2008

Program Approach for Childheaded Households in Zambia

Samson Chama
Virginia Commonwealth University

Follow this and additional works at: https://scholarscompass.vcu.edu/etd

Part of the Social Work Commons

© The Author

Downloaded from
https://scholarscompass.vcu.edu/etd/1614

This Dissertation is brought to you for free and open access by the Graduate School at VCU Scholars Compass. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.
PROGRAM APPROACH FOR CHILD HEADED HOUSEHOLDS IN ZAMBIA

A Dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Social Work at Virginia Commonwealth University.

by

SAMSON BWALYA CHAMA
Ph.D., Virginia Commonwealth University, 2008
MSW, University of Georgia, 2003
BA, University of Zambia, 1988

Director: Mary Katherine O’Connor, Ph.D.
Professor, School of Social Work

Virginia Commonwealth University
Richmond, Virginia
October, 2008
Acknowledgements

I would like to thank all the individuals who made this research possible. It is not possible to mention everyone here, but in a special way I would like to recognize the following persons: The participants of this study who took away part of their valuable time in order to make a valid contribution to this project; Christine Ankerstjerne for her editorial support; Elizabeth Graham from the Richmond Department of Social Services who assisted me in the recruitment of participants; and Ann Gill who, from the Richmond Department of Social Services, who assisted me with organizing meeting places for focus groups. I also wish to thank all those friends and colleagues who encouraged me to soldier on when “chips were down.” Many thanks go to my committee for being available and offering to support me whenever it looked like I was running into a road block. I wish to particularly recognize my chair, Dr. MKO, for constantly “kicking me left, right and center,” in order to get this project done.

Last but not least, I would like to sincerely thank my family, Carol, Bwalya and Chakomboka, for standing with me during this long journey.
# Table of Contents

| Acknowledgements                                                                 | ii         |
| List of Tables                                                                   | xiii       |
| List of Figures                                                                  | xiv        |
| Abstract                                                                        | xv         |
| Chapter                                                                         |            |
| 1. Overview                                                                      | 1          |
|                                                                                   |            |
| AIDS in Africa                                                                   | 1          |
| HIV/AIDS and Child Headed Households                                            | 2          |
| Foster Care and ILs                                                              | 3          |
| Cultural Competence                                                              | 6          |
| Diffusion of Innovation                                                          | 9          |
| Translational Research                                                           | 10         |
| The Research Question                                                            | 13         |
| Research Design                                                                  | 13         |
| Results                                                                          | 16         |
| Program Recommendation                                                           | 17         |
| Implications                                                                     | 17         |
| 2. Review of the Literature                                                      | 18         |
| Introduction                                                                     | 18         |
| Zambia’s Cultural Context                                                        | 21         |
Limits of Institutional Care

*Indaba* and Community Care as the Desired Alternatives

Link between CHHs and Foster Care: Potential for a New Alternative

Needs and Problems

Economic Challenges

Emotional Burdens

Lack of Access to Education and Employment

Poverty and Health Care

Comparative Policy Responses

  Zambian Perspective

  US Perspective

Comparative Program Response

  Zambian Perspective

  US Perspective

Cultural Competence as a Theoretical Framework

Culturally Competent Cross Cultural Programming

Diffusion of Innovations and Dissemination of Findings

Translational Research

African Immigrants and Translational Challenges

Research Design

The Paradigmatic Shift

Summary
3 Research Methodology .................................................................................................................105
  Purpose ..........................................................................................................................................106
  Design .............................................................................................................................................109
  Phase I: Prior Ethnography ..............................................................................................................111
    Gaining Access ..............................................................................................................................112
    Strategies of Rigor for Phase I .......................................................................................................112
  Phase II: Focus on ILs .....................................................................................................................113
    Sampling ........................................................................................................................................113
    Recruitment of DSS Workers .........................................................................................................114
    Recruitment of ILs Agencies and Workers ......................................................................................115
    Recruitment of ILs Youth ...............................................................................................................116
    Data Collection .............................................................................................................................118
    Data Analysis ...............................................................................................................................118
    Ethical Requirements in Phase II ...................................................................................................119
    Strategies of Rigor for Phase II ......................................................................................................119
  Phase III: Focus on Translation Research and Culture Competency to CHHs in Zambia .............121
    Sampling ........................................................................................................................................121
    Gaining Access ..............................................................................................................................121
    Recruitment for Men .....................................................................................................................122
    Recruitment for Women .................................................................................................................122
    Data Collection .............................................................................................................................123
    Data Analysis ...............................................................................................................................126
    Ethical Requirements in Phase III ..................................................................................................126
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>216</td>
</tr>
<tr>
<td>Emergent Planning for Establishing a Program Approach</td>
<td>222</td>
</tr>
<tr>
<td>Contextual Overview</td>
<td>224</td>
</tr>
<tr>
<td>Political Context</td>
<td>224</td>
</tr>
<tr>
<td>Community Context</td>
<td>226</td>
</tr>
<tr>
<td>Program Approach Overview and Start up</td>
<td>227</td>
</tr>
<tr>
<td>Assuring Feasibility (Engagement and Discovery)</td>
<td>229</td>
</tr>
<tr>
<td>Finding Suitable and Supportive Staff (Engagement, Discovery, and Sense making)</td>
<td>233</td>
</tr>
<tr>
<td>Training (Engagement, Discovery, Sense making, and Unfolding)</td>
<td>235</td>
</tr>
<tr>
<td>Establishing Agency Collaboration (Engagement, Discovery, Sense making, and Unfolding)</td>
<td>236</td>
</tr>
<tr>
<td>Program Content</td>
<td>237</td>
</tr>
<tr>
<td>Education (Engagement, Discovery, Sense making, and Unfolding)</td>
<td>237</td>
</tr>
<tr>
<td>Skill Development (Discovery, Sense making, and Unfolding)</td>
<td>244</td>
</tr>
<tr>
<td>Civic Education (Engagement, Discovery, and Sense making)</td>
<td>244</td>
</tr>
<tr>
<td>Maintenance of Health (Engagement, Discovery, and Sense making)</td>
<td>244</td>
</tr>
<tr>
<td>Social Skills Activities (Discovery, and Sense making)</td>
<td>246</td>
</tr>
<tr>
<td>Preparedness for Employment (Discovery and Sense making)</td>
<td>246</td>
</tr>
<tr>
<td>Assuring and Measuring Program Quality</td>
<td>247</td>
</tr>
<tr>
<td>Community Involvement (Engagement, Discovery, Sense making, and Unfolding)</td>
<td>247</td>
</tr>
</tbody>
</table>
Use of Extended Family (*Engagement, Discovery, and Sense making*) ........................................................... 248

Consideration of Age (*Discovery and Sense making*) .... 249

Involvement in Decisions (*Engagement, Discovery, and Sense making*) ........................................................... 250

Mentoring and Counseling (*Sense making and Unfolding*) ........................................................... 251

Evaluation ........................................................................ ...... 251

5 Implications.......................................................................................................... 254

Implications for Translational Research as Opposed to Diffusion of Innovation ........................................................... 254

Implications of Paradigmatic Jump for Developmental Efforts .............. 256

Practical Critique of the Emergent Program Planning Approach........................................................... 259

Implications for Policy at National and State Levels ..................... 260

Increasing Funding for Services Supporting Adolescent........ 262

Improving Access to Education........................................................... 263

Strengthening Provision of Health Services ................................ 264

Implications for Practice .......................................................................... 265

Broadening the Base for Civic Education........................................ 268

Promoting Collaboration between Different Agencies................ 268

Provision of Targeted Services ........................................................... 269

Shifting the Role of Adolescents Service ........................................ 271

Promoting Services by Collaborating with At-Risk Youth........ 271

Increasing Public Awareness about the Plight of Risk and Non-Risk Adolescents ........................................ 273
List of Tables

Table 1: ILs Participants by Category and Gender .............................................................114
Table 2: Phase I Participant Demographics ....................................................................117
Table 3: Phase III Participants by Gender and Number ................................................121
Table 4: Phase III Participant Demographics ...............................................................124
Table 5: Phase I Stakeholder Distribution by Themes and Categories .......................141
Table 6: Phase I Data Unit Distribution in the Content Theme ...................................143
Table 7: Phase I Data Unit Distribution in the Quality Theme ....................................154
Table 8: Phase I Data Unit Distribution in the Feasibility Theme ...............................170
Table 9: Structural Framework for a Model .................................................................177
Table 10: Phase III Data Distribution by Theme and Category ..................................179
Table 11: Phase III Data Unit Distribution in the Feasibility Theme ............................181
Table 12: Phase III Data Unit Distribution in the Content Theme ...............................188
Table 13: Phase III Data Unit Distribution in the Quality Theme ...............................197
Table 14: Stakeholder Group Distribution by Themes ..................................................208
Table 15: Comparative Data Unit Distribution in the Feasibility Theme .....................210
Table 16: Comparative Data Unit Distribution in the Content Theme .......................213
Table 17: Comparative Data Unit Distribution in the Quality Theme .........................216
Table 18: School Program Budget .................................................................................230
# List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Research Process and Model Development</td>
<td>12</td>
</tr>
<tr>
<td>Figure 2</td>
<td>A Comparison of Rates that Children are Orphaned</td>
<td>19</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Circles of Support for Child Headed Households</td>
<td>23</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Flow of Educational Process</td>
<td>239</td>
</tr>
</tbody>
</table>
Abstract

PROGRAM APPROACH FOR CHILD HEADED HOUSEHOLDS IN ZAMBIA

By Samson Bwalya Chama, Ph.D.

A Dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2008

Major Director: Mary Katherine O’Connor, Ph.D.
Professor, School of Social Work

Using an emergent design, this study developed a program approach for young people in the child headed households of Zambia. Phase I dealt with prior ethnography, Phase II focused on independent living services, and Phase III concerned translation to Zambia. A total of 36 participants from Richmond, consisting of 20 Richmond Department of Social Services workers and youth and 16 Africans, were recruited.

Three major themes emerged: feasibility, content, and quality. Lessons learned about translational research highlight the need for uniformity in a cultural screen’s composition. This might enhance the richness of perspectives on young people. Lessons for the Department of Social Services include a need to focus on tracking young people exiting services. This might involve exit interviews with young people and guidance with
life decisions. There were lessons about decisions regarding local and expert knowledge in the translation process. This often becomes difficult when there are no assurances of participant uniformity. Paying attention to issues of local and expert knowledge would eliminate decision barriers that might arise during the translational process.

Implications for social work education suggest that an emphasis on cultural competency might help students at the BSW and MSW levels to become better managers of adolescents. Implications for practice and policy include enhancing access to education and health for all young people. This process might be facilitated by the enactment of polices that highlight education and health for all young people at national and state levels. The following are crucial considerations for practice with young people: recruiting and training appropriate staff, promoting civic education, collaborating with young people, strengthening community involvement, strengthening agency collaboration, and developing targeted services. Implications for further research include: exploring what areas to consider when making a paradigm jump, considering cultural principles as bridges for making that jump, examining the implications for translational research as opposed to diffusion of innovation, determining what types of research samples would eliminate some of the gender issues that emerge with focus groups, recruiting more young people as participants, and conducting a study that focuses on lived experiences of young people.

This document was created in Microsoft Word 2003 and Adobe Acrobat 7.0.
Chapter 1: Overview

AIDS in Africa

While there have been orphans in much of Africa for a long time, in part due to a comparatively high incidence of poverty, AIDS has swelled their number in many countries. In Africa, HIV/AIDS orphans have increased from 3.5% in 1990 to 32% in 2001, and it is estimated that by 2010 the continent will be home to 20 million orphans (Subbarao, Mattimore & Plangemann, 2001). Orphans in Africa constitute a significant development issue, and Sengendo and Nambi (1997) have outlined three primary reasons that have contributed to their gloomy situation. First, the sheer number of orphans and the size of the problem threatens the traditional care-giving capacity of communities. Second, true to the African tradition, most orphans are placed either in extended families or in fostering households, yet this communal arrangement may come at great cost to these households. And third, faced with limited resources, households taking in orphans favor their biological children, denying orphans in their care access to education, health care, and proper nutrition. These findings have been confirmed in other studies (Phiri, Foster & Nzima, 2001; Kwofie & Milimo 2000; Phiri & Lungwagwa, 1996; Yamba, 2001).

Oyemade (1974) documented that the cost of looking after orphaned children is high for families already burdened with poverty. Makame and Grantham-McGregor (2002) reported similar findings in a study of orphaned households in Rwanda. Similarly, Yamba

**HIV/AIDS and Child Headed Households**

Child Headed Households (CHHs) can exist for several possible reasons, among them HIV/AIDS and poverty (Luzze, 2002). In Zambia, HIV/AIDS has altered the structure of the family and has led to a proliferation of CHHs. This view is supported by Kwofie (2003), who has documented that periods of poverty and limited resources mean that there are limited options for supporting CHHs. Luzze (2002) contends this happens when the eldest is a drug addict and unable to care for others. Lugalla and Mbwambo (1999) have stated this clearly by positing that children may have opinions about how to “manage day-to-day affairs, and quibbles about their specific chores such as fetching water and sweeping” (p. 34). The existence of CHHs is a phenomenon that demonstrates the limited capacity traditional households have in coping with the challenge of fostering children. Children in CHHs may have extended families who are burdened in their own family situations, and who are therefore unavailable to them. Lacking traditional family options, families of youngsters are being constructed without adult supervision or the necessary support to consolidate their efforts to live independently. Ntozi (1997) observes that CHHs need a supportive environment for normal growth and development.

In the past few years, the phenomenon of CHHs has been reported in academic and non-academic governmental organizational circles (Mann, 2004). While there has not been serious examination of the issues of these households in Zambia, there has been discussion of the circumstances of such households by non-governmental organizations,
particularly in regards to the establishment of programs to support CHHs. International bodies such as the United Nations have increased their recognition of the strengths and difficulties of these households. While the situation of vulnerable children and orphans in Zambia is complex in the matter of welfare, that there are children living in CHHs at all demonstrates the strength and capacity of these households. Findings of a study by Luzze (2002) suggested that children in these households demonstrate the strength to survive as families even without the protection, support, and benefits that are potentially present in the lives of other children. Yamba (2001) supports this argument and comments that children in CHHs take on the task of caring for themselves and others, and often make “important decisions about their lives” (p. 45).

In the United States, the foster care system and independent living services (ILs) can serve as a model of identifying useful lessons for helping CHHs in Zambia. Children and youth in child headed households and in ILs share common needs. These needs include education, employment, hygiene, and basic skills such as cooking, cleaning and managing house, budgeting, job searching, and interpersonal skills. The United States offers a service context in which lessons might be learned about providing appropriate services to CHHs in Zambia. The purpose of this project is to uncover how American ILs’ response to the needs of children and adolescents might apply to Zambian youth.

Foster Care and ILs

The history of the United States foster care system has been wrought with gaps and difficulties. Although the age group 18 through 21 years in the general population is quite healthy, young people leaving the foster care system are likely to face more socio-
economic problems than others in the same age group (Rosenbach, Lewis, & Quinn, 2000). In addition, young people leaving foster care are at increased risk of homelessness. The situation is worse for children in families with no formal work history, as these are the most affected by the housing problem (Blome, 1997).

Festinger (1983) found that two-thirds of children leaving foster care did not complete high school and that 21% were receiving public assistance. Similarly, Courtney and Barth (1996) and Barth (1990) reported that children leaving foster care had the following characteristics: serious money troubles; did not complete high school; had used street drugs since leaving care; had problems with housing; and had been involved in criminal activity. Courtney, Piliavin & Grogan-Kaylor (1998) reported similar findings and documented that inability to complete high school, unemployment, reliance on public assistance, homelessness, and incarceration were some of the problems experienced by children leaving foster care. Others reported similar findings (McMillen & Tucker, 1999; Mallon, 1998).

Decline in foster care effectiveness with this service population led the federal government to initiate independent living services (ILs). They were designed to address difficulties experienced by young people leaving the foster care system (Festinger, 1983; NFCAP, 2000; Propp, Ortega & NewHeart, 2003; Westat, 1991). ILs were intended to target young people in out-of-home care who were unlikely to return to their families or be adopted, and for whom out-of-home care had become a permanent solution. The federal government has supported these programs through distributing funds to states through a formula based on the percentage of children in the state who receive federal
foster care assistance. States are allowed to make decisions in the design and implementation of their independent living programs within certain general programmatic expectation. Findings from several studies suggest that growing numbers of young people aging out of foster care have identified ILs as the most appropriate response to their problems (Courtney, Piliavin, & Grogan-Kaylor, 1998; Rosenbach, Lewis, & Quinn, 2000).

Preparation for independent living programs provide a number of services, including teaching young people a combination of tangible and intangible skills. The process of teaching these skills usually takes the form of skill-building classes or training. Youth are grouped together and move through courses that help them to develop necessary skills over several weeks (Collins, 2001). However, because tangible skills are easier to define, teach, and measure, they seem to be the primary focus in most independent living programming. Others have made similar findings that teaching intangible skills is more difficult and often requires more experiential relationship-building opportunities (Biehl & Wade, 1996; Jaklitsch, 2003).

Scannapieco and Schagrin (1995) have provided some limited outcome data for a group of 44 foster care youths who received ILs and 44 foster care youths who did not during the years 1988 through 1993. They found that rates for education, employment, and self-sufficiency were higher for the independent living group compared with the foster care group not receiving services. In another study, Mallon (1998) conducted a retrospective examination of outcomes of adolescents discharged from a New York nonprofit agency licensed to provide ILs. Results indicated improvement in number of
young people who had completed high school or attained a general education diploma (GED) at the time of discharge; an increase in the number of young people employed full-time when they left care; and an increase in the number of young people with savings accounts. On average, these young people reported that they had lived in only two different locations since discharge. Improvements in life skills assessments between discharge and follow-up were positive. Recently, Lindsey and Ahmed (1999) conducted an evaluation of North Carolina’s Independent Living Program. Their results demonstrate that ILs participants are more likely to live independently.

Given the evidence discussed above, ILs provide an appropriate model from which we can learn lessons for Zambia. However, for the purposes of this project, lessons were culturally screened to ensure relevance to Zambia. In order to assure successful programmatic transfer from the US to Zambia, cultural competence was used as theory to guide this study.

Cultural Competence

Social work literature extensively documents the development of programming with cultural diversity, and indicates a number of proposals and frameworks that focus on the inclusion of multicultural content in the social programs (Canda, 1989; Fellin, 1988; Lister, 1987; Sue, 1991). This literature presents a constant call not only for cognitive mastery of multiculturalism, but for cultural self-awareness, introspection, and conscientiousness about attitudes associated with multiculturalism.

In the United States, cultural competency has taken on a new dimension; addressing the needs of minority Americans has become an increasingly visible public
goal (Agency for Health Care Policy & Research, 1999; US Bureau of the Census, 1996). The Kleinman, Eisenberg and Good (1978) seminal *Annals of Internal Medicine* article articulates the importance of culture in programming in order to address the needs of minority Americans. The importance of cultural competence is heightened for minority clients who receive care from systems that are largely organized by and staffed with majority group members. Ignoring culture can cause negative programming consequences such as: missed opportunities for screening because of lack of familiarity with the prevalence of conditions among certain minority groups; failure to take into account differing response to care; lack of knowledge about traditional values; and diagnostic errors resulting in miscommunication (Lavizzo-Moorey & Mackenzie, 1996; Matsushima, 1981). A growing body of standards seeks to guarantee that programs respond to these diverse and cultural needs by becoming “culturally competent” (Perkins & Vera, 1998, p. 45).

The need for cultural competency is frequently discussed on the level of the client and agency interaction. Cross, et. al. (1989) discuss an important cultural competence continuum for agencies in which they identify five key points of this continuum. These are cultural destructiveness, cultural incapacity, cultural blindness, cultural pre-competence and cultural competence. Cultural destructiveness assumes that one race is superior and should eradicate lesser cultures, and combines bigotry with vast power differentials. Cultural incapacity is not intentionally destructive but lacks the capacity to help minority persons or communities. It is characterized by ignorance and fear of people of color and a paternalistic attitude toward people of color. Cultural blindness promotes
the belief that color and culture make no difference and that people are all the same. It reflects a well-intentioned liberal philosophy. Cultural pre-competence realizes shortcomings in serving minority persons, desires to deliver quality services, and begins the process of becoming culturally competent. Cultural competence, the last stage in the continuum, accepts and respects differences, holds culture in high esteem, conducts continuous assessments regarding culture, and pays careful attention to the dynamics of difference by seeking to expand knowledge of cultures and their resources.

Taken one step further, the term cultural competency in programming has been used to refer to an ongoing commitment or institutionalization of appropriate services and policies for diverse populations (Tervalon & Murray-Garcia, 1998). Saint Clair and McKenry (1999) have argued that the concept of cultural competency is presented as a continuum in recognition that individuals and institutions vary in the effectiveness of their responses to culture diversity. Cultural competency is, therefore, a mechanism to ensure the observance of rights, such as the right to respect and to non-discrimination. However, cultural competency could also be a mechanism to change the program and service outcome of minorities.

Cultural competence for cross-cultural programming was critical to this study, which was guided by cultural competency as theory. Culture played a role in cross programming by using Africans as a screen to determine what was appropriate for Zambia.
Diffusion of Innovation

The innovation to be diffused for CHHs is ILs. As a concept, innovation has recently gained ground in the social work profession. Comeau, Duperre, Hurtibise, Mercier, and Turcose (2007) have provided a definition of diffusion of innovation. They state that it is as an “idea, practice, or object that is perceived as new by an individual or unit of adoption” (p. 45). Bandura (1977) observes that diffusion of innovation is a social transmission process in which the institutional practices of one culture are taught to each member of a new culture in a manner that holds the patterns of that new culture. This is the goal of innovation and translation in this study: to allow for as many benefits as possible to members of CHHs, who, according to Bandura’s statements (1977), are “members of a new culture” (p. 12). In this case, the new culture is the Zambian culture.

Rogers (2003) has done research in innovation, and he too argues that “what matters is the diffusion of innovation that makes that innovation take hold, be adopted, and move into common use” (p. 120). Using the above justification, this project is innovative in the sense that it has not been tried before, and efforts to translate or to “adopt and move into common use” (Rogers, 2003, p. 120) will allow for the translation of lessons from the US to the Zambian context. Hopefully what is translated to Zambia will be adapted and put to common use in order to better the lives of CHHs.

Nongovernmental organizations (NGOs) seem to be the entities most involved in translational and diffusion of innovation (Foreman, 1999). International NGOs measure their success through fund-raising efforts in recipient countries, the number of donors they have, and the diversification of revenue streams (Foreman, 1999). International
NGOs in Zambia have not had much impact on CHHs because they function in a similar fashion as described above. Foreman (1999) has documented that in order to avoid being donor driven, as well as to allow the pursuit of “genuine, reciprocal partnerships between their northern and southern organizations” (p. 180), these types of organizations have recently overhauled their organizational structures with a view to becoming acceptable, relevant, and useful in their local contexts. In a study of a project funded by an international organization Phiri, Foster and Nzima (2001) made similar observations by arguing that local communities should become more involved in the operations of international organizations. World Vision Zambia has recently made structural decisions to move from a top-down to bottom-up entity. In Zambia, I had the privilege of working with World Vision (WV) in HIV/AIDS affected communities. To overhaul its structure, WV has responded by localizing its chapters in ways that allow for more participation of local communities.

Involving local communities is central, especially when considered in the context of translational research. While the local community in Zambia could not be involved in this project, African parents were involved as we considered what from ILs could be translated to CHHs in Zambia.

Translational Research

The National Institute of Mental Health (1999) has provided the following definition of translational research:

Translational research in the behavioral and social sciences addresses how basic behavioral processes inform the diagnosis, prevention, treatment, and delivery of
services, and, how that knowledge increases our understanding of basic
behavioral processes. (p. 3)

According to Bloom, Fischer, and Orme (2006), translational research is seen as
essential to enhancing the public health and, more specifically, to improving both the
targeting and the effectiveness of service delivery to consumers in care settings. Social
work is ideally positioned to significantly influence the national translational research
agenda, first because of its prominent placement in the human services sector in the
margins between the client and the community, and second due to the strong
interdisciplinary focus in much of its training and research (Addis, 2002; New Freedom

The need for translational research has been influenced by a number of trends,
including a growing recognition of the need to understand cultural influences on
programming and service delivery (Rogers, 2003). Another trend is the recognition of the
need for multicultural communication, a critical component of cultural competence, and a
process in which participants in a research agenda create and share information with one
another to reach a mutual understanding through the exchange of information. Depending
on the context, this understanding can lead to improved client outcomes as well as
reduced disparities in outcomes of clients from different cultural and ethnic backgrounds.
Translational research emphasizes issues of cultural competence, community
participation, and transactional communication among stakeholders. It demonstrates a
commitment to both interventions and to bridging service communities. All of these are
hallmarks of social work programming.
Most of the social work profession’s research occurs in the community, and cultivating approaches to diversity has always been part of the approach to understanding and intervention (Bloom, Fischer & Orme, 2006). More discussion about cultural competency and translational research is in Chapter 2 of this study. Building on this tradition, the research design in chapter 3 proposes bridging the IL service community in the US and CHHs in Zambia. The research design ensured that lessons to be translated to Zambia were culturally competent.

The following diagram provides an understanding of the process that guided the research, including model development.

Figure 1. Research Process and Model Development

Figure 1 illustrates that the study began with an assessment of ILs as a model from which lessons would be made available for translation. Assessment involved talking to Department of Social Services workers and others involved in ILs to determine from their perspectives what constituted important elements of ILs. ILs documents were also reviewed with an eye toward cultural interpretation of what was relevant. Cultural interpretation was guided by a version of indaba, as way of applying indaba in the
context where the research occurred, a type of community was constructed by the African parents who screened the important dimensions of ILS to identify areas deemed acceptable in Africa. The end result of this dissertation project is a model that will be tested in Kitwe, Zambia.

The Research Question

The following research question was explored in this project: What elements of current service delivery to adolescents in independent living services and current challenges to parenting by African immigrants in Virginia can serve to develop generic programming for child headed households in Zambia?

Research Design

The study used an emergent design. This design provided an opportunity to examine the literature on ILs as well as listen to the parental challenges faced by African immigrants in Richmond. The use of an emergent design with stakeholders from the Department of Social Services (DSS) and Africans provided specific clues as to what elements of ILs and parental challenges faced by Africans could be useful for translation into a program for CHHs. Africans also acted as a cultural link between the two contexts.

In the literature review discussed in detail in chapter 2, key issues pertaining to foster care, ILs, and CHHs are examined, as well as the strengths of translational research as an innovation that will allow translation of lessons from the US to Zambia. It should be noted that the literature review reinforced my belief that there was a need for this study, and that the research methodology was driven partly by what was found in the literature and partly by a desire to make a contribution toward the welfare of CHHs.
To assess if ILs might have something to offer programmatically for CHHs in Zambia, important elements of ILs are first identified and then screened for an African cultural context. This was a grounded theory study and, according to Glaser and Strauss (1979), grounded theory is context-bound and specific to that situation. The goal of the study was culturally competent cross-cultural programming based on a model of translational research. Data collection and analysis demonstrates cultural competency. The major dimension of that cultural competency is indaba. African focus group participants helped to operationalize indaba. Analysis and interpretation of all waves of data collected was undertaken within indaba as the central cultural concept. The final measure of whether or not the program is totally culturally competent will come when it is tested in Zambia.

This research design involved three phases; Phase I, prior ethnography; Phase II, focus on ILs; and Phase III, translation to Zambia. These phases allowed for multiple sources of data as the project emerged. The qualitative methods utilized serve complementary roles in the process of knowledge building, a position supported by Reid (1994). The use of this design made it possible to conduct a study in a city with several ILs and a sizeable African population. Africans there come from different countries, and the use of this design allowed access their perspectives on child welfare. They provided multiple views on what program for young people would work in an African context based on their familiarity with both cultural contexts. Their views added strength to the cultural competence screen.
Phase 1 set the stage for the research process and involved prior ethnography and preliminary information gathering. It also involved the initial bounding of the problem and description of the context (Rodwell, 1998). DSS literature on policy issues related to ILs were reviewed, widening the study’s perspectives on the historical background, trends, and growth of ILs, as well as their impact on the lives of adolescents. DSS gatekeepers helped to identify three ILs agencies, which in turn assisted in the development of the study’s protocol for DSS workers, ILs providers, and ILs youth.

The second phase of the study, focusing on ILs, included formal data collection and analysis. Convenience sampling was used to recruit participants for the study and, using an interview protocol, the research collected data from 20 participants. The sample of DSS participants included DSS workers in the ILs unit, and the sample for ILs providers included administrators and frontline workers. The sample for youth included young people who had just graduated from ILs. The protocol was used to collect data through interviews with DSS workers, ILs providers, and ILs youth.

Data analysis began with reading the first interview transcript. Analysis was conducted separately for the DSS workers, the ILs agency workers, and the ILs youth. In order to help manage the process of data analysis, a data management procedure was devised by creating folders for all data collected. This included the processes through which this data was exposed as result of thematic analysis. This procedure allowed for ease in data tracking, as well as tracing and linking themes back to their original information. Data analysis in this phase produced the structural framework for model for Phase III.
The third phase of the study, focusing on Africans, included formal data collection using the structural framework for a model developed in Phase II. Snowball sampling was used to recruit 16 African participants. The sample of Africans included seven men and nine women. Two focus groups, one for men and one for women, were held to respect African cultural norms. Data analysis from focus groups was conducted using thematic analysis, which revealed themes that emerged from the African’s assessments of the ILs framework. The analysis was carried out and performed manually, a step supported by Rubin and Babbie (1993).

The last section of Phase III was a comparative analysis between Africans and Americans based on the three programmatic themes: feasibility, content, and quality. This resulted in the identification of areas appropriate for developing a pilot project for Africa. There was consensus between Africans and Americans in certain areas, but where there was disagreement or lack of consensus, the “so what” principles developed in chapter 2 of this study served as cultural screens to produce the final result: a recommended program for piloting in Zambia.

Results

Details of the process of assuring a culturally competent result can be found in chapter 4, which contains a discussion of the several waves of findings. However, these are best understood within the context of a program recommendation for Zambia. This recommendation, also found in chapter 4, describes the most important dimensions for successful programming. These recommendations are justified for translating content, quality expectations, and feasibility for mounting a program in Kitwe, Zambia.
Program Recommendation

The program in Zambia will be called Program to Support Child Headed Households (PSCHHs). It will be mounted in Kitwe’s Mulenga compound. Mulenga has the highest numbers of CHHs in Kitwe. The program will be driven by the assumption that HIV/AIDS has had a wide-ranging impact on orphans and vulnerable children in Kitwe, including CHHs. It will be managed by a program manager and two program officers, and staffed by 5 volunteers from the Mulenga compound. The program content will incorporate areas that Africans have identified as culturally acceptable. These areas are framed under feasibility, content, and quality. Different areas were screened using appropriate summative principles or the “so what” discussed in chapter 2. These included education, skill development, finding suitable staff, community involvement, and use of extended family. A detailed discussion of the program is in chapter 4.

Implications

The implications related to ILs, social work education, policy and practice are discussed in chapter 5. Consideration around the need to bridge community gaps in cross-cultural programming is underscored as an important dimension of translational research. The importance of cultural competency is highlighted through indaba as well as the application of other useful concepts in bringing public attention to young people. Cultural competency not only assures attention but promises better and appropriate service delivery to young people.
Chapter 2: Review of the Literature

Introduction

The aim of this chapter is to provide a review of literature on independent living services (ILs) with an eye to finding out how lessons from ILs might be translated to Zambia to support its child headed households. A number of studies suggest that the consequences of the HIV/AIDS pandemic have been catastrophic (UNICEF, 2000; Drew, Makufa & Foster, 1998), with its impact being especially hard on children. Several authors have supported this position and have argued that AIDS has devastated the social and economic fabric of African societies and made orphans of a whole generation of children (Matshalaga & Powell, 2002; Martucci & Griesbach, 1999). Along with the grief and dislocation that children of affected families experience comes the added burden of responsibilities that are often far beyond their capabilities. Some of these burdens include nursing a sick or dying parent, raising younger siblings, running the household or the family farm, substituting for a breadwinner, or fighting for survival on city streets.

According to report by the USAID (2004a) in 2001, more than 13 million children in Sub-Saharan Africa under the age of 15 had lost one or both parents to AIDS and that number will double by 2010. The proportion of orphans will remain unusually high for several decades. In their study of ways to scale up community mobilization interventions
to mitigate the effect of HIV/AIDS on children and families, Phiri, Foster and Nzima (2001) have reported that Zambia and Zimbabwe will have the highest proportion of orphans through this period.

*Figure 2. A Comparison of the Rates that Children are Orphaned*

Adapted from *Children on the Brink*, by USAID, 2004. Washington, USAID, HNIP.

Figure 2 compares rates at which children are orphaned in Zambia and Zimbabwe. I am comparing Zambia and Zimbabwe because of the shared cultural and political history between the two countries. According to this figure, Zambia’s rate of orphans has been larger than Zimbabwe. However, in recent years the picture has been changing with more children becoming orphans in Zimbabwe. This largely has been due to that country’s sharp economic decline, which has affected the standard of living for most people.
The World Bank (2004) has argued that, for Zambia, the HIV/AIDS situation is alarming. The impact of the HIV/AIDS pandemic continues, and has led to a sharp decrease in life expectancy and will restrain economic development for some time to come. HIV/AIDS has become a major contributor of illness and death among young and middle-aged adults, depriving Zambia of a critical human resource base. Nineteen to 20% of the adult population (15-49 years) is infected by HIV/AIDS; life expectancy at birth has fallen to well below 40 years. More than 600,000 children have been orphaned as a result of HIV/AIDS. It is estimated that 1.7 million children will be orphaned by 2010 (UNAIDS, 2001). Obstacles already overwhelm many of these children and, as a result, the phenomenon of child headed households has emerged. Studies by Lugalla and Mbwambo (1999) and the World Bank (2004) have pointed out the many challenges that orphans face, including poverty. In Zambia, HIV/AIDS is widespread, especially in rural areas. Its incidence has declined only marginally in recent years. While responding to the HIV/AIDS situation, the Zambian government and other players in the area of child welfare have failed to develop interventions that would effectively address the problems child headed households face. Government departments, communities, and organizations are having difficulty meeting their needs, which would involve addressing a complex array of interconnected social, psychological, cultural, educational, economic, and health challenges (USAID, 2004b). Therefore, the impact of HIV/AIDS on child headed households is more than just a health crisis; it is a cultural crisis (UNICEF, 2002).
Zambia’s Cultural Context

This section intends to help the reader understand the Zambian context through background cultural information about the country. It sets the tone for the rest of the discussion and uses cultural competence as a lens. To be culturally competent in the context of this study means that we are accurately assessing how well the lessons we learn from independent living services will work in supporting child headed households in Zambia.

