the junior choir, youth group and Sunday school classes.

Career aspirations.

For self actualization, these children have various career aspirations. When asked about what they want to become when they grow up, children had a lot to say. For instance, some children said they wanted to become missionaries, lawyers, pastor, minister, doctors, pilots, politicians, pharmacists and farmer. Others wanted to emulate the kind of work that their mother-the Founder is doing (that is; taking care of the Orphans and Vulnerable children in society).

Role models.

Seventy-five percent of the children reported that their Mummy is their role model, thus they would want to be like her one day because she is very caring to them. Generally, the husband and elderly daughter to the Founder and all Aunties and Uncles in

the orphanage are some of the other models brought out by the children. A 21 year- old Auntie acknowledged her late Mother and the Founder as her role models because “they are both energetic women.”

Information from the caregivers' questionnaire.

Generally, there were few variations in the responses from the children and the caregivers. The instrument was able to generate similar information from all respondents.

Physical care.

Bedroom facilities

Although the children that were interviewed gave a general picture about the availability of boarding facilities in the orphanage, the caregivers are futuristic in reporting that facilities need to expand to accommodate the ever-increasing population of orphans.

Kitchen

The information was consistent with that obtained from the children. The caregivers also reported that there are sufficient cooking facilities in the kitchen such as cookers, saucepans, plates, spoons, and cups for catering purposes. The kitchen serves its purpose adequately.

Water and sanitation

The water supply at the house was reported to be sufficient by all the respondents to the questionnaire. The borehole provided a good source of water for the orphanage. The general cleanliness and sanitary maintenance of the house was highly commended by the respondents representing about 90%. Toilet cleaning detergents are used constantly.

Play facilities

The caregivers' responses suggested that children played mostly with football, marbles, swing and toys that were gender-specific. According to them, more play materials like skipping ropes, balls, dollies, toy cars, hoops, and many more would greatly stimulate the children in their playtime activities.

They also mentioned that they supervise the television viewing of the children by selecting appropriate learning programs for them. This is an indication of how much parental guidance the children receive from the house. The mothers, aunties and uncles confirmed that children are allowed up till 20:30 hours to watch TV before they sleep. There is a lot of emphasis on academic excellence for children in this orphanage in a quest to break the cycle of poverty.

Health and personal hygiene.

The orphanage has placed cleanliness as a priority. The caregivers indicated that 95% (n=83) of the children bathe twice a day while 5% (n=4) takes a bath thrice a day including an evening bath after work. One of the Aunties was assigned to take charge of laundry for children below the age of 10 while most of the older children did their own laundry as a way of inculcating a sense of responsibility in them. It was further observed that children are being taught and helped to become very self-dependent.

The popular Zambia saying "What you eat makes who you really become" appears to be the motto in the orphanage. This is a lot of attention to good nutrition. The children below 5 years feed 5 times a day while the others eat 3 or 4 times a day. Mostly,

their food consists of porridge, nshima, beef, beans, vegetables, fish, chicken, rice, and fruits- a combination of protein, carbohydrate, vegetables and fruits.

The orphanage also keeps a first aid box for any emergency. However, it is located about 100 metres from Mosi-oa-Tunya Urban Health Centre and 1.5 kilometres from a big hospital. The caregivers were delighted to report that they have never had an out-break of any disease or infection.

Safety.

The security situation at the house was reported to be ideal. As earlier reported by the children, the caregivers went further to state that so far there has been no incident to undermine children's security.

As a measure to instill discipline in the children, especially because of their heterogeneous backgrounds, the orphanage has its own stipulated rules both in and outside the house. For instance, children are not supposed to fight or to insult one another. Therefore, there is mutual respect among the children in the house regardless of age and gender. Children also observe the regulation about bedtime. Failure to adhere to these rules may attract some form of punishment, such as cleaning the house or dishes or refusal to go out when others do.

The family kind of arrangement greatly contributes to the children's feeling of security for it generally promotes family life. Every adult in the house is referred to as Auntie, Uncle and Mother except that a father figure was not readily available.

Focus group discussions with the children.

During the focus group discussion the 57 children who participated representing 68 percent of the population of children, indicated and expressed their feelings and thoughts on the care provided in and at the orphanage.

Physical care.

Bedroom facilities

The boys' bedroom occupies 29 boys while on the other hand; the girls' bedroom has 24 girls. There are currently 17 babies in the children's bedroom. Children below the age of 10 sleep in pairs and those above 12 sleep alone. The beddings include, bunk-beds, double beds, single and coat beds, mattresses, bedspreads, blankets, bed sheets and pillows.

Kitchen

Apart from the utensils and materials spoken about earlier at interviews, the group did mention names of three aunties who prepare their food. The children corroborated the responses given by their friends/colleagues who were interviewed

During the Focus Group Discussion, the girls were excited about rotational participation in cooking during the weekend when their caregivers take time off work. They said "we cook and clean the house, our big Auntie teaches us." The boys are also encouraged to cook so as to be "better cooks than girls."

Water and Sanitation

The focus group discussion was so lively and it enriched most of the data earlier collected. The children did state that the house has 9 waterborne toilets, (2 for boys, 2 for

girls, 2 for babies, 2 for visitors and 1 for Aunties), borehole water source and about 25 taps in all. The young children in particular showed us how they water the flowers and play with water. 'I like water.'

Play Facilities

About 85% children said that they play with plastic balls, marbles, dollies, and do activities like sports, touch, sliding and 'chidunune.' When asked for additional play materials they would love to have, they suggested dollies, toy cars, play station, balls, tricycle, bicycle, puzzles, basketball ball, netball ball, jumping castle, TV, Video cassette and old tyres. A 6 year-old girl shouted "I want dolly."

The whole group participated actively in making these decisions. They also indicated the most commonly watched television programs which included- cartoons, Christian broadcast, football, Colby's and selected programs on the Zambian National Broadcasting station. Their Aunties and Mummies choose the programs to prevent them from watching those classified as "bad for children."

Safety and health.

Children indicated that they enjoyed their stay in the orphanage, which they fondly referred to as 'home.' About 90% (n=51 out of 57) of the children, said some of the things influencing their joy are the food they eat, the kind of activities they experience such as singing, story telling and dancing. The children also bathe, brush their teeth, comb their hair, which they say provide them some degree of freedom and body cleanliness.

The children did bring out the issue of routine. They go to sleep at 20:30 hour everyday. Children make their beds, sweep the rooms and bathe routinely in the morning and afternoon. 95% (n=54) of the girls indicated that their two big Aunties do train them in certain domestic chores, good manners and prayers. Most of the boys said the same about the big Uncle who is the oldest male youth. The big boys said: 'Uncle teaches us motor mechanics.' The children also learned to be obedient through the same people.

The house has placed cleanliness as a priority as evidenced in the number of times children take their bath per day. According to the responses, 95 percent (n=54) of the children said they bathe twice a day and that one of their Aunties takes her bath three times a day. Another Auntie is responsible for the laundry of children below the age of 10, while most of the older children did their own laundry as a way of inculcating a sense of responsibility in them. The children agreed that they needed to be able to take care of themselves as they grow older.

The children under the age of 5 years eat 5 times a day while the others feed 3 or 4 times a day, depending on the availability of food. They gave the following list of common food: porridge, nshima (maize meal), beef, beans, vegetables, fish, chicken, rice and fruits.

The children also confirm that when they are injured or sick, they receive first aid treatment before they are taken to a nearby health centre or hospital.

Autonomy and interpersonal relationships.

Three quarters (43 out of 57) of the children indicated that they feel free with almost everyone in the house. The small girls were more assertive than the bigger girls

and boys. The boys were showing a high prevalence of timidity. The children were able to talk to Aunties, Uncles and their Mother more regularly and with great affection.

Children reported that they exercise the right to take decisions. For instance, 98% children reported that they have the freedom to choose activities to participate in. Among these activities include; sweeping the surrounding, cleaning the house, watering the garden for boys in particular, and bathing children, cleaning the bathroom, washing dishes and cooking.

All the children prefer to be in groups most of the time. All the children said that although they have a regular group of friends, they consider every resident of the orphanage a friend and a member of a big family.

Emotional needs and spiritual life.