Zambia is a country whose land mass, 752,614 square kilometers, is equal to the combined size of the United Kingdom, West Germany, Belgium, the Netherlands, Switzerland, Denmark, and Ireland. The country has a population of 10 million people. It is divided into 9 provinces and most of its population lives in rural areas in scattered settlements (Brooks, 1992). Wide distances separate most of these rural communities from each other. Access to basic social infrastructure service facilities such as elementary schools, health clinics, post-offices, banks, telephones, radios, motor transports, rural markets, latrines, and clean sources of drinking water is very difficult. Accessibility to basic services, household assets, water, sanitation and monetary income is low, particularly among the population living in remote districts of the country. Bemba, Tonga, and Lozi are the major languages. English is used as a business language and is only spoken by a few people. There are 72 tribes in Zambia and each tribe and clan possesses distinct and strong traditions in areas such as dress, language, dance, food, and festivals. These all bond together in the Zambian spirit of extended family and community (UNICEF, 2000).
Family

The extended family occupies an important place in Zambia’s culture. The role of the extended family in the care of AIDS orphans has been studied by several scholars (Foster, 2000; Madhavan, 2003; Nyambedha, Wandibba & Aagaard-Hansen, 2003; Umbina, 1991). Foster, Makufa, Drew, Mashumba and Kambeu (1997) have observed that the extended family in Africa traditionally has been the major structure responsible for caring for individual health and well being, given the lack of support provided by government social welfare systems. The close links of families, clans, and tribes make for an enduring community resource (Kwofie, 2003). Liatto-Katundu (1994) has argued that these kinship ties are especially important as they form the foundation for a person’s sense of connectedness and continuity. They are the basis upon which are built “the social and life skills required for navigating the complexity of life in Zambia” (p.45).

Zambian families typically involve a large network that includes multiple generations, extended over wide geographical areas, and are based on reciprocal rights and duties. Umbina (1991) has observed that the extended family has been and still is the traditional social security system. Its members are thought to be responsible for protecting children living in child headed households, and caring for their sick children.

When relatives die, the cultural expectation is that the extended family support network ensures that children receive proper care. In the past, and to a considerable extent today, the sense of duty and responsibility of Zambian extended families has been almost without limits. Even though a family may not have sufficient resources to care for other vulnerable children, children are taken in nonetheless. According to Foster (1998),
this practice has been the basis for the assertion that, traditionally, there is no such thing as an orphan in Africa. Bratton (1992) and Preble and Foumbi (1991) have pointed out that according to Zambian traditional beliefs, to neglect a member of the family, or community for that matter, is to risk incurring wrath of the ancestors, invisible members of the clan who are superior to human beings. Richter, Foster and Sherr (2006) support this view by illustrating in Figure 3 how children are exposed to different levels of support that comes at family, community, and policy level.

Figure 3. Circles of Support for Child Headed Households

Adapted from: Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS, by Richter, Foster and Sherr, 2006, p. 27. Bernard van Leer Foundation: The Netherlands.

In Figure 3, policy enables services and the provisions of services, and these services are targeted within communities. The communities support these services
through family supportive networks. All those together help the community raise its children. In the case of child headed households, all of these elements are in play, but we have a new family structure. In Zambia, the burgeoning impact of HIV/AIDS on society has destabilized the original structure and produced child headed households, a type of family in which orphans have to care for other orphans. However, even with this destabilization, the cultural expectations about family have not changed. Because of this, the proliferation of child headed households is not just a health crisis but a cultural crisis, as it makes the traditional role of children and orphans far more complex. What’s important here is to understand that we have a new family structure that is still functioning within the definition of family under Zambian tradition, with all of its roles and expectations. Although it has a different structure and different needs, it is still congruent with the central mission and importance of family in the Zambian culture.

**The Role of Children and Orphans**

As AIDS has continued to impact traditional family structures, more children are caring for children and orphans for orphans (Muminovic, 2002). With parents unable to work, children are forced to take on the frightening adult responsibility of supporting the family. These children start to practice the role of heads of households before their parents die. They have to undergo a transition that creates a number of interrelated problems ranging from the psychological to the medical to the sociological. The little systematic research that exists shows that AIDS orphans have a death rate that is three to five times higher than is normal for their age groups (Makame, Ani & Grantham-McGregor, 2002; Odero, Kaplan, De Bruyn & De Vries, 2003; Yamba, 2001). Yamba
(2001) has reported that they suffer from poorer health, and are often undernourished or malnourished. But, worst of all, they are usually driven by necessity to resort to survival strategies that make them easy victims for all kinds of vices. Though orphans sometimes resort to dangerous and often risky survival strategies, their well being is intricately connected to their communities. Learning something about normal childhood for Zambian children might deepen our understanding of Zambian culture, especially when discussed in the spirit of family and community.

*Providing a Normal Childhood for an African Child, Including Gender Roles*

Children’s development is inextricably connected to the social and cultural influences that surround them, particularly the families and communities that are children’s life support systems (Duncan & Arnston, 2004). Shin (2004) has pointed out that the developmental perspective in social work suggests that humans go through different stages of development through different stages from infancy to adulthood. Gillian Mann (2001) supports this view by suggesting that in every culture, parents “use what they consider to be common sense methods of child rearing” (p. 17). She argues that what is considered to be sensible varies between populations because providing for normal childhood practices are to a larger extent shaped by cultural contexts (Mann, 2001).

In African societies, child rearing practices have a strong influence on normal childhood. Parents believe that there is an ideal investment strategy for bearing and raising children because children are expected to care and provide for their parents in old age. Le Vine (1995) further points out that these goals inform parental decisions
regarding the optimal number of children to bear, as well as the intrinsic value of children and the manner in which they are raised.

Roles for children are specific and are differentiated by gender. For example, from an early age of about seven years, girls are taught how to perform household work such as cooking, sweeping the house, and ironing clothes, and by the time they are sixteen they are expected to start caring for sick family members. They are taught from early childhood to be obedient and submissive to males, particularly males who command power such as a father, uncle, husband, elder brother, or guardian. Even when girls turn into adults, they lack control over their lives. Boys are regarded as more likely to contribute to production. From the age of eight years they are taught tasks that are masculine, such as helping their fathers work in the fields, doing work during harvest times, and cutting firewood. One of the rites of passage for boys is to accompany their fathers to the fields during harvest time, where they spend a week working in the field.

The family plays a very important role and is often seen as the best place for socialization of children. This focus on the family may prepare children for future roles and responsibilities.

In the west, the majority of middle class Euro-American households are characterized by low fertility and low infant mortality (Le Vine, 1989). Therefore, the approach to having and raising children differs from the norms and methods of child-rearing common in Africa. Nsamenang (1992) has suggested that in African societies where there are significant threats to child health and well being, parents prioritize the survival and physical health of their infants. Heavy domestic workloads require that the
attention and energy of the mother be directed towards subsistence and the general maintenance of the household. Sustained interdependence of siblings and cousins across the life span means that the responsibilities of child care can be shared within a large social network (Nsamenang, 1992). In the United States, where threats to child health and well being are relatively low, children typically have multiple caregivers and experience exclusive maternal care only in the first few months of life. From the time of weaning, and often before, socialization takes place within the multi-age peer and sibling group (Weismer, 1984). The major difference with the West is that in Africa community plays a significant role in childhood development. The community also acts as a central place for imparting norms and values to children.

Community

At the community level, the mechanism that helps to sustain many Zambian households is what is known as indaba. Kwofie (2003) defines this as a “concept that signifies a community and participatory type of governance where the people have a say in the way the affairs at the community and national level are run” (p. 57). Through indaba, community members come together and discuss how they can assist households in their communities through the provision of material relief, labor, and emotional support. In times of need, indaba serves as a community safety net, underpinned by traditional cultural beliefs and practices. In the northern, southern, and western provinces of the country, chiefs are responsible for promoting cultural and traditional values of support. An example of this is a common practice that helps child headed households by using a grain saving scheme known as “the chief’s field” (Liatto-Katundu, 1994, p. 84).
In this practice, community members contribute labor in the field of the chief, and the produce is given to children in CHHs. Traditional leaders decide the order of need preference for the CHHs. Grain-saving schemes form an important source of community support to CHHs and help in mitigating the impact of HIV/AIDS, poverty, and other physical and psychological problems they face. Another example occurs in the eastern province of the country, where there is a tradition in which social support group members help cultivate one another’s fields, and contribute labor, money, and food to one another at times of special need, such as sickness and funerals. This can occur without the need of a chief’s directive and still be within the *indaba* tradition (Mukoyogo & Williams, 1991).

Though strongest in rural villages of Zambia, the sense of connectedness extends to modern cities such as Lusaka, Kitwe, and Livingstone, where the problem of CHHs is huge. A visitor to any one of these cities is soon struck by the frequent use of “we and us” (Mukoyogo & Williams, 1991, p. 67). People living away from their communities remain loyal to their extended families and villages. City dwellers generally return to their rural homes to join in cultural events. At the same time, they are connected to one another and bond with members of the urban communities in which they settle. Mukoyogo and Williams (1991) have argued that this sense of bonding and connection helps these people to pass on to their children the norms and values that constitute an important part of their tribal customs and traditions, including *indaba*. The literature on children in Zambia suggests that, perhaps due to *indaba*, children affected by HIV/AIDS who find themselves in CHHs show more resilience and do better than children not in CHHs, such as street children (Liatto-Katundu, 1994; Mukoyogo & Williams, 1991).
For traditional Zambians, the community is sacred; it is the most important part of culture. Brautigam (1991) supports this view and adds that when an individual who has flagrantly disobeyed the community’s cultural values is ostracized, it is thought to be one of the severest forms of punishment. The offender is not allowed to share in community life. The family does not visit, there is no exchange of greetings, and there is no trade with the ostracized. Serious moral breaches affect not only individuals, but are believed to destabilize the well-being of the whole community. Bratton and Posner (1998) explore the most severe moral beaches, such as murder and incest, and discuss how the moral pollution must be cleansed through traditional and cultural ceremonies or else the whole community risks suffering disasters. These rituals help to support the idea that traditional values and cultural beliefs can maintain harmonious living. They also strengthen the responses of the extended family and the community at large in order to preserve families and protect and support vulnerable children.

Family Preservation

There is a good deal of literature in the US that focuses on the successes of family preservation (Levin, 1989; Heather, 1994; Maybanks & Bryce, 1979; Blythe & Salley, 1994). However, other literature (Fortune & Proctor, 2001; Littell, 2001; Wells & Tracy, 1996) discusses the failures of family preservation. Sometimes the best interests of the child were not served under family preservation and the child had to be removed from the home. Children who were too old to be adopted would age out of the foster care system. This situation ultimately led to the formation of independent living services. Africa also has a large amount of literature that highlights some of the benefits of family preservation.
(Isiugo-Abanihe, 1990; Madhavan, 2003; McDaniel & Zulu, 1994; Sengendo & Nambi, 1997). Urassa, Boerma, Ng’weshemi, Isingo Schapink and Kumogola (1997) have shown that most traditional African cultures are built around family preservation. Muchiru (1998) and Ntozi (1997) have linked the role of the extended family to family preservation and have shown how this helps to protect the vulnerable, the poor, and the sick, as well as ensuring the transmission of traditional social values. Seeley, Kajura, Bachengana, Okongo, Wagner and Mulder (1993) have linked their discussion to *indaba* by looking at preserving the family through reviving families and restoring the values that hold people together as communities.

Family preservation is an issue here because what we are after is to preserve the child headed households in Africa by keeping the children together as a family unit. In the US, independent living services help youngsters create and preserve their future families. In the case of child headed households, our goal is to help them preserve their already existing families. The difference between the two contexts is very small in that one group has a family and the other has no family but will in the future. Supporting children to grow up in families is a preference in both American and African cultures. There is sufficient evidence that suggests that family-based programming supports these preferences (Isiugo-Abanihe, 1990; Madhavan, 2003; McDaniel & Zulu, 1994). This is the focus of this research: to preserve child headed households by finding ways to cement the family structure and extend the Zambian values into these structures.
Values

Cultural values are often passed on through oral tradition, especially through an extensive heritage of folklore and wisdom. Traditional culture reinforces the practice of caring for children, as illustrated by the following proverb from the Bembas of Zambia: “What has befallen me today will befall you tomorrow” (LeVine, Dixon & LeVine, 1987). This proverb reminds community members that all are subject to the same fate. Consequently, it bolsters the principle of reciprocity. Hofstede (1994) has observed that through caring for others, community members endorse a mechanism that ensures assistance for their own children should they be affected by similar adversity. Another saying that resembles the well known African proverb, “it takes a village to raise a child,” (Hofstede, 1994, p.58) reminds community members that everyone is responsible for raising children. “The child of the mother is the one in the womb but once born everybody plays with it” (Hofstede, 1994, p. 74), is a proverb that underscores the principle of community. Traditional and cultural beliefs and practices in Zambia, as well as in other African countries, buttress the extended family and community safety net, and reinforce the notion of providing care and support to CHHs (Germann, 2003).

In recent years, extended families and communities are increasingly feeling the strain of shouldering a disproportionate burden of supporting and caring for vulnerable children who are strangled by poverty and live in difficult circumstances (Department of Social Welfare, 1999; Foster, Makufa, Drew & Kralove, 1997). The impact of this inordinately heavy strain has been compounded by socio-political and economic influences. The next section looks at these influences and shows how the World Bank
and International Monetary Fund’s (IMF) Structural Adjustment Program (SAP) fashioned Zambia’s socio-political and economic development, thus setting the stage for many of the challenges to children and youth posed by HIV/AIDS and poverty.

**Problem Setting**

*Zambia’s Socio-Political and Economical Background*

According to the World Bank (2001), the deterioration in the Zambian economy during the third republic forced the government to embark on the Structural Adjustment Program. The Structural Adjustment Program (SAP) refers to conditions that the World Bank and the IMF prescribe in order to revamp the economies of developing nations. In the case of Zambia, these conditions consisted of economic reforms that the government implemented in different phases. However, the World Bank (2003) observed that the overall effect of these reforms on the Zambian economy was the lowering of the quality of life of the same people the government was supposed to protect. As a result, SAP became unpopular within the Zambian intellectual and academic communities. The Zambian public reacted to the SAP polices with street demonstrations and food riots. This unrest led to a decline in public support for the third republic leadership, and the government began to lose legitimacy in the eyes of the general public. At the same time, the opposition to the government started to gain momentum. In 1998, the government decided to abandon the World Bank-IMF structural adjustment policy (Narayan, 2002). Bank strategy in Zambia at the time consisted of immediate action to redress the economic and social distress and to initiate longer term action that would address policy issues in the agricultural, education, and health sectors. However, the government found
it difficult to implement this strategy because of conditions imposed by the World Bank and IMF.

According to reports by the Zambia Government Printers (1996) and the Zambia Central Statistical Office (1992), these policy issues in the health sectors covered HIV/AIDS and its impact on communities, including children. By the late 1990s, HIV/AIDS had become a recognizable problem in Zambia. The phenomenon of vulnerable children was becoming visible in the rural and urban areas. Through SAP, the government started to implement poverty alleviation and poverty reduction projects throughout the country. The goal of poverty alleviation and poverty reduction was to develop Zambia’s infrastructure, which was vital to effective public service delivery. Narayan (2002) has argued that the Structural Adjustment Program was also meant to help Zambia prepare for technological and research development, including information systems, an area in which the country lags behind.

Political Context

All of these challenges outlined so far can be best understood if viewed from a historical perspective. Zambia was colonized and ruled by Britain at the turn of the century. The country was administered by the British South African Company (BSA) as two entities: north-western Rhodesia and north-eastern Rhodesia. In 1911, the two entities were amalgamated to form northern Rhodesia, with the capital located in Livingstone. In 1923, the British Colonial Office took over the administration from the BSA (Kwofie, 2003). In 1935, the capital was moved from Livingstone to Lusaka. Between 1953 and 1962, northern Rhodesia was incorporated in the British Central
African Federation of Rhodesia, which comprised northern Rhodesia, southern Rhodesia, and Nyasaland, now known respectively as Zambia, Zimbabwe, and Malawi (Zambia Central Statistical Office, 2004). The political histories of Zambia and Zimbabwe are similar, as the two countries share cultural ties. The two countries also share tribal connections (Narayan, 2002). Much of Zambia’s wealth was channeled to Zimbabwe where it boosted the country’s infrastructure and the manufacturing sector. In its early years, Zimbabwe’s economy was a shining example of prosperity in this part of Africa. The agriculture, manufacturing, and mining sector, including infrastructural development, experienced widespread growth.

The next section discusses the basic developmental differences between Zambia and Zimbabwe.

Comparative Differences

Unlike Zambia, Zimbabwe gained its independence from Britain in 1980 after a protracted and bloody struggle. Mandaza (1986) has observed that, because Zimbabwe is a post-white settler colonial state, it shares structural similarities with Zambia. As a colony of Britain, Zimbabwe was known as southern Rhodesia and Zambia as northern Rhodesia. Following the white settler’s unilateral declaration of independence from Britain (UDI), Rhodesia was renamed Zimbabwe. According to Stoneman and Cliffe (1989), from the time Zimbabwe was colonized, settlers worked towards developing a state that perpetuated white privilege and control. The same was true for Zambia, where segregation at the expense of the majority black Africans existed in all areas of life. In Zimbabwe, segregation included domination over all resources, such as land, education,
training, the road and rail networks, and corporate loans and licenses. In Zambia, the colonialists took control of the entire administrative structures and instituted a type of rule in which education, health, and land settlement characterized by segregation. Segregation was enforced by a settler controlled parliament. A document entitled “Settlers Politician” stated this polarization of power and control in a document from 1922. Bond and Manyanya (2002) argue that “the whole economic system of two Rhodesias, on farms as well as in mines, rests on a cheap supply of native labor” (p. 67).

During and after the Second World War, “import substitution industrialization” (p. 87) policies, in which huge amounts of resources were channeled from Zambia’s copper mines, contributed to Zimbabwe’s strong economic growth with high foreign direct investment (Bond & Manyanya, 2002). Zambia suffered the consequences of this unbalanced trade as her wealth was channeled to Zimbabwe. However, economic growth for Zimbabwe did not change the appalling living conditions of black workers there. This led to the formation of the black trade unions in 1954 that generated Zambian and Zimbabwean leaders. Sachikonye (1986) discusses how these leaders became instrumental in their respective countries as they started the liberation movements that developed momentum in the late 1960s. For Zimbabwe, the subsequent liberation war caused over 40,000 civilian deaths and led to economic depression.

The effect of the struggle in terms of people who died had a heavier toll on Zimbabwe than Zambia. This is because Zimbabwe had a much more advanced and sophisticated colonial leadership since its superior economic status generated an equally sophisticated freedom movement. From 1976 until 1979, Zimbabwe’s economic output...
was cut by 40%. In 1979 the Rhodesians finally surrendered at the Lancaster House peace talks in London.

Germann (2003) argues that, contrary to Zambia’s post-independence experience, even at the best of times Zimbabwe as a post colonial state has been a schizophrenic state, split in two--on the one hand, an economically disfranchised majority, and on the other hand, attending to the interests of a small new black ruling elite and international financial oligarchy. According to Baker (1984), the struggle between these two groups, with their fundamentally opposing interest has produced ambiguity, contradiction, and indecision in several important policy matters ever since independence. Sylvester (1991) notes that individual political leaders from the ruling party, including President Robert Mugabe, sometimes display “politically schizophrenic” tendencies. This was apparent in the 1990 elections, when the state promised rural landless people it would take land from the white farmers while simultaneously reassuring the Commercial Farmers Union (CFU), comprised mainly of white farmers and foreign corporations, that land reform would only take place in close consultation with their Union.

During the first years of independence, Zimbabwe made progress in such areas as education and health. According to Copestake (1993), by distributing resources in such a way as to benefit the majority of people, the state ensured national support for the governing black elite. Dixon and Macarov (1998) have argued that, similar to the Zambia experience, the legacy of high government spending forced the new government to bow to World Bank and IMF pressure and adopt SAP from 1990 to 1997. This resulted in the introduction of high user fees for formerly free health and education services. The
absence of functional mechanisms for social protection of the lower income strata resulted in a surge in poverty levels and in the termination of the SAP in Zimbabwe in 1997. According to Germann (1996), despite public consensus that SAP was a miserable failure, the World Bank’s "Project Completion Report" registered satisfaction. They were satisfied because they were using their own measures to assess the successes of SAP.

Two factors are critical to understanding the crisis that engulfed Zimbabwe in 1997. In 1996, the Zimbabwe Congress for Trade Union (ZCTU) reported that, due to SAP, their average member was 40% poorer than in 1990. Through trade union leadership, this rapid decline in the standard of living led to a political re-awakening of Zimbabwe’s society from deep post-independence slumber to demand socio-economic and political reform. This resembled the movement for democratic change that emerged in Zambia in the 1990s. Stiff (2000) observed that the political awakening in Zimbabwe caused the formation of the first successful labor-led political party, the Movement for Democratic Change (MDC) that won the 2000 parliamentary elections. The ruling party had to face a strong opposition for the first time in the history of Zimbabwe.

The dramatic decline in Zimbabwe’s standard of living affected the majority of over 50,000 liberation war veterans. Most had never finished their education and had no vocational training since they were fighting the liberation war during their formative time as young adults. After the war, the majority found themselves unemployed, self-employed or in low paid government jobs. Although they were assured access to land during the struggle, such access did not materialize. According to Bond and Manyanya (2002), in early 1997 war veterans began protests in Harare and harassed their patron,
President Robert Mugabe, for his government’s failure to meet even their most basic survival needs. This situation caused acute embarrassment for Mugabe and the decision to give war veterans a Zimbabwean dollar (ZWD) 50,000 pension payout plus ZWD 2,000 per month was aimed at quelling their dissent. But as there was no budget provision for these payouts, the national budget deficit ballooned far above the agreed level, leading to the World Bank to suspend its balance of payment of support for Zimbabwean economy. In November of 1997, international and local financiers suddenly transferred large portions of their Zimbabwean dollar capital investments into hard currencies. This decision crushed the Zimbabwean dollar; within four hours of trading, the Zimbabwean dollar lost 74% of its value (Germann, 2002). Mugabe suddenly announced, partly out of anger at the international finance community and partly to appease war veterans, that the government would at long last begin implementing radical land reforms. Some 1,500 mainly white-owned farms were identified for compulsory redistribution. Therefore, November 1997 heralded the start of the downward spiral of political and economic chaos that has subsequently engulfed Zimbabwe.

The period since has been plagued by political violence, police brutality, shortages of fuel and other essential supplies, increased corruption, lawlessness, fraudulent elections, and the stifling of civil liberties and the freedom of expression. A recent *Richmond Times Dispatch* article (2007) reported that Zimbabwe’s annual rate of inflation had been driven to 1,593.6% by pressure from huge prices of bread, electricity and meat. Economic chaos means that Zimbabwe as a state has become internationally isolated and reviled as a dictatorial and authoritarian regime. Germann (2002) observes
that the combination of “schizophrenic” state tendencies in key policy areas, oppressive government methods, and the effects of SAP have plunged a large portion of Zimbabwe’s population into poverty.

The Zambian story is a bit different. Zambia’s post-independent political and economic development can be divided into three phases: (a) First republic (1964-1972); Second republic (1972-1990); and Third republic (1990-2000). According to a report by the Zambia Central Statistical Office (2004), during these periods, Zambia experimented with different leadership styles that she hoped would be compatible with indaba. The government’s experiments were followed by periods of uncertainty, failed promises, and compromise as it changed its position between adhering to external pressure from organizations such as the World Bank and the IMF, and pursuing a type of governance that would be culturally appropriate.

*The First Republic (1964-1972)*

Kwofie (2003) explains that the constitution of the first republic was formulated by the colonial authorities. It incorporated, among other things, the bill of rights, the principles of separation of powers, a multiparty system of political organization, and a commitment to a mixed economy in which the private and public sectors were to play a complementary role. At independence, Zambia’s infrastructure was underdeveloped as compared to Zimbabwe. The country was also racially divided with the majority of indigenous Africans (the blacks) being poorly educated and economically weak. There were no Zambian entrepreneurs and international companies, and the settler community who had the resources were reluctant to increase their investment in Zambia. According
to Kwofie (2003), Rhodesia (now Zimbabwe), which was run by the white settler community, was Zambia’s major trading partner. In order to improve the economic and social status of the African majority, the government undertook a number of major reforms using revenues from copper exports. These reforms covered substantial investments in both social and physical infrastructure (World Bank, 2001).

Despite its commitment to a multi-party system of government and to a mixed economy, the Zambian government began to depart from its positions. It began to institute a controlled state-owned economy. Reasons for this departure were fueled by insatiable greed for wealth and power by those in leadership (Personal communications, Chama Chakomboka, 1995). My father, Chama Chakomboka, was Party Secretary of the United Progressive Party (UPP) which was a major political party during this time. Prior to this, he held several key presidential appointments and later became president of the Movement for Democratic Change (MDC), a political party that was formed during the third republic.

The private sector was severely limited and activities within the manufacturing sector, including all trade, were conducted by public agencies. Key positions in Parastatals were occupied by Zambians. According to Kwofie (2003), Parastatals are defined as those companies in which government had majority shareholding, enabling it to have an upper hand in decision making. These companies were considered important to the economy. The government had majority shareholding in the mining industry as well and used its position to spend huge revenues from this sector.
It did not take long before the state controlled project failed. Domestically there were few trained and educated Zambians capable of running the government. This resulted in an unsustainable state controlled economy that was probably the most extreme example of state involvement on the continent (Callaghy, 1990). Engberg-Pedersen (1995) has observed that the state sector, the civil service, and the state owned industries were all run by government controlled machinery. Frustrations, overambitious plans, and fear for the future forced the government to adopt a one-party state system in order to solidify its position. The one party system did not promote the government’s commitment to *indaba*. Change in this position angered many Zambians and led to the formation of a resistance movement that exerted ongoing pressure on the government throughout the second and third republics.

*Toward a One-Party State*

In the mid 1970s, the price of copper, Zambia’s principal export, suffered a severe decline worldwide. The country turned to the World Bank and the IMF for loans. Accessing loans from the World Bank and IMF is a practice that is common in the developing world. According to a report by Zambia Government Printers (1996), these institutions use these loans to connect developing countries to western nations’ fiscal requirements. Woodroffe (1993) has argued that this relationship has been likened to a new type of neo-colonialism in which developing countries are held to a credit system that perpetuates poverty and underdevelopment in their own countries. Evidence for this is available in Zambia because poverty and failing projects have continued to reflect the socio-economic environment.
By the late 1980s, Zambia had the highest percentage of gross domestic product consumed by foreign debts in Africa. According to Gulhati (1989), as copper prices at the London Metal Exchange depressed, serving the global debt burden became increasingly difficult. This had serious implications on health, agriculture, and education because there were not enough resources to invest in these areas. Ongoing infrastructural development on roads, water, sanitation, and schools was severely curtailed. The government responded by ending its relationship with the World Bank and IMF. It ended the multiparty system and institutionalized a one-party state under a state controlled economy. A report by Zambia Government Printers (1996) has noted that, under this system, the government nationalized the mining companies and most of the large commercial and smaller banks, insurance companies, agricultural finance companies, provident funds, the building societies, and other industrial companies.

*The Second Republic (1972-1990)*

A one-party system of government was fully entrenched during the second republic. However, this period of government represents inconsistency and lack of vision. The party that had become the most superior political force in the country embarked on populist programs. The intention was to perpetuate a dictatorial type of governance. The government experienced difficulties maintaining this project and had difficulties in developing governance based on *indaba*.

During the second republic, the multi-party system was completely eliminated and the one-party, state-controlled economy that focused more on centralized planning was institutionalized. The power of the state sector grew and the economy was modeled
along socialist lines. The difference with this experiment is that it took a “humanist dimension in which man became the center of all activities” (Zambia Government Printers, 2002a, p. 45). Kwofie (2003) has argued that though this ideology promoted participatory democracy, it is difficult to see how this arrangement could have been sustained within an ideology that contradicted the tenets of indaba. The practice of indaba, which was supposed to promote a spirit of democracy by allowing people to participate in the affairs of the nation, was not upheld. Dr. Kenneth Kaunda, Zambia’s first President, used humanism as a bridging ideology that he hoped would retain values of indaba. However, his humanist project, as Kwofie (2003) notes, “did not work as projected” (p. 35).

The United Nations Independence Party (UNIP), the only political organization in the country, became supreme. Many Parastatal companies were headed by people appointed by the President himself through a system of patronage (Zambia Government Printers, 2002b). Contrary to indaba, participation of local structures in decision making and management diminished. Central government became the engine for economic growth and the main provider of employment, public utilities, and social services. The role of development partners was considerably reduced. According to the Zambia Social Investment Fund (2003), the government took over private schools and made health services free for everyone. The Zambia Social Investment Fund (2003) further observes that the UNIP government resorted to “the use of appeasement as a way of calming Zambians” (p. 45), many of who had become frustrated and dissatisfied with the system. As part of its populist programs, the government introduced food subsidies for cash crops
such as maize, controlled prices, and established political structures at grass root levels in order to cement its position. Elliot (1988) has pointed out how the party clamped down on all individuals and groups of individuals who were deemed “dissidents” (p. 34).

The government financed these populist policies through earnings from copper-related taxes. However, toward the end of 1980s, the situation changed dramatically as the economy had sunk into a deep recession (Elliot, 1988). It became clear that these populist policies could not be sustained, as the government could no longer maintain schools, hospitals, roads, and other public works necessary for effective social service delivery. With political pressure mounting at home and faced with doomed prospects for the future, the government took an arbitrary decision to reintroduce the multi-party system during the third republic.

_The Third Republic (1990 - 2000)_

After much pressure from the Zambian people through food riots and strikes, the third republic saw the return of a multi-party system of government. Dr. Kenneth Kaunda continued as president until 2000 in the third republic. The Kaunda government was forced to pursue a market-oriented economic system, favoring liberal economic policies such as privatization of state-owned enterprises. The government reestablished ties with the World Bank and the IMF. Centralized planning and other forms of control from the center were altogether discontinued during the third republic. Decentralization of power and service delivery became the priority as the government aimed to restore its commitment to _indaba_ by involving as many Zambians as possible in its decision-making process through decentralization. The World Bank (2003) reports that there were also
efforts to decentralize the administrative system through structures that were created at different levels of society. However, these structures were beset with problems of accountability. Provincial department heads were accountable to their respective permanent secretaries at the center but not to the district secretary, who was head of field administration. The district secretary was accountable to the Public Service Commission, a structure that existed at the center. This structural arrangement resulted in the duplication of efforts at district and provincial levels, ultimately leading to waste of resources (World Bank, 2000a).

The third republic also saw the creation of sub-district structures to support effective decentralization. The village became the primary focus for local development with emphasis on self-reliance and mutual cooperation through *indaba*. But because of the deteriorating economic situation, these sub-district decentralized structures could not be implemented. The merging of UNIP with local government and district administration only enhanced supremacy of the party. This contradicted the spirit of the multi-party system, which Kaunda had embraced during the third republic. The effective coordination of development programs was hampered. As Callaghy (1990) has noted, decentralization was limited by the transfer of central government administrative functions without matching financial resources.

There was noticeable political interference in administration and coordination of public social services and development programs. Key positions continued to be occupied by party functionaries who lacked the requisite administrative management capacity. The problem was further compounded by the establishment of an integrated district
administrative system that increased administrative costs at all levels. Haggard and Kaufman (1995) have observed that this included the appointment of the district governor as chairperson of the district council. This appointment undermined indaba as well as community and local government empowerment. This resulted in deterioration of the delivery of basic social services to communities and families.

The discontinuation of centralized planning, monitoring, and evaluation during the third republic created severe problems of transparency and accountability. Cash budgeting was introduced to control spending. Cash budgeting meant that government departments could only spend within approved monthly budget lines. However, it was difficult to determine the usage of these funds because responsible decentralized structures were incompetent and lacked capacity to monitor and track these funds. At the administrative level, provincial heads of departments and their limited budgetary allocations worked well because funds allocated through these channels reached their intended targets. This resulted in an increased number of capacity-building workshops held for all administrative staff in the provinces. Increased capacity at the provincial level improved service delivery tremendously.

The Zambia Social Investment Fund (2003) has observed that despite gains during the latter years of the third republic, there were still gaps. The government had difficulty upholding SAP reforms. Poverty levels continued to rise. The government could not clearly state its position between upholding SAP reforms or maintaining its position by using populist policies such as price controls and provision of subsidies (World Bank, 1995a). Indecision by the government led to countrywide food riots and
clashes between the police and the masses. Dr. Kenneth Kaunda was finally replaced by Dr. Fredrick Chiluba in 2000. Chiluba became the first president in the multi-party era. The agenda of the Chiluba administration was to reduce poverty and create necessary infrastructure for poverty reduction efforts. Several World Bank reports (World Bank, 2001; World Bank, 1996; World Bank, 1995b) discuss how this was implemented through support from the European Union, which made the social sector, poverty alleviation, and poverty reduction projects priority areas.

**Zambia’s Social Sector**

Zambia’s social sector was characterized by the new Chiluba government’s efforts to reduce poverty and improve the necessary infrastructure. It took over from a government that suffered from indecision and a lack of vision, and whose policies had, as the World Bank (2004) observed, “precipitated poverty and HIV/AIDS” (p. 118). Poverty alleviation and poverty reduction projects became the center points of the Chiluba administration from 2001 up to the present.

**Poverty alleviation.** As early as 2001, the European Union initiated poverty alleviation in Zambia. The initiative was administered by the Micro Project Unit (MPU) within the ministry of finance. According to Kapur (1997), the conceptual underpinning of poverty alleviation and its primary objective was to reduce poverty through support to small investments dealing with education, health, HIV/AIDS, women in development, water supply, sanitation, and small scale industries. This position has been supported by the World Bank (2001). The approach of MPU consisted of: (1) promotional campaigns to encourage communities to submit project proposals for funding and formation of
project committees comprised of individuals from the community; (2) review and selection of proposals by a pre-appointed committee; (3) disbursing funds directly into bank accounts created by project committees; and (4) giving the project committees control over the use of the funds. This approach was new in that it stressed community participation in identifying and implementing projects, particularly in health, HIV/AIDS, and education sectors. Several authors have discussed that communities provided labor to build primary schools (Johnson & Wasty, 1993; Kaplan, 1997). Revival of the self-help tradition marked a dramatic change from the dependency syndrome that had been evident during the first and second republics. Apart from reducing poverty, poverty alleviation was designed to mitigate the effects of SAP, and funds for this came from the World Bank and the IMF.

Poverty reduction projects. Poverty reduction projects were supported by the IMF and World Bank. However, most of these projects were small scale and short term in nature. Funds for these projects came from the European Union. European Union countries that provided funds included Sweden, Norway, Denmark, the Netherlands, Germany, and England. Japan, a non-EU nation, also provided a significant portion of funds. Unlike poverty alleviation, poverty reduction projects addressed the manifestations of poverty and were intended for the poor. Poverty reduction projects consisted of; (1) The Public Welfare Assistance Scheme, which provided education support, shelter, clothing, and food to people in need, such as widows, seniors, and vulnerable children; (2) The Health Care Support Scheme, which ensured that poor persons who could not afford medical fees had access to health services; (3) The Family Health Trust, which
provided home-based care to persons living with HIV/AIDS, children in distress, and street children; (4) The National Trust Fund for the disabled, which provided funds to disabled persons in order to enable them to engage in income generating activities; (5) Food-for-Work, which provided temporary employment to persons in carrying out infrastructural activities such as construction of roads, health centers, culverts, and pit latrines and (6) Water Sanitation and Health, which sought to improve the provision of safe water, sanitation, and good health practices in rural areas. The philosophy underpinning these projects was that they were empowering the poor by improving their living conditions, a position that has been supported by Landell-Mills (1992) and a recent report by Zambia Government Printers (2002b).

All projects targeted the poor and sought to enlist participation of intended beneficiaries at the community level. However, beneficiaries of these projects were not adequately integrated into the project’s overall framework. Their voices were not incorporated through *indaba* because the majority of projects followed a European model that did not include *indaba*. The interventions were not translated to something that was culturally appropriate. They were culturally sensitive but probably not culturally competent. The lesson from this is that cultural sensitivity alone is not enough for the effective delivery of services without culture competency. Many projects remained fragmented, uncoordinated, and unsustainable, especially after donors left (Ministry of Community Development and Social Services, 2005).

Another level of complexity emerged when the government declared HIV/AIDS a crisis. Government took a passive role in dealing with this crisis for a long time. Many
people lived in denial without seeing the need to talk about this disease openly, as Zambian culture prohibits discussing any sexually related issues in public. Thousands of young men and women were dying as a result of such denial. The rising number of orphaned children meant that government needed to take a leading role in the fight against HIV/AIDS. Finally, the creation of a regulatory mechanism that would provide for basic needs such as education and health became possible.

*Laws and Program Financial Regulations*

Kwofie (2003) has observed that since Zambia embarked on its structured adjustment program in late 1991, much has been accomplished. The economy has been liberalized and the macroeconomic situation has improved considerably. However, a report by UNICEF (2000) recognizes that much needs to be done. Over the past twenty years, the World Bank has supported Zambia in implementing three major social investment fund programs that have used the Community Driven Development (CDD) approach. According to Kwofie (2003), this approach advocates for development through *indaba*.

Papungwe (2001) has further observed that Community Driven Development planning seeks to help people improve their capabilities and functioning so that they can confidently take charge of local affairs, build on existing resources by harnessing community participation through *indaba*, and bolster existing resources by strengthening incentives for participatory development at the local level and giving a voice to excluded groups such as children. According to Kwofie and Milimo (2000), through the local government act of 1967, this principal stresses the need for local governments to meet
three primary objectives: to have adequate skills and knowledge to enable communities to manage and account for funds intended for development activities; to enable an environment in which communities can release their creative energy; and to promote fiscal and administrative decentralization that enables local government to accelerate decision-making below the central government under the auspices of the Zambia Social Investment Fund.

The Zambia Social Investment Fund Program

The Zambia Social Investment Fund (ZAMSIF) Program, which is the successor to the poverty reduction and poverty alleviation efforts, became effective on July 11 of the year 2000 and will remain in place until 2010 (Kwofie, 2003). The formulation of ZAMSIF coincided with the preparation of the long awaited decentralization policy. In 2002, the Zambian Parliament approved the decentralized policy. According to the Central Statistical Office (1998), the program components of ZAMSIF are community investment funds, district investment funds, poverty monitoring and analysis, and institutional support operations. The poverty reduction strategic framework is based on the development of infrastructure and will link to the economic and social sector and those cross cutting issues that are intended to allow both the government and business sector to sustain it through micro-economic issues. This will create sustained growth and employment opportunities that may contribute to poverty reduction in the long run.

Poverty reduction without any mention of HIV/AIDS and the social problems that it creates makes this whole social investment idea not very possible. In the worst scenario, by 2010, all of the adults will be dead, and the children will be too young to be
economically independent. Our scheme seeks to push the development vision a bit further by looking at how child headed households can become independent on many dimensions, which is the aim of independent living services.

_HIV/AIDS as a Social Problem_

Though Zimbabwe looks worse right now, in the early stages of the pandemic, Zambia was worse off. This means that the AIDS crisis a has greater foothold there. So the AIDS problem has had a different political trajectory in Zambia because of the country’s history. At Zambia’s independence, the country struggled with a poor infrastructure, a bad manufacturing sector, and an underdeveloped health sector. Several authors have argued that when HIV/AIDS became a problem that society could finally acknowledge as needing attention, Zambia had already suffered more ramifications than Zimbabwe (Trussler & Marchand, 1997; Richter, 2004; UNAIDS, 2004; UNAIDS, 1999). A study by the United States Agency for International Development (2004) reports that today, HIV/AIDS continues to generate a serious humanitarian crisis affecting particularly vulnerable members of society and threatening the public health and well-being of entire societies while rolling back years of progress in economic and social development.

Because of the two countries’ shared histories, comparing HIV/AIDS in Zambia and Zimbabwe will illuminate the scope and gravity of the crisis. The first cases of AIDS in Zimbabwe were reported as far back as 1984. Swift measures were taken by the Blood Transfusion Service to ensure safe blood supply, and the Ministry of Health immediately engaged in an AIDS education campaign. Germann (1996) has reported that for
Zimbabwe, the international tendency toward blame and counter-blame, as well as adherence to cultural norms concerning sex, produced different results in Zimbabwe’s attitude toward AIDS. As a result, Zambia lost close to eight precious years, during which time large-scale prevention efforts could have made a significant difference in today’s tragic situation (Meursing, 1997).

Zambia and Zimbabwe have performed no comprehensive research to determine the magnitude of the problem of HIV-affected children. Neither country has longitudinal follow-up studies done to determine the survival rate of these children. Studies conducted by UNICEF (1994) and UNAIDS (1999) reported that 230,000 children had been affected by HIV/AIDS. By the end of 1999, the cumulative total number of children younger than five affected by HIV/AIDS was 111,000 for Zimbabwe and 150,000 for Zambia. For the age group of 0-15 years, UNAIDS (1999) estimated that 29% of the children in Zambia were living with HIV/AIDS and 25% in Zimbabwe.

These findings were confirmed by the USAID (2004) Children on the Brink Report that found similar figures: 27% in Zambia and 26% in Zimbabwe. According to USAID (2004), the total number of orphans as a percentage of all children was 13.8% in Zambia and 11.9% Zimbabwe. For the total number of orphans in the population for each case due to AIDS and other causes, Zambia recorded 28% while Zimbabwe had 20%. For the total number of maternal AIDS orphans, Zambia recorded 2% and Zimbabwe 1%. For the total number of AIDS paternal orphans, Zambia recorded 3% and Zimbabwe 2%. Both Zambia and Zimbabwe reported 1% for the total number of double orphans, meaning those who had lost both parents to HIV/AIDS.
Because of the openness by the Zimbabwean government on HIV/AIDS issues, considerable amount of progress was made in services for children and testing for HIV-prevalence, which reportedly began in the 1990s. This resulted in more treatment and prevention (UNAIDS, 1999). The above statistics show that the Zimbabwean government policy on AIDS was better at the beginning, but has since lagged behind as a result of the economic and political downturns.

The HIV/AIDS pandemic has had a telling effect on society in Zambia. In some parts of the country, HIV infections have rapidly become common among various age groups (Webb, 1997). Webb suggests that:

For too long Zambian culture has been viewed as the single overarching factor favoring high-risk behavior, though this is a reductionist view. It suffices to point out that culture influences but does not necessarily determine domains such as sexuality, marriage and household and community structure, each of which is a key factor for potential HIV transmission. (p. 54)

Gregson, Nyamukapa, and Garnett (2000) have argued that the variables determining HIV epidemiology in Zambia are not just physiological and psychological, but also sociological, economical, spiritual, and political. These variables are always rooted in the historical context of the country. Therefore, sociological, economic, political and spiritual factors all need to be considered for the ways in which they contribute to the complex problems of HIV/AIDS. Several studies suggest that, due to higher vulnerability—especially in the 15-24 years age group—women show higher infection levels than men (UNICEF, 2000). The reason for this is not fully understood,
though studies (UNDP, 1999) suggest that the desire to marry and the accompanied search for a husband is potentially dangerous in higher prevalence areas such as Kabwe, Lusaka, Kitwe, and Mufulira. Young women are more likely to accept higher-risk sexual activity in the hope of securing a husband. Infection levels are highest in the central, copper belt, and southern provinces of Zambia. According to the United Nations Development Program (1999), life expectancy has dropped below 40 years in Zambia. The estimated HIV prevalence is over 20% and infection levels are projected to stay high for some time, which will greatly impact children and families (McGeary, 2001; UNICEF, 2004). Foster and Williamson (2007) have represented the interrelated nature of the problems that affect children. They mention that these children suffer psychosocial distress that gets exacerbated because there are economic problems. The children become the caregivers because nobody is responsible for sustaining the families when both parents die. There are also problems about financial stability, which result in the children not going to school and the eldest child taking care of the other siblings.

Current research suggests that HIV/AIDS constitutes one of the greatest threats to Zambian development. With 16% of the economically active population infected with the virus, the disease has made a significant dent on Zambia’s workforce and left approximately 670,000 children in precarious conditions. Nampanya-Serpell (2001) observed that the premature death of their parents places these children at higher risk for transition into relative poverty, educational discontinuity, and threats to their physical and psychological well being (Nampanya-Serpell, 1999). By the end of the year 2000, an estimated 580,000 children in Zambia were affected by the HIV/AIDS pandemic.
(UNICEF, 2001). As early as the 1980s, Beer, Rose and Tout (1988) described with remarkable foresight a scenario of the possible impact AIDS might have on children. They stated that:

As full-blown AIDS is fatal, sociologically the main impact will be felt by the survivors. Rather than to wait until such a tragic problem is fully developed before rousing public and professional concern, we should attempt to plan and prepare adequate responses. (p. 45)

Limits of Responses to HIV/AIDS as Social Problem

Mann (2004) has pointed out that concern for the situation of orphaned children in Zambia and elsewhere has led to an increasing body of information on the needs and circumstances of children infected and affected by HIV/AIDS. However, Yamba (2001) and Nampanya-Serpell (1999) have observed that the many interventions arising from this information are small, ad hoc, and uncoordinated. Rarely are they based on evidence from research or with sensitivity to the particulars of the culture. By 2005, the full impact HIV/AIDS had become visible in most communities of Zambia. Over the last decade, communities across Zambia have begun to understand the plight of children affected by HIV/AIDS. But according to Foster (1998), the responses by these local communities have been poor. Levine and Foster (1998) describe the situation further by stating that in many instances, communities have been mobilized through indaba, and they have collectively defined their strongest concerns and identified how they could address these concerns. The inclinations are there but the resources are absent due to socio-political
turmoil that only seems to be settling now as result of ZAMSIF. Their efforts have been overwhelmed by the ramifications of HIV/AIDS (UNICEF, 1999).

Recent years have seen the rise in the number of orphanages as a means to address the needs of children that have been affected by HIV/AIDS. The 1990s saw a mushrooming of small orphanages run by local volunteers, community based organizations, and women’s groups, especially in the cities of Lusaka, Kitwe, Ndola, and Mufulira. However, the sheer lack of professionalism, failure to meet required ethical standards, lack of adequate resources, extremely poor conditions, and repeated reports of child abuse and neglect forced many of these orphanages to close. Several have documented the negative impact of orphanages on child development (Luzze, 2002; Preble, 1990; Judith, 1994). Another study by UNICEF (2004) has linked a lower child intelligence quotient (IQ) to children that spend a larger portion of their lives in orphanages. The fundamental challenge remains, therefore, to develop interventions that support and sustain children in CHHs. UNICEF (1994) recognizes that “the impact of HIV infection and AIDS on the development both of communities and nations and on the well-being of children is widespread, profound, and complex” (p. 202). Children that slip through the community safety net end up in a variety of vulnerable situations, such as in child headed households or on the street.

Street Children

Kopoka (2000) has observed that the problem of street children is a growing in Zambia and other African countries hardest hit by HIV/AIDS and poverty. The presence of young children, sometimes as young as three, on the urban streets of Zambia was
virtually unheard of prior to the transition to a market economy and the appearance of HIV/AIDS. UNICEF’s (2002) definition of street children puts them into two categories: namely, street children “of” the street and street children “on” the street. Street children of the street spend almost all of their time living in the streets, while children on the streets juggle between home and the streets. Estimating the number of these children has been a problem for most researchers and, as Lungwagwa (1996) has observed, studies done on street children in Zambia have failed to come up with actual estimates because the children are often considered unpredictable, fluid, and untrustworthy. Lugalla and Mbwambo (1999) shared this view in their study of street children in Tanzania. However, several studies have described the experiences of these children on the streets (Donald & Swart-Kruger, 1994; le Roux & Smith, 1998; Lugalla & Mbwambo, 1999; Mawoneke, Sexton & Moyo, 2001; Mufune, 2000; Smith, 2000). Findings from these studies corroborate findings from other countries with a street children problem, such as Brazil (le Roux & Smith, 1998). Lugalla and Mbwambo (1999) have reported that one main characteristic of these children is that they live alone on the streets, without proper or reliable shelter, and they usually have lost contact with their kin. As such, they do not enjoy protection, love, and care. Mufune (2000) and Lungwagwa (1996) have observed that in Zambia they share the streets with thousands of adults, many of whom regard them as a nuisance, if not as dangerous criminals. What most of these children actually do on the streets is work. According to Kopoka (2000), those who live and work on the streets often come from the slums and squatter settlements in such cities as Lusaka, Kitwe, Ndola, and Mufulira, where “poverty and precarious family situations are
common, where schools are overcrowded and poor, and where safe places to play simply
do not exist” (p. 5).

Efforts by the Zambian government to mitigate the challenges of these children
have often proved futile because of the paucity of empirical knowledge and information
in this area. As a result, the government and the majority of stakeholders in this area are
often ignorant about the situation of street children. This results in misguided,
uncoordinated, and fragmented approaches. International organizations such as UNICEF
have provided the much needed technical support in this area. However, in Zambia, some
of the standards set by UNICEF (1994) that relate to the health, education, and housing of
these children have not been met. Children in vulnerable situations are still finding their
own ways to survive, and in keeping with Zambia’s traditions, many of these children are
living in child headed households (CHHs). Studies have reported that the combination of
a poor economy, poverty, HIV/AIDS, and the increasing numbers of unsupervised
children mean that there are fewer resources per child available to contribute to improved
child welfare (Nannan, Bradshaw, Timaeus & Dorrington, 2000; UNAID, 2004). The
Combination of such factors as poverty and the uncoordinated and poor responses to the
problems of street children has contributed to a rise and proliferation of CHHs.

Child Headed Households in Zambia

A report by the Zambian Department of Social Welfare (1999) observed that,
among other factors, HIV/AIDS has greatly contributed to the emergence of CHHs in
Zambia. A study by Foster (1998) shared similar findings. According to Ham (1992), the
first case of CHHs in Zambia was reported in 1991. A single definition of CHHs cannot
accommodate the many variations of such households. However, a summary definition is provided by Germann (2002), who defines CHHs as:

A household where both parents and alternative adult caregivers are permanently absent and the person responsible for the day-to-day management of the entire household is aged 18 or less. (p. 201)

Foster, Makufa, Drew, and Kralone (1997) and Richter (2004) reported in their studies that, as young fathers and mothers die from AIDS and as adult populations comprising mainly grandparents dwindle from the effects of the HIV/AIDS pandemic, caregiving patterns for affected children have resulted in more children taking care of themselves. The population of children cared for by teenagers has increased significantly over the past few years. Several studies (Luzze, 2002; USAID, 2004; USAID, 1999) have described the emergence of CHHs headed by children as young as 12 years old as one of the most distressing consequences of the AIDS pandemic in Zambia. However, Luzze (2002) has argued that because of the overwhelming stress on the conventional orphan support systems and the questionable quality and the unevenness of the results of services, CHHs have come to be accepted as alternative forms of care for children and, in fact, as an alternative family form. Others have noted that the scale of the pandemic places an enormous strain on the traditional extended family and on kinship care, the two traditional coping mechanisms (Vermaak, Mavimbela & Esu-Williams, 2004). As these structures are stressed, children slip through the weakened community safety nets and end up in CHHs. In Zambia, the extended family continues its traditional caregiving role for children affected by HIV/AIDS, especially in rural areas. But, as several authors have
observed (Germann, 1996; Oyemade, 1974; Rutayuga, 1992), it must be recognized that the extended family is under increased stress due to poverty and a sense of despair resulting from the HIV/AIDS pandemic.

Research on CHHs in Zambia is scarce, limiting the amount of information available to guide interventions. Foster (1995) conducted one of the first studies on CHHs in Manicaland, Zimbabwe. The study involved 43 CHHs and its focus was on determining factors leading to their establishment. Key findings in this small study were as follows: 1) The appearance of CHHs does not necessarily mean that extended families do not care for such children; 2) In a minority of cases, it seemed that the extended family support had broken down completely, with children receiving no support from relatives; 3) The number of such households is likely to increase considerably in the face of poverty, as the number of new orphans increases and as care giving grandparents, aunts, and uncles become sick and die; 4) Households headed by children or adolescents represent a new coping mechanism in response to the AIDS pandemic in communities.

Two masters degree studies (Hess, 2002; Luzze, 2002) focused on aspects of CHHs. Hess (2002) provides a general overview of children affected by AIDS and does not add much knowledge to foster a better understanding of CHHs because her study is only descriptive without providing the underlying factors causing CHHs. However, she rightly concludes that “child headed households should be seen as part of the solution to the problem of orphan care, rather than part of the problem itself” (p. 34). The study by Luzze (2002) is important as it examines the impact of World Vision as an external agent on coping strategies in CHHs in Kapoto compound Kitwe, Zambia. Luzze (2002)
observed that nongovernmental organizations (NGOs) targeting CHHs were partly, though indirectly, responsible for the emergence of such households. Such households were heavily dependent on World Vision for their existence and survival. Previous research reported that in communities where a high level of NGO direct support to vulnerable children was available, there existed an “inversely proportionate relationship between World Vision entry/support to CHHs and community care initiatives/vigilance towards child headed households” (p. 13). In the context of rural and urban poverty, such NGO support elevates such households to relative affluence. As a result, communities cease to perceive NGO-supported CHHs as vulnerable but rather as being better off than living with kin. The children in CHHs were better off than children in kinship care and, because of that, they were not seen to be vulnerable. The unintended consequence, then, was an increase in the number of CHHs.

Issues relating to children affected by HIV/AIDS and CHHs in particular are complex and affect community life and development at all levels (Powell & Moirrera, 1994). This complexity, and the lack of quality research and appropriate technology, means that issues related to intervention or models for CHHs are not well understood or implemented in Zambia. Powell and Moirrera (1994) have noted how the Zambian government has worked through the department of social welfare and other non-governmental organizations to understand the situation of CHHs. The organizations have good intentions but no theoretical or empirical information to guide their actions. Some of their interventions make life for children in CHHs difficult. Subbarao, Mattimore, and
Plangemann (2001) have suggested that the government is wrong in recommending that children be placed in orphanages.

*Limits of institutional care.* Donahue (2002) defines institutional care as a “temporary respite for the care of abandoned children” (p. 27). Donahue and Williamson (1999) have observed the shortcomings of institutional care. They argue that families and communities can make the most effective response. Williamson has added weight to this position by further observing that families and communities are the frontline of response to the health and welfare problems caused by HIV/AIDS. Williamson (2000), cited in Richter, Manegold & Pather (2004), has advocated for interventions and responses that are driven by culturally accepted norms such as *indaba* and that pay attention to the details of child welfare.

*Indaba and community care as the desired alternatives.* In many AIDS affected communities in Zambia the mechanism that keeps families and households from destitution is driven by *indaba*. Through *indaba*, material relief, labor, and emotional support are provided by community members (Foster & Williamson, 2000). For instance, at times of bereavement, all community members are obliged to participate and contribute towards funeral costs. People living in communities especially overburdened by AIDS recognize this principal, with some volunteering their time and skills to care for orphaned children. In a situational analysis of street children, Lungwagwa (1996) has commented that community response and the extended family remain as the predominant caring units for orphans in communities with a severe incidence of HIV/AIDS.
In recent years, Zambia has seen an influx of foreign nongovernmental organizations that have come to supplement local initiatives in supporting and providing care to vulnerable children. However, most of these organizations have relied heavily on approaches that could be said to contradict the strength of indaba. Some studies done in Zambia and elsewhere in Africa support this view (Krift & Phiri, 1998; Wekesa, 2000). Having seen a huge explosion in the number of orphans in the 1990s, much evidence has been accumulated that supports the view that orphanages do not provide the best care to children (Luzze, 2002; Odhiambo, 2003).

According to Lungwagwa (1996) experiences and lessons learned from these foreign nongovernmental organizations have clearly demonstrated the negative effects of institutionalizing children. Several studies on institutional care have found that this type of care is often associated with post-traumatic stress, mental health problems, developmental delays, and insufficient preparation for healthy adulthood (Roby & Shaw, 2006; Judge, 2003). Children placed in institutions have increased risk of death, illness, language delay, socio-economic disorders, and personality dysfunctions. Richter, Foster, and Sherr (2006) have observed that there is also a greater likelihood that institutionalized children, meaning those children who don’t have families, grow up disconnected from their culture, extended families, and communities.

be raised by their own families, an appropriate alternative family environment should be sought in preference to institutional care, which should be used only as a last resort and as a temporary measure” (p. 102). According to Subbarao, Mattimore, and Plangemann (2001), a major constraint of institutional care is that costs tend to be very high while its capacity to absorb orphans is very low. Sengendo and Nambi (1997) have commented that, given that most type of orphanages rely on outside funding by governments, nongovernmental organizations, or others, it would be difficult to make them self-sustaining.

**Link between CHHs and Foster Care: Potential for a New Alternative**

Paralleling the experiences of children in CHHs in Zambia and those aging out of the foster care system in the US may help us to begin to formulate a better response to the problems facing CHHs in Zambia. Current research does not separate the head from the rest of the household, but the assumption of this project is that focusing on the head of the household should improve the whole household. I was struck by the level of similarities between CHHs and children aging out of foster care. The decision to parallel the experiences of these two groups of children stems from the fact that I am an African currently doing his graduate studies in the US where I have been exposed to sufficient literature on children aging out of the foster care system. Comparing the experiences of these two groups of children by using needs, problems, policy, and program response as reference points provides important clues for developing a potentially appropriate program response for CHHs in Zambia.
The HIV/AIDS epidemic humbles those who try to ameliorate its impact on children and families. According to Everett (1995) and Shin (2004), the number of children in foster care in the United States has increased dramatically over the last decade, reversing the declines reported in the 1970s and 1980s. Certainly in the US, more resources are available than in Zambia. The scale of the epidemic is much less daunting, but as Foster, Levine, and Williamson (2007) have observed, the problem and needs of affected children are so entrenched and unyielding that efforts to address the problems directly related to the disease reach only the most visible aspects of troubled families’ lives. Despite the differences in culture, resources, and responses, and despite differences in experience with the disease, at the most basic level there are many areas that can be paralleled between CHHs and children aging out of the foster care system. According to Levine (1995), an interesting cross-cultural example of this was reported in the US in 1994, when there were several cases of teenagers caring for younger siblings after AIDS-related parental deaths. In both the US and in Zambia, parents grieve the deaths of children, grandmothers take on the care of their grandchildren, and children’s lives are irrevocably altered by a parent’s death. In the US, many of the children affected by the HIV/AIDS epidemic and other crises find themselves in the foster care system, where they go on to spend a considerable portion of their life. As Levine (1995) supports, there are many similarities in the experiences of US and Zambian orphans. There is also much to learn about the differences, and about the differences in the political strategies pursued to treat their needs.
Needs and Problems

The next four sections will compare CHHs and ILs along four dimensions: economic challenges, emotional burdens, lack of access to education and employment, and poverty and health care.

Economic Challenges

Generally CHHs are disproportionately poor and malnourished. A report by Policy Project (2001) stated that children in CHHs are more likely to lack shelter and employment. Older children may seek paid employment to support their family when no adult is well enough to work, and may raise their younger siblings in the place of their parents. A study conducted by USAID (2004a) and supported by United States Agency for International Development gave evidence to the need for strengthening the economic capacities of communities in order to provide the children’s needs. Ham (1992) has noted that when they are orphaned, they depend on indaba, by which the goodwill and resources of family, friends, or neighbors are used to support them physically and emotionally.

Collins (2001) and Rosenbach, Lewis, and Quinn (2000) have argued that for the US, the financial problems of children have been well reported. Courtney, Piliavin, Grogan-Kaylor, and Nesmith (2001) have mentioned other problems they face as being lack of affordable and stable housing, lack of employment, and educational experience. DeWoody, Ceja, and Sylvester (1993) and Fanos and Wiener (1994) have documented that, because these children do not have stable housing, employment, or income, the end result of being poor is that they become nocturnal, and their lives revolve around sleeping
late, hopelessness, the building stoop, and the corner store. They may also experience significant challenges in negotiating the transition to self-sufficient living as a result of not receiving the proper preparation and support while in foster care.

**Emotional Burdens**

The HIV/AIDS epidemic may now seem less important, less urgent, and less compelling, but not to the children left behind, as Germann (2003) and Levine and Stein (1994) have noted. Evidence suggests that children living in CHHs exhibit the full range of emotional and behavioral needs (Makame, Ani & Grantham-McGregor, 2002; Kelly, 2002). They may suffer the pain of the death of a parent or serve as caregivers to their parents, washing and feeding bedridden mothers or fathers, and they often assume adult responsibilities for household maintenance. They also experience sadness, paralyzing anxiety, anger, and isolation, and many will lack the assistance they need to cope successfully with the challenges. Jones (2004) comments that while for some, the type and severity of symptoms are episodic, short-term, and mild, others experience symptoms that would suggest a diagnosable psychiatric disorder.

Groce (1995) has observed that in the US, emotional needs are common in foster care children who come from communities already burdened by poverty, homelessness, illness, inadequate medical care, and a host of other interrelated social problems. These children spend time in legally assigned foster care or more informal arrangements with relatives or family friends, often lacking clear notions about why and for how long they would be under foster care. A study by the US General Accounting Office (1999) had
similar findings that confirmed that children who stay in foster care longer suffer emotional burdens much more than children with families.

**Lack of Access to Education and Employment**

Most problems in CHHs result from the deteriorating economic situation of these households. HIV/AIDS-related illnesses and the death of their parents lead directly to economic problems that undermine children’s well being in a variety of ways, including a lack of education. Lack of education turns children into liabilities to society because they cannot find jobs. If they attend school, their attendance is often sporadic. Often when these children try to contribute to the basic survival of their households, they don’t have enough time for school, work, and play. Foster, Levine, and Williamson (2007) have argued that CHHs often carry the economic burdens alone, in silence and in isolation, with no adults to support them. In contrast, children in good urban neighborhoods of Zambia grow up with access to good education, recreation, health and nutrition, private space, and material well-being. Germann (2003) made similar observations in Zimbabwe when he compared CHHs there with children in affluent communities. These children had easy access to education and employment because they had parents who have good incomes.

For the US, the picture is the same. The children who spend most of their time in substitute care generally come from families who experience multiple problems. Consequently, they rarely have access to education and do not have the necessary skills for employment. This was confirmed by research done by others (Courtney, Piliavin &
Grogan-Kaylor, 1998; Rosenbach, Lewis & Quinn, 2000) who found that children in foster care have many limitations, including education.

**Poverty and Health Care**

Health and poverty issues are of particular concern, as these have an exacerbating effect on prevalent socio-economic problems affecting CHHs. Economic inequalities have escalated over the past four years, and the standard of living for hundreds of thousands of vulnerable children has declined. The prevalence of HIV/AIDS in Zambia has added particular significance to this issue. Mukoyogo and Williams (1991) observed how the problem of poverty has been described as one of the biggest factors affecting the welfare of many people in Zambia. It has reduced the quality of food, health care, and recreation for most children living in poverty. Montgomery, Burr, and Woodhead (2003) have attributed this in part to macro-economic policies and legislation that protects the interests of the wealthy, leaving poorer communities in abject poverty and deprivation. These policies have made it difficult for children from poor families to access health care because of the prohibitive health fees for children without family support.

In the US, a number of studies have shown how poverty and socio-economic problems affect youth (Boyden & Holden, 1991; Dodge, Pettit & Bates, 1994; Garbarino & Kostelny, 1992). Financial hardship, inaccessibility of medical care, and increased likelihood of mental health or substance use issues are well documented (Holzmann & Jorgensen, 2000; Offord & Lipman, 1996; Young, 2002). As others have noted, this is especially true in the poor and minority communities where health care coverage through Medicaid is not available (Lindsey & Ahmed, 1999; Rashid, 2004; Wingood, 2003).
Goldscheider (1997) has argued that children in foster care often embark on the complex set of transitions involved in their progress. By the time they leave foster care, these young people have generally low educational levels and skills and limited work experience.

**Comparative Policy Responses**

In order to address these needs and problem dimensions, a number of policy responses have been initiated in both the US and Zambia.

_Zambian perspective._ Zambia’s response to the problem of CHHs has been slow. In the past five years, efforts aimed at addressing the needs of CHHs have been unsuccessful. The scope and gravity of the burden is immeasurable. The situation is compounded by gloomy projections for the HIV/AIDS pandemic, which is likely to add more numbers to the already burgeoning figures of CHHs. The Zambian government and other players have failed to develop policies that address the situation of CHHs (USAID, 2004b). Unlike in the US, where various pieces of legislation have been enacted to address with reasonable precision the needs and problems of children aging out of the foster care system, Zambia does not have any specific legislation that focuses on CHHs.

Only one piece of legislation comes close to CHHs. This is the Youth, Sport, and Child Development Act of 2000. I helped in the design of this piece of legislation. The Act was intended to address specific issues affecting the welfare of children in different categories, including those living in CHHs. It lays out categorical benchmarks for the protection and development of children. It also stipulates in adequate detail guidelines for action points. These are driven by the principle: “In the best interest of the child”
(UNICEF, 2000, p. 56). However, despite its earlier promise, this piece of legislation has had little effect on CHHs as their number increased by 70% from 2000 to 2005 (USAID, 2004), thus overwhelming the resources set aside for policy implementation.

Projections indicate that this number is likely to increase as more children are affected by HIV/AIDS and poverty. In the past two years, the Zambian government experimented with number of policy formulations such as the Childcare Upgrading Act and the Community Development Act. These were tested to determine their usefulness for CHHs. Results have not been positive, and clearly there remains a lack of deep understanding of the phenomenon of CHHs by the government. Findings from research done by UNICEF (2000) and Foster, Levine, and Williamson (2007) have supported this view. There is a heightened sense of optimism as more communities open up to the reality of CHHs. The heightened sense of optimism, more prevalent in the rural parts of the country, suggests a general acknowledgment of CHHs as a phenomenon that is part of Zambia’s culture (UNICEF, 1999). Perhaps the place to begin is with a policy and program response such as the one that should result from this project.

*US perspective.* Early studies identified the difficulties young people aging out of foster care face. The US responded by forming ILs, which assist adolescents aging out of the foster care system (Blome, 1997; Collins, 2001). On September 8, 1983, the United States Department of Health and Human Services Office of Human Development Services (USDHHS) issued a request for proposal titled, “Study of the Adaptation of Adolescents in Foster Care to Independence and Community Life – Public Law – OHDS 105 – 87 – 1608.” The United States Children’s Bureau responded by funding a series of
demonstration projects in the early and mid 1980s aimed at preparing youth for independence. Congress then amended the Title IV-E of the Social Security Act with the passage of the Independent Living Initiative of 1986 – Public Law 99-272 (Collins, 2004; Department of Health and Human Services, 2003; Propp, Ortega & New Heart, 2003). In 1991, the Foster Care Independent Act, FICA, was enacted. The latest development in ILs is the passage of the Foster Care Independent Act of 1999 (Public Law 106-169), which amends Title IV-E to provide states with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency.

Estimates by the US Government Accounting Office (1999) suggest that almost 77,000 adolescents were in foster care as of September 1998, and that approximately 20,000 adolescents leave the foster care system each year because they reach the age of majority and are expected to enter independent living programs.

Comparative Program Response

Zambian perspective. There is a dearth of research on CHHs in Zambia. What has been done suggests that, although most major child-focused development organizations have had significant experience in working with CHHs, their results have been minimal. This is because most of these organizations do not have the expertise or the funding to mount their services effectively. Responses that have community support do well, as documented in a study by Baker, Sedney, and Gross (1992). This study reported that programs with community support were more likely to have better results than those that relied on a few individuals. Typically, what seems to have failed in these programs are
income-generating projects whose profits are intended to benefit CHHs. These projects have proved difficult to sustain when they are run by volunteers, and profits, if any, are generally limited. However, what have shown promise are micro-finance services and savings mobilization approaches that enable children to carry out their own individual income generating activities for the benefit of their own households (Donahue, 2002).