To satisfy their emotional needs, there is a great emphasis on spiritual life. All the children at the orphanage reported that they are Christians and worship with the Founder in her family church. At church, children reported that they participate in activities such as; singing, youth group activities, Sunday school and ushering. The little ones shouted: “we sing in our mummy’s church.” All the children reported that they like going to church because they learn the words of God and good behaviour. Apart from going to school and occasionally to special national events, Church is the only regular contact with the world outside the orphanage. One 18-year old boy who has just completed the High School (grade 12) examinations said “I wish I can go and see my friends.” The Management of the orphanage has a policy that restricts children’s movement in their own best interest.

Career aspirations.

Children, especially the small girls, spoke of becoming missionaries, nuns and volunteers in order to help others in the future. The bigger girls and boys did express their aspirations for the following:

- missionaries
- ministers
- lawyers
- doctors
- pilots
- politicians
- pharmacists
- farmers

Role models.

Seventy-five percent of the children reported that the Founder is their role model, thus they would want to be like her one day because she is very caring to them.

Generally, the husband and a sister to the Founder, Uncles and Aunties in the orphanage are also regarded as role models by the children.

Interestingly, one of the 13-year-old boys said, “Kofi Annan is my role model,” while a 16-year-old boy said, “Martin Luther King is my role model..” When asked why, they both independently said, “Because he is a great man.” A 12-year-old boy in primary four who wishes to become a minister when he grows up said, “The Minister of Agriculture is my role model, because he makes sure we have plenty to eat.” Three 10- to

11-year-old children said “God” is their role model because he made everything in the world. The 21-year-old Auntie said, “My late mother and Mummy here are my role models” and narrated fond memories of her late mother. This was the first time that any of the children readily discussed their parents.

Observations.

Interpersonal relationships and family life.

It was observed that family life is promoted at this orphanage as seen in the social interaction in the home. The Founder serves as their surrogate mother. Apart from her, other members of staff such as the caregivers are regarded as mothers. The Aunties and Uncles are considered as role models. In addition to the above attributes, despite being a heterogeneous group, the children exhibit a sense of belonging. The children said they love their aunties and uncles because they take care of them. Their relationship with the staff, caregivers and among themselves was harmonious. In sum, the social environment in the home is friendly and there is a strong bond between the children and the staff. Consequently, the general day-to-day environment in the orphanage is happy and organised.

However, in spite of having these adult figures around, the visible role of a male surrogate is missing in the orphanage. One of the big boys said, ‘we too want a Father to pour our minds to, just as the girls do with our Mother.’ For instance there seems to be no male adult (apart from the Uncles) to act as a Father. They regularly asked the Chairman of the Quality Assessment Group to play that role and continue to visit after the completion of this assignment.

Mussen, Conger and Kagan, (1974) affirmed that boys from father-absent homes are more likely than boys from father-present homes to encounter difficulties in social, emotional, and cognitive development. Fathers are more likely in the African society to represent such values as discipline, order and punctuality than mothers. Studies have also shown that boys whose fathers were absent during childhood behaved in a less masculine way both in fantasy and overt behaviour and they manifested very little aggression. These findings on the significance of the father in personality development of the boy serve as a rationale for an enduring surrogate Father in this orphanage.

Safety and physical care.

Generally, the children's physical appearance is healthy and clean which implies that the quality of physical care provided in the home is good. In terms of safety, the children said they felt very secure at the orphanage. When asked why they said mainly because they have a caring mother and caregivers who protect them, the children felt loved and attended to equally. Above all, the environment seems rather safe and peaceful.

Behaviour.

On observation, the children are well-mannered. They show respect towards one another regardless of their social backgrounds, gender and age. They said they have been taught at Sunday School not to fight but to report any offender to Aunties, Uncles or their Mother.

Other observations.

As with many home settings where there is discipline, children seem to exercise some degree of freedom when the Founder is not around. They are at their best behaviour when she is there as they all aspire to please her. On the whole, there is love and care.

Discrepancies between statements and practice.

The main discrepancy between statement and practice was found in the degree of interaction between the husband of the Founder and the children in the orphanage. Their Mother claimed that her husband comes in regularly to see the children especially the boys, but the children reported a missing Father figure. This is crucial for their ego and development of a mature personality. Generally speaking, it has left the boys rather timid, while the girls are more confident, assertive and happier. The girls have role models whereas the boys lack adult and competent role model for regular contacts.

Quality versus quantity of interactions.

The quality of care is high; the interaction among the children and their caregivers is cordial, friendly and challenging. There is dedication and commitment on the part of the caregivers in the services provided. Majority of them are volunteers from the Founder's Church. The situation here is challenging as it takes an holistic view of child care-in the midst of widespread poverty and squalor, this particular orphanage is responding to the needs and rights of orphans. The children have measured the quality of care through the food, happiness, shelter, recreation facilities, religious and social activities and the love received from their Mother. These were the indicators used by the children to decide their quality of life and care. The quantity of interactions is very high,

the Founder comes in by as early as 8:00 hours and stays with them till 17:00 hours when she returns home with one of them who has decided to stay in the Founder's family home. A more elaborate analysis of this issue is presented in the next chapter.

This chapter presents the findings based on responses to the questions asked during the interview, focus group discussions, observations and through the administration of the questionnaires. The IQA process was able to elicit what constitutes the quality of life and the service provision in this orphanage. IQA has brought to the fore, the voices and desires of the orphans through this exploratory research in one orphanage. It has proved its suitability and usefulness as an evaluation instrument in this regard.

What came out clearly was the fact that the children were able to itemize ingredients of quality of life as perceived by them and their day-to-day experience. Regular meals, peace, love and attention, friendship, caring environment in a family setting constitute their quality of care. Despite it all, the yearning by some children for a visible surrogate father and desire to maintain contact with their relations and friends outside the orphanage depicts an imperfect or incomplete quality of life. This is in congruence with Anglin (2002), which says "full congruence in a staffed group home, as in any other complex organization, should be viewed as an ideal state or goal, but it is never fully achieved" (p. 65). Anglin (2002) further states that rather than demand the unattainable, we should consider that what is likely to be achieved in most instances in the struggle for congruence is not a perfect or even a well-functioning home, but rather a "good enough" or "well enough functioning" group home (p. 66). By the same token, should these findings lead us to the acceptance that these provisions are evidence of a

“good enough or well enough functioning” orphanage? The next chapter elaborates on the findings of this study in relation to the goals, literature review, theoretical framework and outcomes of the IQA process as it also relates to the quality of care in the selected orphanage.

CHAPTER 5: DISCUSSION

Introduction

This research was undertaken within the context of an IECD initiative, which aims to provide a good start to life within a nurturing family and community environment in the context of CRC to which the government of Zambia and UNICEF are both signatories. Its purpose was to assess the childcare services that are available and provided to orphans in one selected orphanage in Zambia.

This was an exploratory study to obtain insights into the basic and affective dimensions of care that are provided in a selected setting and how the institution could be supported to enhance the quality of care for children who live in it. This research was based on the assumption among professionals that traditionally, orphans who are taken care of by members of the extended family network receive better care and affection than their counterparts in residential facilities. The research was undertaken at a crucial time in Zambia when there is an upsurge of orphanages due to an ever-growing increase in the number of orphans. Compounding this problem is the fact that the coping mechanisms of the extended family network are undermined by poverty, anomy and disease. It could not have come at a better time than now when there is an increased public consciousness to the plight of orphans.

The concern was captured succinctly on the Home News page of *The Post* newspaper under the title “Orphans in Zambia Experience Lack of Love – UNICEF Report” (8 December 2003, p. 8). This assertion was based on the findings of the study conducted in twelve African countries in 2002. This study provides a more current view

of childcare practices in one selected orphanage in Zambia. It will highlight the type of care provided and received in the selected orphanage within the concept of children's best interests, bearing in mind the need for services to be child-centred, child-oriented and child-focused (Anglin, 2002). The adaptation and use of the Inclusive Quality Assessment (IQA) tool would help determine a minimum standard of care that is client-centred.

This chapter highlights the findings of the study on the adaptation of an established measure to assess the quality of child services in Mosi-oa-Tunya Orphanage in Lusaka, Zambia. We start by examining the impact of the IQA process on the participants of the review.

Outcomes of the IQA Process on the Children in the Selected Orphanage

There was excitement arising from increased attention, which the children enjoyed. They quickly built a close rapport with the lady from UNZA and the Chairman of the Quality Assessment Group. They enjoyed telling stories and playing with each member of the Quality Assessment Group. Some of the girls requested that they would want the Quality Assessment Group member from UNZA to continue visiting them, as it would give them the opportunity also to visit her. They felt free to ask questions and to interact with the Chairman and the UNZA Graduate, both of whom were regarded as new-found Uncle and Auntie. They also expected the delivery of their play materials as soon as possible. The older children expressed their delight at having this wonderful opportunity to be heard. They hope that there will be further changes in the orphanage,

especially a chance to establish close link with the society and their relations where ever they might be.