Germann (2003) has observed that there is no easy solution to challenges faced by orphans, including CHHs, “but there is an urgent need to increase the collective efforts to generate an adequate response over the long-term” (p. 76). Kopoka (2000) has argued that, although work for orphans and vulnerable children has been almost the exclusive preserve of the private sector, in many of the worst affected countries, nongovernmental organizations (NGO) have developed new ways to help vulnerable children. Swartz and Fisherman (1999) observe that most responses to the problems of orphans are still NGO and community-driven. Foster (2000) has argued for the need to move beyond rhetoric and towards action. Children’s rights and their welfare is a fast growing industry attracting huge amounts of money aimed at improving the lives of children in Africa. But as Kopoka (2000) has pointed out, in reality, many of these programs do not advance the interests of children. Funds are often diverted to other activities. As a result, the response in most African countries has been, according to Germann, “limited in scale, fragmented and shamefully short of what is required to halt this preventable tragedy” (p. 76).

The role of international NGOs in supporting local communities, initiatives, and groups cannot be overemphasized. White (2002) has observed that the focus of these organizations ranges from capacity building, relief, and developmental assistance to
advocacy. However, a review of literature on the role of international NGOs in
developing countries raises a lot of questions about the effectiveness of their services
(Hudson & Bielefeld, 1997; Young, 1991). Most of these NGOs are torn between
adhering to the dominant structures of their own governing bodies, and fulfilling the
needs and requirements of local structures prevailing in the host developing countries.
Foreman (1999) has argued that accountability is a function important to any governance
structure. From the top-down perspective, NGO boards hold staff and volunteers
accountable to the mission and principles of the organization. In turn, NGO governing
boards must be “accountable to multiple stakeholders who include donors, partner
organizations, and the poor” (p. 180) and these multiple accountabilities rarely place
CHHs in the priority position.

US perspective. According to Collins (2001) and Schwartz and Fisherman (1999),
child welfare policy and research in the US has focused on numerous areas of importance
to the welfare of children and families, such as family preservation services, permanency
planning, and early intervention and prevention services. Others have argued that the
emphasis has been on issues related to adolescents aging out of the foster care system
(Cook, 1994; Propp, Ortega & New Heart, 2003). While recent child welfare practice has
emphasized family-based services, in reality a large number of children in the foster care
system spend considerable time out of home and eventually leave the care system only
when they age out. The US government responded by initiating the Independent Living
Initiative of 1986, which determined the direction the US would to take to deal with
adolescents aging out of foster care. Under the Independent Living Initiative, programs
were designed for adolescents in out-of-home care who were unlikely to return to their families or to be adopted, and for whom out-of-home care had become a permanent situation. Courtney, Pilivian, Grogan-Kaylor, and Nesmith (2001) have documented that the independent living basic services outlined in federal law included outreach programs to attract eligible individuals, education, employment assistance, training in daily living skills, individual and group counseling, integration and coordination of services, and a written transitional independent living plan for each participant.

Efforts to prepare adolescents for independent living programs provide a myriad of services, including teaching youth a combination of tangible and intangible skills. The process or context of teaching these skills most often takes the form of skill-building classes or training. Collins (2001) notes that youth are typically grouped together and move through a several week course that, in theory, develops these necessary skills. However, because tangible skills are easier to define, teach, and measure, they seem to be the primary focus in most independent living programming. Biehl and Wade (1996) and Jaklitsch (2003) have noted that intangible skills building is obviously more difficult to teach and often requires more experience relationship-building opportunities.

In their study of foster and non-foster youth, Scannapieco, Schagrin, and Scannapieco (1995) found that rates for education, employment, and self-sufficiency were higher for the independent living group youth compared with the foster care group not receiving services. Similarly, Mallon (1998) conducted a retrospective study to examine outcomes of adolescents discharged from a New York nonprofit agency. Results indicate that ILs youth had completed high school or received a general education
diploma (GED) at the time of discharge, were employed full-time when they left care, and had savings accounts. A study by Recently, Lindsey, and Ahmed (1999) that evaluated the North Carolina’s Independent Living Program found that ILs program participants were more likely to live independently or pay all of their housing expenses. Several other studies also have suggested successful outcomes for ILs (Cook, 1994; Westat, 1991).

After 1999, funding became a major determinant of the effectiveness of ILs. Currently, federally funded ILs are limited to youths age 16 and over on whose behalf federal foster care payments, through Title IV-E, are made. In its efforts to support these programs, the federal government has devised a funds distribution formula based on the percentage of children in the state who receive federal foster care assistance. Before funds became the major determinants of ILs, states were allowed substantial flexibility in the design and implementation of their independent living programs. Payments for room and board were not allowed, nor were supplemental services that states could provide. Supplemental services included the provision of mentoring to adolescents, the provision of training to foster parents, giving out financial stipends to adolescents, and forming youth advisory committees. Collins (2004) and, Goldscheider and Goldscheider (1999) have observed that the needs of foster children leaving care exceed the resources provided.

In view of the preceding discussion, we are now able to list areas on which to focus when translating ILs lessons to Zambian CHHs. Education, budgeting, employment and employment readiness, health, social skills and housing are areas that have come up
consistently as important to ILs success. These areas are the focus of this research and will also be used in our data analysis. The problems that are revealed in the discussion suggest several principles that we should keep in mind as we develop alternatives for CHHs. These principles are not related to culture, but to the nature of an organizational or program structure that can enhance the capacity for a program to be mounted successfully. They are listed below according to their significance for successful programming.

- Methods of designing and framing relevant policy should be consistent with existing needs and should include reference points to address education, health and poverty.
- Funding and funding sources are important factors when determining feasibility of IL programs. Types of services offered and then supported should be considered carefully so that they can meet needs of youth.
- The role of gender and age play an important role in differentiating successful services for different groups of children.

A number of organizations with extensive work in Africa, such as World Vision, Oxfam, and CARE, have shown that we cannot just pick up a program and export it to another country. Adjustments must be made that will make it culturally and technologically appropriate. So in order to know when and how that should happen, we must engage in an assessment of a program from the standpoint of cultural competency.
Cultural Competence as a Theoretical Framework

To define cultural competence, one must first define culture. Defining culture is challenging, as there are over 150 definitions of culture (Kroeber & Kluckhohn, 1952). According to Nunez (2000), they all boil down to some general concepts. Culture shapes how we explain and value the world. It is the lens through which meaning is given to the world. Culture shapes beliefs and influences behaviors about what is appropriate. People are usually unaware that they see the world differently from how others do. It seems that people think they see the world “exactly as it is” (Nunez, 2000, p. 172). But each person’s perception and focal points are the result of reality filtered through his or her cultural background. Culture is also defined as the “integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group that is relevant to everyone’s well-being” (Cross, Bazron, Dennis & Isaacs, 1989, p. 25).

The skill of being able to see a situation through multiple lenses is called “cultural competence.” This term also has been defined in a number of different ways. One broad definition comes from the Department of Health and Human Services (1992), where cultural competency is described as follows:

[A] set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires willingness and ability to draw on community-based values, traditions, and customs and to work with
knowledgeable persons of and from the community in developing focused interventions, communications, and other supports. (p. 79)

It is important to understand that the concept of cultural competency has two primary dimensions: surface structure and deep structures (Goicoechea-Balbona, 1997; Holmes & Mathews, 1993). Borrowed from sociology and linguistics, these terms have been used to describe similar dimensions of culture and language. Surface structures involve matching the intervention material and messages to a target population. According to Carkhuff and Williams (1979) and Leon (1981), deep structures involve socio-demographic and racial and ethnic population differences in general, as well as how ethnic, cultural, social, environmental and historical factors may influence specific behavior.

Several authors have found that there has been another path of research that has explored the process of becoming culturally competent. A variety of different but related terms, such as cross-cultural adjustment and cultural transformation, are essential to understanding the process of cultural competency (Adler, 1975; Church, 1982; Kim, 1988). Adler (1975) takes this process even further and looks at the internal changes that take place during a successful cultural competence experience. This includes developing the more positive perspective of a learning and growth approach. Successful change is seen as equivalent to self-actualization, moving “from a state of low self-and-cultural awareness to a state of high self-and-cultural awareness” (p. 15). Adler’s work has helped focus attention on the transformation of an individual’s cognitive, affective, and behavioral being in the process of becoming culturally competent.
Most significant early work in this area of the process of cultural competency has centered on the concept of “culture shock” (Kim, 1988, p. 53). Church (1982) points to culture shock as generally understood as “a normal process of adaptation to cultural stress involving such symptoms as anxiety, helplessness, irritability” (p. 540), and looking for a more predictable and gratifying environment. Studies have identified various stages in this process: the honeymoon, negative attitudes, recovery, and enjoyment stages in an ascending order towards competency (Oberg, 1960).

Which culture group should be included in any consideration of cultural competence and how these groups should be defined are the subjects of much controversy. Some feel that cultural groups should be divided exclusively along ethnic lines. Others define cultural groups as any who are discriminated against, such as racial or religious groups, sexual minorities, or the physically challenged (Gamble, 1999; Rios & Simpson, 1998). The term cultural competency also implies a discrete knowledge set that focuses on the culture of the person only as something “other” and, therefore, aberrant from the norm (Sue & Sue, 1990). A nationally recognized curriculum at Hahnemann University defines “diverse” as describing “anyone who is not you” and the focus is on the ubiquitous and positive role of culture in everyone’s life (Nunez, 1993). This definition and focus incorporates the strengths that divergent backgrounds bring to any interaction and challenge the “others” to define their own cultural influences, thus shifting from a philosophy of ethnocentrism to one of ethno-relativism. A person who has an ethno-relative perspective understands that there are multiple valid interpretations of behavior based on diverse beliefs and values.
Others have defined cultural competence as a set of cultural behaviors and attitudes integrated into the practice of methods of a system, agency, or its professionals that enables them to work effectively in cross-cultural situations. Cultural competency is achieved by translating and integrating knowledge about individuals and groups of people into specific practices and policies applied in appropriate settings (Chau, 1990; Goicoechea-Balbona, 1997; Julia, 2001; Ronnaw, 1994). When practitioners are culturally competent, they establish positive helping relationships, engage the client, and improve the quality of services because they can honestly and humbly cross the culture divide.

Much of the research on cultural competency has tended to follow a similar path: identifying the characteristics indicative of cultural competency and/or developing a model of how it should be conceptualized. For example, Benson (1978) identified eight dimensions of cultural competency: language skills, communication skills, interactions, reinforcing activities, friendliness, socially appropriate behaviors, attitudes, and satisfaction. Another study by Hammer, Gudykunst, and Wiseman (1978) found three factors related to successful cultural competency experiences: “the ability to deal with psychological stresses, the ability to effectively communicate, and the ability to establish interpersonal relationships” (p. 389). Furthermore, the study supported a hypothesis that the effective component of cultural competency can be conceptualized “as the degree of third cultural perspective” (p. 384), meaning the perspective or frame of reference used by someone to interpret his or her cultural experience. This third cultural perspective consists of the ability to empathize with those of the dominant culture and to establish
significant relationships with members by being nonjudgmental, accurate in perceptions of similarities and differences between cultures, and less exclusive.

Spitzberg (1989) and Kealey (1989) extend this idea of establishing relationships and argue that cultural competency needs to be understood from the perspective of interpersonal communication. They both focus on the individual belonging to both the minority and dominant culture, recognizing how people of different cultures strategically construct verbal acts in a reciprocal and compensatory manner to meet interpersonal objectives while in communication with each other. This involves recognizing not only the characteristics, skills, and abilities of each person, but the manner in which they perceive and think about each other.

The process of achieving cultural competency is seen as transformational by Kim and Ruben (1988). It is a learning and growth process where the individual’s “old person breaks up, and the cultural knowledge, attitudes, and behavioral capacities construct a new person at a higher level of integration” (p. 314). Similarly, Mansell (1981) sees the successful cultural competency experience as more than competence in skills, but an essential communication characteristics that creates an aesthetic awareness, a “consciousness which transforms an individual’s perception of the world and imparts a sense of unity between self and surrounding” (p. 99). In effect, the literature seems to indicate that cultural competency is a transformational process whereby an individual develops an adaptive capacity, altering his or her perspective to effectively understand and accommodate the demands of another culture. The culturally competent individual does not passively accept the social realities defined by others; instead, he or she is able
to actively negotiate purpose and meaning. Moreover, the transformation of becoming culturally competent is anchored within the individual. It is this ongoing process within the individual’s internal system that is at the core of cultural competency, which is manifested in definitive behavioral and cognitive abilities such as empathy, motivation, perspective taking, behavioral flexibility, and person-centered communication (Kim, 1992). In a subsequent paper, Kim (1996) extended her work on cultural competency to include the development of cultural identity, which seems closely associated with the concept of cultural competency. An individual who has developed a cultural identity does not identify exclusively with his or her particular social group, but with other groups and subgroups as well, thus reflecting a more inclusive perspective. An intercultural identity reflects “the acceptance of the original and the new cultural elements, increased scope, depth and perspective in perception, increased self-knowledge, self-trust, and self-directedness, and increased creative resourcefulness to deal with new challenges,” (Kim, 1992. p. 22).

Cultural identity, learning, and growth have all offered new insights into the process of cultural competency. When the learning process itself is used, the intricacies of learning are explored. The first insight is evident in the work of Adler (1975), Mansell (1981), and Yoshikawa (1987), all who illustrate quite vividly the resultant changes in becoming culturally competent. For example, according to Mansell’s (1981) duality phase of cultural transformation, “a continuing sense of exploration permeates the cultural experience, and skills are developed to match opportunities found in the new culture. In turn, this generates meaningful interaction with members of different cultures”
(p. 103). The exploration and development of new skills implies that learning and becoming competent is taking place.

Kim (1996) has argued that cultural competency depends upon adaptability, “the individual’s capacity to suspend or modify some of the old cultural ways, to learn and accommodate some of the new cultural ways … [and] is likely to be more open to learning different cultural patterns” (1996, p. 268). This example, like Mansell’s, adequately addresses questions about the cultural competency learning process, such as: What is the process of cultural competency that is taking place? Is it transformative? How are these skills central to the process of becoming culturally competent allow development of a more inclusive worldview? How does an individual revise and change a former interpretation of a culture for a new and broader interpretation?

Without understanding the process of becoming culturally competent, it is difficult to determine what changes actually take place in the individual and how these changes take place. Furthermore, without this understanding, it is difficult to better educate practitioners for successful cross-cultural experiences. Mezirow (1991) and Ruben (1987) posit that a possible explanation of the process of becoming culturally competent lies in the concept of perspective transformation. When people change significant meaning structures and meaning perspectives, they change they way they view and act toward their world, leading to a more inclusive world view. A perspective transformation is the process of how meaning structures can be changed. This change or revised interpretation of cultural ways is often the result of “efforts to understand a different culture with customs that contradict previously accepted presuppositions”
Perspective transformation is also a process of questioning basic psychological assumptions and habitual expectations examining why and how they sustain the way people see themselves and others, and can result in altered meaning perspectives.

In her discourse on the myth of cultural competence, Dean (2001) identifies four perspectives that are important to understanding culture competency. These are identified as a modernist view, a postmodernist view of cross-cultural practice, a psychological inter-subjectivist position, and a sociopolitical perspective on oppression and social justice. Dean points out that cultural competence begins with the realization and appreciation of one’s lack of competence. Using the four perspectives mentioned above enables social workers to become “more informed not-knowers” (p. 628). Within the modernist view, members of a group are seen as sharing some essential characteristics that define them. If a group can be seen as a stable entity that can be characterized in certain ways, then its possible for practitioners to develop schema that allow them to interact competently with members of the group. A postmodernist view of cross-cultural practice highlights the continually changing and evolving natures of culture identities. It reminds social work practitioners to become aware of their own cultural biases and separate themselves from their biases so that they will not interfere with the process of building a positive working relationship between client and practitioner (Dean, 2001).

The psychoanalytic intersubjectivist position takes a psychological perspective on the cross-cultural clinical work that focuses attention on the clinician’s self-knowledge (Dean, 2001). In this perspective, therapists are seen as bringing a mixture of knowledge
and feelings to work with clients at conscious and unconscious levels. The sociopolitical perspective on oppression and social justice starts with a sociopolitical analysis in which inquiry is made into ways that oppression has resulted in racial and economic stratification, thereby limiting opportunities for clinicians and practitioners. This perspective “brings in issues of power and the ways that some cultural groups are positioned to control other groups in society” (Dean, 2001, p. 617).

The goals in becoming culturally competent are to continue to learn about differences and to rid oneself of stereotypes. Carkhuff and Williams (1979) have observed that cultural competency demands an approach to serving clients in which assumptions are few. It plays a complex role in the development of human service delivery programs. The need for the provision of culturally appropriate services is driven by the demographic realities of a nation. This means that when a nation is more diverse, there is a greater need for tailor-made services that meet the specific needs of these diverse groups. Several authors have observed that understanding cultural competence and its relationship to service delivery will increase access to services as well as improve the quality of service outcomes (Cross, Bazron, Dennis & Isaacs, 1989; Orlandi, 1995; Tirado, 1996).

Research has begun to provide the underpinnings for the development of standards for the delivery of services to diverse populations (Ronnau, 1994; Williams, 1988). When service delivery is implemented through cultural competencies, programs that appropriately serve diverse cultures can be developed. This means that each practitioner must possess the core fundamental capacities of compassion, warmth,
empathy, and genuineness. However, just learning the behavior is not enough. Underlying the behavior must be an attitudinal set of behavior skills and moral responsibility that will set the parameters for behavior. It is not about the things one does; it is about one’s fundamental attitude. When a practitioner has an inherent caring, appreciation, and respect for clients and others, he or she can display compassion, warmth, empathy, and genuineness. This opens the door to culturally congruent behaviors and attitudes. When attitudes, behaviors, and moral responsibilities intersect, practitioners can exemplify cultural competence in a manner that recognizes, values, and affirms cultural differences among their clients.

As a means of using cultural competency as a theory to drive this research project and the program recommendations that result, there are important summative principals to be used as standards for judging the process and the products of this project. These principals are:

- Recognize the values of *indaba* and centeredness of the family in Zambia and affirm the additional culture differences that might exist between urban and rural youth.
- Identify the qualities and necessary expertise that the people who will work with young people in Zambia should possess.
- Frame and tailor services in accordance with the demographic realities, including isolation and poverty of Zambian communities.
- Design program components that will address specific challenges affecting the young people.
• For feasibility, especially in terms of securing resources needed to deal with CHHs challenges, show creativity and innovation acceptable to Zambian culture.

• In order to attract full community support and ownership, be closely linked with the cultural and identity of the community.

• Establish clear communication channels with key segments of Zambian society including tribal leaderships and politicians in order to ensure accountability, good relationships, and positive program image.

**Culturally Competent Cross Cultural Programming**

The development of knowledge and skills related to cross cultural programming has been acknowledged as an important priority for social work education in the US for more than 30 years. Since 1968, the Council on Social Work Education (CSWE) has required that social work education programs reflect the diversity of a pluralistic society, and has mandated that social work curriculum include content for culture competence (Julia, 2001). Chau (1990) states the case clearly:

> Social work education programs must provide students with awareness and knowledge that ours is a pluralist society and to prepare them to work effectively with people of diverse ethnic and racial backgrounds and with the social institutions impacting client lives. (p. 131)

To a large extent, social work literature documents the developing conceptions of programming with cultural diversity, and indicates a number of proposals and frameworks which focus on the inclusion of multicultural content in the social programs (Canda, 1989; Fellin, 1988; Lister, 1987; Sue, 1991). This literature presents a constant
call not only for mastery of multiculturalism, but for cultural self-awareness, introspection, and consciousness about attitudes linked with multiculturalism. The historical and political context that allowed the infusion of multicultural education goes back to the social revolution of the sixties, a period that “mandated an accelerated and not universally welcome egalitarianism for our society” (Matsushima, 1981, p. 216). The civil rights movement brought a “realization that curriculum in most schools of social work reflected a culture … developed, designed and reflective of the norms and value of the dominant culture” (Leon, 1981, p. 15).

The social and political challenges of the times were reflected in the National Association of Social Workers (NASW) establishing and highlighting policies designed to acknowledge new professional priorities and responsibilities with respect to ethnic minorities (Williams, 1988). For CSWE, the challenge was to develop an ethnically sensitive curriculum that “would provide the knowledge, skills, and understanding essential to effective social work programming in “diverse settings” (Holmes & Mathews, 1993, p. 43).

The US Bureau of the Census (1996) has noted that minority Americans are expected to comprise more than 40% of the US population by 2035. Consequently, addressing the needs of minority Americans has become an increasingly visible public goal (Agency for Health Care Policy & Research, 1999). According to Kleinman, Eisenberg, and Good (1978), Kleinman’s seminal annals of internal medicine article articulated the importance of culture in programming in order to address the needs of minority Americans. The importance of cultural competence isheightened for minority
clients who receive care from services that are largely organized by and staffed with majority group members. Results from ignoring culture include negative programming consequences such as missed opportunities for screening because of lack of familiarity with the conditions among certain minority groups, failure to take into account different responses to care, lack of knowledge about traditional values, and diagnostic errors resulting in miscommunication (Lavizzo-Moorey & Mackenzie, 1996; Matsushima, 1981).

A growing body of standards seeks to ensure that programs respond to these diverse and cultural needs by becoming culturally competent (Perkins & Vera, 1998). The need for cultural competency is frequently discussed on the level of the client and agency interaction. These programs will have become culturally competent only with support and encouragement of the system in which they operate. The social worker must have an appreciation of the cultural differences between his or her culture and that of the client. Damron-Rodriguez (1998) observes that the social worker must also respect the client’s culture and behave in a manner that exemplifies this respect. According to Tirado (1996), from an agency perspective, every organization and author define cultural competency somewhat differently. However, most programmatic definitions are elements of one developed by mental health researchers more than a decade ago, who defined cultural competency in the context of programming as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals, and enables that program, agency or those professionals to work effectively in cross-cultural situations” (Cross et al. 1989).
Cross et. al. (1989) discuss an important cultural competence continuum for agencies in which he identified five key points of this continuum. These are cultural destructiveness, cultural incapacity, cultural blindness, cultural pre-competence and cultural competence. Cultural destructiveness means that one race is superior and should eradicate lesser cultures and combines bigotry with vast power differentials. Cultural incapacity is not intentionally destructive but lacks the capacity to help minority persons or communities and is characterized by ignorance and fear of people of color and a paternalistic attitude toward people of color. Cultural blindness promotes the belief that color and culture make no difference and that people are all the same. It reflects a well-intentioned liberal philosophy. Cultural pre-competence realizes shortcomings in serving minority persons and attempts to improve desires to deliver quality services and begins the process of becoming culturally competent. Cultural competence, the last stage in the continuum, accepts and respects differences, holds culture in high esteem, conducts continuous assessments regarding culture, and pays careful attention to the dynamics of difference by seeking to expand knowledge of cultures and their resources (Cross et. al. 1989).

Taken one step further, the term cultural competency in programming has been used to refer to an ongoing commitment or institutionalization of appropriate services and policies for diverse populations (Tervalon & Murray-Garcia, 1998). The concept of cultural competency is also presented as a continuum, in recognition that individuals and institutions can vary in the effectiveness of their responses to cultural diversity (Saint Clair & McKenry, 1999; Tervalon & Murray-Garcia, 1998). Cultural competency is,
therefore, a mechanism to ensure the observance of rights, such as the right to respect and non-discrimination. Cultural competency, however, could also be a mechanism to change the program and service outcome of minorities. Cultural competence for cross-cultural programming is essential to this project. The following will be part of the project design and the product assessment:

- Accept and respect differences between US and Zambia.
- Hold Zambian culture in high esteem.
- Conduct continuous assessments in research and program design regarding Zambian culture.
- Attend to the dynamics of difference between US and Zambia by seeking to expand knowledge of both cultures and their particular resources.

Cross-cultural programming raises the important issue of understanding the challenges of disseminating and enacting programs in new contexts. In order to deepen the understanding of assuring program success, we need to look at diffusion of innovation.

*Diffusion of Innovations and Dissemination of Findings*

ILs are the innovation to be diffused for CHHs. This diffusion should be on cross-cultural programming that is culturally competent. Innovation is a concept that has made recent ground in the social work profession. Comeau, Duperre, Hurtibise, Mercier, and Turcose (2007) have provided a fitting definition of diffusion of innovation. They state that it is as an “idea, practice, or object that is perceived as new by an individual or unit of adoption” (p. 45). Bandura (1977) observes that diffusion of innovation is a social
transmission process in which the institutional practices of one culture are taught to each member of a new culture in a manner that holds the patterns of that new culture. This is the goal of innovation and translation in this study: to allow for as many benefits as possible to CHHs, who, according to Bandura (1977), are “members of a new culture” (p. 12), which in this case is the Zambian culture.

Rogers (2003) has done research in innovation, and he too comments that “what matters is the diffusion of innovation that makes that innovation take hold, be adopted, and move into common use” (p. 120). Using the above justification, I consider this project as innovative in the sense that it has not been tried before and efforts to be undertaken to translate or to “adopt and move into common use” (Rogers, 2003, p. 120) will allow for the translation of those lessons from the US to the Zambian context. Hopefully, there they will be adapted and put to common use in order to better the lives of CHHs.

NGOs seem to be the entities most involved in translational and diffusion of innovation. International NGOs occasionally get caught up in practices of measuring their success through their fundraising efforts in recipient countries, the number of donors they have, and the diversification of their revenue streams, an argument that Foreman confirmed (Foreman, 1999). Hulme and Edwards (1997, cited in Foreman, 1999) have challenged the willingness of international NGOs to reform their operating structures when their actions reveal closeness of their interests to that of donors rather than the needs of the people in countries where they operate.
International NGOs in Zambia have not had much impact on communities or CHHs because often they are being asked to be responsible to their funders first, rather than to the communities in which they attempt to mount culturally competent programs. World Vision in Zambia has attempted to rectify this problem by making a structural shift from a top-down to a bottom-up entity. In Zambia, I had the privilege of working with World Vision in some of the HIV/AIDS affected communities. In order to overhaul its structure, World Vision has localized its chapters so that there are more opportunities for local staff and the community to participate. This step has helped to de-colonize some of the global tendencies seen in the NGOs, which are often reflected by their top-down approach. Foreman (1999) has documented that, in order to avoid being donor driven, as well as to “pursue genuine, reciprocal partnerships between their northern and southern organizations” (p. 180), these organizations have recently overhauled their organizational structures with a view to becoming acceptable, relevant, and useful in their local contexts. Phiri, Foster, and Nzima (2001) have made similar observations and argue that local communities should become more involved in the operations of international organizations.

Foreman (1999) shares the viewpoint of Phiri, Foster, and Nzima (2001) and pushes the argument by affirming that upward accountability and donor definitions of achievement can take precedence over global and national structural issues of poverty. Changing the global structure of an NGO can address this issue only if member organizations are genuinely linked to the grassroots, and only if recipient national
members perceive they have a genuine voice and influence “within the NGO structure” (p. 192).

The goal is employing elements to allow this research to ensure that translation of ILs lessons to Zambia is done in a manner that is culturally competent and acceptable, relevant, and supportive of Zambian cultural norms and values. The following principals, then, are important to consider when designing a program for Zambia:

- Pursue genuine and reciprocal partnerships among all relevant stakeholders in the work with CHHs.
- Implement innovations with collective support that allows long-term commitments and efforts.
- Ensure that accountability to local needs and interests becomes an important part of the program’s governance structure.
- If a program is managed and supported by an international organization, ensure that program promotes the participation of local communities in program design, delivery, and evaluation.

This research design looks at those dimensions of ILs that can be translated to Zambia. There is a paucity of information guiding this translational aspect of research in social work. This research should make a contribution in filling this gap by extending the concept of translation research by developing a specific design that will guide what can be learned from ILs to what might work in Zambia.
The Department of Health & Human Services (1999) has provided a recent national report that has declared with alarm that there is a 20 year gap between knowledge generated from the best clinical research and the utilization of that knowledge in programming. Gilgun (2005) supports this view and points out that this means that service delivery in care settings is lagging almost two generations behind the science that should be informing practice. One solution to this dilemma has been the emergence of translational research. The National Institute of Mental Health (1999) provides the following definition of translation research: “Translational research in the behavioral and social sciences addresses how basic behavioral processes inform the diagnosis, prevention, treatment, and delivery of services, and how that knowledge increases our understanding of basic behavioral processes” (p. 3).

The need for translational research has been influenced by a number of trends, including growing recognition of the need to understand cultural influences on programming and service delivery. Another trend is recognition of the need for multicultural communication, a critical component of cultural competence, and a process in which participants in a research agenda create and share information with one another to reach a mutual understanding through the exchange of information (Rogers, 2003). Depending on the context, this understanding can lead to improved client outcomes, as well as reduced disparities in outcomes of clients from different cultural and ethnic backgrounds. According to Rogers (2003), translational research emphasizes issues of cultural competence, community participation, and transactional communication among
stakeholders, and it demonstrates a commitment to interventions and bridging service communities—all of which are hallmarks of social work programming. According to Bloom, Fischer and Orme (2006), most of the social work profession’s research occurs in the community, and cultivating approaches to diversity has always been part of the approach to understanding and intervention. Building on this tradition, this project proposes bridging the IL service community in the US and CHHs in Zambia.

Translational research is seen as essential to enhancing the public health in general and specifically to improving effectiveness and targeting of service delivery to consumers in care settings (Bloom, Fischer & Orme, 2006; Brekke, Kathleen & Palinkas, 2007). Social work is ideally positioned to significantly influence the national translational research agenda because of its prominent position in the human services sector on the bridge between the client and the community, and due to a strong interdisciplinary focus in much of its training and research. Others have observed that social work is also a good platform for building a translational agenda in child and adolescent programs (Addis, 2002; New Freedom Commission on Mental Health, 2003; Schoenwald & Hoagwood, 2001). Building a translational science agenda in social work is important for several reasons. Social workers provide the majority of services to clients in different kinds of specialty settings in the United States as well other countries where social work is a full-fledged profession (Bickman, 1996; Burns, 2003; Weisz, Hawley & Doss, 2004). In social work, this involves translating from one culture to another the lived experience of those in need. In considering a program for Zambia, the following principals are important to consider:
• Recognizing Zambian cultural influences for successful programming and service delivery.

• Incorporating local knowledge into the processes that inform the assessment, prevention, treatment, and delivery of services to CHHs.

• Identifying stakeholders in Zambia and establishing communication links to assure that commitment to CHHs services is acceptable to communities.

• Communication among stakeholders with demonstrated commitment to bridging services to communities.

African Immigrants and Translational Challenges

African immigrants have largely been excluded from research on issues confronting immigrants. A review of literature on immigration shows that most research has focused on Hispanic, Asian, Jewish, and Russian immigrants (Kamya, 1997). Research has documented the need for helping professionals to embrace cross-cultural understanding, acceptance, and support for clients from different cultures (Augsburger, 1986; Schiele, 1997; Padilla, Wagatsuma & Lindholm, 1985). In the past, research has examined the adjustment of refugees or immigrants in terms of education, language, and economic, social, and psychological well being (Haines, 1989).

Like other immigrants, African immigrants have their share of problems, including stress related to acculturation, change, loss, and trauma. Several authors have confirmed this finding (Ahearn, 2000; Balgopal, 2000; Mangiafico, 1988; Potocky-Tripodi, 2003; Torres, 1998). These families come to the US for many reasons that include escaping poverty and expanding their economic prospects. However, things do
not always turn out as they expect. In their studies of immigrant families, Suarez-Oroco and Suarez-Oroco (2001) along with Portes and Rumbaut (2001) have documented the many challenges immigrants face, such as learning a new language, navigating new systems, re-establishing social connections, and incorporating new norms. Several authors have argued that, although African immigrants bring with them a unique cultural perspective, they often deal with cultural and identity challenges as they face issues of family, including bringing up their children in a society and environment in which children are vocal and self-directed (Hofstede, 1980; Nickens, 1990; Portes & Rumbaut, 2001; Sue, 1991).

Successful African immigrants are sensitized to the challenges of child rearing in the US while maintaining their African tradition. Their sensitization will help determine what might be problematic in a program translated from here to Africa. Although they are coming out of a tradition that probably has caused a degree of culture shock, that culture shock is a strength in that their recognition of the aspects of US culture and services that do not work for them will provide ideas about what should be modified in the translation between what exists here and what would be needed there. African immigrants are expected to serve the research project in the following ways:

- Cultural shock that normally involves stress related to acculturation, change, loss, and trauma is a strength that should provide a useful screen when discussing childrearing practices for Africans as a sensitizing element in considering program responses to CHHs.
• Successful immigrants should be able to embrace cross-cultural understanding, acceptance, and support for youth from both cultures.

• Successful immigrants should aid in the examination and consideration of adjustment, education, language, economic, social and psychological well-being needs of CHHs and what appropriate programmatic responses should be.

Research Design

The design for this study followed the classical grounded positivist emergent approach that was initially proposed. It is important to note that use of grounded positivist emergent design is geared to confirm and validate hypotheses and to uncover or bring to the surface relationships among different variables. This is in contrast to uses of grounded theory in interpretist research, where it is applied to understand important distinctions and patterns in members’ meanings (Burrell & Morgan, 1979). As indicated earlier, the design changed paradigms, jumping from a functionalist paradigm to an interpretist paradigm. Functionalist and interpretist paradigms differ in the extent to which they define a research framework. What this means is that an interpretist design might evolve over time as new issues emerge from the research process that may not have been covered in the initial stages of the design. True to the tradition of interpretist research, the sample for this design was lower than it would have been had the study been fully quantitative. The study’s participants were selected with the purpose of achieving maximum variability. However, because American and African participants served different purposes at different phases of the design, the research process took a different path when focus shifted from translational research to diffusion of innovations. The
Africans played a crucial role in terms of screening those elements that are appropriate for young people in Africa. This shift also meant that all theoretical approaches that undergird functionalist and interpretist research, such as translational research and diffusion of innovation, had to be jumped.

The Paradigmatic Shift

Almost everything I have read about translational research suggests that it is a positivist paradigm. Positivism puts a lot of focus on the objective world and makes efforts to look for facts that are generated by way of correlations and associations among variables (Burrell & Morgan, 1979). Positivism has evolved, especially over recent years. Its evolution supports and is consistent with the assumption that an objective world exists, but it is assumed that the world might not be readily understood and that the relationship between variables or facts might be probabilistic and not deterministic (Burrell & Morgan, 1979). The implication of this is that the positivistic focus on experimental and quantitative methods used to test theories and hypotheses have been paralleled, at least to some extent, by an interest in qualitative or interpretist methods. One benefit of using qualitative research methods, which corroborates this study, is that use of qualitative methods makes it possible to gather broader information outside of readily measured variables.

Miles and Huberman (1994) have highlighted the recent focus on positivistic methods, particularly those conducted in an interpretist paradigm. In a way, this focus has attempted to address methodological challenges to quantitative or functionalist and qualitative and interpretist research studies. Interpretist research is basically concerned
with understanding and meaning, and also seeks to understand social theories. Interpretist research studies involves building theories generated by participants of a study. In contrast to positivist research, which is concerned with objective reality and meanings thought to be independent of people, interpretist research assumes that knowledge is independent of thinking and of human reasoning (Burrell & Morgan, 1979). This becomes complex when there is a change in paradigms in which the study is situated, as was the case in this study. Although this change was not anticipated, it became obvious when Africans and cultural screens were used to determine what might be important for Africa. The reason for the paradigmatic change and for using the cultural screens was to ensure and protect the context of the study as well as the broader meanings associated with what Africans said. What emerged from the process was an approach that utilized the emergent program approach (Netting, O’Connor, & Fauri, 2008). Further discussion about this is in chapter 3. Cultural competent screens are used as bridges or principles or “so what’s” to make the shift between positivist and interpretist paradigms.

Summary

Doing research as an African in the US requires cultural competence, which is the theoretical framework guiding this study. My experience from the Master of Social Work program at the University of Georgia has enabled me to learn, understand, appreciate, and embrace culture in a country where diversity has an important role in society. My placements in internships in both Georgia and Virginia had been enlightening regarding the US experience. To the extent that I was able to learn the values and principles of cultural competence from my experiences in Georgia and Virginia, I enacted this study
with cultural competence as a lens for the research design and as an aid in developing a suitable model for translation to Zambia.
Chapter 3: Research Methodology

I began this process by proposing a traditional, classical grounded theory process within a positivistic paradigm that was aimed at creating a model that could be translated to Zambia. To assure diffusion of innovation and translation from one culture to another, it was appropriate to use cross culture competence as the lens for making decisions about appropriate translation. Once I began to work, especially after I used the expertise of Africans to provide a pure cross cultural interpretation, it became clear that model testing in the positivistic sense would not necessarily assure cross cultural responsiveness. It was then that I began to see the potential differences between the approaches of translational research and diffusion of innovation. By just looking at the words used to describe both, it is clear that diffusion of innovation is more interpretive in its orientation while translational research is more positivistic.

This is where the conceptual and research problems evolved. If I were to remain true to a cultural competence theoretical lens guiding the work, then I could not stay in the positivistic framework and test a model as if context had no importance. It was here that it became clear that a paradigm shift or jump was necessary in order to be true to the goal of cultural competence. When I shifted from a positivist to an interpretivist frame, I used the already established cultural guidelines or “so what’s” to provide my decision
rules, but once in the interpretist frame, it became clear that I could no longer use a model to diffuse the ILs innovation to the CHHs. If the diffusion were to work and be culturally competent, what I was left with was not a program model, but a program approach that rested on emergent planning. That is what this study produced.

The following research question was explored in this project: What elements of current service delivery to adolescents in independent living services in Richmond, Virginia, can serve to develop generic programming for child-headed households in Zambia? As mentioned earlier, this is a grounded theory design that was conducted as translational research. Grounded theory is defined by Glaser and Strauss (1979) to refer to theory that is inductively derived from data. It is context-bound and situation-specific. This project’s goal was to develop culturally competent cross-cultural programming based on a model of translational research. Data collection and analysis demonstrate cultural competency, with their major dimensions being indaba. African focus group participants helped to operationalize traditions of indaba. The analysis and interpretation of all waves of data was also undertaken with indaba as the central cultural concept. The final measure of whether or not the program’s cultural competency is successful is whether it can be tested in Zambia.

Purpose

It is hard to capture in words or statistics what children who grieve for their dying or dead parents endure. The cruelty of HIV/AIDS is that, because it is sexually transmitted, it is often only a matter of time until one infected parent passes it on to the other. According to Germann (1996), children who lose one parent are at considerable
risk of losing the second one as well. The effect of HIV/AIDS on children has reversed
the gains in development that Zambia has made over the past few years. Luzze (2002) has
observed that orphans living on their own in CHHs are a new and growing phenomenon
caused by the HIV/AIDS scourge. With the traditional family and community networks
overwhelmed, orphans in CHHs have had to depend on their own capacities to survive.
Any support to CHHs must be conscious of the strengths of these households (Luzze,
2002). The failure to appropriately enhance and support these new family structures can
be prelude to dependency, which in itself can lead to other problems, such as crime,
apathy, and insecurity. Thus, the onus to support CHHs should be everyone’s
responsibility.

It has been said a day is coming when the progress of nations will not be judged
by their economic power or military prowess, or by the splendor of their capital cities and
public buildings. Instead, the measure of a nation’s humanity, and the strength of its
civilization will be “based upon the provision it made for its vulnerable and
disadvantaged people and protection that it offers to the growing minds of bodies of
children” (Foster, Levine, & Williamson, 2007, p. 7). Children are disproportionate
casualties of all sorts of disasters, but the HIV/AIDS disaster is different. This story is
one full of painful loss and silent grief, and one that can only be inadequately told. Based
on the magnitude of the AIDS epidemic to date, Gregson (1995) has argued that it is
likely that Zambia will have to deal with at least two generations of children severely
affected by this disease. Some of these children are currently being cared for within their
immediate and extended families. For those who slip through the cracks, there are CHHs, where they assume adult responsibilities, including taking care of other siblings.

The phenomenon of CHHs presents an unprecedented crisis that requires scaled-up program models (Germann, 2003). For CHHs, no option is as good as living with healthy parents. However, this is not possible, especially given the realities of poverty, inadequate health care, and HIV/AIDS. Poulter (1997) has observed that family- and community-based sources of care are the most child centered, but these are not entirely feasible now. There is a deep concern in Zambia about young people affected by AIDS. Scavnicky and Williams (2004) have stated that children living in CHHs and their US counterparts in foster care face daunting challenges. The fear in Zambia is that the unprecedented strain on CHHs will cause deep wounds in these children, leading them to question their efficacy and worth as persons and citizens. Regardless of their different backgrounds, all children living in difficult circumstances carry a heavy social burden and, according to Levine (1995), economic and psychosocial problems must be acknowledged, understood, and ameliorated by the adults in their lives and in their communities, and by those in leadership positions.

Although the United States ILs model may not be directly applicable to Zambia, it offers insight in terms of what can be done to address the needs of youth without stable family support. The purpose of this study is to identify elements within ILs that can be used to develop a model for CHHs in Zambia. By getting input from African immigrants in Richmond facing parental challenges, a translational screen was created for appropriate programming in Zambia. The choice to use African focus groups instead of interviewing
individuals was guided by *indaba*. Out of *indaba* comes a group process and insight, producing exactly the kind of wisdom needed for the translational screen.

**Design**

The design for this study followed the emergent grounded design that was initially proposed. Choosing the design and methods called for careful and thoughtful consideration, especially in view of the paucity of research literature on ILs. The emergent grounded design and mode of inquiry not only allowed data collection related to the challenges and opportunities of ILs, but it also served as an evaluative mechanism with an eye to translational feasibility, identifying ILs elements that could be applied to the Zambian context.

The choice of this approach also provided me with the opportunity to meet with Richmond Department of Social Services (DSS) workers, ILs program managers, direct service providers, and African immigrant families in Richmond. These participants had a chance to voice their views concerning services and challenges of rearing children in the US. According to Rodwell (1998), the emergent design enables participants to give multiple understandings and perspectives of the phenomenon under study. Further, because of this personal exposure, this design provided an opportunity to describe in sufficient detail and depth the operations of ILs with a goal of identifying significant elements for model development for CHHs services.

The proposed research design involved three phases: Phase I, Prior Ethnography; Phase II, Focus on ILs; and Phase III, Translation to Zambia. The use of these three different phases allowed for collecting multiple sources of data as the project emerged.
Qualitative methods employed in these phases of research served as complementary roles in the process of knowledge building, a position supported by Reid (1994). This design made it possible to conduct the study in a city that has a substantial number of ILs, which allowed the research question to be posed to a maximum variation of stakeholders, including African parents. In recent years, the number of African immigrants in Richmond has been growing, and many have come into the country in waves of refugees. These Africans come from different parts of the continent, and this design accessed their perspectives. Because of their familiarity with both the African and American cultural contexts, they provided multiple views on what would work in an African context. These multiple views added strength to the cultural competence screen, which is central to this translational research project.

Richmond DSS key personnel were consulted in order to fashion a decision-making mechanism regarding access to ILs in the Richmond area. In the original proposal, the following DSS personnel were listed as potential contacts: the Director; the Deputy Director; the Human Services Manager; the Field Instruction supervisor, and the ILs unit supervisor. These individuals served as gatekeepers to ILs in the Richmond area and also acted as access points for prior ethnography and subsequent sampling. They also assisted in the process of identifying three ILs youth.

Phase I and II are both positivists because data collection and analysis took place in context of what Americans said about ILs. Their discussion revolved around the issue of contributing to the development of a program model. However, as the study progressed into Phase III, the emphasis shifted. Phase III is both positivist and
interpretist, and it is here that a paradigmatic jump occurred when the program approach was taken to the Africans to determine its suitability for Zambia. By applying cultural screens discussed in chapter 2, including appropriate decision making rules listed at the end of this chapter, the paradigmatic jump was made possible.

**Phase I: Prior Ethnography**

Phase I was positioned within the traditional positivist phase, which set the stage for the research process. It involved preliminary information gathering, the initial bounding of the problem, and the description of the context (Guba, 1985; Lincoln & Guba, 1985; Rodwell, 1998). According to Rodwell (1998), during this stage, the researcher develops an idea about what needs to be known or understood. This “idea comes from prior experience, exposure to the literature, or some other situation that has shaped an intellectual puzzle” (p. 61). I came to this project with my own understanding of the topic, the DSS and Zambian contexts, and the potential participants. It is important to note that, as a result of using an emergent design, it was impossible to know before the end of the process exactly what might happen and what could be expected, so I knew that my understandings would shift and deepen throughout the process. In my original proposal I said that I planned to read the relevant literature on ILs policy, as well as contact DSS workers, ILs agency workers, and ILs youths, and this is how Phase I progressed. As a result of my work at DSS, I was introduced to the agency and reviewed DSS literature on policy issues related to ILs. This literature allowed me to gain a deeper understanding of the historical background of ILs, and its trends, growth, and impact on the life of adolescents. I was also introduced to the gatekeepers at DSS, with whom I had
formal and informal conversations about the status and trends in ILs. These gatekeepers clarified my expectations of ILs, and by working with them, I identified three ILs agencies providing services to youth. After reviewing the literature on ILs and as a result of several DSS meetings, I developed an interview protocol for all ILs stakeholders. This protocol was used in the interviews with DSS workers, agency workers and ILs youth. The interview protocol is attached as Appendix VI

*Gaining access.* My familiarity with DSS during the first phase of the project allowed me to gain access to the study population in the second phase. After doing research at DSS for several months, I developed favorable contacts with workers in the ILs unit, including the supervisor. The DSS coordinator of ILs was instrumental in arranging access to the administrators of agencies and ILs youth and unit workers. In addition, developing these contacts in Phase I enabled me to access and engage relevant DSS documents about ILs. Reading the DSS ILs literature ultimately increased my general understanding of ILs, agencies, and ILs youth.

*Strategies of rigor for Phase I.* Attesting to the standards of rigor was one of the requirements of this research. In order to adhere to this expectation, my original proposal stipulated that I would journal all my feelings, thoughts, and reactions to the research process. I encountered several challenges that presented issues for reflection and problem solving. Recording my experiences, thoughts, and feelings helped me to frame the way things needed to progress. I also used journaling as a critical tool that assisted me in tracking all major methodological decisions, which helped to ensure that the process was on course for the protocol and selection of ILs participants. Attention to cultural
competency during this phase was paid by alluding to the following principle areas identified in chapter 2:

- Recognize the values of *indaba* and centeredness of the family in Zambia and affirm the additional culture differences that might exist between urban and rural youth.
- Design program components that will address specific challenges affecting the young people.
- Identify the qualities and necessary expertise that the people who will work with young people in Zambia should possess.

*Phase II: Focus on ILs*

*Sampling.* Phase II occurred within the positivist phase. It began with sampling. Convenience sampling was proposed to recruit participants for the study. What transpired did not differ, as convenience sampling was utilized to identify the DSS workers and ILs sites. I chose convenience sampling because it is known to be appropriate, effective, and less costly than other sampling techniques. This method is also the most commonly used form of sampling in qualitative research. Padgett (1998) and Patton (1990) have supported this view by arguing that it is based on the assumption that the researcher wants to discover, understand, and gain insight, and therefore must select a sample from which the most can be learned with an eye to maximum variation (Patton, 1990). In this study, the aspects of maximum variation included the age, gender, and educational backgrounds of adolescents who are in ILs, types and quality of services of ILs, and the lengths of service, age, gender, and educational backgrounds of DSS workers.
Table 1 shows the total numbers of ILs participants.

Table 1

ILs Participants by Category and Gender

<table>
<thead>
<tr>
<th>Category</th>
<th>Gender</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>DSS Workers</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>ILs Sites</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Administrative Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Line Workers **</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>ILs Youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 1 per site
** 3 per site

Recruitment of DSS workers. In the original proposal I had stated that I would use a recruitment script to identify and contact 5 DSS workers. In fact, 5 DSS workers were contacted through the coordinator of the ILs, including the supervisor of the ILs unit at DSS. I met with the coordinator of ILs on several occasions, and she in turn introduced me to the supervisor of the ILs unit. Through the supervisor of the ILs unit, I met with individual DSS workers at their unit meeting, at which several committed to the project. Follow up meetings with the workers enabled me to administer consent forms and set up appointments for interviews. The recruitment script and consent forms for interviews and focus groups are attached as Appendices I, II and VII respectively.
Recruitment of ILs agencies and workers. In the original proposal, I called for a recruitment script, a third party recruitment script, and a permission to release information form to recruit 12 agency employees from 3 sites. These agency employees were to be composed of three administrators, one from each site, and nine line workers, who were equally divided between the three sites. This did occur.

Based on my meetings with the ILs coordinator, the two of us identified a list of ILs agencies within Richmond city. To ensure maximum variation, the selected agencies were varied in terms of the type and quality of the services each delivered. Each was located in a different area of the region.

Using the third party recruitment script, the ILs coordinator contacted the administrators of three of the selected agencies and set up appointments for me. A portion of the third party recruitment script read as follows:

I would like to let you know about a research study that is being conducted from Virginia Commonwealth University (VCU) that involves identifying useful elements from Independent Living Services. The purpose of the study is to develop service models for child headed households in Zambia. It will take about 5 minutes to hear about it. If you qualify, you will receive no payment for participating in the study.

After the ILs coordinator had contacted these agencies, she notified me and I, in turn, contacted the agency administrators using the researcher recruitment script and subsequently set up appointments at which I administered the consent forms.
In order to recruit the agency line workers, I contacted the agency directors and provided them with the third party recruitment script and the permission to release information forms to identify their line workers for me. After the agency administrators notified me that I could contact the line workers, I contacted the agency line workers directly using the recruitment script and set up appointments with them on separate days. During the appointments, I administered the consent forms and set up appointment for interviews. The third party recruitment script and the permission to release information form are attached as Appendices III and IV respectively.

**Recruitment of ILs youth.** In the original proposal, I included a recruitment script, a third party recruitment script, and a permission to release information form to recruit three ILs youths. I met with the coordinator of ILs at DSS and gave her the third party recruitment scripts and the permission to release information forms to identify and contact the ILs youths. After she notified me that I could proceed, I contacted these youths using the recruitment scripts to set up appointment times. During the appointments, I administered the consent forms to each youth and answered their questions.

Table 2 shows the demographics details of Phase I participants.
Table 2

*Phase I Participant Demographics*

<table>
<thead>
<tr>
<th>Category</th>
<th>#</th>
<th>Function</th>
<th>Gender</th>
<th>Age</th>
<th>Educational background</th>
<th>Years of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSS Workers</td>
<td>1</td>
<td>Line worker</td>
<td>F</td>
<td>46</td>
<td>BA Psychology</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Line worker</td>
<td>M</td>
<td>61</td>
<td>BA Psychology &amp; SW</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Line worker</td>
<td>F</td>
<td>52</td>
<td>MSW</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Line worker</td>
<td>M</td>
<td>34</td>
<td>BA Psychology</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Line worker</td>
<td>F</td>
<td>60</td>
<td>BA Education</td>
<td>35</td>
</tr>
<tr>
<td>Workers from ILs Program #1</td>
<td>1</td>
<td>ADM</td>
<td>M</td>
<td>33</td>
<td>MS Public Admin.</td>
<td>4</td>
</tr>
<tr>
<td>(group home)</td>
<td>2</td>
<td>Line worker</td>
<td>F</td>
<td>30-40</td>
<td>High School Diploma</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Line worker</td>
<td>F</td>
<td>30-40</td>
<td>BA Criminal Justice</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Line worker</td>
<td>M</td>
<td>26</td>
<td>BA Education</td>
<td>7 months</td>
</tr>
<tr>
<td>Workers from ILs Program #2</td>
<td>1</td>
<td>ADM</td>
<td>F</td>
<td>35</td>
<td>MA Public Admin.</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Line worker</td>
<td>F</td>
<td>26</td>
<td>BA Social Work</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Line worker</td>
<td>F</td>
<td>23</td>
<td>BA Education</td>
<td>4 months</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Line worker</td>
<td>F</td>
<td>23</td>
<td>BA Special Education</td>
<td>1</td>
</tr>
<tr>
<td>Workers from ILs Program #3</td>
<td>1</td>
<td>ADM</td>
<td>M</td>
<td>34</td>
<td>MSW Counseling/Rehab.</td>
<td>8 months</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Line worker</td>
<td>F</td>
<td>37</td>
<td>PhD Counseling</td>
<td>2 months</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Line worker</td>
<td>F</td>
<td>39</td>
<td>BA Com. English</td>
<td>1 yr. 8 mo.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Line worker</td>
<td>F</td>
<td>35</td>
<td>GED</td>
<td>2</td>
</tr>
<tr>
<td>ILs Youth</td>
<td>1</td>
<td>N/A</td>
<td>F</td>
<td>23</td>
<td>BA Assoc. Degree</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>N/A</td>
<td>F</td>
<td>21</td>
<td>BA</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>N/A</td>
<td>M</td>
<td>23</td>
<td>GED</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Data collection. Using the interview protocol attached as Appendix I, I conducted interviews with DDS workers, ILs agency administrators and their line workers and ILs youth to learn what they considered to be the critical issues regarding the operations of ILs. The interviews were tape recorded and transcribed to assure accuracy. Field notes were taken during the interviews and expanded after that (Padgett, 1998). Expanded field notes were kept as original as possible by precluding researcher inferences.

Data analysis. Rodwell (1998) has recommended that for this type of research design, data is best analyzed by the process of thematic analysis, thus I originally proposed that the first wave of data collected would be analyzed in this way. According to Rodwell (1998), during the process of this analysis, theory will emerge and will move from specific data to general themes. I paid particular attention to data management, which is especially important under these circumstances (Padgett, 1998). The material was compiled from transcripts of taped recordings and was organized so that the data could be retrieved easily. The thematic analysis was carried out and performed manually, a step supported by Rubin and Babbie (1993). The analysis began with reading the first interview transcript immediately after the interview had taken place. Data analysis was conducted separately for the DSS workers, the ILs agency workers, and the ILs youth. In order to help manage the process of data analysis, I created a data management procedure by creating electronic folders for all data collected. This included the processes through which this data was exposed as result of thematic analysis. This procedure was significant in enabling me to track the data easily, and it also helped me to
trace and link themes back to their original information. Data analysis in this phase
produced the interview protocol for Phase II.

_Ethical Requirements in Phase II_

In order to protect participants, this study adhered to the requirements of Virginia
Commonwealth University’s Institutional Review Board (VCU/IRB) in both participant
recruitment and securing their informed consents. Approval of this study by the
VCU/IRB assured that ethical considerations had been addressed in the study’s
methodology. Before every interview, each participant understood the nature of the
inquiry and the potential risks and benefits. I explained to all participants that they were
free to leave the study at any time if they chose to do so. I informed them that, in view of
confidentiality and as way of protecting their identities, I would use pseudonyms when
analyzing the data. I also informed them that I might contact them after the interviews in
order to get further information or clarifications. All participants read and signed consent
forms and were provided copies for their records.

_Strategies of Rigor for Phase II_

In my original proposal, I stated that I intended to use member checking to attend
to the requirements of rigor. As planned, during each interview I used member checking
to be sure that I understood what each participant was sharing. This process involved
taking note of the important themes during the interviews. After each interview, I
considered the most salient themes. Identifying these themes during the deliberations
allowed me to go back to the participants to ask additional questions, a process that
enhanced my understanding of the participant’s perceptions of ILs. Sometimes I was able
to follow up immediately after the interviews. However, to do this in a manner that was not perceived as being coercive, I needed to get the participants’ verbal consent. Other follow-up information was collected through e-mails and personal contacts a few weeks after the interviews. Analysis of data during this phase produced a protocol that I used in Phase III. The findings were returned to the stakeholders for confirmation.

In order to attend to the requirements of cultural competency, the following cross-sectional principle areas from chapter 2 informed and shaped strategies for rigor:

- Accept and respect differences between US and Zambia.
- Hold Zambian culture in high esteem.
- Conduct continuous assessments in research and program design regarding Zambian culture.
- Attend to the dynamics of difference between US and Zambia by seeking to expand knowledge of both cultures and their particular resources.
- Design program components that will address specific challenges affecting young people.
- Establish clear communication channels with key segments of Zambian society, including tribal leaderships and politicians, in order to ensure accountability, good relationships, and positive program image.
- Implement innovations with collective support that allows long-term commitments and efforts.
Phase III: Focus on Translation Research and Culture Competency to CHHs in Zambia

**Sampling.** Phase III occurred within the interpretivist paradigm. Snowball sampling was proposed in this phase. However, during the actual research process, I matched snowballing with convenient sampling in situations where it was necessary to do so. Shank (2006) defines snowballing as a qualitative research sampling in which the researcher relies on other previous participants to acquire new study participants. Patton (1990) and Padgett (1998) have provided similar definitions. Both of these methods served well in identifying the African immigrants. In some instances, I contacted those known to me. In other instances, those with whom I had contacts contacted others. Individual Africans that I know provided me with information about potential participants in Richmond. I gave flyers to some of these individuals to distribute in areas where Africans lived or frequented. The flyer is attached as Appendix V. Table 3 shows the numbers and gender of participants in Phase III.

Table 3

<table>
<thead>
<tr>
<th>Category</th>
<th>Gender</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africans</td>
<td>M</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

**Gaining access.** Prolonged interactions with key stakeholders enabled me to contact potential participants without any serious challenges. I had established relationships with Catholic Charities, an organization that deals with various immigrant
groups, and with Africans living in Richmond, including African clergy. I posted flyers at a Presbyterian Church and an African Community Church. Both of these churches have a reasonable African membership. I also made individual contacts with some of the Africans in one County apartment complex. Because a sufficient number of Zambians could not be located, efforts were made to recruit participants from West coast countries due to their socio-political similarities with Zambia.

The African participants were separated by gender. The justification for this was to give women freedom to express their views. In African culture, women—especially those who are married—are not very expressive in the presence of males or their significant others (Lugalla & Mbwambo, 1999).

Recruitment for men. Male participants were recruited through my previously established contacts with African clergy. Other contacts were made possible through follow-ups from my previous research. These contacts provided me with further ideas about how to contact other Africans. Others responded to the flyers that were either posted on the boards or given to individual Africans, who then contacted other African men.

Recruitment for women. Although I expected that spouses of male participants would be the obvious candidates for the female focus group, this is not what occurred. Only one couple attended both focus groups. The rest of the women were not related to the men in the male focus group. Further, the initial goal was to contact women from different parts of the African continent in order to attain maximum variation, while at the same creating opportunities for wider representation of views. While all women who
were initially contacted committed to the focus group, only one attended. The rest of the participants were from Liberia. Maximum variation was attained through their ages, educational backgrounds, family sizes, marital status, lengths of stay in the US, and the different perceptions they shared. These dimensions applied to the male focus group as well.

Table 4 provides numbers and demographic details for all male and female focus group participants for Phase III.

Data collection. The original proposal stipulated that I was going to use the protocol developed from Phase II of the study to collect data from the African female participants. This is what transpired. The protocol that emerged from analysis of data in Phase II was used in both focus groups. The whole idea of using focus groups revolved around the concept of *indaba*, in that Africans would share their perspectives in terms of what they thought would be culturally competent lessons for CHHs. The protocol was divided into 3 sections. The first section dealt with essential dimensions of ILs; the second dealt with the quality standards for ILs, including philosophy of services and process; and third section dealt with the feasibility of ILs, including necessary conditions for mounting services. The protocol is attached as Appendix VII.
Table 4

**Phase III Participant Demographics**

<table>
<thead>
<tr>
<th>Gender</th>
<th>#</th>
<th>Pseudonym</th>
<th>Marital status</th>
<th># of children</th>
<th>Age or Age range</th>
<th>Years in US</th>
<th>Educational background</th>
<th>Country of origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>Emmanuel</td>
<td>Married</td>
<td>4</td>
<td>50-60</td>
<td>12</td>
<td>Master of Divinity</td>
<td>Nigeria</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Mayboy</td>
<td>Married</td>
<td>4</td>
<td>64</td>
<td>12</td>
<td>High school</td>
<td>Nigeria</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>TC</td>
<td>Married</td>
<td>5</td>
<td>40</td>
<td>4</td>
<td>Vocation trade in mechanics</td>
<td>Zambia</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>S.O.L</td>
<td>Not married</td>
<td>2</td>
<td>24</td>
<td>4</td>
<td>BA Theology</td>
<td>Ghana</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Mr. O</td>
<td>Not married</td>
<td>2</td>
<td>50</td>
<td>25</td>
<td>BS Business Admin.</td>
<td>Nigeria</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Kobitel</td>
<td>Married</td>
<td>3</td>
<td>40</td>
<td>3 yrs. 3 mo.</td>
<td>BA Business Admin.</td>
<td>Ghana</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Man</td>
<td>Married</td>
<td>2</td>
<td>50</td>
<td>7</td>
<td>Masters in Accounting</td>
<td>DRC</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>Tenne Flores</td>
<td>Not married</td>
<td>2</td>
<td>29</td>
<td>10 +</td>
<td>BA</td>
<td>Liberia</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Josu Canton</td>
<td>Married</td>
<td>1</td>
<td>43-47</td>
<td>10 +</td>
<td>Above high school</td>
<td>Liberia</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>MayMe Zay Zay</td>
<td>Married</td>
<td>6</td>
<td>40-45</td>
<td>6</td>
<td>Associate Degree</td>
<td>Liberia</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Jackie Cato</td>
<td>Not married</td>
<td>2</td>
<td>40</td>
<td>25</td>
<td>BA</td>
<td>Liberia</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Gwendolyn Woods</td>
<td>Married</td>
<td>2</td>
<td>35-37</td>
<td>10 +</td>
<td>Associate Degree</td>
<td>Liberia</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Catherine Johnson</td>
<td>Married</td>
<td>2</td>
<td>41</td>
<td>7</td>
<td>BA</td>
<td>Liberia</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Faith Robinson</td>
<td>Married</td>
<td>4</td>
<td>25-29</td>
<td>5 +</td>
<td>High school</td>
<td>Liberia</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Adelena Sam-Pea</td>
<td>Not married</td>
<td>2</td>
<td>35-45</td>
<td>9</td>
<td>BA</td>
<td>Liberia</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>God bless</td>
<td>Married</td>
<td>4</td>
<td>50-60</td>
<td>12</td>
<td>High school</td>
<td>Nigeria</td>
</tr>
</tbody>
</table>
Julia OChieng and I conducted the focus groups, as was originally proposed. I conducted the focus group for men and Julia conducted the focus group for women. As focus group facilitators, we both presented ourselves as human instruments by posing questions and ensuring that all responses were recorded. We made sure that all voices were heard throughout the process and tried to offer clarification in situations where difficulties were perceived. We were careful to generate a discussion in which we participated very little. We stressed the value of each participant’s contributions to the study and emphasized our own role as learners rather than teachers. We were also mindful of the need to direct the discussion at a pace that allowed all questions in the protocol to be addressed adequately. For example, during the focus group that I facilitated, I made sure I was attentive to all key information that was provided by observing events or activities that were of interest. I took note of one of the participants who used interesting African dance gestures to illustrate his points. Throughout the deliberations, we checked our understanding of what was being said with the participants to make sure we correctly understood and captured what they were sharing.

Having the skills to do this depended on our familiarity with the focus group participants, the focus group guide, being flexible, and our ability to make judgments about when and how to interject. The 2 focus groups took place at two separate churches in two different locations of the city. Both focus groups were separated by a seven-day interval. The first focus group for men started at 3:30 pm and went slightly over two hours. The second started at 2:00 pm and lasted for two and a half hours.
Data Analysis

Focus group data was analyzed by using thematic analysis, a process that allowed me to check for themes that emerged from the African’s assessments of the IL framework. Analysis during this phase was complemented by important areas of consideration for programming in Zambia. In addition to strict analysis of the qualitative data, another research product was also produced in regards to the programming for Zambia. The summative principals identified in chapter 2 acted as valuable points for constructing the program that will be discussed in chapter 4.

Ethical Requirements in Phase III

In order to protect participants, Julia OChieng and I adhered to the requirements of Virginia Commonwealth University’s Institutional Review Board (VCU/IRB) in both participant recruitment and securing their informed consent. The informed consent explained how the study would be used in relation to the African participants and was administered to all Africans. Approval of this study by the VCU/IRB assured that ethical considerations had been addressed in the study’s methodology. Before the two focus groups commenced, we administered the consent forms. We made sure that each participant understood the research and the potential risks and benefits, including the potential for change. We explained to the participants that they were free to leave the study at any time if they chose to do so. Because of the sharing of information, it was important for the participants to realize that we upheld confidentiality, although it was possible that some participants would reveal the views or information shared by their colleagues. We informed the participants that in view of confidentiality, and as way of
protecting their identities, we were going to use pseudonyms. We informed the participants that we would have to contact some of them after the interviews in order to get further information on views I considered important. Once these conditions were understood and agreed upon, consent forms were distributed, read, and signed.

*Strategies of Rigor for Phase III*

In my original proposal, I stated that I intended to use member checking to attend to the requirements of rigor. As planned, after the focus groups I contacted some of the participants to either collect further information or seek verification on some of the issues they highlighted. Contacting these individuals ensured that I understood what each participant was sharing. In order to attend to cultural competency the following principle areas were applied:

- Innovations need to be implemented with collective support that allows long-term commitments and efforts.
- Local knowledge should be incorporated into the processes that inform the assessment, prevention, treatment, and delivery of services to CHHs.
- Stakeholders in Zambia should be identified and communication links established to assure that commitment to CHHs services is acceptable to communities.
- Successful immigrants should be able to embrace cross-cultural understanding, acceptance, and support for youth from both cultures.

*Feasibility of Research*

In my proposal, feasibility addressed completion of the research process. No serious challenges were encountered and the research was mounted within the proposed
time frame. At this point, the issue of the feasibility relates to the question of mounting the program in Zambia.

**Feasibility for the Zambian Context**

The purpose of this research was to design a program that has the potential to address some of the challenges facing CHHs, and to positively affect their livelihoods. The program will be implemented in Kitwe, a city which is referred to as “the hub of the Copper belt Province” because of its prosperous mining industry. I spent several years working as a District Social Welfare worker in this city and established professional relationships with key city figures. A project site has already been identified in Mulenga compound, which has one of the highest numbers of CHHs in the Copper belt Province. If I were to do post-doctoral training and return home after that, my expectations for this project are high. The prevailing economic situation in the country is promising and current policies that are being implemented through ZAMSIF may provide good opportunities for supporting this program. My own associations with the government may offer guarantees for moving this program to the testing stage. The growing numbers of NGOS that are working in the area of child welfare may also provide wonderful opportunities for collaboration and support and maybe consequently open up possibilities of replication.

**Limitations of Research**

It is important to note that this research did have its limitations. Some of these were beyond the scope of this project, but examining them does provide useful lessons for future research undertakings. First, as anticipated, it was not possible to find a sample
for Phase III that was entirely composed of Zambian families. The Zambian population in Richmond is minimal when compared to Africans from other countries such as Nigeria, Liberia, Sudan, Somali, Sierra Leone, Mali, and Ivory Coast. Further, while my assumption that cultural issues related to *indaba* would have implications in the traditions of other African countries, we cannot be sure that these implications are representative of the larger African continent simply because African tradition and culture is so complex. What the participants said may be generically acceptable to the parts of Africa that they represented. However, we cannot assume that what we have learned will certainly be applicable to Zambia or to other parts of the continent that were not represented. Lack of random sampling and the emergent design in this study means that what we learn from the African must be taken tentatively at this point.

Since I had only one agency source of ILs information, it is difficult to determine whether what was presented represents a general or a particular version of ILs. The fact that this study was conducted in an urban setting renders it an urban vision that might not work if the program I am designing is transferred to the rural parts of Zambia. The study examined programming in one American city, a city that might not generalize to Kitwe. Also, only a few programs were the basis of this project, instead of a random sampling of programs. Without having randomization with ILs, it is difficult to be sure if we have learned enough to create successful programming for CHHs. Only replication will answer this.
Significance of Research

Foster, Makufa, Drew, and Kralovec (1997) have argued in their study of CHHs in Zimbabwe that, although HIV/AIDS is only one of the several factors leading to the changes in family structures, it is without doubt the main contributing factor to the emergence of CHHs. The AIDS epidemic has caused a rapid increase in the number of CHHs. In Zambia, the picture is the same, as the emergence of CHHs changes the traditional structure of the family. This family structure has played a central role in ensuring that children grow up with the right ingredients for a successful adulthood. In the past, child development was in the family’s domain, and the family socialized children into the traditions, culture, and values of society. Today the family and community remain the two major centers of child socialization, where many of the transfers of the resources needed by the next generation are made.