Outcomes for Members of Staff

As also discovered by Youll and McCourt-Perring (1993), feedback from the Quality Assessment Group, in which three caregivers participated, was the most significant part of the review. It affected their views and raised awareness of the ideas, needs and perceptions of the children in their care. One of the elements of the IQA tool is that participants share their perceptions, experiences and preferences regarding the program with members of the Quality Assessment Group (Anglin & Dolan, 1988). For them, it was quite exciting and useful to do a self-assessment of their activities without any one apportioning blame or witch-hunting. They were also delighted to contribute to whatever changes and improvements are envisioned for the orphanage.

The evaluation process made people aware that they themselves are agents of change. Anglin and Dolan (1988) indicated that the program (IQA) evaluates itself by asking questions about itself. "The IQA keeps on asking questions, and gets into the habit of questioning and listening, which enables people to say things and be heard" (Anglin & Dolan, 1988, p. 4). The caregivers were also able to voice their opinions without feeling disloyal to their employer who they admire for services to the less privileged children.

In verifying the fourth element of IQA, which states that the management of change is brought about by feedback from clients within the program and those external to it, reference is made to the Founder's comment. Few of the children had alluded to the need for Guidance and Counselling services which did not augur well with the vision of

the Founder. The Management finally agreed to consider this view after listening to scientific views and comments from different members of the Quality Assessment Group. The Founder was delighted that the tool did not delve into personal history of children nor of the establishment in which regard, the IQA is acceptable and culturally acceptable. If the review had dragged on for longer than the ten weeks, she would have felt bored and dissatisfied.

The Founder was happy with the report and the recommendations and endorsed that the report be shared as agreed, with other orphanages, government, NGO and UN officers as well as the University of Zambia. She was delighted with the outcome of this review, which she said has done justice to the orphanage. She promised to recommend this review to her other colleagues who run orphanages in Zambia. The Founder will love to undertake poultry to improve the nutritional status of children not necessarily as an income generating activity. When all these are put in place, the children will feel a part of innovative approaches within the orphanage.

Impact on Members of the Quality Assessment Group

Members of the Quality Assessment Group particularly the Chairman and the Post- graduate from the University of Zambia admitted that this process has contributed to their knowledge of participatory and experiential research activity. They found it interesting and unique and agree that it is relevant for Zambia. They promised to assist the Founder to implement the necessary changes that were recommended so that the orphanage will become a model in Zambia. They also promised to introduce it in their workplace as a tool for monitoring and evaluating services being rendered. The work of

IQA forms part of a wider development of and interest in approaches to quality assurance like quality circles or action groups, total quality management and the production of guidance and checklists for monitoring (Youll & McCourt-Perring, 1993). IQA is a development of a 'quality action group' approach based on the idea of gathering together a small group of people who take responsibility for considering and reviewing quality issues. In the words of Youll and McCourt-Perring (1993), "the success of Inclusive Quality Assurance (IQA) in making user views central to the review makes the need to give IQA external validation seem vital" (p. v).

Furthermore, IQA is an evaluation tool that uses systematic acquisition and assessment of information to provide useful feedback about some object. I will join Youll and McCourt-Perring (1993) in saying that IQA is a potentially effective quality assurance tool, as it focuses on the individual's well-being and quality of life.

Type of Care

Overall, findings of this study have revealed that the orphans at this orphanage are well taken care of in terms of food intake, shelter, play, leisure, right to education, good health and living, and right to freedom of expression. These findings are consistent with Kelly's (2000) analysis of the needs of orphans, which are related to food, shelter, accommodation, clothing, health, care and schooling, access to work for the young adults and psychological needs.

In Mosi-oa-Tunya orphanage, the founder and caregivers provide basic services in the interest of the child. Special attention is given to ensure happiness and a sense of belonging through a general show of love and affection. According to the Founder,

children are meant to feel at home and are given this type of orientation from the moment they enter the orphanage. Clothing is provided freely to all and according to their sizes, the Founder assigns the clothing to all children and Sunday wears are sorted out on Saturdays in preparation for Sunday Church service. Discussions with the Founder and her staff are committed to satisfying the needs of these children within a happy family setting. The Founder in particular is with them most time of the day from morning till when she closes by about 17:00 hours.

The show of love and affection makes the children refer to her affectionately as Mummy and her husband as Daddy. The parents, caregivers, designated Aunties and Uncles serve as the “significant others” to the children with whom they share a deep relationship and attachment. Children reported that the first person they discuss their problems with is their Mother and she is quite loving and caring towards them. The big Aunties and Uncles have gone through the orphanage since its inception in 1997 and so are able to relate well with the younger ones who look up to them as role models and confidants. The Founder herself admits that there is a bond among the children, which she herself cannot penetrate or break. She mentioned that when she wants to give any one of them a treat as a reward for good behaviour, she invites them to her house for the weekend and makes all her amenities available to them.

She recalled that there had been occasions when the favored orphans have requested that they be taken back to the orphanage because they missed their brothers and sisters and wished to go home. For her, these events prove a point that siblings value the bond among them better than that with adults because they love one another and feel more secure when together. This feeling also came out in the responses from the children.

In a sociological standpoint, the orphans have developed a sub-culture within the formal social structure of the orphanage, which binds them together because of shared characteristics-all have known sadness and bereavement and are able to identify one with the other. This finding contradicts the popular belief among professionals that orphans who are taken care of by members of the extended family network receive better care and affection than their counterparts in residential facilities.

The above experience in the focus orphanage is coming in the heat of the findings of the new UNICEF study titled “Africa’s Orphaned Generations” (2003), which reveals the experiences of orphans in twelve African countries including Zambia. It claimed that psycho-social trauma can continue even when orphans move to foster families. They may be treated as second-class family members-discriminated against in the allocation of food, or in the distribution of work. According to the new report, orphans in Zambia reported a lack of love and a feeling of being excluded as well as outright discrimination (UNICEF, 2003, p. 29). A study in Western Kenya also found that 28 percent of orphans were looked after by “culturally inappropriate” caregivers, such as matrilineal kin or strangers (2001, cited in UNICEF 2003, p. 19). In many instances, households with orphans have higher dependency ratios than those with children but no orphans. In Zambia, 6 percent of female-headed households take care of double orphans, in contrast to 3 percent of male-headed households. Many of the caregivers were themselves not fully capable, due to ill health or old age. While not advocating orphanage care over the family support system, the following situations are the reality in Zambia and should be highlighted in our review of orphan care. No wonder why in Lusaka, the majority (58%) of children living on the street are orphans (UNICEF, 2003, p. 23).

Theoretical Framework of Care

The care provided and received within this orphanage can be fitted into certain relevant theories in an attempt to assess the linkage between the ecological and the psycho-social milieu in which these children develop.

Ecological systems theory.

Bronfenbrenner (1998, cited in Berk, 1999) explains that all relationships are bi-directional and reciprocal – as these reciprocal interactions become well established and occur often over time, they have an enduring impact on development. The pattern of interactions experienced in the selected orphanage is bi-directional and fits within the innermost level of the environment called the micro-system. The microsystem refers to the activities and interaction patterns in the child's immediate surroundings. In other words, these orphans respond positively to outward show of love and care and rights to basic human needs.

The mesosystem is Bronfenbrenner's (1998) second level of the environment, which encompasses connections between micro-systems, such as the home, school, neighbourhood and day care center, which foster children's development. In the case of the Mosi-oo-Tunya orphanage, the caregiver-child's relationships are linked to the three schools within the neighbourhood, which the children attend. The Founder and her husband stand in loco parentis for all the orphans in their care. This accounts for the reason why it was difficult for us to contact the school to administer one of the questionnaires without the consent of the Founder. Authority and control over these children and the orphanage revolve round the Founder and any attempt to break lose and

contact any other person, pupils, teachers or the government authority without her approval is resisted. Furthermore, she is protective of these children because some of them are the subjects of pending litigations arising from their backgrounds/history, which she refused to divulge. To observe confidentiality, no photographs were and are allowed within the premises.