However, what has happened over the past few years has challenged this foundation. As more and more children find themselves in CHHs, the experiences and values that should shape their work and family lives are slowly being eroded by the pressures of poverty and HIV/AIDS. This project is happening at a time when solutions to the problems of CHHs in Zambia are needed now more than ever. Because the number of CHHs is expected to increase and remain high for decades, responses must match the scope and gravity of the CHHs crisis, and be sustained in the long term. One implication is the need to identify, scale up, and sustain effective models and programs that are might pay more attention to the needs of CHHs. Foster, Levine, and Williamson (2007) have pointed out that the only realistic way to scale up responses is for agencies, policy
makers, and practitioners to develop a collective set of responses that hold promise for addressing needs of CHHs. They have suggested that at each level of society, from the village to the nation, concerned individuals, groups, and agencies must come together, analyze needs and capacities, and find ways to collaborate to secure the protection and care of the most vulnerable children. (p. 270)

Foster, Levine, and Williamson (2007) have argued that whether or not outside bodies intervene, Zambian families and communities will be dealing with CHHs, often with great difficulty. Families and communities are not only on the frontline of supporting CHHs, “they are the frontline of responses to the impact that children in CHHs encounter” (p. 3). The burden is then for program developers or planners to find ever more innovative ways to demonstrate solidarity through such concepts as *indaba* with communities and families and the CHHs they support. In Zambia and perhaps Zimbabwe this study may provide some clues about changing policy and practices at community and national levels. It may also open up collaborative efforts with NGOs that are working for the future of CHHs in Zambia. Collaboration with Richmond DSS has already been established.

This study may also influence research and social work practice. It might make a positive contribution to the literature on CHHs and child welfare as well as lay a possible foundation for developing appropriate interventions for supporting and sustaining Zambian CHHs. Given the context in which this study took place, and my own position as an African who is conducting research in the US as a minority, there is an opportunity to extend our understanding of cultural competency in research. Using cultural
competence allowed me to focus on characteristics of ILs that might be culturally feasible for translating the findings of this study to Zambia, thereby extending the idea of translational research.

The end of chapter 4 will focus on the research product, which is the program to be tested in Zambia. And in keeping with translational design rigor, what follows are the elements that need to be attended to. These elements guided the construction of the product. Some principal areas have been extracted from chapter 2, and others were instrumental in guiding the methodological strategies for rigor.

Program Responses

- Methods of designing and framing relevant policy should be consistent with existing needs and should include reference points to address education, health, and poverty.

- Funding and funding sources are important factors when determining feasibility of IL programs. Types of services offered and then supported should be considered carefully so that they can meet needs of youth.

- The role of gender and age play an important role in differentiating successful services for different groups of children.

Cultural Competency

- Frame and tailor services in accordance with the demographic realities, including the isolation and poverty of Zambian communities.

- For feasibility, especially in terms of securing resources needed to deal with CHHs challenges, show creativity and innovation acceptable to Zambian culture.
• In order to attract full community support and ownership, be closely linked with the cultural and identity of the community.

Culturally Competent Cross Cultural Programming
• Attend to the dynamics of difference between US and Zambia by seeking to expand knowledge of both cultures and their particular resources.

Diffusion of Innovations and Dissemination of Findings
• Pursue genuine and reciprocal partnerships among all relevant stakeholders in the work with CHHs.
• Ensure that accountability to local needs and interests becomes an important part of the program’s governance structure.
• If a program is managed and supported by an international organization it should promote the participation of local communities in program design, delivery, and evaluation.

Translational Research
• Recognize Zambian cultural influences for successful programming and service delivery.

African Immigrants and Translational Challenges
• Cultural shock that normally involves stress related to acculturation, change, loss and trauma is a strength that should provide a useful screen when discussing childrearing practices for Africans as a sensitizing element in considering program responses to CHHs.
• Successful immigrants should aid in the examination and consideration of adjustment, education, language, economic, social and psychological well-being needs of CHHs and what appropriate programmatic responses should be.

It must be noted that the principle areas described above played a very critical role in shaping and informing the program. They also assured that the program attests to the requirements of cultural competence, which was very important in this project. Once the program is mounted and tested, assessing its performance will become another important dimension to implement. Assessing the program will determine its fit within the Zambian context by the way it attends to the challenges of CHHs. Different principle areas described above will act as benchmarks to assure assessment, as well as to move the program along the right path. In view of the study’s limitations, what we reap from this program will only be revealed by replication. My hope is that this is attainable.

Emergent Program Planning

In this study, I used an emergent program approach. Netting, O’Connor, and Fauri (2008) identify the following four areas as being crucial dimensions to interpretive program planning: 1) Engagement, which assures that multiple perspectives are heard; 2) Discovery, which draws from multiple data sources; 3) Sense-making, which uses compromise and consensus-based decision making, and respects contexts by assuring that decisions fit and work for particulars of the situation; and 4) Unfolding, which assures options and possibilities for particulars of the situation and builds on what was learned and attends to continual learning. Emergent planning is appropriate for diffusion of innovations to occur, especially in this case where the intention is to translate to the
African context a program that builds from American lessons. I enacted this study as a positivist research project in order to establish a program that might be translated to Zambia. In order to disseminate the innovation and to ensure that I adhered to the tenets of Zambian culture, I used the rigor of the cultural screens as decision rules to move the program from a model to an approach that operates within the parameters of an interpretist paradigm. Recall that what this means is that as the program was being developed there was a paradigmatic shift from functionalist to interpretist paradigm. The process itself was not totally rigorous because the sample was not totally Zambian.

The following sections show decision rules that facilitated the paradigmatic shift for each of the cultural screens.

Phase I Decision Rules

- Recognize the values of *indaba* and centeredness of the family in Zambia and affirm the additional culture differences that might exist between urban and rural youth. (This refers to those elements of ILs that might reflect the centeredness of important cultural values such as *indaba*.)

- Design program components that will address specific challenges affecting the young people. (This highlights the importance of incorporating and highlighting only those areas in ILs that address issues of young people.)

- Identify the qualities and necessary expertise that the people who will work with young people in Zambia should possess. (This means identifying areas in ILs that would highlight central role of individuals who have the necessary skills and knowledge to work with young people.)
Phase II Decision Rules

- Accept and respect differences between US and Zambia. (This refers to importance of showing respect and sensitivity to cultural differences between the US and Africa.)

- Hold Zambian culture in high esteem. (This draws attention to the crucial role Zambia culture, particularly indaba, plays in shaping the program.)

- Conduct continuous assessments in research and program design regarding Zambian culture. (This means that relevant assessments need to be conducted to ensure that the program approach is compatible with the tenets of local culture.)

- Attend to the dynamics of differences between US and Zambia by seeking to expand knowledge of both cultures and their particular resources. (This means pursuing processes that encourage reciprocal learning of cultures from both US and Africa as a way to providing relevant program approach.)

- Design program components that will address specific challenges affecting young people. (This refers to those elements of program approach that play a critical role in addressing specific needs of young people.)

- Establish clear communication channels with key segments of Zambian society, including tribal leaderships and politicians, in order to ensure accountability, good relationships, and a positive program image. (This means that there is a need to highlight ways the program relates to the general public, focusing on promoting program relevance and direction. It also entails establishing crucial relationships with important players, such as tribal leaders and chiefs.)
• Implement innovations with collective support that allows long-term commitments and efforts.

Phase III Decisions Rules

• Innovations need to be implemented with collective support that allow for long-term commitments and efforts. (This means that young people, tribal leaders, government workers, teachers, nurses, and other relevant stakeholders must play a critical role in the way the program approach unfolds.)

• Local knowledge should be incorporated into the processes that inform the assessment, prevention, treatment, and delivery of services to CHHs. (This refers to service-delivery to young people and emphasizes that it be done in ways compatible with local culture and acceptable to local people.)

• Stakeholders in Zambia should be identified and communication links established to assure that commitment to CHHs services is acceptable to communities. (This refers to importance of community in ensuring that the program approach is driven by voices of all key players with particular focus on young people.)

• Successful immigrants should be able to embrace cross-cultural understanding, acceptance, and support for youth from both cultures. (This means highlighting or emphasizing those elements of local culture that appeal the most to needs of young people.)

Decision rules highlighted above were important in recommending a program approach for Zambia. This is discussed in chapter 4.
Chapter 4: Findings

Introduction

My research design involved three phases; therefore, the discussion of findings will also be in three phases. In the discussion of Phase I, first wave data collection and analyses, I show areas of discussion across all the ILs stakeholders, including the DSS workers, the ILs workers, and the youths. In the discussion of Phase II, the second wave data collection and analyses, I will focus on the African reactions to the first wave findings. The discussion in wave two findings involves comparisons between the men’s and women’s reactions to the findings of Phase I. The last part of Phase II presents a comparison between ILs perspectives and African reactions. Phase III presents a recommended program approach for Zambia. The discussion structure in all sections results from the structure that emerged from the data from the ILs stakeholders. Each follows the program approach dimensions of content or all components that make up the foundational core of the program. *Quality* is defined as anything that refers to ways of ensuring that services available make young people independent. *Feasibility* is defined as all the ways that make it possible for services to be available. For the purpose of this discussion, the program dimensions listed above are referred to as themes. Under each theme, different categories will be detailed.
Data Unit Displays

As mentioned in the last chapter, the primary method of data analysis used in this study was a grounded emergent design theoretical analysis. The basis of grounded theory building differs from positivistic research. Positivistic research is built on the idea that positivism is oriented toward testing general theories that show causal relations among well defined and quantitatively measured variables (Guba & Lincoln, 1994). What this means is that positivist research is effective for theory testing but does not include theory generation. However, an emergent grounded theory design encourages grounded theory development. Theory development is made possible through emerging data. In this particular study, once the data was collected, theoretical analysis was applied. This also served as an alternative to statistical analysis (Miles & Huberman, 1994). This data analytical process examined all the data units in a given category. The data units are those units that contain examples, cases, or categories of interest from the data but that might be different theoretically. Presentation of results for this study was done by data unit displays. The data unit displays refer to those tables containing numbers that are similar to the positivist attention to interpretation of tables of quantitative results (Miles & Huberman, 1994). The displays present different categories that act as interesting examples uncovered by the analysis. Expansion of data unit displays was done through presentation of key stories and passages from the data. These are key parts of contexts and stories and passages as told by participants. The expansion is followed by a discussion of how the conceptual or theoretical processes of interest operate in the data unit displays (Miles & Huberman, 1994).
Phase I Results

The discussion in this section will be driven by both the magnitude and scope of what was provided by each stakeholder group based on the themes of interest. DSS will be discussed first because of the professional responsibilities they have as result of their authority in child welfare. The ILs administrators are discussed second because of their ongoing contractual collaboration with DSS service delivery. The ILs workers are discussed third due to their responsibility in direct service. The youth are discussed fourth because they are the recipient of ILs.

Table 5 shows the stakeholder distribution for all ILs stakeholders by the themes and categories that emerged in the analysis. The table describes the degree to which different stakeholders responded to the three dimensions of ILs. The ILs administrators and ILs workers are combined in the data units and are referred to as ILs providers.

According to Table 5, there were shifts in the way the ILs stakeholders responded to different categories within each theme. Within the theme of Program Content, DSS workers, ILs providers, and youth highlighted three categories, making repeated references to education, skill development, and civic education. The distribution of attention lessened as they examined other categories such as spirituality, maintenance of health, and preparedness for employment. The DSS workers, ILs providers and the youth shared similar attention to the theme of Quality of ILs. All of them emphasized the important roles aftercare, involvement in decisions, collaboration with youth,
### Table 5

**Phase I Stakeholder Distribution by Themes and Categories**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>DSS Workers (N=5)</th>
<th>ILs (N=12)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>A (N=3)</td>
<td>W (N=9)</td>
<td>Youth (N=3)</td>
<td></td>
</tr>
<tr>
<td>Content</td>
<td>Education</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skill development</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Civic education</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintenance of health</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social skills</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preparedness for employment</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spirituality</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td>Aftercare</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Involvement in decisions</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collaboration with youth</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tracking</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counseling</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Targeted services</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mentoring</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use of extended family</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Young people as role models</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consideration of age</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exploring youth strength</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Feasibility</td>
<td>Finding suitable staff</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff training</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agency collaboration</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Funding</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supportive staff</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relationship with staff</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
and tracking played in determining the quality of ILs. Their distributions shifted again when they discussed counseling, mentoring, use of extended family, and considering age and exploring youth strength. Attention to feasibility was varied, as suggested by the data units with absence of attention to feasibility among 3 direct ILs workers. While DSS workers, ILs administrators, and youth expressed attention to finding suitable staff, 3 direct workers did not. Overall consensus on attention diminished as stakeholder categories such as agency collaboration, funding, supportive staff, and relationship with staff were discussed.

The following sections will detail the content of each of the themes. Themes have been ordered according to the number of data units in each theme rather than the number of stakeholders mentioning the information. The order of discussion of the categories within themes will also be ordered according to the rank of the units of the DSS workers.

Content

Content refers to all components that make up the foundational core of the program. Table 6 is a distribution of data units within content.
Table 6

*Phase I Data Unit Distribution in the Content Theme*

<table>
<thead>
<tr>
<th>Category</th>
<th>Stakeholder</th>
<th>Data units</th>
<th>Percentages of total data units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSS</td>
<td></td>
<td>112</td>
<td>13.9%</td>
</tr>
<tr>
<td>ILs Providers</td>
<td></td>
<td>76</td>
<td>9.4%</td>
</tr>
<tr>
<td>Youth</td>
<td></td>
<td>53</td>
<td>6.6%</td>
</tr>
<tr>
<td><strong>Skill development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSS</td>
<td></td>
<td>101</td>
<td>12.5%</td>
</tr>
<tr>
<td>ILs Providers</td>
<td></td>
<td>64</td>
<td>7.9%</td>
</tr>
<tr>
<td>Youth</td>
<td></td>
<td>67</td>
<td>8.3%</td>
</tr>
<tr>
<td><strong>Civic education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSS</td>
<td></td>
<td>54</td>
<td>6.7%</td>
</tr>
<tr>
<td>ILs Providers</td>
<td></td>
<td>34</td>
<td>4.2%</td>
</tr>
<tr>
<td>Youth</td>
<td></td>
<td>24</td>
<td>3.0%</td>
</tr>
<tr>
<td><strong>Social skills</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSS</td>
<td></td>
<td>54</td>
<td>6.7%</td>
</tr>
<tr>
<td>ILs Providers</td>
<td></td>
<td>43</td>
<td>5.3%</td>
</tr>
<tr>
<td>Youth</td>
<td></td>
<td>21</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Maintenance of health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSS</td>
<td></td>
<td>34</td>
<td>4.2%</td>
</tr>
<tr>
<td>ILs Providers</td>
<td></td>
<td>29</td>
<td>3.6%</td>
</tr>
<tr>
<td>Youth</td>
<td></td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Preparedness for employment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSS</td>
<td></td>
<td>13</td>
<td>1.6%</td>
</tr>
<tr>
<td>ILs Providers</td>
<td></td>
<td>12</td>
<td>1.5%</td>
</tr>
<tr>
<td>Youth</td>
<td></td>
<td>9</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Spirituality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSS</td>
<td></td>
<td>6</td>
<td>0.7%</td>
</tr>
<tr>
<td>ILs Providers</td>
<td></td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Youth</td>
<td></td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>806</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
According to Table 6, there were 806 data units within the content theme. Out of these, 112 data units (13.9%) were DDS workers’ comments directly related to education. Seventy-six data units (9.4%) were ILs providers’ comments about education, and 53 data units (6.6%) were youths’ comments directly related to education. One hundred and one data units (12.5%) were DSS workers’ direct observations related to skill development. Sixty-four data units (7.9%) were ILs providers’ direct references to skill development. Sixty-seven data units (8.3%) were youths’ comments about skill development. Fifty-four data units (6.7%) were DSS workers’ concerns related to civic education and 34 data units (4.2%) were ILs providers’ comments about civic education. Twenty-four data units (3.0%) were youths’ comments about civic education.

Fifty-four data units (6.7%) were DSS workers’ observations concerning social skills and 43 data units (5.3%) were ILs providers’ comments concerning social skills. Twenty-one data units (2.6%) were youths’ views about social skills. Thirty-four data units (4.2%) were DSS workers’ comments directly related to maintenance of health and 29 data units (3.6%) were ILs providers’ comments about maintenance of health. The youth did not make any comments regarding maintenance of health. Thirteen data units (1.6%) were DSS workers’ comments concerning preparedness for employment and 12 data units (1.5%) were ILs providers’ observations directly related to preparedness for employment. Nine data units (1.1%) represented youths’ comments concerning preparedness for employment. Six data units (0.7%) were DSS workers’ views about spirituality. The ILs providers and youth did not make any comments about spirituality.
Education and skill development are the content areas that all stakeholders agree are important elements of ILs. All 5 DSS workers pay attention to education. The ILs providers and the youth seem to show similar levels of attention to education. Civic education is more of an issue for DSS workers and ILs providers than for youth. If we look at the distribution of stakeholders within this category, attention to civic education by youth can be said to be comparatively high, which may be a side benefit of the upcoming presidential elections. Only 1 DSS worker mentioned spirituality, which does not seem to represent an important component of ILs. The ILs providers and youth do not mention spirituality. The DSS and ILs providers do attend to social skills, as do the youth, though to a somewhat lesser degree.

All stakeholders pay attention to skill development as reflected by data units. The DSS workers pay greater attention to skill development, and ILs providers and youth have almost the same level of attention. The data units suggest that DSS workers and ILs providers have similar levels of attention to health, but the youth do not mention health. Preparedness for employment is hardly an issue with DSS workers. This is surprising because preparedness for employment is one of the fundamental goals of ILs. The ILs providers seem to pay even less attention to preparedness for employment, and youth have the lowest level of attention in this category.

Overall, this table highlights education, skill development, civic education, and social skills as key building blocks for the content of ILs. The sections that follow provide some selected quotations in order to help the reader further understand the meaning associated with the content theme.
Education. Education is defined as activities that help young people go through elementary school through high school successfully, get a general educational diploma (GED), go to college, or enter a vocational school or receive special education services or with a view to acquiring a degree, associate degree, or a trade. All 5 DSS workers agreed that education was necessary for the youth within ILs. They all pointed out that education is “a necessary prerequisite for independent living.” One highlighted that “in order for the youth to become productive and responsible citizens, they need the education.” Another participant highlighted the necessity of education by stating that “most of our kids who come to us are significantly behind in their education, so we work to try to catch them up through remediation services, special education services, and other levels of support, if they’re not already in independent living services or a special ed. student.” All 3 administrators of ILs shared the same views about education. One commented that education “was generally seen as a continuum in which students move from high school through college.”

All 9 ILs workers made comments about an educational continuum. One worker categorized education into “three levels—namely community college, vocational school, or special education services.” Another described education in this way: “It is the first step to independence and, therefore, we make every effort to support those young people who aspire to go through the continuum. . . . The majority of youths [are] in a situation where they begin to view education as an important stepping stone to success.” One ILs worker observed that education is a “necessary priority in the lives of young people.” Another worker had similar comments, and noted that “we get a child study done and if
the children are at the point where it will take too much to catch up to the grade level to get a regular high school diploma, we assist them to get a general education diploma and support them until they can get into a community college. . . . Most of the community colleges have an open enrollment policy that allows the youth to apply any time they are ready.”

All 3 youths made comments about education. One pointed out that they “aspire to get support in order to get into colleges.” Another youth put it this way: “We are the ones who are provided with the necessary assistance.” This youth further noted that “this assistance enables the youth to attain the general education diploma.” One participant observed that “the general education diploma promises and assures them a good future.” Another youth commented that a “general education diploma may also serve as a platform for getting higher education.” One strongly supported the use of the “general education diploma as the best minimal qualification that any serious youth should strive to attain.” Specific skill development as a category emerged as distinct from formal education.

Skill development. Skill development is defined as any information or knowledge that helps young people to be independent. Examples of information and knowledge include knowing how to cook, clean house, pay bills, open a bank account, shop for food and clothes, budget, save money, manage money, and wash dishes and clothes. The importance of skill development was highlighted by all 5 DSS workers. For example, 1 worker commented that skill development “means that we give the young people the information, knowledge, and technical know how they need to be independent.” Another
said that “one of the fundamental goals of ILs is to foster independency [sic] within the youth.” One worker explained that “independence is the premise upon which skills are enacted in the hope that once the youth are equipped with the appropriate skills, they would be able to stand on their own two feet and avoid being parasites and liabilities to society.” All 3 ILs administrators agreed with the DSS workers and pointed out that “skill development is important.” One administrator highlighted that “skills provide the young people with necessary options they need to consider when making career or vocational choices.”

The ILs workers provided brief specifics regarding skill development. Eight out of 9 agreed with the DSS workers. One pointed out that “skill acquisition for young people was an important element in ILs for the youth.” Another said that “some of the skills that are taught are money management, time management, diet, looking for job, how to cook, how to clean house, how to manage your money, and how to save money.” One worker supported the need for specific skills and commented that “the youth require these skills in order to survive the hassles and bustles of daily living.”

All 3 youth provided specifics based on their experiences. One said that “skills involve teaching money management, being able to manage and live independently after leaving the system, being able to manage a household, being able to manage my banking account, being able to locate appropriate public transportation, and being able to access and use public resources such as libraries.” Another youth described “writing and balancing checks” as important skills. This youth further elaborated that “searching for an
apartment, filling out an application for an apartment, and looking for a job and knowing how to interview, were important skills.”

Based on data units and stakeholder distribution, civic education emerged as the next category within program content.

Civic education. Civic education is defined as anything that refers to the way young people become good citizens by getting involved in public life, from voting to making use of the available public structures. All 3 DSS workers agreed that civic education was “relevant for the youth to become active participants in civic matters.” One worker said that “as far as their independence is concerned, civic education is an important thing that has much to offer the youth.” Another said that “many youths do not care to vote and their attitude toward civic matters denies them a voice in issues that affect their livelihood.”

All 3 ILs administrators agreed with the DSS workers’ position on civic education. One administrator commented that “civic education and responsibilities would help the youth to navigate the system by becoming aware of what is happening within society.” Eight out of 9 ILs workers agreed that civic education “contributed to the awareness of youth about processes that affect them.” One worker said that “young people needed to learn how to vote so that they can choose their leaders well. . . . Civic education was an important piece of all youths’ perceptions about development.” Two youth spoke strongly about voting and one of them mentioned that “many of us young people do not vote because we do not know what is happening in our society. . . . If we are educated, we will be able to understand the way the system operates and participate in
picking our leaders.” Another youth described “learning how to vote and making use of the system through use of public services mattered.” The youth said that “young people that really care to be part of the system need to be informed about the elements and mechanism that make the system work.” Another youth mentioned how “education not only helps the youth to become better citizens and active participants in society . . . [but] it also opens up opportunities for learning . . . [and] acquisition of knowledge about society becomes a matter of utmost importance for them to become good citizens.”

Based on data unit distribution, social skills is discussed as another category.

Social skills. Social skills are defined as the ways by which young people relate and interact with peers and other members of the larger society. Few stakeholders overall mentioned social skills. Only 1 DSS worker made comments about social skills. The worker mentioned that social skills involved “interaction and responsibility among the youth, and these skills help the young people to navigate the system, develop relationships, and learn how to talk, relate, and connect with others.” According to the worker, “independent living services assure that social skills provide the young people with the necessary tools for meaningful and beneficial interactions and relationships with their peers,” and observed how “social skills help the youth to live successfully by maintaining helpful connections.”

Only 1 out of 3 ILs administrators underscored the importance of social skills by observing that “acquiring social skills is essential to the success of youth that leave the independent living services. . . . When youth learn how to relate with other people in society, they will benefit from these relationships.” Only 2 ILs workers discussed social
skills, and they both agreed with the views by the DSS workers and ILs administrators. One ILs worker observed that “all social skills help young people to be successful,” and the other described how social skills “place the young people on the right path to progress through right connections and supportive networks.” The youth did not make any comments about social skills.

Maintenance of health emerged as the next category based on data units.

*Maintenance of health.* Maintenance of health is defined as anything related to self-care and maintenance. Two out of 3 DSS workers made comments about maintenance of health. Both observed that health played a critical role in the lives of the youth because “without it they cannot be able to do anything.” Another worker highlighted that “we cannot afford to compromise the health of the young people.” One said that “the young people need to know how to stay healthy by eating the right foods and managing themselves well when they fall ill.” Only 1 administrator mentioned health, noting that “health was a priority issue in the lives of the young people.”

Four out of 9 ILs workers saw health as “important as far as the young people are concerned.” One worker gave specifics: “We teach the kids how to take drug administrations when they get ill and we also teach them how to manage sicknesses when they are under the weather.” Another worker was specific, pointing out that “doing things like managing prescriptions, learning how to buy and cook healthy foods was part of the package of skills related to health that are given to the young people.”
Though the youth did not make any comments about the category of health, all 3 of them had something to say about preparedness for employment. Based on data units, preparedness for employment will be next.

*Preparedness for employment.* Preparedness for employment is defined as anything that aids job readiness. Only 1 DSS worker made comments about preparedness for employment. The worker said that “independent living services strive to make the youth become independent and assist them in attaining gainful employment.” According to this worker, getting the youth prepared for employment is an “important stepping stone for a productive life.” This point resonates with an earlier comment by the DSS worker who said that “job-wise, we help the youth to look for jobs, we give them the materials they need to look for a job, and mainly we teach them how to job interview, what to wear, and how to be presentable.” Also, only 1 ILs administrator discussed preparedness for employment, pointing out that “many employers these days are looking for youth that have mental as well as job readiness to take up appointments in which they will not only become assets to themselves but will become potential, reliable, and dependable workers.” Three out of 9 ILs workers shared their views about preparedness for employment. One worker said that “helping the youth to prepare for employment is a critical component of independent living . . . so we make sure it is a big deal that all our kids have at least a part-time job and learn how it feels to earn their own money.” Another worker mentioned that “those youth who succeed in getting gainful employment lead productive lives and become better citizens.”
All 3 youths gave specifics about being prepared for employment. One said that “teaching us how to not quit our jobs is necessary and we are supposed to have an objective, which is to find and keep employment.” Another delved into the details of “knowing what to wear for the interview, understanding the importance of talking and addressing the prospective employers, and knowing how to answer questions during the interviews.”

The last category that emerged according to the data units was spirituality.

*Spirituality.* Spirituality is defined as the way in which young people have their spiritual needs met. Only 1 DSS worker said that “young people don’t have to go to church or anything necessarily, but if we find out what works for them it might be yoga, marshal arts, writing, or something that can self-regulate, we’ll give it to them.” The worker noted that “spirituality helps the youth to mature by enabling them to view the world in the right perspective.” Independent living services administrators, ILs workers, and the youth did not say anything about spirituality.

Based on the number of data units, quality as a program theme will be discussed next.

*Quality*

Quality refers to ways of ensuring that services available make young people independent. Table 7 is a distribution of data units within the quality theme.
<table>
<thead>
<tr>
<th>Category</th>
<th>Stakeholder</th>
<th>Data units</th>
<th>Percentages of total data units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking</td>
<td>DSS</td>
<td>47</td>
<td>7.3%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>31</td>
<td>4.8%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>33</td>
<td>5.1%</td>
</tr>
<tr>
<td>Aftercare</td>
<td>DSS</td>
<td>46</td>
<td>7.1%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>43</td>
<td>6.6%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>18</td>
<td>2.8%</td>
</tr>
<tr>
<td>Involvement in decisions</td>
<td>DSS</td>
<td>39</td>
<td>6.0%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>26</td>
<td>4.0%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>22</td>
<td>3.4%</td>
</tr>
<tr>
<td>Collaboration with youth</td>
<td>DSS</td>
<td>32</td>
<td>4.9%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>21</td>
<td>3.2%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>15</td>
<td>2.3%</td>
</tr>
<tr>
<td>Communication</td>
<td>DSS</td>
<td>30</td>
<td>4.6%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>12</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>24</td>
<td>3.7%</td>
</tr>
<tr>
<td>Targeted services</td>
<td>DSS</td>
<td>23</td>
<td>3.6%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>24</td>
<td>3.7%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>8</td>
<td>1.2%</td>
</tr>
<tr>
<td>Documentation</td>
<td>DSS</td>
<td>15</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>14</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Counseling</td>
<td>DSS</td>
<td>14</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>12</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>9</td>
<td>1.4%</td>
</tr>
<tr>
<td>Category</td>
<td>Stakeholder</td>
<td>Data units</td>
<td>Percentages of total data units</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------</td>
<td>------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Exploring youth strength</td>
<td>DSS</td>
<td>8</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>6</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>5</td>
<td>0.7%</td>
</tr>
<tr>
<td>Use of extended family</td>
<td>DSS</td>
<td>7</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>7</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>6</td>
<td>0.9%</td>
</tr>
<tr>
<td>Considering age</td>
<td>DSS</td>
<td>7</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>5</td>
<td>0.7%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>5</td>
<td>0.7%</td>
</tr>
<tr>
<td>Mentoring</td>
<td>DSS</td>
<td>7</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>5</td>
<td>0.7%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>5</td>
<td>0.7%</td>
</tr>
<tr>
<td>Young people as role models</td>
<td>DSS</td>
<td>5</td>
<td>0.7%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>6</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>5</td>
<td>0.7%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>647</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

According to Table 7, there were a total of 647 data units within the theme of quality. Of these, 47 data units (7.3%) reflected DSS workers’ direct comments about tracking. Thirty-one data units (4.8%) expressed ILs providers’ views concerning tracking and 33 data units (5.1%) showed the youths’ viewpoints on tracking. Forty-six data units (7.1%) were DSS workers’ comments directly related to aftercare. Forty-three data units (6.6%) were ILs providers’ comments concerning aftercare and 18 data units (2.8%) were youths’ perspectives on aftercare. Thirty-nine data units (6.0%) were DSS
workers’ direct viewpoints concerning *involvement in decisions* and 26 data units (4.0%) were the ILs providers’ views on involvement in decisions. Twenty-two data units (3.4%) showed the youths’ comments related to involvement in decisions. Thirty-two data units (4.9%) involved the DSS workers’ direct comments about *collaboration with youth* and 21 data units (3.2%) reflected the ILs providers’ views about collaboration with youth. Fifteen data units (2.3%) were references by youth concerning collaboration with youth.

Thirty data units (4.6%) concerned DSS workers’ direct comments related to *communication* and 12 data units (1.9%) were ILs providers’ comments about communication. Twenty-four data units (3.7%) were youths’ comments concerning communication. Twenty-three data units (3.6%) were the DSS workers views about *targeted services* and 24 data units (3.7%) were ILs providers’ comments directly related to targeted services. Eight data units (1.2%) were the youths’ comments about targeted services. Fifteen data units (2.3%) reflected DSS workers’ comments concerning *documentation* and 14 data units (2.2%) expressed ILs providers’ views on documentation. The youth did not say anything about documentation. Fourteen data units (2.2%) were DSS workers’ views about *counseling* and 12 data units (1.9%) were ILs providers’ comments about counseling. Nine data units (1.4%) represented the youths’ views about counseling. Eight data units (1.2%) were DSS workers’ views about *exploring youth strength* and six data units (0.9%) were the ILs providers’ comments about exploring youth strengths. Five data units (0.7%) were youths’ views about exploring youth strengths. Seven data units (1.1%) were DSS workers’ observations about use of extended family and 7 data units (1.1%) represented ILs providers’ views
about use of extended family. Six data units (0.9%) represented the views of youths concerning use of extended family.

Seven data units (1.1%) were DSS workers’ views on *considering age* and 5 data units (0.7%) were ILs providers’ comments concerning considering age. Five data units (0.7%) represented youths’ comments concerning considering age. Seven data units (1.1%) represented DSS workers’ comments about *mentoring* and 5 data units (0.7%) were ILs providers’ views about mentoring. Five data units (0.7%) were youths’ comments concerning mentoring. Five data units (0.7%) were DSS workers’ comments about *young people as role models* and six data units (0.9%) were the views of ILs providers concerning young people as role models. Five data units (0.7%) were the youths’ views concerning young people as role models.

There are external concerns about quality of the processes and outcomes for ILs. DSS and ILs providers and youth attend to tracking youth after services. Aftercare is also of interest, with less interest expressed by the youth. All stakeholders pay attention to involvement of youth in decisions, and data units reveal similar levels of attention by all groups. Although DSS workers seem to pay more attention to collaboration with youth, ILs providers and youth take positions as well. All stakeholders indicate that communication is important, and the data units reveal similar levels of attention across all groups. DSS workers showed the highest level of attention, followed by youth, and finally ILs providers, who showed little attention. DSS workers and ILs providers pay similar attention to targeted services. Comparatively, the youth do not take a position on targeted services. Documentation is only an issue for DSS and ILs providers. Both groups
show similar levels of attention, but the youth do not mention this category. After counseling, all the other categories have very few units, which makes drawing meaning from the distributions difficult.

The sections that follow provide some selected quotations in order to help the reader understand the meaning associated with the quality theme.

**Tracking.** Tracking refers to concerted effort made to find and work with those young people who have left and lost contact with the program. Four out of 5 DSS workers made comments about tracking those who leave. One worker said that “many independent living services do not have mechanisms for tracking youth who leave the programs and some of those who leave come back, but many are not tracked.” Another said that “youths who transition into independent living services have different kinds of behavioral problems and there is no guarantee that these problems are completely eliminated at the time they leave the program, and that is why we need to track them.” One DSS worker stated: “If the kids need me in any way, or need anybody in this group home for any reason because we are his family, he’s been with us for this period of time, he’s been a part of us and has built relationships, so once he or she leaves this program he’s still one of ours. . . . So we want to ensure that he’s thriving, so whatever he needs that’s within our realm, that we have the power to do, we will do it.”

All 3 administrators of ILs agreed with the DSS workers’ views. One commented that “for those youth that leave prematurely, there is every reason to believe that some of their problems will resurface.” Another said that “the young men sometimes will leave care, and then they will be out in the streets with their drug addicted habits. Before you
know it, they’ll be out there selling.” Five ILs workers made comments, including 1 who said that “the inevitability of youth leaving independent living services calls attention to ongoing care and services for the youth.” Another pointed out that “we should always ask the young people about addresses of somebody who might know where they are, and maybe we should make that part of ongoing care.” One mentioned that “efforts by staff to reclaim these youth may provide tangible solutions to this problem,” and that “staff who could call or either meet with young people who left foster care can expect better results because staying in touch with the youth increases their expectation that someone would call them within a certain number of days or maybe a month or that they would meet with them personally.”

Two out of 3 youths made observations about tracking. One highlighted that “youth who leave and then come back may deserve the support which independent living services workers only can provide as the workers understand the mistakes these youth make.” Another indicated how workers can “provide basic supports young people need and you know if you support the young people through their mistakes you are reclaiming them.” According to this youth, “creating the situation where the youth will be comfortable coming back or where staff will be happy tracking them after they leave [is necessary because] we are an extended family and we want the workers to help us and put us in a position where they’re able to help us and we would really not necessarily need to come back, you know.”

Based on data units, aftercare ranked as the next category.
Aftercare. Aftercare refers to all assistance made available to those young people that complete ILs. All 5 DSS workers made comments about aftercare, with 1 worker observing that “aftercare services where workers continue to check on the youth are necessary for the young people’s growth.” All 3 administrators of ILs had similar comments. One said that “aftercare creates opportunities for the independent living services staff to know how the youth are doing.” Another said that aftercare helps to “set up services to connect with the young people who have left the program.”

All 9 ILs workers discussed the category aftercare. One said that “aftercare is done periodically with 6 months being the benchmark.” Another pointed out that “for those young people who are living in their own apartments, aftercare ensures that they are up-to-date with items like budgeting, cleaning house, making relationships, and working and maintaining employment.” All 3 youths shared similar views about aftercare. One said that “aftercare will help the youths to follow their goals for independent living.”

Based on data units counted, involvement in decisions is the next highest ranked category.

Involvement in decisions. Involvement in decisions means allowing young people to become active participants in the running of the independent living program. All 5 DSS workers had comments about this category. One worker said that when “youth feel that they are an important component in the functions of the independent living services, they get that sense of ownership which is crucial to their success.” Another worker agreed with this statement and said that “staff needs to be careful and sensitive to the various behaviors of young people because some staff in independent living services have
authoritarian styles of supervision and usually youth respond negatively to this kind of supervision.”

All 3 ILs administrators shared similar comments. One administrator said that “young people that get more supervision than they’re supposed to tend to view the workers negatively.” All 9 ILs workers made comments about involvement in decisions. One said that “involving youth gets them where they need to be and this opens up wonderful opportunities of knowing what could be done to make independent living services more responsive to their needs.” Another said that “involvement makes a big difference by making sure that the young people are appreciated and that their inputs are used in implementing the program in ways that are beneficial to them.” All 3 youths made comments about involvement with 1 mentioning that “involving us in decisions will empower us.”

Collaboration with youth emerged as the next ranked category.

Collaboration with youth. Collaboration with youth means anything that relates to the way ILs workers and the young people do things together. All 5 DSS workers made comments about this category, with 1 worker describing that “collaboration with the youth gives them an opportunity to have a voice in the way the independent living services are running.” All 3 ILs administrators shared their comments also, with one discussing how collaboration “occurs at different levels within the organizational structure of the program.” Another highlighted that “the most important thing is that collaboration makes sure that the staff and the young people are doing things together.”
Six out of 9 ILs workers made their comments concerning collaboration with youth. One worker noted that “staff that understands the effects of collaboration on young people will attempt to work with them as much as possible.” Another viewed collaboration from another standpoint by saying that “collaboration is nurturing and it gives the kids things they need to do or do together with staff, thereby providing them with independent living skills they need to become better citizens.” All 3 youths made similar comments about collaboration. One mentioned how “doing things together with staff, such as cleaning house, helps the youth to love their work.” Another mentioned how “this level of collaboration builds confidence in us and removes fears or suspicions we may have regarding the independent living services. . . . Rapport with the young people and collaboration within the program between staff and the young people may lead to better services.”

Based on data units, communication was another category that emerged.

*Communication.* Communication refers to all appropriate channels and methods used to openly inform young people about ILs. Four out of 5 DSS workers discussed communication. One worker said that “in an ideal independent living program, communication between staff and young people needs to be open.” Another described how communication with staff allows contributions from the young people to be utilized in the formulation of specific plans. . . . Communication helps the youth to track their success and complete the program in time.”

Two out of 3 ILs administrators made comments about communication. One observed how “communication enables staff to work with the young people by allowing
them to participate in activities that affect them.” Another highlighted how “staff who use communication willingly do well as far as working with the young people is concerned. . . . When the young people begin to show signs of withdraw, it becomes necessary to keep open communication with them, and just keeping a lot of communication with them allows for them to feel like they are part of the system.”

Six out of 9 ILs workers made comments about communication. One said that formal “communication can be promoted through the use of surveys.” Another agreed with this and said that “the young people actually could fill out some kind of survey, maybe every other day, or even having a suggestion box of what happened this week. . . . This kind of communication helps the young people to decide what they want to see changed, what they like, or what they don’t like.” Another worker observed how “communication with sufficient clarity helps to remove obstacles that impede the young people’s development. . . . Communication triggers the efforts required to reclaim the young people by giving them a voice.” Another said that “this can be done in a number of ways, including participatory activities. . . . Communication helps the public to rethink and reframe its position about these young people by repairing the distorted images and perceptions that are made about them because these are not bad kids, they’ve been damaged or hurt in some way and they can be good people.”

Two out of 3 youths made comments about communication. One, taking a broader view, mentioned that “communication will allow the public to be informed about the situation of young people in ways that are helpful. . . . Developing communication skills for the young people allows them to go through the system, which, in the end, enhances
their comfortable levels as they are able to verbalize what their needs are.” Another noted “how communication helps us to verbalize our needs. . . . It’s important to teach the young people those skills which enhance communication [because with] enhanced communication between staff, young people, and the public, the young people will become more involved in the operations of the independent living services.”

Based on data units, targeted services is next.

*Targeted services.* Targeted services means ensuring that ILs crafted on the basis of gender are available to the young people. Two of 5 DSS workers made comments about this category. One mentioned that “I have worked with both males and females in the past and I think both males and females do better.” All 3 ILs administrators made comments about targeted services. One said that “females and males do well under specific services directed at them.” Six out of 9 ILs workers agreed that “targeted services were good for the young people.” One worker particularly highlighted how targeting services “may enhance the way the youth receive the services. . . . Males tend to be receptive and act quickly in performing duties that interest them.” All 3 youths made observation about this topic. One noted that targeted services “help to make the young people become better and better in the areas they enjoy working.”

Based on data units, the next discussion is related to documentation.

*Documentation.* Documentation refers to the way records and all necessary information about ILs are kept. Three out of 5 DSS workers mentioned that documentation was a good exercise. One worker observed that “independent living services staff need to be vigilant as far as monitoring and documentation is concerned.”
All three ILs administrators made comments about documentation. One administrator noted that “keeping good records and notes of all activities including frequent contacts with young people helps to check the progress of young people.” All 9 ILs workers made observations about documentation. One said that “compiling progress notes on activities and keeping records that show how these activities are impacting the lives of the youth is necessary.” Another said that “the main thing about documentation is evaluation, which is required to justify the amount of time and resources spent on youth.” One worker noted that “documentation can be done through monthly feedback from the staff and may involve setting goals for the youth, as well as developing transitional plans that make documentation manageable.” None of the youth made comments concerning this category.

Based on data units, counseling emerged as the next highest category.

_Counseling._ Counseling means anything that refers to the way behavior problems are addressed. Three out of 5 DSS workers agreed that counseling was “beneficial to young people.” One worker said that “counseling allows the worker to know if the youth are having any troubles or running into some problems that need to be sorted out.” Two out 3 ILs administrators agreed that counseling was an “important component of independent living services.” One administrator, recognizing the role of DSS workers, mentioned that “many young people do not have parents that they can fall back on and get some advice and guidance, and so they need counseling from workers who will know them deeply through established parent model relationships.”
Three out of 9 ILs workers shared similar views. One worker said, “What these youth need is more guidance and counseling and people in their lives who have the time to counsel them on the necessary things they need to know.” Another highlighted that “for youth with behavior problems involving drug addictions, self-esteem, anger or substance abuse issues, enlisting the services of professional counselors or psychiatrists may hold good promise to their recovery.” One out of 3 youth discussed counseling. The youth noted that “programs with built-in, specialized services, such as residential coordinators who counsel young people on issues such as emotional breakdown—whether it is as a result of a boyfriend situation or low self-esteem—may reclaim more youths.”

Based on data units exploring youth, strength will be next.

Exploring youth strength. Exploring young strength refers to efforts made to empower young people through recognizing their potential. Only 1 DSS worker commented, noting that “youths who come into independent living services have strengths that can be tapped. Focusing on these strengths places the youth on paths to recovery.” Only 1 administrator of ILs commented, noting that exploring youth strengths involves “looking at the strengths of young people and applauding them for their achievements.” Two out of 9 ILs workers shared similar views. One worker observed that “the tendency to overshadow the potentials and efficiencies of the youth through negative worker relations is not good.” Another said that “independent living services ought to involve things that focus on what strengths the youth have, and help them with
that to see if they have any deficient areas.” No young people touched on this programmatic aspect.

Based on data units, use of extended family will be next.

*Use of extended family.* Use of extended family refers to anything that relates to the way kin and members of the extended family are involved in helping the young people become independent. Only one out of 5 DSS workers had something to say about use of extended family. The worker said that “the extended family is central in providing care and support to youth who have left independent living services.” One out of 3 ILs administrators agreed with this position and observed that “youths get values from the extended family that later shape their lives.” Five out of 9 ILs workers shared comments about use of extended family. One worker noted that “a family is considered to be a basic unit of society in which socialization and validation of societal norms takes place, so giving young people an opportunity to receive family support assures that societal norms and values are instilled in them.” One out of 3 youths took a similar position and said that ILs “need to be family-oriented in order to meet some of the needs of young people.”

Based on data units, considering age emerged as the next category.

*Considering age.* Considering age is anything that relates to the requirements of age at which the young people can enter various independent living activities. Only 1 DSS worker out of three commented, noting that “age plays a role in the way the youth react to ILs and in the way they respond to rules and regulations.” Two out of 3 administrators of ILs made observations concerning this category. One pointed out that “age has to do with the way young people behave. . . . The younger and the older youth
are probably equal in regards to rules and regulations.” Another said that “adolescents are more inclined to follow rules and they do what they are supposed to do.” Four out of 9 ILs workers agreed that age is an important consideration in ILs. One said that “with age comes responsibility, and this helps workers to know what services are good for what age of young people.” All 3 youths agreed that age was important and, according to 1, “it helps to determine how they react as recipients of independent living services.”

Based on data units, mentoring will be discussed next.

*Mentoring.* Mentoring means providing role models who will establish adult-child relationships with the young people. Two out of 3 DSS workers made comments about mentoring. One worker said that “mentoring youth through role modeling can be an effective intervention when conducted in a prescribed manner.” One out of 3 ILs administrators highlighted how “for youth in independent living services, the role of adults as mentors has more benefits that assist them in acquiring skills that prepare them for adulthood.” Four out of 9 ILs workers agreed that mentoring was good for the well being of young people. One pointed out that “most of the young people come from situations where they were drug babies or were abandoned by their parents, or were molested, leaving them emotionally disturbed, and mentoring them helps to restore their images.” One youth made comments about this category, noting how mentoring “might help us to get balanced in the way we go about our lives.”

Based on data units, young people as role models will be discussed next.

*Young people as role models.* Young people as role models refers to the way young people who have successfully completed ILs are used as role models for those who
are still in the program. Only 1 DSS worker made comments about using young people as role models. The worker observed that “some young people who have gone on to graduate from independent living services have experiences and lessons that can be taught to their colleagues who are still in the program.” Only 1 administrator of ILs agreed with this viewpoint and noted that “young people can easily connect with fellow young people.” Two out of 9 ILs workers observed that young people who have left the program “will come back and speak to youth that are still in the program. . . . There is something that takes place when young people connect and talk and share experiences at the same level with other young people who have left the program successfully.” Only 1 youth observed that “children in the program can respond better and effectively when they hear success stories from people with similar ages and backgrounds.”

Based on the number data units, the theme of program feasibility is discussed third.

*Feasibility*

Feasibility refers to ways that make it possible for ILs to be mounted. Table 8 is a rank distribution of data units within the feasibility theme.
Table 8

Phase I Data Unit Distribution in the Feasibility Theme

<table>
<thead>
<tr>
<th>Category</th>
<th>Stakeholder</th>
<th>Data units</th>
<th>Percentages of total data units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding suitable staff</td>
<td>DSS</td>
<td>94</td>
<td>21.8%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>77</td>
<td>17.8%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>72</td>
<td>16.7%</td>
</tr>
<tr>
<td>Staff training</td>
<td>DSS</td>
<td>55</td>
<td>12.7%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>29</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Funding</td>
<td>DSS</td>
<td>22</td>
<td>5.1%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Supportive staff</td>
<td>DSS</td>
<td>17</td>
<td>3.9%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>26</td>
<td>6.0%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>12</td>
<td>2.8%</td>
</tr>
<tr>
<td>Agency collaboration</td>
<td>DSS</td>
<td>13</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Relationship with staff</td>
<td>DSS</td>
<td>8</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>ILs Providers</td>
<td>7</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>432</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 8 shows that there were a total of 432 data units within the theme of feasibility. Ninety-four data units (21.8%) were DSS workers’ comments directly related to finding suitable staff and 77 data units (17.8 %) reflected the ILs providers’ views on finding suitable staff. Seventy-two data units (16.7%) represented the youths’ views on
finding suitable staff. Fifty-five data units (12.7%) expressed the DSS workers’ views on staff training and 29 data units (6.7%) were ILs providers’ views on staff training. The youth did not make any comments regarding staff training. Twenty-two data units (5.1%) were the DSS workers’ comments directly related to funding. The ILs providers and the youths did not say anything concerning funding. Seventeen data units (3.9%) were the DSS workers’ comments concerning supporting staff and 26 data units (6.0%) were the ILs providers’ views on supportive staff. Twelve data units (2.8%) represented the youths’ comments concerning supportive staff. Thirteen data units (3.0%) showed the DSS workers’ comments directly related to agency collaboration. The ILs providers and the youth did not make any comments regarding agency collaboration. Eight data units (1.9%) were the DSS workers comments’ about relationship with staff and 7 data units represented the ILs providers’ views on relationship with staff. The youths did not make any comments concerning relationship with staff.

While there were substantially fewer data units in this theme, all DSS workers, ILs administrators, and youth pay attention to finding suitable staff, with the DSS workers showing the highest level of attention. The DSS workers, with less units, attend to staff training, with a larger drop in ILs providers. Youth do not seem to have any position on staff training. Agency collaboration is mentioned by DSS workers but not ILs providers or youth. Attention to funding is present for DSS workers, but ILs providers and youth do not identify funding. Representation from all stakeholding groups mention having supportive staff, with more ILs workers paying attention to this category. All youth attended to supportive staff but with few units. One DSS worker and 4 ILs
providers took similar positions about supportive staff but youth said nothing in this category. The sections that follow provide some selected quotations in order to help the reader understand the meaning associated with the theme of feasibility.

_Finding suitable staff_. All 5 DSS workers had something to say about finding suitable staff. One commented that, in ILs, “sometimes locating and bringing on-board suitable staff is not an easy undertaking.” Another worker observed that “people intending to enter the profession of helping youth may purport to have good intentions for helping youth, and yet when they start working with the youth, they don’t provide them with the necessary support.” This position was supported by another worker who said, “the difficult thing is finding people who are well qualified to work with youths, especially youths who have health and emotional issues.” All 3 ILs administrators made comments about finding suitable staff. One said that “we need people that can help the young people to overcome the barriers to success.” Another said that “there needs to be a lot more time spent on each child to help them address specific needs affecting their lives.” Six out of 9 ILs workers agreed with comments made by the DSS workers and ILs administrators concerning “the need to find suitable staff.” One ILs worker said that “we should have suitable staff to help each individual child meet his or her goals.”

All 3 youths shared similar views about finding suitable staff, but provided more specifics. One highlighted that “we need to find proper suitable staff that loves us, and if staff do not have passion for us it will be really hard to reach out to us.” Another said that “whether the staff is good or bad, finding the proper people with the right qualities of love, care, and respect is important, [the] quality of just being available for us is
important for our success.” Another said that “just by the staff being available to us and letting us know that they love us is important.”

Based on data units ranking, staff training will be discussed next.

**Staff training.** Two out of 3 DSS workers had something to say about staff training. One emphasized how “training for staff is vital for continued success of the independent living services.” Another mentioned how “staff training is offered through seminars and workshops. . . . Not all individuals who get jobs in independent living services have the necessary skills because some come into this field hoping that they will get some development.” Only 1 ILs administrator made comments about this category, describing how “ensuring that workers have the appropriate skills and training improves the quality of services for the youth.” Two out of 9 ILs workers shared their comments concerning this category, one mentioning how “training was a big part, because we are dealing with young people who have problems and we are talking about young people who have not had proper parental guidance.” Another said that “training helps staff to recognize problems in young people. . . . Trained staff had better chances of developing healthy relationships with the youth.” Interestingly, all 3 youths failed to give comments about staff training.

Based on data units, funding emerged as the next category.

**Funding.** Two out of 3 DSS workers made a few comments about the category funding. One said that funding “is not an issue with the DSS and sometimes, at the end of the year, we have to come up with activities to ensure that all funds for that particular year are used up.” Another worker agreed with these comments, and said that “our budget
is always financed and there are adequate resources to meet all program activities.”

Independent living services administrators, workers, and the youth did not make any comments related to this category.

Based on data units, supportive staff will be next.

**Supportive staff.** Only 1 DSS worker spoke about supportive staff. The worker observed that “having staff that give support to youth is critical to the success of independent living services. . . .It’s difficult to find people that are really committed to the welfare and success of youth in independent living services because many people come into this area for monetary purposes and as a result miss out on forming rewarding connections with the youth.” Only 1 ILs administrator commented about the importance of supportive staff by observing that “the worker has to have connection with the young people and needs to love and respect them, and this involves understanding them, thereby creating the level of support they need.”

Four of the 9 ILs workers made many comments about supportive staff. One said, “While we’re working with a kid, we should hook them up with two or more staff who they can always go to in their life, people who’ll be there [for them].” Another talked about how “loving and caring was associated with supportive staff and folks that exhibited these traits will definitely be obvious candidates for this type of work.” One explained how workers help support the youth by mentioning how “we try to be model citizens for these youths, by providing encouragement where it’s needed. Supportive staff help the youth to become responsible citizens by teaching them citizenship.” All 3 youths had something to say about supportive staff. One said, “A whole bunch of issues, some of
which border on personality and others on the family, affect them.” Another said, “Finding staff that understands us is crucial because if the right people that can support us are not found, then chances of success for us become slim.”

Based on data units ranking, agency collaboration emerged as the next category.

*Agency collaboration.* Two out of 3 DSS workers made a few comments concerning this category. One cited the collaboration between the FAPTS and DSS, saying that, because of it, the “placement of young people in schools or independent living services is made easier.” Another observed how “collaboration between the DSS, the schools, and the group homes ensures that funding for the young people involved in these programs is available.” Independent living services administrators, workers, and the youth did not make any comments related to this category.

Based on data units, relationship with staff will be discussed next.

*Relationship with staff.* Only 1 DSS worker commented that “young people with positive relationships with staff experience a very nurturing experience.” The worker said that “when all parties show regard and sensitivity to each other, you can expect to have healthy relationships between the staff and young people.” One out of 3 ILs administrators said that “staff who have a positive relationship with the young people create a bond with them, and this makes it easier for young people to learn independent living skills.” The worker highlighted the importance of “clear guidelines in order to determine the extent of interactions between staff and young people and also to avoid the problems that may arise between them.” The worker said that “staff and young people’s relationships that offer considerable amount of benefits to each other are an important
component to independent living services. . . . Promoting positive relationships between staff and the youth helps to create a nice environment that promotes growth for both groups.”

**Phase I Product**

The product of the first wave of data collection produced the structural framework for a model presented as Table 9. The structural framework helps the reader to understand the necessary components of ILs from the stakeholders’ perspectives. The first section of the framework deals with the theme of content, or what the program does with what it has. The second section deals with the theme of feasibility, or how the program is to be mounted in Africa. The third section deals with the theme of quality, or how well services are delivered and how these services can be measured. The structural framework served as a basis for formulating the African focus groups interview protocol. The protocol is attached as Appendix VII.

I initially ordered the interview based on stakeholder findings: content first, quality second, and feasibility third. However, as a first step in establishing cultural sensitivity, I changed the order of the protocol. The themes were ordered so that the African participants could begin with the ones with which they had more competency. Content remained first in the protocol and feasibility was moved to second. It was necessary to first test the content that would be acceptable in Africa. After the participants had both examined what was necessary to raise their own children and considered what was possible in Africa in terms of content, they could then consider the
feasibility of mounting a program in Africa. Quality was left until last because I needed to first address the information necessary to appropriately mount the program.

Table 9

<table>
<thead>
<tr>
<th>Content</th>
<th>Feasibility</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Finding suitable staff</td>
<td>Tracking</td>
</tr>
<tr>
<td>Skill development</td>
<td>Staff training</td>
<td>Aftercare</td>
</tr>
<tr>
<td>Civic education</td>
<td>Funding</td>
<td>Involvement in decisions</td>
</tr>
<tr>
<td>Social skills</td>
<td>Supportive staff</td>
<td>Collaboration with youth</td>
</tr>
<tr>
<td>Maintenance of health</td>
<td>Agency collaboration</td>
<td>Communication</td>
</tr>
<tr>
<td>Preparedness for employment</td>
<td>Relationship with staff</td>
<td>Targeted services</td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
<td>Documentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exploring youth strength</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use of extended family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consideration of age</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mentoring</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Young people as role models</td>
</tr>
</tbody>
</table>

Phase II Results

In keeping with African culture, the focus groups were divided into men and women for the second phase. Table 10 is meant to provide the reader with an
understanding of the stakeholder distribution between the African men and women by showing how the two groups reacted to the structural framework for the model. Men appear first in the table because in African culture men occupy a higher social status, which allows them to bear social responsibilities at a much different level than women. Women are presented second because African culture restricts them to certain roles, expectations, and responsibilities in society. The order of the themes and the categories within them reflect the rank ordering of the African stakeholders without regard to American stakeholder ranking. Feasibility ranked first because it had the most overall congruence among men. Content ranked second because of the number of data units. Quality ranked third because of the limited attention it received from stakeholders.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Men (N=7)</th>
<th>Women (N=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feasibility</td>
<td>Funding</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Finding suitable staff</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Staff training</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Supportive staff</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Relationship with staff</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Sensitizing public</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Agency collaboration</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Content</td>
<td>Education</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Skill development</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Preparedness for employment</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Civic education</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Social skills</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Maintenance of health</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Spirituality</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quality</td>
<td>Use of extended family</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Community involvement</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Involvement in decisions</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Collaboration with youth</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Targeted services</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Consideration of age</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tracking</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Counseling</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Mentoring</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Young people as role models</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Exploring youth strength</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Aftercare</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
According to Table 10, both men and women gave the strongest attention to feasibility. All highlighted the importance of funding. All men and most women addressed finding suitable staff. All women and most men attended to staff training, supportive staff, and relationship with staff. To a lesser degree, both groups attended to sensitizing the public. Also, to an even lesser degree, most men and women noted agency collaboration as something important for Africa. In content, there was strong attention to education and skill development by men and most women. There was almost no attention to other content areas. There was an overall lack of attention to quality, with two categories added that were not considered by Americans. These were use of extended family and community involvement.

Based on the number of data units, feasibility as a program theme will be discussed first.

**Feasibility**

Recall that feasibility refers to the ways that make it possible for ILs to be mounted. Table 11 is a distribution of data units within feasibility. The table shows the distribution of data units by men and women.
Table 11

*Phase III Data Unit Distribution in the Feasibility Theme*

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

According to Table 11, there were 467 data units within the theme of feasibility. Out of these, 72 (15.4%) were the men’s comments directly related to funding. Fifty-one data units (10.9%) were the women’s comments directly related to funding. Sixty-two data units (13.3%) were the men’s concerns regarding finding suitable staff. Thirty-five data units (7.5%) represented the women’s views related to finding suitable staff. Fifty-six data units (11.9%) reflected the men’s concerns related to staff training and 28 data units (5.9%) were the women’s views directly related to staff training. Forty-three data units (9.2%) were the men’s views related to supportive staff and 34 data units (7.3%)
represented the women’s views concerning supportive staff. Twenty-five data units (5.3%) represented the men’s viewpoints concerning sensitizing the public and 17 data units (3.6%) were the women comments regarding sensitizing the public. Sixteen data units (5.6%) represented the men’s observations about agency collaboration and 8 data units (3.9%) were the women’s comments about agency collaboration. Ten data units (2.1%) reflected men’s concerns about relationship with staff and 10 data units (2.1%) showed women’s views on relationship with staff.

For feasibility, funding is the most important issue to both men and women. Finding suitable staff ranked as important to all men and fewer women, with staff training, supportive staff, and relationship with staff drawing less but equal attention from both and women. Most men and fewer women pay attention to sensitizing the public. More men than women take note of agency collaboration.

The section that follows provides some selected quotations in order to help the reader understand the meaning associated with the theme feasibility.

Funding. All 7 men talked about funding. One observed that “the question of funding is central to agency collaboration.” Another said that “without funding, activities for young people cannot be sustained.” Three men noted how “funding affects the operations of many programs for children in Africa. . . . It is difficult to see improvements in the welfare of young people when funding is limited.” One man saw funding as related to accountability: “In order to protect organizations from giving out bad services, we should have central funding for all the programs in the area so that you know exactly who is doing what and how much is being spent on the different programs.”
According to this participant, this arrangement “promotes leverage amongst the different programs and allows donors and business houses to know exactly where to give their monies so that different programs wouldn’t be getting money for the same services.”

Another participant observed “how the usage of funds raises a lot of questions about accountability.” One participant said that “of late there has been much debate about accountability and effectiveness of mechanisms to ensure that funds trickle down to intended targets, and this is a huge question in Africa.”

All 9 women agreed with the men that “funding was necessary.” One reiterated the male perspective that there is a need for “accountability as well as the need to implement effective mechanisms to trace and track how resources are being utilized.”

Another participant mentioned the need “to question the trustworthiness of some of the programs working with young people, and it is important to hold them accountable so that they do what they say they will do with these funds.” This participant highlighted support “to child-headed household organizations in order to show their reputation so that, when they go out there to request funds from donors, there won’t be any questions about their motives or the type of services they are delivering or plan to deliver.”

Based on data units, finding suitable staff will be discussed next.

Finding suitable staff. All 7 men discussed finding suitable staff. One man observed that “it is important to look for qualified people to work with the young people because there are people out there who go into this business just for money.” Another participant mentioned that some of the people that want to work with young people “don’t have the interest or the desire to serve the needs of young men.” One participant
said that “there must be close scrutiny in ensuring that only qualified staff are recruited and these should be people doing something they are really interested in, [and they] must be the kind of people who show the levels of love and care that can motivate the children you’re dealing with.” One mentioned that because these are “street children, they need special care and they need a lot of it.”

Five out of 9 women had few comments about finding suitable staff. One said that “staff who will work with children in child headed households should have a passion for the kids so that they can take very good care of them. . . . The person who will work with the young people should guide them and must have a loving character or must be a popular character in the community.” Another mentioned the need for a staff member to “believe in himself or herself as a role model for the young people.” One said, “These people should exhibit all the good qualities that will encourage the young people to be better citizens.”

Based on data units, staff training will be next.

Staff training. Six out of 7 African men discussed staff training. One noted the “role training plays in finding and retaining suitable staff to work with young people.” Another said that “training should be culturally appropriate by addressing the basic parts of the prevailing culture.” One highlighted the importance of “providing training which improves staff competence through meeting the needs of children, and this is necessary.” Another said that the “lack of capacity and technology limits training opportunities in Africa [and] results in a general lack of competence on the part of those working with young people.”
Six out of 9 African women noted the importance of staff training. Comparatively, their comments were fewer. One participant observed that “training is relevant for improving the competence of people working with children.” Another explained that “if people working with young people do not have the necessary training, we can expect less from the programs that are designed for the young people.” One observed that training should be a key part of all programs for vulnerable children in Africa. Another said that when “training is provided to individuals working with young people, they will become better prepared to face the future.”

Based on ranking of data units, supportive staff emerged as the next category.

Supportive staff. Six out of 7 men spoke about the need for supportive staff. One said that “the qualifications for supportive staff should be people that have love, care, and passion for the young men.” Another said that “young people who have gone through different negative experiences look at the world differently.” One said that “these young people aspire to be doctors, teachers, and lawyers . . . so that they can survive and become assets to society.” Six women made brief comments about supportive staff. One said that “elders in the villages could be involved in finding people that could help the young people in ways that are within context and culturally appropriate.” Another pointed out that “elders will also ensure that culture drives the motives of staff, and some of the elders may act as counselors, directors, or managers for the young people.” One mentioned that “people that may want to serve the young people should have the right attitude.”

Based on data units, sensitizing the public will be next.
Sensitizing the public. Five out of 7 men thought the public “needed to be informed about the plight of young people.” One mentioned that “once there was enough awareness about young people who are in difficult situations, it would be easy to get the people involved in programs for the youth.” Another highlighted the need to create “an enlightenment program about young people. . . . Sensitization could be done in several ways, including posters.” One pointed out that posters could “speak to the situation of young people as well as shed more light on the purpose and mission of activities designed for them.”

Four out of 9 women had fewer comments about sensitizing the public. One agreed that “once the public is sensitized, mobilizing efforts around common goals becomes an easy task.” Another mentioned how sensitization could help “address some of the challenges facing the youth, especially those experiencing problems such as hunger.” One said that “if these kids are not cared for and supported, they may grow out to be armed robbers or murders.”

Based on data units, agency collaboration emerged as a category.

Agency collaboration. Four out of 7 Africans made comments related to agency collaboration. One said that “collaboration between agencies can avoid duplication of services and save the much needed resources that could be freed to attend to problems affecting the young people, particularly those living alone and heading households.” Another said that “many organizations supporting young people these days are in it for monetary reasons and collaboration between these agencies is minimal.” Two women made very few comments about agency collaboration. One said that it appears “many of
these organizations have certain fears known only to themselves and they want to work alone as much as possible.”

Based on data units, relationship with staff is the last category in the feasibility theme.

**Relationship with staff.** Six out of 7 African men spoke about relationship with staff. One said that a “good working relationship between staff and the youth is a necessary thing.” Another stressed that “maintaining healthy relationships with staff is necessary if the young people are to have productive experiences within the programs.” Six out of 9 women made comments about relationship with staff. One highlighted that “what happens often is that the staff builds walls between the young people and themselves.” Another said that “this kind of relationship denies young people the privileges of having fruitful experiences in the program.” One mentioned that “healthy relationships between staff and the youth are a reflection of our culture [in] which healthy relationships within communities promote a sense of connectedness.”

According to the number of data units, the programmatic theme content was discussed second.

**Content**

Content refers to all components that make up the foundational core of the ILs. Table 12 is a distribution of data units according to men and women within the content theme.
According to Table 12, there were a total of 373 data units within content. Out of these, 57 data units (15.3%) reflected the African men’s direct views on education and 42 data units (11.3%) were the women’s concerns on education. Forty-six data units (12.3%) were the men’s views concerning skill development and 45 data units (12.1%) represented the women’s perceptions on skill development. Thirty-eight data units (10.1%) were the men’s comments directly related to preparedness for employment and twenty-seven data units (7.2%) reflected the women’s observations on preparedness for employment.

<table>
<thead>
<tr>
<th>Category</th>
<th>Stakeholder</th>
<th>Data units</th>
<th>Percentages of total data units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Men</td>
<td>57</td>
<td>15.3%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>42</td>
<td>11.3%</td>
</tr>
<tr>
<td>Skill Development</td>
<td>Men</td>
<td>46</td>
<td>12.3%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>45</td>
<td>12.1%</td>
</tr>
<tr>
<td>Preparedness for employment</td>
<td>Men</td>
<td>38</td>
<td>10.1%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>27</td>
<td>7.2%</td>
</tr>
<tr>
<td>Social skills</td>
<td>Men</td>
<td>36</td>
<td>9.7%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>19</td>
<td>5.1%</td>
</tr>
<tr>
<td>Maintenance of health</td>
<td>Men</td>
<td>25</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Civic education</td>
<td>Men</td>
<td>23</td>
<td>6.2%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>15</td>
<td>4.0%</td>
</tr>
<tr>
<td>Spirituality</td>
<td>Men</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>373</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>
employment. Thirty-six data units (9.7%) highlighted the men’s concerns for social skills and 19 data units (5.1%) reflected the women’s comments on social skills. Twenty-five data units (6.7%) represented the observations of men on maintenance of health. Women did not make any comments concerning maintenance of health. Twenty-three data units (6.2%) represented men’s comments on civic education and 15 data units (4.0%) were the women’s observations about civic education. Both men and women did not make any comments about spirituality.

The Africans attended to program content to a lesser degree than to its feasibility. Within content, education provided the most data units, followed by skill development. Preparedness for employment, social skills, and civic education were important to a few stakeholders, while maintenance of health was not at all featured by women and only by two men. Spirituality did not feature at all.

The sections that follow provide some quotations in order to help the reader understand the meaning associated within the theme content.