The orphanage is situated and well linked with neighbouring health center and a big hospital at the level of the ecosystem. Zambia is not a welfare state and health care is rather expensive. At the conclusion of this assessment, one of the children was admitted to hospital and the Founder was rather concerned about his condition. However, with good health care, good nutrition and clean environment, she claimed that the majority of the children maintain good health.

Finally, the macro system, the outermost level of Bronfenbrenner's (1998) model, is not a specific context but consists of the cultural values, laws, customs and resources. The priority that the macrosystem gives to children's needs affects the support they receive at inner levels of the environment. The children in this orphanage are subjected to a change in value and belief system, which should impact positively on their development. They live in an environment of law and order, discipline and godliness, which emphasises peace, family life, self-control, assertiveness and achievement. Interestingly, the symbol of the orphanage is a dove carrying a green leaf, which, according to the Founder, stands for peace and growth through the Holy Spirit.

Regardless of past experiences and family setting, the orphanage presents them with a model family life which is middle class in its outfit and one for which its values, norms and behaviour must be imbibed by the children. This is the type of family that is

referred to in the 1999 Situation Analysis (UNICEF et al., 1999, p. 17) as “Bakankala, bavubide; Bapina” meaning the rich, well off. Let us look at this within the rights perspective.

The rights of the child: Guiding human rights principles.

The new values and norms of this type of family life confer on the children the enjoyment of certain children’s rights, such as the right to survival, well-being and development, and the right to life and a name (some of the abandoned children were named by the couple and actually adopt the name of the couple). It was interesting during the focus group discussion to hear a happy and contented 5 year old girl introduce herself to us: “I am Lynda, my mummy is the Founder of this home.” It was later discovered that the little girl chose to live with the Founder’s family and not at the orphanage despite the fact that she has a brother and sister in the orphanage. However, she comes in with the Founder everyday to the orphanage and is in close contact with the other siblings. Due consideration is also given by the Founder and her Staff to keeping siblings together rather than separating them. Separation is one of the major causes of trauma and distress to orphans living within the family network (UNICEF, 2003, p. 29).

The children’s right to education is ensured by their regular attendance and participation in government approved schools. The orphanage also provides a library facility and an Uncle who assists with their studies and home works. There are currently children in Basic, Higher and Tertiary institutions and two in gainful employment outside the orphanage but still see it as Home. For the under-5-year-old children, a Peace Corp person has been hired for a year through the Volunteer Overseas Organisation (VOS) and

she has recently commenced a pre-school session for the children within the orphanage. She reads and tells stories to the children and encourages free play. Recreation has its time and according to the children, they have opportunities to take decisions on issues concerning them. For example, they often contact their Daddy and decide whether to go out with him on the farm or to stay at home doing other things. The Founder and her husband own big farmlands.

There is no compromising religion and children's participation in church services as the Founder and her family believe that the Words of God heal pains of orphanhood, unhappiness, despair and would rather saturate the children with Church activities than introduce guidance and counselling services. This is a debatable issue, which is based on their belief system. This is meant to promote children's spiritual, moral, psychological and social development. Furthermore, children's outing and contact with the outside world are controlled by their parents. Any family member who wants to contact or invite the children out of the orphanage must seek prior approval and explain purpose of visit. Permission is given only if found to be in the best interests of the child. However, very few children expressed a desire to have friends and relations visit them more regularly in the orphanage. One of the children indicated during the focus group discussion a desire to go out visiting friends and relations occasionally. When contacted, the Founder felt it would destabilize the children emotionally if she allows this type of frequent interaction. Besides this, she takes their background into consideration in making such decisions.

Respect for the views of the child is a human rights principle and one for assessing the type of care provided in this orphanage. Respect is a cardinal issue in this orphanage. In the African tradition, older girls are called Aunties and older boys Uncles

as a sign of respect for age and seniority. The same concept is observed in this orphanage. The young ones respect the older children who in turn take care of them as their responsibilities. They not only provide physical care but also emotional care that has been discussed under love and attention. Besides, the children are being brought up to respect one another and not to fight. This has led to the high degree of friendliness observed among the children.

There is dignity of labour in the orphanage. The children are encouraged to farm and each farm has the name of the responsible child. Their Mother is always proud to exhibit their performance to visitors. The orphanage also acknowledges the worth and dignity of each child. She does not ever talk to any of them as if they are worthless –a situation which has created a sense of value in each of the children.

Autonomy is exemplified more among the older Aunties and Uncles who are making a career outside and show a certain degree of autonomy and self-reliance in work-related issues. The young ones are also being brought up to be assertive and independent by learning to care for them selves under the supervision of Aunties and Uncles.

Their Mother always emphasises that she gives them the opportunity to make choices. The older ones have demonstrated this fact in their choice of career. It will be good to see more of this in the choice of people who come to visit and whom they go to visit as they get older.

Fulfillment is more evidenced in the older ones who have made a career. The adolescents who are or just completed Grade 12 are anxious to get on with their lives to fulfill a yearning. Some said they do not know what to do next. This is an area where a

good Guidance and Counselling service would have facilitated fulfillment. In other areas of emotion, majority of these orphans felt fulfilled. Five boys in the 16- to 20-year-old category felt they needed a father figure to discuss with on regular basis. Their father is a very busy man and not as visible as Mummy. This explains why those who wish to see him join him more on the farm. The role of the father as a role model, a symbol of authority and discipline cannot be over emphasised in the development of a healthy personality especially for the boy.

Non-discrimination is demonstrated by equality of opportunity provided to all of them. Their mother explained that all children have access to education at all levels depending on their ability and interest. Time will further tell how well this opportunity impacts on each of the children in the orphanage.

Safety and security are major issues of concern in Zambia. The orphanage ensures that there is no case of sexual abuse among the children and with the children by hiring trust-worthy people as caregivers. Security can be measured from around and within the premises-the main iron gate is always locked and opened with caution by the big boys alone when a visitor knocks to come in. To also guarantee safety and security, there are Uncles and Aunties who sleep in the same room with the young boys and girls respectively and the caregivers with the babies.

Development of attachment.

The children in this orphanage are comforted when their Mother is around, particularly the very young children. This is in consonance with Bowlby's (1969) theory that views the infant's emotional tie to the caregiver as an evolved response that promotes

survival (cited in Berk, 1999). For the young adults, over time, a true affectional bond has developed between them and the parents here. They in turn have assumed responsibility for care of the young children who revere them as role models: who teach them good behaviour and who are affectionately called Auntie and Uncle.

The quality of life.

In assessing the quality of life in this orphanage, the researcher adopted the following distinctions between service inputs and outputs on one hand and outcomes for the orphans on the other (Youll & McCourt-Perring, 1993).

Youll and McCourt-Perring (1993) also offered the following definitions:

- 1) Inputs as policies, structures, activities, procedures and resources that go into providing a service.
- 2) Outputs as the accommodation and care services provided including both the visible, concrete aspects (rooms, meals, feedback mechanism, relationships between staff and residents).
- 3) Outcomes are the impacts and results of the services for the people who use them or who are affected by them in some way (p. 181).

The above issues were captured from the following responses from the orphans and caregivers in the orphanage.

During various discussions with the Founder, it was clear that her motive for establishing this orphanage is depicted in the symbols of a dove and green leaf as explained above-to promote children's growth and development through the impact of the Holy Spirit of God. This explains why the life of these children rotate round the

Church and church activities. Not only do children attend the services on Sunday where they sing and worship, they also participate in church preparatory activities such as choir practices during the week.

The Founder did state that she has had access to donor funds in the past years from the Canadian Government to construct the main building for boys and girls as well as to sink the very functional borehole in the orphanage. Children's clothes are part of the regular donations from certain individuals and friends in Zambia as well as her family resources. In addition, she has a florist outfit within the orphanage, which is income generating.

Provision of facilities was critical to assessing the quality of life in the orphanage. The children perceived as adequate their bedding facilities of bed sheets, blankets, bunk beds, mattresses and bedspreads. The caregivers are convinced that the orphanage will benefit from more supplies of materials to be able to accommodate the ever more increasing numbers of children being accepted.

Water and sanitation facilities are adequately provided. Children indicated that the play facilities were not sufficient but were quite delighted to make a long list of play items that they would want. The children mentioned provision of food, the type of play and games as a source of joy to them. To them, these items indicate what constitutes their quality of life and for quality assurance. A lot more could be provided for play and leisure and the children identified basketballs, netballs, jumping castle, television, videocassette and play tyres.

These children are taught to value their time. Routine is strictly followed in this orphanage between going to school, doing home work from school, playing, doing house

chores, watching television and going to bed at 8:30 hours at night. The orphanage is also busy and active-children go to school at different times as the schools operate a shift system.

The impact of these services on the quality of children's life is visible. The children feel very secure to be in the orphanage especially that they have friends and parent figures around a situation that they felt would not have been possible if they were not in the orphanage. Actually, only a few reported having ever been unhappy since they came to the orphanage. They have a mother, aunties and uncles who are very caring about their welfare and thus have developed a sense of belonging. Generally, the children's physical appearance is healthy and clean which implies that the quality of physical care provided in the home is good. The children are not discriminated against, and they are attended to equally. The environment in the orphanage is peaceful. Children have a very cordial relationship with caregivers and among themselves.

In summary, findings from this research show that the orphanage is delivering what it promises to do with and to the orphans. In deciding whether it has met the needs of the children, we shall review the Needs versus Rights approach to service delivery. Table 2 shows the Needs Approach versus the Rights Approach.

In intension and focus, the type of care being provided now is based on children's rights. However, the coverage is limited and so are the available resources because of the socio-economic situation of Zambia as a country. The political will to assist orphans and vulnerable children has not been translated to effective financial support to orphanages.

It can be said that this orphanage is being implemented according to The Child Care Upgrading Programme (CCUP) that has formulated standards for application in all

Table 2: Needs Approach vs. Rights Approach

NEEDS	RIGHTS
• Child is a passive recipient	• Child is an active participant
• Needs imply goals, including partial goals	• Rights imply goals, 100%
• 90% girls enrolled in Basic education	• 10% have not had their right to basic education realized
• Needs can be met without sustainability	• Rights must be met with sustainability
• Needs can be ranked in a hierarchy	• Rights cannot be hierarchically organised
• Needs do not necessarily imply duties	• Rights imply duties
• Needs are associated with promises	• Rights are associated with obligations
• Needs may vary among cultures	• Rights are universal
• Needs can be met through charity	• Charity is not acceptable in rights approach
• Meeting needs often depends on “political will”	• Realising rights depends on “political choice”

Source: Jonsson (2003, p. 34)

childcare facilities. For this purpose, the Mosi-oa-Tunya orphanage was registered with the Ministry of Community Development and Social Services Department of Social Welfare under the following regulations:

- 1) Every person who operates a childcare facility should have a Certificate of Recognition from the Department of Social Welfare (DSW). This is in consonance with the Juveniles Act, Chapter 53 that requires that all voluntary homes and private homes should notify the DSW of their existence (Sections 32 and 43).

2) Must meet the Minimum standard of Care which includes:

- a) Updating records of children's background
- b) A certificate of registration with the Fire Brigade –a fire extinguisher is available in the orphanage
- c) Feeding menu and timetable for the children- this was displayed in the kitchen and the Founder's office.
- d) Personnel qualifications and responsibilities clearly outlined to avoid using people with past records of child abuse. –must be over 21 years and at least Grade 12 certificate (completed Secondary Education) and some formal training in Child Care or Social Work. In the orphanage, there were ten caregivers over the age of 30 years out of who five have the minimum educational qualification.
- e) Toilets- 17 children of 18 months and above to one child-friendly toilet.
At the orphanage there are 7 toilets for 84 children an average of 12 children to one toilet, which is above the minimum standard.
- f) Beddings: each child should have a separate bed, a cot or reed mat and supplied with sufficient beddings. In the orphanage, on average, each child sleeps alone on a bed except for a few below the age of 12 years who sleep in pairs.
- g) Clothing: each child must be issued with suitable articles of clothing. In the target orphanage, each child had enough articles of clothing.
- h) Nutrition: a basic diet should be followed and the children should be supplied with three sufficient meals. Children under three years have

special feeding needs and need to eat 5-6 times a day.- In the orphanage, the average number of meals is three per day for the big children and five for the small ones.

- i) Space: a childcare facility should not be overcrowded with children. There must be at least two square meters per child in each room.- In the orphanage, the average number of children per room is 19 and they sleep in 3 large and spacious dormitories.
- j) Sanitation: According to the Factories Act Chapter 441, and Local Government Act Chapter 281, all children's must be clean and there must be adequate light and ventilation. There should also be fresh, safe drinking water for children.

At Mosi-oa-Tunya Orphanage there are enough of these facilities.

In summary, it is evidenced that a well organized and managed orphanage can provide children with a good quality of life in terms of physical, psycho-social, religious, moral, academic and skills-based service provisions. These various elements can be elicited with the use of an IQA tool that is culturally relevant, well administered and analysed. Whereas one does not advocate that all children should live in orphanages, those who live there should be well taken care of that their quality of care is maintained and the orphanage is regarded a 'home.' Anglin's (2002) assertion " that rather than demand the unattainable, we should consider that what is likely to be achieved in most instances in the struggle for congruence is not a perfect or even a well-functioning home, but rather a "good enough" or "well enough functioning" group home" (p. 65- 66), is applicable to the situation in this selected orphanage.

Limitations of the Study

The reduction in the number of informants for the interview guides from the targeted 57 children to 30 children is a limitation. Ideally, a research of this significance should have been based on a wider sample from various age groups and backgrounds. The Founder was mindful of distraction from study time because the children were preparing for their school examinations. However, the outcome of the Focus Group Discussion and the observation provided an added opportunity to ask all children the same questions as were contained in the interview guides and to get to know them better.

The inaccessibility to information from schools on children's behaviour outside the house is a limitation. It would have thrown more light on the psychosocial development of these orphans. The teachers would have been able to testify to their inter-personal relations in term of friendship, peer-to-peer relationship, responses to situations and settings outside the orphanage, level of performance academically and emotionally under normal and abnormal circumstances.

Furthermore, we could not include teachers from the children's school or relations of the children as members of the Quality Assessment Group. However, one unique issue was the involvement of young adults who though living in the orphanage are working outside and are able to mould the lives of the young children in the orphanage. This is possible because they serve as role models to those young children.

However, the study was intended to be an assessment of childcare provision in the orphanage with a view to strategising and mapping out the way forward as well as determining the suitability of the IQA instrument within Zambia culture.

CHAPTER 6: CONCLUSIONS

This research set out to pilot the adaptation of an established measure to assess the quality of child services in a selected orphanage in Zambia. The adaptation and use of the IQA was intended to help determine a minimum standard of care that is client-centred. In order to monitor and evaluate the quality of care for orphans in orphanages in Zambia, it was essential to research into the cultural-relevance and appropriateness of IQA in the context of Zambia. This was a pioneering study as the IQA was being introduced for the first time in a non-Western Culture, typically African.

The adaptation of IQA had involved some modifications to the processes of IQA implementation as regards time allocation, number and constitution of the Quality Assessment Group without compromising the quality and requirements of IQA.

IQA Tool as a Study

In adapting the IQA as an Inclusive Quality Assessment tool, we also adapted the use of the Quality Assessment Group, which included the participation of three young adults who though living in the orphanage, go out to work.

The IQA tool is quite interesting and relevant to the culture in Zambia; it is not regarded as meddling. It provided the opportunity for self-assessment by the frontline managers and the Founder was delighted with the appraisal of her efforts as seen from the eyes of outsiders. The tool allows for flexibility and modification. We were able to change around the composition of the Quality Assessment Group and still received good participation, coverage and feedback. The participants understood the concept of the IQA and had no difficulty in developing questions based on the seven values outlined in IQA

(Anglin & Dolan, 1988, p. 4). Given our time constraints and the sample size, we had to meet more frequently and work hard to meet our deadline. The only component, which was not unanimously agreed upon, was the involvement of schoolteachers in the evaluation of the psychosocial behaviour of some of the children at school.

This component however was not part of our original plan but was later conceptualized by the Quality Assessment Group as an additional component that would add value to the psycho-social domain. One lesson learned is that the smaller the membership of the Quality Assessment Group, the easier it is to control. We were only 7 members and getting everybody to participate at each meeting was often difficult but negotiable.

IQA is time consuming but an innovative, practical, interesting and rewarding exercise. Its inclusions approach makes it different from other instruments. It is innovative in that the voices of children as beneficiaries and users of services are critical concerns. Children had the opportunity to identify issues of importance to their situation. It typifies the use of a qualitative research, which produces a lot of in-depth information about an institution or orphanage. It could be utilised as a tool to evaluate clients-satisfaction of goods supply and delivery in commercial world.

UNICEF could also adapt this tool for an end of cycle analysis of services rendered to women and children for particular program components of the Country program of Collaboration with the Government. It offers a comprehensive monitoring and evaluation tool for care practices. IQA helps to measure the quality of life of children in the orphanage in terms of their happiness, contentment or success (Stark & Goldsbury, 1990). In measuring quality of care, the children were quite happy that they have good

food, play facilities, clothing, love and care, a mother who listens to them and a good shelter.

The IQA also provided us the opportunity to develop a Plan of Action that is feasible and result- based to improve and increase services rendered in the best interest of children and from their perspectives. The plan looks at what should be done for the pre-school aged children as part of learning preparedness for school. This will involve the training of caregivers who organise an ECCD facility in a multi-sectoral approach-with emphasis on health, nutrition, and cognitive, psychosocial and physical development. Provision of recreational facilities will satisfy the yearning of children who requested a list of play materials and games. When all these are put in place, the children will feel a part of innovative approaches within the orphanage.

Outcomes

The successful pilot-studying of an adapted IQA tool is the main outcome of this study. It has revealed that IQA is a suitable instrument for evaluating the quality of care practices in a selected orphanage in Zambia.

It is evident that orphans require special support and attention to their physical and psycho-social development and needs. This will enable them recover from the trauma of orphanhood. The experience of family life is crucial in the provision and the fulfilment of the needs and rights of orphans as human beings. Orphans, like most other children reciprocate love, attention and care and yearn to be loved and cared for.

The bonding with and attachment to Surrogate Mother and Father is most desired by orphans. Attention from the surrogate Father as well as from the surrogate Mother

must be unconditional and freely and fairly offered to all children as failure to do this might result in a feeling of insecurity, anomy and frustration. When children have the opportunity to eat together within a happy and loving family setting, their quality of life improves. In this regard, it is possible to maintain a group of children with older relatives within a home setting if the ingredients of quality life as identified by these children are provided. This model could constitute a considered option for the future.

Orphans require guidance and psycho-social counselling and guidance a lot more than their normal non-orphan peers.

The IQA process has proved to be an appropriate tool for eliciting the desired responses. This research has brought to the fore issues regarding the quality of care services for orphans in Zambia and a need to further assess the care services in other institutions and settings as well as at the family level.

CHAPTER 7: RECOMMENDATIONS

This chapter presents the recommendations based on the outcome of the research and the expectations of future activities in the use of the IQA as a tool for regular monitoring and evaluation.

The following recommendations are presented herein.

Implications for Policy Implementation

Given the various reports on the suffering of orphans in the family, community and childcare settings all over Zambia, it is herein recommended that the Ministry of Community Development and Social Services Department of Social Welfare should enforce the implementation of its Minimum Standard requirements in all care giving institutions. This however will require an effective monitoring and evaluation system for which the IQA proves to be appropriate and culturally suitable. Zambia requires a conducive policy environment to implement and institutionalize regular evaluation of care practices in orphanages.

The IQA tool should be introduced to relevant officers in the government Ministries and Departments that are charged with the monitoring of CRC implementation and review in orphanages. UNICEF could also adapt this tool for an end of cycle analysis of services rendered to women and children for particular program components of the Country program of Collaboration with the Government.

There is a dire need to review or enact and implement policies which will:

- a) strengthen the economic coping capacities of families and communities with young children, -particularly with orphans.
- b) enhance the capacity of families and communities to respond adequately to the psycho-social needs of young orphans, vulnerable children and their caregivers (UNESCO, 2003, p.21).
- c) integrate ECD initiatives into national multi-sectoral HIV/AIDS and other national development efforts to increase the potential for convergence of services and for scaling up ECD activities. This will be in line with the *“Operational Guidelines for Supporting ECD in Multi-Sectoral HIV/AIDS Programs in AFRICA”* (The World Bank, UNICEF, UNAIDS, 2003, p. 3).

Implications for Future Research

Given the limitations of my research, it is envisaged that this instrument will be expanded and used to assess and monitor the following:

- d) Group of different residential child care facilities and arrangements at different levels and settings.
- e) Quality of care provided to orphans and other vulnerable children in family settings and other care-giving institutions in Zambia. The increasing roles of grandparents as caregivers should be assessed with a view to developing programs and policy for better support. This could lead to the provision of basic ingredients of quality care to the grandparents in a bid to initiate appropriate low-cost, community-based alternative facilities to orphanages.

- f) It is evident that there is a need for a standardized monitoring and evaluation instrument that is inclusive and qualitative in approach. The IQA tool offers that inclusive and quality assurance to child care in orphanages. This will make for a more comprehensive and comparative assessment and analysis of the IQA tool in a non-Western ecological setting like Zambia.
- g) The inclusion of children and youth in action researches in Zambia is at its embryonic stage and therefore requires further research. There is the need for a combined effort of the University of Zambia and the Zambia Research Council, Lusaka to institutionalize this methodology

Implications for Implementation of IQA in Zambia

- h) Based on our experiences, it is advisable to adapt the IQA process to a time period of 10 weeks maximum time to prevent boredom and exhaustion by the participants –(members of the Quality Assessment Group and children) and the orphanage itself as an establishment. The smaller the number of people on the Quality Assessment Group, the easier it is to manage and coordinate its activities.
- i) There is a need to assist the selected orphanage to implement the recommendations during 2004 and beyond, especially the integration of multi-sectoral IECD in the care of HIV/AIDS affected and infected children. It is also envisaged that through this approach, relevant Ministries and organisations will see the need to invest in ECD because it assures great

economic returns in the future with savings on such services as remedial education, health care and rehabilitation (UNICEF, 2001, p.5).

- j) The issue of Guidance and Counselling and a regular surrogate father for all orphanages should receive a psychological attention.

In concluding, this research has highlighted the dire need for the government to evaluate on a regular basis the quality of care being provided to its young children. It is envisaged that this will become the norm rather than an exception in the future. The IQA has proved to be a culturally appropriate, innovative and inclusive tool that may be used to ensure quality care for orphans in Zambia.

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APPENDIX I: GUIDE FOR INTERVIEWS WITH ORPHANS

INFORMATION COLLECTION GUIDE

(Interview Guide)

1. Date of Visit: _____

2. Age of Interviewee: _____ Sex: _____ Grade: _____

□ *The extent of care provision in the House/Orphanage*

Information from Children

1. PHYSICAL CARE

i. Boarding House

i. How many of you share a room? _____

ii. How many of you share a bed? _____

iii. What kind of bedding facilities do you have?

ii. Kitchen

i. What kind of cooking facilities do you have?

iii. Water and Sanitation

- i. How many toilets do you have? _____
- ii. How many of those toilets are for (a) Boys _____ (b) Girls

- iii. How many water points do you have? _____
- iv. What is the water source? – Borehole/Well/Piped
- v. Are your toilets (a) Waterborne or (b) Pit Latrines

iv. Play Facilities

- i. What play facilities do you have?

What kind of additional play facilities would you love to have?

- ii. Do you watch television? Yes/No
- iii. If the answer above is yes, where do you watch it?

2. SAFETY AND HEALTH

i. Safety

- i. What makes you happy?

- ii. What makes you unhappy?

- iii. Overall, are you more often happy about living here or more often unhappy?

- iv. Do you have rules in your house?

- v. What happens when you break them?

- vi. Do you have a mother in the house?

ii. Health

- i. How many times do you bath in a week? _____
- ii. Who washes your clothes?

- iii. How many times do you eat in a day?

- iv. What kind of food do you eat?

3. INTERPERSONAL RELATIONSHIPS

i. Decision making

- i. Do you choose what activities to participate in? Yes/No
- ii. If yes, which activities?

- iii. If no, what would you like to do?

ii. Freedom of Expression

- i. When you want something whom do you talk to?

- ii. Do you go to church? Yes/No

- iii. If yes which church do you go to?

iii. Leisure/Recreation

- i. What kind of activities do you participate in at
(a) Church?

(b) School?

(c) The House?

ii. Who are your friends?

iii. What do you want to become when you grow up? A Lawyer, Pastor, Doctor, Teacher, Missionary, Caregiver, etc. Please specify

iv. Who inspires you? (Your role model)

General Comments:

Focus Group Discussion

We used the questions under the Interview Guide for children in the instrument above to conduct Focus Group discussions.

APPENDIX II: QUESTIONNAIRE FOR CAREGIVERS

1. Name of Orphanage: (fictitious) _____
 2. Name of Caregiver: (fictitious) _____
 3. Name of the Interviewee: _____
 4. Date of Visit: _____
- Age of Respondent: _____ Sex: _____ Role: _____

The extent of care provision in the Orphanage

1. PHYSICAL CARE

a) Boarding House

- i. How many children share a room? _____
- ii. How many children share a bed? _____
- iii. What kind of bedding facilities do children have? _____

b) Kitchen

- i. What kind of cooking facilities do you have?

_____What kind of utensils do you have?

c) Water and Sanitation

How many toilets do you have? _____

- i. How many of those toilets are for (a) Boys _____ (b) Girls _____
- ii. How many water points do you have? _____
- iii. What is the water source? – Borehole/Well/Piped

Are your toilets (a) Waterborne or (b) Pit Latrines

d) Play Facilities

- i. What play facilities do children have?

- ii. What kind of additional play facilities would you love the children to have?
- iii. Do children watch television? Yes/No
- iv. If the answer above is yes, where do they watch it?

- v. Do you choose programs to watch for them?

- vi. Why?

2. SAFETY AND HEALTH

e) Safety

- i. Are the children happy to be here? Yes/No
- ii. What makes them happy?

- iii. What makes them unhappy?

iv. Do you have rules in the house?

v. What happens when the children break them?

vi. Are you a mother in the house? Yes/No.

vii. In which house are you? _____

viii. What new things will you like to see in this home?

ix. Please explain

f) Health

i. How many times do children bathe in a week? _____

ii. Who washes their clothes? _____

iii. How many times do they eat in a day? _____

iv. What kind of food do they eat? _____

3. INTERPERSONAL RELATIONSHIPS

(A) Decision making

i. Do children choose what activities to participate in? Yes/No

ii. If yes, which activities?

iii. If no, what would you like to be done?

(B) Freedom of Expression

- i. When children want something whom do they talk to?

- ii. Do you go to church? Yes/No

If yes which church do you go to? _____

(C) Leisure/Recreation

- i. What kind of activities do children participate in at

(a) Church? _____

(b) School? _____

(c) The House? _____

General Comments:

APPENDIX III: GUIDE FOR INTERVIEWS WITH MANAGEMENT

(Questionnaire)

1. Name of Orphanage: _____

2. Name of Interviewee: _____

3. Date of Visit: _____

Age of Respondent: _____ Sex: _____

The extent of care provision in the Orphanage

(A) Enrolment

How many children are on the Program? _____

How many are (a) Boys? _____ (b) Girls? _____

How many are orphans? _____

Who brings them to the centre?

How many of the children have relatives?

What is the age range? _____

How many of the school aged children are in school

How do you finance the orphanage?

(B) Management

a) Are the caregivers volunteers? Yes/No

b) If the answer above is yes, how do you motivate them?

c) How many support staff do you have? _____

d) Has the House got a Daily Routine? Yes/No

e) If the answer above is yes, what is it like?

f) What improvement would you like to see to fulfil your dream in this orphanage?

APPENDIX IV (A): GUIDE FOR PUPIL OBSERVATION BY CLASSROOM
TEACHERS

Pupil Observation Sheet

Name: _____

Age: _____

Sex: _____

Grade: _____

School: _____

2. Is the child easily distracted? Yes/No

If yes explain.

3. Does s/he complete school assignment?

1. Never ☐

2. Occasionally ☐

3. Sometimes ☐

4. Often ☐

5. Always ☐

4. Does s/he sometimes lose interest in class work?

- 1. Never ☐
- 2. Occasionally ☐
- 3. Sometimes ☐
- 4. Often ☐
- 5. Always ☐

5. Does s/he need extra help from the teacher?

- 1. Never ☐
- 2. Occasionally ☐
- 3. Sometimes ☐
- 4. Often ☐
- 5. Always ☐

6. Does s/he have low self-confidence

- 1. Never ☐
- 2. Occasionally ☐
- 3. Sometimes ☐

4. Often ☐

5. Always ☐

7. If yes please explain

8. Does s/he show interest in activities of others (participate in at least one activity with others)?

1. Never ☐

2. Occasionally ☐

3. Sometimes ☐

4. Often ☐

5. Always ☐

9. Does the child experience sudden withdrawal by not wanting to play? .

1. Never ☐

2. Occasionally ☐

3. Sometimes ☐

4. Often ☐

5. Always

☐

10. Explain

11. Does the child cry often or easily especially when denied own way? Yes/No. Explain

12. Does the child bully or deliberately hurt other children? Yes/No. Explain

13. Generally is the child friendly towards the teacher or/and the peers? Yes/No. Explain

APPENDIX IV (B): GENERAL OBSERVATION SHEET

1. Is family life promoted in this set-up? Yes/No. How?

2. How would you describe the relationship between the children and staff?

a. Cordial ☐

b. Hostile ☐

c. Tense ☐

d. Loving ☐

e. Harmonious ☐

3. How do children relate to one another?

4. Do children decide easily on what activity to undertake?

5. How would you describe the general day-to-day environment in the House?

a. Happy ☐

b. Busy ☐

c. Studious ☐

d. Organised ☐

e. Playful ☐

6. Please Explain

7. How is the social environment at the House?

8. From the children's appearance, what do you think about the quality of physical care provided?

9. How much safety do you think is provided to the children at the orphanage?

10. Generally, how do children behave?

11. Are the children discriminated against or attended to equally/fairly?

12. Other than the above, what are your other observations?

APPENDIX V: PROTOCOL FOR OBTAINING DATA

A.

Protocol for Obtaining Data

TO WHOM IT MAY CONCERN

October 2003

I am a student of the Early Childhood Development Virtual University, Victoria, Canada and I am undertaking a study of care services provided in orphanages.

I wish to seek your permission to interview staff members working in the Mosi-oa-Tunya Orphanage as well as the children and youth who benefit from the services provided in this orphanage. In order to undertake this task, I wish to bring to your notice the need to set up a team of people who will serve as a Quality Assessment Group. With your permission, this Group will comprise three people from your establishment: two representatives of the orphans and one of your staff members. The Quality Assessment Group will interview all the children aged 7-20 years and they will also participate in a focus group discussion during this period of one month study beginning from 18 October 2003.

For the purpose of improving the quality of care in your orphanage, a report will be written of the discussions, interviews and questionnaire administered. The findings will be shared in the home to facilitate the development of a workplan. The workplan will serve as a road map to improve child care.

Please note that all information will be utilized and may be quoted for the improvement of these services. However, individual confidentiality will be respected, as

no names will be mentioned. The tool developed during this study will serve as a model for use by other orphanages.

Thank you for your cooperation and assistance.

Yours truly,

Margaret Akinware

Project Officer, UNICEF

Lusaka

B.

Discussions of Ethical Issues

The relevant information below was shared with participants in details. This took care of ethical issues:

- a. What can the participants expect to experience as part of this process? (i.e. participants will meet in a small group and discuss traditional stories with which they are familiar, or participants will engage in a three day training, etc).
 - i. I would hold discussions, interviews and observations with the different categories of participants in separate sessions.
 - ii. I would also administer a questionnaire on caregivers and member (s) of Management to enable them inform the study on their role in child care of orphans.
- b. What will the participants contribute?
 - i. The children would contribute information on their experiences in the care setting in relation to their basic needs and affectionate interactions.
 - ii. The caregivers would offer knowledge related to their services and relationship as surrogate parents to the children in their care.
- c. Why is this experience/contribution useful or necessary?
 - i. It will inform the reality of the experiences and needs of orphans for realistic decision making/taking by all stakeholders.

- ii. Given the exploratory nature of this research, their contribution would also help us to create or find a culturally and care-work appropriate tool for Zambia.
- d. How will this contribution/information be used?
- i. For useful information and decision making on the situation of orphans.
 - ii. For policy formulation and rights'-based programming by government, UNICEF, NGOs and other stakeholders.
 - iii. For dissemination and experience sharing with other caregivers and orphanages in Zambia and other countries thus contributing to the body of science.
- e. How can the participants access a copy of the final report/product?
- i. Copies of the final report will be given to the orphanage, the Ministry of Sports, Youth and Child Development, the UNICEF, Lusaka library and the University of Zambia.
 - ii. The findings of the report will be disseminated during the Planning and the Mid-year review sessions of the 2004 Programme Plan of Action (PPA) with different stakeholders for improvement of child care in orphanages.

A Brief Description of Information Letters and Consent Forms Developed

The above letter to the Founder of the orphanage was sufficient. The information below was prepared and used as an introduction to the study with other members of the orphanage and at the first meeting with members of the Quality Assessment Group.

My name is Margaret Akinware, a Project Officer in UNICEF. I have been working on childcare issues in Zambia since 2001 when I joined UNICEF Zambia from Nigeria. I am a student of the Early Childhood Development Virtual University, Victoria, Canada and I am undertaking a study of care services provided to orphans in an orphanage. I am grateful that your Management has agreed that my study can take place in your establishment.

Let me start by introducing the research, its purpose and aim of improving the quality of services provided for children in your care.

- 1) This initiative will research into and evaluate the care practice and management in an orphanage with the aim of promoting quality life for those who live therein.
- 2) It will inform the reality of the experiences and needs of orphans for realistic decision making/taking by all stakeholders.
- 3) Given the exploratory manner of this research, your contribution may help us to create or find a culturally and care-work appropriate tool for Zambia.

In using the instrument, the following processes will be followed:

Selected number of caregivers will be expected to serve as members of a Group that will review the work of the orphanage by listening to what the children in your care will say during an interview and focus group discussions. You also will kindly respond to a questionnaire and assist the Group to come up with a report of findings,

recommendations for improving the orphanage and suggestions for future plan. We are not finding faults but working together to improve what you have been doing quite well.

There are some issues which we need to deliberate upon and which will be in the questionnaire and used as discussion points during the Focus Group discussions with all the children. These are:

- Does the orphanage provide an enabling environment (for basic needs, safety, education, recreational/social and religious needs as well as guidance and counselling) for the individual child and the group of children in your care?
- Does the orphanage recognise and mediate any differences of interest among children?
 - If yes, please explain
 - If no, do you think this is necessary and what can you do to promote it.
- Does the orphanage create opportunities for feedback and comments from the individual child and the group?
 - If yes, what measures are taken for correction and improvement?

The children who are residents in the orphanage will be interviewed and observed. I will introduce myself to them and my involvement with the ECDVU project and the interest in this study as a way of improving care services and developing a tool. The tool will assess the quality of care with the aim of working with the orphanage to improve the care and living condition of its residents. All the 7-20 year old children in the orphanage will be targeted. Using a play-way method, these children will be introduced to the research by saying:

- You are aware that government and other agencies (such as the ECDVU organisers all the way in Canada) are interested in knowing that you are safe, happy and well in this orphanage. We therefore want you to feel free to discuss your experiences and suggest what else can make your stay here happy, meaningful and beneficiary for now and the future.
- You will tell us what things you want us to discuss as areas of satisfaction and dissatisfaction. I want you to know that your voices and opinions are respected and whatever you say will be treated with confidence as your names will not be given to your supervisors or caregivers. Can you please mention the various things that you do everyday and let us discuss how they meet your best interest?
- Have you been able to make friends? Who are they and how often do they visit you?
- Let us talk about school life, please tell us about your school, your teachers etc?
- What are your plans for the future- what do you want to do? Why?
- Who are your role models?

The Quality Assessment Group would develop their own interview questions after my initial introduction of the research and the involvement of ECDVU.

To the members of the Quality Assessment Group, this message was passed on as a brief during the IQA process:

October 2003

Dear Friends of the children,

We are very happy to have you participate in this study that is aimed at improving the type and quality of care provided in this orphanage. Your participation in this evaluation and suggestions will help you shape the lives of many vulnerable children now and in the future. We therefore rely on your sincere and honest opinions.

- Kindly focus your discussions and evaluation on issues relating to physical care, safety and health care, decision making in the homes, freedom of expression and participation, linkages with life outside the home, how does the orphanage promote family life of the children, what type of relationship exists between the staff and the children and among the children themselves.
- Dissemination of the Research Findings

The findings of this research will be disseminated during the Planning and Mid-year sessions of the Ministry of Education and UNICEF 2004 Programme Plan of Action (PPA) with different multi-sectoral stakeholders including policy makers, NGOs and the University officials. In collaboration with the UNICEF Child Protection Unit, a dissemination meeting will be organized for the participants of the study to ensure the integration of the findings into their current care practices. Information, Education and

Communication (IEC) materials will be developed from the findings to ensure that other care facilities benefit from the study.

Anticipated Results

- Development of a culturally relevant tool for assessing the quality of care in all orphanages in Zambia on regular basis
- Development of a Plan of Action for upgrading the quality of care and status of the orphanage studied with the hope of replicating in similar establishments.
- A review of the assessment process will be undertaken with all stakeholders to share the findings of the evaluation and to discuss a joint implementation framework.

Thank you for your active participation in our quest to improve the lives of orphans in Zambia.

Margaret Akinware (Mrs.)

Project Officer, UNICEF Zambia

APPENDIX VI: RECOMMENDATIONS TO THE ORPHANAGE

Introduction:

The following recommendations are presented by the Quality Assessment Group to the Management of this orphanage on behalf of the children and their caregivers. Based on the findings, it is envisaged that the interventions will focus on building and deploying resources for smooth implementation of the Plan of Action. The goal is to promote and develop children's personality, talents, mental and physical abilities to the fullest potential. This is in response to the lessons learned, issues identified as well as the current environment in the orphanage. The recommendations are as follows:

1.1 Early Childhood Care And Educational Materials

As a means of promoting sustainability of the Program, teamwork should be encouraged. This requires capacity building of caregivers on knowledge and skills in ECCD. The following are therefore recommended:

- Orientation training in ECCD and development of low cost educational materials for caregivers
- Establishment of an ECCD center at the orphanage
- Provision of relevant educational materials such as toys, books, pencils/pens, crayons, recreational facilities
- Provision and development of out-door play equipment to enhance holistic child development.

1.2 Bedding Facilities

Despite the available number of beds, mattresses, and blankets in the orphanage, there is a great need for more supplies in order for the Management to provide the most desired care. This will also take care of the wears and tears involved in the usage of beddings.

1.3 Psycho-Social Counselling

Considering the background of most children in orphanages, in terms of emotional and social deprivation caused by bereavement, discrimination and anomaly, concerted efforts should be made in the provision of Psychosocial Counselling. This implies:

- Linking the orphanage with the Assessment Centre at the University of Zambia
- Training the caregivers in Guidance and counselling skills
- Employing or attaching some professional staff to offer psychosocial counselling.

1.4 Father Figure.

The house has about 10 female caregivers and no father figure. The men around are the Uncles who are also orphans and seem overwhelmed with their search for self and plans for the future. The absence of a Father figure will in turn disrupt or affect the Family arrangement being encouraged at this orphanage. The role of the father remains significant in that he represents authority and it is cardinal to children's psychosocial development.

In addition, as children grow and develop, they naturally imitate gender and sex roles through adults who play those roles. In the event that one role is not exercised or brought out within the house, certain competences may be lacking. The following are recommended:

- A Father figure be introduced to the house-this could be an older trusted Man, Priest, Teacher or Social Worker
- Men should be given opportunity to care and interact with these children.

1.5 Income-Generating Venture

The common sources of finances are:

- Donor- based Sources
- Community- based Fund Raising Activities
- Income Generating Activities (IGAs)

For survival, children in orphanages desire to have their needs met. In order not to stress the Management, the following IGAs could be pursued.

- Label the IGA as a business and treat the management of such ventures in a pragmatic manner by engaging professionals to run and manage them.
- Carry out market research or skills analysis to determine the feasibility of any IGA that will be profitable to the orphanage.
- Agro- projects such as Poultry, Gardening and crop production at large scale.
- Transport business involving a fleet of buses, starting with one or two buses.

HUMAN RESEARCH ETHICS COMMITTEE

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ETHICS Email: ovprhe@uvic.ca

Date: July 6, 2003

Notice of Ethical Review

PRINCIPAL INVESTIGATOR: Margaret Akinware (Alan Pence Class Project)

TITLE: Utilization of established and "typically utilized" measures to assess the quality of child services in 2 selected orphanages and 5 extended-family settings in Zambia

The Committee has reviewed and approved the protocol for your proposed study. You may commence your research, and you will receive a *Certificate of Approval* via regular email.

Dr. Janet Storch
Chair, Human Research Ethics Committee
ovprhe@uvic.ca

Monica Blais, MA
Human Research Ethics Facilitator
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