Education. All 7 African men spoke at length and agreed with the previous ILs stakeholders’ perspectives on education, but did not provide an education continuum as the Americans did. One said that, in Africa, education was “highly regarded and many people, especially those who want to escape poverty, look at education as the solution to their problems.” Another stressed that “those young people who aspire to live well strive by all means to get at least the minimum education.” One participant indicated that “in my country, education has contributed a lot to improving the lot of the foster children and the orphans. It enlightens them to know their rights and then it enables them to be able to
further their careers and have a better life.” Another said that education “enlightens the children’s perceptions of life as it shows them what’s important in their life.” According to this participant, education allows them to “have a chance to do something for themselves as they’re growing up.” One participant said that “for those individuals who don’t make it and fall through the cracks, the end result is frustrating, and this worsens their situation. [When this happens] families, including young people, get affected severely.” Another participant noted “that education can impact the living standards of a family and lack of it leads to poverty with dire consequences on the welfare of the family. . . . As families struggle to survive, children are impacted as well.” One participant observed that “in this situation, young people look at education as the path out of poverty.” Another participant said that in “grave situations, children struggle to survive with their families and, as a result, take on adult responsibilities in order to contribute to their households. . . . Seeking life in other alternatives such as the streets becomes unavoidable.”

A few took a more pragmatic approach that recognized meeting survival needs prior to educational ones. One participant said, “Although education was generally regarded as something good, fulfilling the basic needs of life, such as food, health, and clothes, was paramount.” Another participant said that “education will help orphans to understand who they are and how to protect themselves. . . . Their immediate need is not education.” Another questioned “how education can be important to a child that is hungry, to a child that is taking care of another child. . . . You don’t really have time to have education, and the mind is not safe for education if the basic needs of shelter and
health are not met.” One participant said that “when basic needs are not addressed, the mind cannot be ready for education.”

Eight out of 9 women had fewer comments that highlighted the importance of education. One mentioned that “most young people aspire to have high education because it is the bridge to a good life.” Another said that “without education, life becomes difficult and . . . a family can live in poverty for generations without any hope for a better future.” One participant described education in these words: “You have to have education to be able to lead others and to have success.” Another participant highlighted “the importance of education for children heading households.” One mentioned that “whether education is informal or formal, it is very essential because these children have to be educated in some way or the other because without it, they cannot face the challenges of life.”

Based on data unit distributions, skill development will be next.

Skill development. Five men discussed the importance of skill development. One noted that “in Africa, skill development as a sector has received wide recognition, and many small-scale businesses are springing up in many areas.” Another participant commented that “skill development for children is something which they need in order to prepare for the future.” One noted that for “street children looking after themselves in households, the basic thing they need is skill development to be able to be independent, because being a street child and heading a household means you don’t have anybody to care for you. . . . So at that time, what you need are the skills for you to be able to do something for yourself.” Another participant said that “teaching young people skills in
different areas is very essential. . . In order for them to make money, they need skills such as carpentry or shoe-making, which don’t require much money.”

Another participant attended to the notion of skill development to include a cultural context by mentioning: “Having these skills would help the young people to become independent. . . [A] relationship between culture and skill development is very important in Africa.” One said, “We believe in our culture and we have to exploit our culture first, to see how we can use that culture as a base for skill development because I believe we have a system that is very sound. . . Therefore, to be willing to use that culture means that young people should be willing to embrace the norms and values of society.” Another participant highlighted that “this involves showing respect to elders so that they feel good to take care of these children. . . The elders can act as counselors because that’s what they are.” One participant mentioned the need to “counsel the children and teach them values of our culture.”

Four out of 9 women talked at length about skill development. One thought that “under skill development, we are thinking of doing things which can prepare children for employment.” Another said that “giving them skills enables the children to interact with each other and helps them to organize and manage their lives properly.” Generally the women connected skill development to economic independence. One highlighted that “skill development depends on the young people’s interests and that there could be workshops designed to develop these skills depending on the children’s interest in life.” Another proposed the need to “galvanize young people around different areas of interest which could be sewing, craft making, or any small scale activity that can generate
income.” One participant said that “young people who are not educated might do well in life if they have the necessary skills to do so. . . . The young people who have an interest in crafts might venture into making mats or do some home economics and make food for sale.” Another participant said that children “could start their businesses at a small scale and, in the long run, with much effort and commitment, develop these into big businesses. . . . What this means is that for those young people who do not get employed, they can prepare for employment by embarking on ambitious goals that match their interests.”

Based on data units, preparedness for employment follows.

*Preparedness for employment.* Two out of 7 men thought that “having skills that match the interests of young people can serve as a starting point to preparation for employment which is very important for the young people in Africa.” One participant said that “when young people become adults, they are expected to become part of the social network that supports one another.” Another said that “the role of parents in helping young people to prepare for employment is relevant. . . . Those parents who are carpenters or farmers may teach their children the same skills. . . . These might require the young people to be attached to somebody and learn the skills required for them to be independent.”

Three out of 9 women had the similar thoughts about preparation for employment. One participant said that “skill development and preparation for employment work in concert with each other.” Another highlighted that “including young people in the activities that are focused in rural areas might highlight the significance of young
people’s employment.” One said that “the villages and other small places where people really don’t know anything about skill development could be good places for starting employment opportunities, as this would provide good preparation for enabling special skills for young people there.”

Based on data units, social skills emerged as the next category.

*Social skills.* Two out of 7 men discussed social skills. One noted that “having social skills is crucial to maintaining a sense of community.” Another mentioned that “young people cannot get the education they need or learn the skills for development if they cannot relate with others. . . . They need to relate with others in order to look for things like employment and to do this they might need to learn how to interact with people in society.” One participant said, “Young people should know how to understand other people in terms of developing relationships with others and their peers.”

Two out of 9 women shared views about social skills. One participant emphasized that “in Africa, societies’ social skills are the fabric that holds communities together.” Another said that “African culture operates within parameters of social relations and skills. . . . Relationships are essential to the survival of communities.” One participant said that people “live together, support one another, and share the same norms and values.” Another said that “attainment of social skills brings to surface some important issues affecting communities.”

Based on data units, maintenance of health follows.

*Maintenance of health.* Only 2 men made few comments about maintenance of health. One highlighted that “the health of young people is important because without it
they cannot function well.” Another said that “young people who fall through the cracks because of poverty or because their parents have died from diseases such as HIV/AIDS do not possess the skills to acquire the right levels of hygiene, which are very important.” One participant said that “as children living alone in households, they are exposed to a lot of diseases and illnesses. . . . Therefore, the community needs to show concern by taking good care of those young people that are in grave situations.” Another pointed out that “what children eat or drink is very important as these affect their overall health.” No women discussed health in any way.

Based on data units, civic education emerged as the next category.

_Civic education._ Again only 2 men talked about the importance of civic education. One participant noted that “civic education was important because it made the young people become more aware of the electoral process.” Another mentioned that “civic education can help young people to participate in politics more actively.” One participant highlighted how “civic education can help the young people learn how to vote, which is very important in Africa when it comes to choosing leaders.” Two out of 9 women had similar thoughts about civic education. One mentioned that civic education “was critical, as it shapes children and prepares them for future tasks.” Another noted that “society in general and children in particular ought to understand and appreciate the benefits of civic education. . . . Civic education will enable young people to get the knowledge they need to attain power to change.” This participant observed that “it’s imperative that our children are well educated about what is going on in our society because this will help them become productive citizens.”
Spirituality. Neither men nor women made any comments about spirituality.

Based on the number of data units, the programmatic theme quality will be last.

Quality

Quality refers to ways of ensuring that services available make young people independent. Table 13 is a distribution of data units within quality according to men and women.

According to Table 13, there were 278 data units within quality. Out of these, 39 data units (14.0%) were the men’s views directly related to community involvement and 31 data units (11.1%) were the women’s concerns about community involvement. Twenty-five data units (9.0%) were the men’s comments about use of extended family and 24 data units (8.6%) represented the women’s views on use of extended family. Twenty-one data (8.0%) were the men’s concerns related to involvement in decisions and 19 data units (6.8%) were the women’s comments about involvement in decisions. Eighteen data units (6.5%) represented the men’s comments about consideration of age and 26 data units (9.3%) were women’s about consideration of age. Fourteen data units (5.0%) focused on men’s comments about targeted services and 16 data units (5.8%) were women’s observations about targeted services. Thirteen data units (4.7%) involved men’s considerations of collaboration with youth and 11 data units (4.0%) were women’s concerns about collaboration with youth. Ten data units (3.6%) involved men’s comments about concerns about tracking and 11 data units (4.0%) involved women’s
Table 13
*Phase III Data Unit Distribution in the Quality Theme*

<table>
<thead>
<tr>
<th>Category</th>
<th>Stakeholder</th>
<th>Data units</th>
<th>Percentages of total data units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community involvement</td>
<td>Men</td>
<td>39</td>
<td>14.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>31</td>
<td>11.1%</td>
</tr>
<tr>
<td>Use of extended family</td>
<td>Men</td>
<td>25</td>
<td>9.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>24</td>
<td>8.6%</td>
</tr>
<tr>
<td>Involvement in decisions</td>
<td>Men</td>
<td>21</td>
<td>8.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>19</td>
<td>6.8%</td>
</tr>
<tr>
<td>Consideration of age</td>
<td>Men</td>
<td>18</td>
<td>6.5%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>26</td>
<td>9.3%</td>
</tr>
<tr>
<td>Targeted services</td>
<td>Men</td>
<td>14</td>
<td>5.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>16</td>
<td>5.8%</td>
</tr>
<tr>
<td>Collaboration with youth</td>
<td>Men</td>
<td>13</td>
<td>4.7%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>11</td>
<td>4.0%</td>
</tr>
<tr>
<td>Tracking</td>
<td>Men</td>
<td>10</td>
<td>3.6%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>11</td>
<td>4.0%</td>
</tr>
<tr>
<td>Aftercare</td>
<td>Men</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Documentation</td>
<td>Men</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Communication</td>
<td>Men</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Counseling</td>
<td>Men</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mentoring</td>
<td>Men</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Young people as role models</td>
<td>Men</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Exploring youth strength</td>
<td>Men</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>278</strong></td>
<td></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
comments about concerns about tracking. The following categories developed from the American data did not have any data units provided by the African stakeholders: *aftercare; documentation; communication; counseling; mentoring; young people as role models;* and *exploring youth strength.*

The Africans paid attention to *community involvement, use of extended family,* and *involvement in decisions.* These elements were not mentioned at all by the Americans. Community involvement and extended family provided the highest number of data units, which may signal different cultural needs. Attention to consideration of age and targeted services was important, though not to the same extent as community involvement, use of extended family, and involvement in decisions. There was lesser attention to collaboration with youth and tracking. The Africans did not pay any attention to the other categories developed from the American data.

The sections that follow provide some selected quotations in order to help the reader understand the meaning associated with the theme quality.

*Community involvement.* Three men observed that “community involvement was central to African culture.” One regarded this category as “an important avenue for letting young people learn about the values of African culture and embrace the deep sense of community and connectedness embedded in African culture.” Two women shared similar views. For example, one said that “community-based initiatives be promoted to engage young people in order to enable them to exploit opportunities within communities.” She highlighted that “in Africa, community involvement is a component of culture that facilitates strong relationships with the community.” Another participant mentioned that
“community involvement has been very instrumental in providing a supportive care for children and this way when children grow up they will know the values they need to learn in order to become responsible adults.”

Based on data units, use of extended family is the next consideration.

**Use of extended family.** Four men talked about the use of extended family. One said that “extended family is a good thing because it is the extended family that jumps in when the children are suffering.” He said that “families need to know young people in troubled situations in order to help them effectively.” One participant understood extended family broadly by noting “the extended family, including communities, have witnessed how many of these kids hang around market places and business houses, making it difficult for people to go in those areas because of the negative public perceptions toward street children.” Another added that “if everyone started helping out these children, they would not be in such dangerous situations.”

Three women had similar comments about the extended family and services to CHHs. One mentioned that “there is need for everybody to get involved in providing to vulnerable children, this is our responsibility.” Another said that if “programs are able to deliberately include extended families in their activities because the young people will relate better to the families, young people will not feel neglected and unwanted.” One participant said that “the extended family ought to be in the forefront of leading efforts to increase support and awareness about the situation of young people living alone in households or those roaming the streets of urban centers in Africa.” Another outlined how this aspect of programming might relate to feasibility by noting “the involvement of
extended families in community settings could increase awareness about the plight of children heading households. . . . When their plight is brought to the attention of key players, including different community organizations, you can expect to have support for these young people.” One highlighted that “extended family support can actually enhance the welfare of those kids that are heading homes in Zambia [and that] contributing in whatever way will help them to become better citizens.”

Based on data unit rankings, youth involvement in decisions emerged as the next category.

*Involvement in decisions.* Two men made lengthy comments about this theme. One observed that “involving children in decision making can generate mixed feelings because of African culture.” But another commented that “generally getting the young people involved in programs set up for their welfare could be an acceptable alternative if done within cultural norms.” One participant said that “there are limits as to how this involvement could be done,” and he cited “an example from western societies where children have the leisure to speak about issues that concern them when they become grown-ups, [but] in African culture the practice is different because parents are the sole decision makers for matters concerning children.” Another participant said that “our culture is central because it has rules and regulations that address the issue of children’s participation in community matters.” One also noted that “violation of cultural norms and values carries heavy retribution and punishment on the part of young people who decide to have things their own way.” However, he went on to say that “punishment is meted out in the hope of restoring and upholding cultural values.” Another said that “this is how
cultural practices have survived in many parts of Africa. . . . Therefore, involving these children in community issues without any rules can spell doom for the community, thereby creating a time bomb leaving a mixed message about the benefits of youth involvement in the structuring of services.”

One African woman agreed with the men but had a slightly different point of view. She said the following:

Involving children in decision making is an excellent idea because if they are involved, they will bring the necessary support to the program. . . . Involving the young people in programs is culturally appropriate because it promotes culture and leads the community to appreciate the efforts of the young people. . . . Young people involvement creates a feeling of satisfaction in young people as they think about the man on the street or a family next door who wants to see them actively involved in community’s activities.

Based on data units, considering age will be next.

**Considering age.** Only 1 man made comments about considering age and mentioned that “age was very important in determining the maturity of young people, and for those who are older, they are wiser and easier to work with. . . . The age of children in Africa was seriously considered when determining how much young people can do in the community.” Only 1 woman agreed with previous comments by noting that “when recruiting young people into the programs, boys and girls should be interviewed according to age. . . . The type of programs that can be established would depend on the age range of the boys and girls and finding out what type of programs would best suit
their ages. . . . If the younger girls would have different programs, they would benefit from learning simple skills like sewing, cooking, cleaning house, and others.”

Based on data units, targeted services emerged as the next category

**Targeted services.** One man made comments concerning this category:

In African culture, roles based on gender play a part in determining the behavior of girls and boys.” He observed that “boys and girls are expected to behave in ways that are culturally acceptable, and organizations working for young people should include culture so that services are not seen to violate the norms and values of society. . . . Boys may have specialized programs such as carpentry, shoe making, and upholstery designed especially for them. . . . Similarly, girls may engage in activities that promote their roles, such as cooking and tailoring.

Two women made brief comments. One pointed out that “there needs to be dual programs that attend to needs of both boys and girls. . . . Broader services for both boys and girls [should] be established, and these may include sex education for both boys and girls.”

Based on data unit rankings, collaboration with youth will be next.

**Collaboration with youth.** Two men talked about collaboration. One highlighted that “collaboration gives young people the opportunity to feel accepted and valued. . . . Collaboration promotes the African sense of community, connectedness, and support.” Another said that “it takes a village to raise a child and, instead of focusing on individualized activities, there must be deliberate efforts to promote activities that have a part for collaborating with young people. . . . Once you have the whole community
collaborating and sharing practices and values which uplift the well being of young people, the community and all its members will move in the same direction.”

One woman agreed with the men, and said the following about collaboration:

[Collaboration] promotes the spirit of community [and the] sense of community sets the groundwork for youth participation and collaboration. . . . Certain rules have to be in place to determine how young people can collaborate and in what position. . . . In African culture, young people’s involvement and participation is regulated by age and maturity of the young people, including rules contained in culture. . . . The older the child gets, the more he or she expected to engage in collaboration.”

Based on data units, tracking will be next.

Tracking. One man made a few comments directly related to tracking. He said, “Tracking will help to know how the children living alone in households are doing. . . . Although this is a difficult task, it can be done once we acquire the necessary technology, otherwise it may be difficult to find kids who move from city to city. . . . Tracking kids can be easy if we keep proper information about all children in the programs.” One woman made a similar comment. She said that “tracking can help to find those children who go away a long time.”

The next section will compare the perspective of Africans and Americans to uncover clues about program recommendation. The section identifies areas that are useful in recommending a program for Africa. For some, the selection was justified by use of the cultural screen previously discussed.
Comparative Analysis

As a way of starting the comparative analysis, it is interesting to look at the federal laws regarding ILs and what is transpiring on the ground. Three elements are evident when considering these issues. These are funding, eligibility, and the federal law expectations of ILs.

Federal Expectations

Funding. The Omnibus Reconciliation Act of 1989 (P.L. 101-239) and the Omnibus Budget Reconciliation Act of 1990 (P.L. 101-508) authorized the Independent Living Program for federal fiscal years 1990 through 1992. Recently, through the Foster Care Independence Act of 1999 and the Chafee Foster Independence Program, federal legislation has provided funding to states to provide additional services and supports for youth and young adults leaving foster care. Under these pieces of legislation, states are allowed to design enhanced programming in the areas of education, housing, life skills, and other needed supports (Collins, 2004).

Under section 477 (e) (1) of the Social Security Act, known as the Act, each state is allotted a share of the amount appropriated for independent living to the ratio of the state’s average monthly number of children receiving Title IV-E foster care maintenance payments. Appropriations have steadily increased and are expected to continue to do so under new authorizations. States initially did not need to provide matching funds to receive to their base amounts. But states may not use federal funds to replace existing state efforts. Federal funds are to be used to supplement and not replace state efforts.
In the state of Virginia, for fiscal years 2007 the basic federal allocation for ILs for the state of Virginia was $774,396.76. The allocation for fiscal year 2008 is expected to be the same.

*Eligibility.* The Technical and Miscellaneous Revenue Act of 1988 (P.L 100-647) extended eligibility to any youth for whom foster care maintenance payments were made by the state and whose foster care payments were discontinued on or after the date child became 16, so long as services are provided within six months of the date of discontinuance of services. Foster care children are eligible to receive services through ILs at the age of 14 and may continue receiving services until age 21, the cut-off for services if they are in the custody or placement responsibility of a local department of social services. Qualifying placements include those in foster homes, residential treatment centers, and group homes. Independent living services are not limited to foster care youths who receive the independent living stipend. Some type of independent living information or services may be extended to youths after they have been discharged from foster care, if they meet the age criteria.

*Service delivery expectations of federal legislation.* Expenditures must be related to the specific purposes of the Independent Living Initiatives. Collins (2004) identifies these purposes as stated in Section 477 (d) of the Act. Such purposes may include programs to provide:

- Educational counseling that enables participants to seek a high school diploma or its equivalent or take part in appropriate vocational training. This includes counseling and other similar assistance related to educational and vocational
training, preparation for a General Equivalency Diploma (G.E.D), or for higher education, job readiness, job search assistance, and placement assistance.

- Training in daily living skills such as budgeting, locating and maintaining housing, career planning, money management, consumer skills, parenting, health care, access to community resources, and transportation.

- Individual and group counseling, such as workshops and conferences for improved self-esteem and self confidence, and interpersonal and social skills training and development.

- Integrated and coordinated services otherwise not available to participants. This includes coordinating with other components of the state’s independent living program, such as supervised practice living, as well as establishing linkages with federal agencies and state and local organizations such as: the Department of Education; special and vocational educational programs; local education agencies; state and community colleges; the Department of Labor; Employment and Training Administrative programs, including the Job Training Partnership Act (JTPA), which administers Private Industry Councils (PICs) and the Jobs Corps; vocational rehabilitation; volunteer programs such as ACTION; medical and dental public and private providers; state and community mental health agencies and organizations; and local housing advisors.

- Outreach designed to attract individuals who are eligible to participate. This includes establishing an outreach system that would encourage youths currently in foster care to participate in independent living programs, and developing
community organizational efforts and ongoing support networks for youths leaving foster care.

- Family involvement, including involving relatives and foster parents in the development of the youth’s independent living skills and training youths in decision making, planning, and time management.

In addition:

- Each participant is provided with a written transition to independent living plan which shall be based on an assessment of his or her needs, and which shall be incorporated into his or her case plan and provide the participant with other services and assistance designed to improve his or her transition to independent living.

- Participants work with other services and assistance designed to improve their transition to independent living.

- Assessment of existing programmatic and systematic barriers to the successful transition of a child in foster care to independent living is stressed.

- Training programs for agency staff are a critical element. Specialized training and consultation for foster parents and other child care providers assists in the development and improvement of an important link for the child between dependence and independence.

The Africans and Americans addressed some of the federal law expectations. Comparing Africans with Americans provides a better picture of what Africans consider as important for programming.
Table 14 makes the comparison by showing stakeholder group distributions for Africans and Americans. The Africans are first because they are being used as a cultural screen to determine what areas are most suitable for Africa. The table allows the reader to understand the degree to which the different themes are prioritized between the groups.

Table 14
Stakeholder Group Distribution by Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Africans *</th>
<th>Americans **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feasibility</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Content</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Quality</td>
<td>7</td>
<td>20</td>
</tr>
</tbody>
</table>

* N=16 (M=7, W=9)
** N=20 (DSS=5, ILs Providers=12, Youth=3)

According to Table 14, feasibility ranked first for Africans and third for Americans. The Africans were more concerned with mounting the program than Americans. Content, which was second to Africans, was first to Americans. This suggests an American emphasis in ensuring that programs contain the most appropriate elements for young people. Even though content was of a high priority for the Americans, they failed to mention specific required elements in required services. Content could make sense to Africans only after the program is mounted. Quality is third for Africans. Given the stakeholder count, quality is just as important as content, but when units are considered there was much more emphasis on content than on quality for the Americans.

The Africans may not have reached the level of sophistication required in program implementation that the Americans have since they were selected to participate
in this process not based on professional expertise, but based on their expertise as parents and as Africans. Their immediate attention is seeing that the program for young people is implemented before everything else. To Americans, quality of services and measurement of success seemed rather vague in the discussions, except for the youth, who seemed to be very clear about what was needed to provide services that prepared youth for successful independence. The next three tables look at a comparison of gross data units between Africans and Americans for the major themes from the project. Categories have been rank ordered according to the number of gross data units expressed by Africans. This is because the Africans are providing a cultural screen to help determine what is suitable for Zambia.

**Feasibility**

Feasibility refers to the ways that make it possible for ILs to be mounted. Table 15 is a distribution of data units within feasibility. The data units suggest that funding was important to Africans.

Funding ranked first for Africans and a distant fourth for Americans. Africans said that funds are necessary in mounting programs. Their comments about funding highlighted that it is a priority area in Africa where most programs depend on funding for sustenance. Because of the legislative mandate related to this program, funding was not a discussion point for the Americans. They did not suggest that funding was a problem, nor did they suggest that there were unmet needs requiring more funding.
Table 15

**Comparative Data Unit Distribution in the Feasibility Theme**

<table>
<thead>
<tr>
<th>Category</th>
<th>African stakeholders (N=16)</th>
<th>American stakeholders (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding</td>
<td>123</td>
<td>22</td>
</tr>
<tr>
<td>Finding suitable staff</td>
<td>97</td>
<td>243</td>
</tr>
<tr>
<td>Staff training</td>
<td>84</td>
<td>84</td>
</tr>
<tr>
<td>Supportive staff</td>
<td>77</td>
<td>55</td>
</tr>
<tr>
<td>Sensitizing public</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>Agency collaboration</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td>Relationship with staff</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td><strong>Gross data units</strong></td>
<td><strong>467</strong></td>
<td><strong>476</strong></td>
</tr>
</tbody>
</table>

Finding suitable staff ranked first for American and second for Africans in the data unit distributions. Staffing is a central concern for Americans. Comments by Americans suggest area sensitivity to the challenges that older youth in foster care represent. Africans also highlighted suitable staff in their comments, suggesting that identifying people with the right attitudes toward young people was an appropriate way of getting the program off the ground. However, American views on finding suitable staff were different from Africans. Most of their comments suggested that there is a direct link between finding the right people to work with young people and academic or educational qualifications. They seemed to look at skills resulting from education, while the Africans seemed to attend to personal qualities rather than particular competencies. Finding suitable staff is not mentioned in the federal expectations.
Both Africans and Americans paid attention to staff training, which ranked third for Africans and second for Americans. Africans noted that staff working with young people needed the right training. Their comments suggested that without staff training, young people might be receiving services that are below par. The Americans’ remarks generally touched on specific components of staff training, such as respect, sensitivity, and cooperation, all of which were missing in the African comments. Both Africans and Americans had something to say about supportive staff and relationship with staff. Staff training is listed in the federal expectations for ILs, where it is considered as critical for agency staff. The federal expectations also pinpoint specialized training and consultation for foster parents and other child care providers who help the child move from dependence to independence. Supportive staff ranked fourth for Africans and sixth for Americans. Africans noted that individuals who work with young people should be familiar with their own culture, suggesting that culture had a central place in assessing the appropriateness of individuals who might work with young people in Africa. Africans were calling for a level of cultural competence that was not mentioned by Americans. Supportive staff is not listed in the federal expectations.

Agency collaboration was highlighted by both Africans and Americans and is listed as one of the federal expectations. It ranked seventh for Africans and third for Americans. Federal expectations point out that integrated and coordinated services should be available to participants of ILs. This includes coordinating with other components of the state’s independent living program such as supervised practice living, as well as establishing linkages with federal agencies and state and local organizations. What
Africans noted suggested that networking between different organizations is necessary in ensuring better service delivery. There was a suggestion in their comments that mushrooming African NGOs were working in the area of child welfare with little networking and potential duplication of services. American views about agency collaboration took a different direction. Their comments suggested that collaboration was better achieved within contractual arrangements made between key agencies and front-line service providers. They did not mention the mandate to integrate and coordinate services as described in the federal policy.

Sensitizing the public was sixth for Africans. It was not mentioned by Americans. Africans suggested that sensitizing the public about the situation of young people is key in ensuring their ongoing support and for any program that might be mounted to serve them.

Based on data units, content as a programmatic theme will be discussed next.

Content

Content refers to all components that make up the foundational core of the program.

According to Table 16, the data units suggest that both groups saw education and skill development as important. These categories ranked first and second for Africans and Americans respectively. Much of what Americans said about education is related to an educational continuum. On the other hand, Africans associated education with empowerment and a way out of poverty. Both areas are captured in the federal
Table 16
Comparative Data Unit Distribution in the Content Theme

<table>
<thead>
<tr>
<th>Category</th>
<th>African stakeholders (N=16)</th>
<th>American stakeholders (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>99</td>
<td>241</td>
</tr>
<tr>
<td>Skill Development</td>
<td>91</td>
<td>232</td>
</tr>
<tr>
<td>Preparedness for employment</td>
<td>65</td>
<td>34</td>
</tr>
<tr>
<td>Social skills</td>
<td>55</td>
<td>118</td>
</tr>
<tr>
<td>Civic education</td>
<td>38</td>
<td>112</td>
</tr>
<tr>
<td>Maintenance of health</td>
<td>25</td>
<td>63</td>
</tr>
<tr>
<td>Spirituality</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td><strong>Gross data units</strong></td>
<td><strong>373</strong></td>
<td><strong>806</strong></td>
</tr>
</tbody>
</table>

expectations, where it states that education enables participants to seek a high school diploma or its equivalent or take part in appropriate vocational training. This includes counseling and other similar assistance related to educational and vocational training; preparation for a General Equivalency Diploma (G.E.D) or higher education; and job readiness preparation, job search assistance, and placement assistance. The federal expectations list budgeting, locating and maintaining housing and career planning, money management, consumer skills, parenting, health care, access to community resources, and transportation as important areas for youth. Much of this was not specifically mentioned by participants.

Preparedness for employment ranked fourth for Africans. Considering the goal of ILs, it was surprising that preparedness for employment ranked sixth for Americans.

There were differences in the focus of units in this area for both groups. Africans had
more comments suggesting that employment is an important area for the young people in Africa. While many of the other comments by Africans expressed a link between skill development and preparedness for employment, the American comments did not suggest that link.

Both Africans and Americans spoke about social skills, and it ranked fifth for both groups. African statements suggested that young people acquired social skills by getting engaged in community activities. There was a suggestion that social skills is linked to appropriate cultural behavior. In other words, social skills means knowing how to behave within the cultural expectations of the African community. American comments were different, suggesting that individual development and the capacity to engage in relationships was the purpose of social skill development. Little attention was given to cultural expectations or community engagement. Overall, Americans paid more attention to social skills than Africans, suggesting that it is an important content area. Social skills content is one of the expectations in the federal policy. It is associated with individual and group counseling through workshops and conferences for improved self-esteem and self-confidence. Interpersonal and social skills training and development are identified methods for attaining social skills, none of which were specifically mentioned by Americans.

Civic education received attention from both Africans and Americans. It ranked fourth for Africans and third for Americans. Comments made by Americans suggest that there is a direct benefit for young people who engage in civic education. Considering the upcoming general elections, this area might have been an added consideration for
Americans. Africans looked at civic education from a different angle. What they said suggested that civic education had ongoing benefits that allowed young people to become productive and responsible citizens. Civic education is not mentioned in the federal expectations. The following question might be important to consider: To what extent can civic education equip young people for good citizenship?

Maintenance of health ranked sixth for Africans and fifth for Americans. Americans had more comments about health. Their views reflected more depth and a different level of sophistication when they identified important areas such as mental health and substance abuse. This suggested that health occupies an important place in the American context. The level of sophistication displayed by Americans was missing for Africans. Most of what Africans noted suggested that health becomes an issue only when there is need. This seemed rather odd from the African perspective, given the great challenges presented not only by lack of appropriate nutrition, but also the presence of HIV and AIDS.

Finally, there was a difference between groups regarding spirituality. This category ranked seventh for Americans and was not considered by the Africans. Actually, only one American made comments in this area. This participant suggested that there are different ways of expressing spirituality, which might include things like yoga instead of going to church. Although Africans did not mention spirituality, our discussion of African culture suggested that spirituality is an integral part of their perspective. Spirituality is not listed in the federal expectations but it might be important to find out how spirituality impacts the mental health of young people.
Quality

Based on data units, quality as a programmatic theme will be discussed next.

Quality refers to ways of ensuring that services available make young people independent.

Table 17

**Comparative Data Unit Distribution in the Quality Theme**

<table>
<thead>
<tr>
<th>Category</th>
<th>African stakeholders (N=16)</th>
<th>American stakeholders (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community involvement</td>
<td>70</td>
<td>0</td>
</tr>
<tr>
<td>Use of extended family</td>
<td>49</td>
<td>20</td>
</tr>
<tr>
<td>Consideration of age</td>
<td>44</td>
<td>17</td>
</tr>
<tr>
<td>Involvement in decisions</td>
<td>40</td>
<td>87</td>
</tr>
<tr>
<td>Targeted services</td>
<td>30</td>
<td>55</td>
</tr>
<tr>
<td>Collaboration with youth</td>
<td>24</td>
<td>68</td>
</tr>
<tr>
<td>Tracking</td>
<td>21</td>
<td>111</td>
</tr>
<tr>
<td>Aftercare</td>
<td>0</td>
<td>107</td>
</tr>
<tr>
<td>Communication</td>
<td>0</td>
<td>66</td>
</tr>
<tr>
<td>Counseling</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>Documentation</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Exploring youth strength</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Young people as role models</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Mentoring</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td><strong>Gross data units</strong></td>
<td><strong>278</strong></td>
<td><strong>647</strong></td>
</tr>
</tbody>
</table>

According to Table 17, only Africans mentioned community involvement, and it ranked first for them. Discussions in this area suggested that culture played an important role in community involvement for Africans. Interestingly, community involvement is highlighted in the federal expectations, which point out that community involvement has
implications for establishing an outreach system that would encourage youths currently in foster care to participate in independent living programs. This may involve developing community organizational efforts and ongoing support networks for youths leaving foster care. It appears that the Africans recognize the importance of community involvement not only in extending services to youths in need, but also to assure that the service itself is acceptable to community members. The Americans overlook it entirely.

Both Africans and Americans discussed use of extended family, with Africans saying more in this area. It ranked second for Africans and ninth for Americans. Comments by Africans suggested that the extended family was and should be in the frontline of addressing needs of young people. Their comments indicated that the extended family might be a buffer zone to which young people occasionally run for assistance with food and counseling, and that it could be useful in maintaining the results of the CHHs services. American comments had a different perspective, suggesting that extended family is often associated with individual socialization and validation of societal norms, most often before or after services. Use of extended family is not mentioned in the federal expectations, but it might be useful to understand the extent to which extended family provides support to young people and how its presence or absence contributes to their well being during and after services.

Consideration of age was mentioned by both Africans and Americans. It ranked third for Africans and eleventh for Americans in the distribution table. African comments highlighted the relationship between age and gender, suggesting that gender is an important element in determining roles between boys and girls and, therefore, appropriate
service delivery. The Americans interpreted the category differently. What little discussion there was focused on age as associated with different stages of child development, including expectations accompanying these stages. American comments about age were more directed towards how age was associated with ways in which young people respond to ILs rules and regulations. Consideration of age is not mentioned in the federal expectations except as it relates to eligibility for services. However, it might be important to know how age affects young peoples’ receptivity to ILs, as well as meeting their goal of independence.

Involvement of youth in decisions was discussed by both Africans and Americans. This area ranked fourth for Africans and third for Americans. What the Americans said suggested that both the services and the young people might benefit by getting involved in decision-making processes in ILs. African comments were different. They were careful about involving young people in decisions, paying attention to cultural norms. Their position suggested that obligation to culture was not negotiable when it comes to matters of young people; therefore, their involvement in programmatic and other decisions needed to be limited to that which would be locally acceptable.

Involvement of youth is mentioned in the federal expectations and emphasis is placed on young people currently in foster care being encouraged to actively participate in independent living programs, but not necessarily in shaping them.

Both groups made comments about targeted services. It ranked fifth for Africans and sixth for Americans. Africans had fewer comments in this area than Americans. What Africans said seemed to suggest that having services targeted by gender was in
compliance with African culture. Americans seemed to agree with Africans about the importance of targeted services; however their “target” was based on individual youth need. Rather than separating services by gender, there was agreement that services worked best when both genders were included. Targeted services as an area is mentioned in the federal expectations by way of providing participants with other services and assistance designed to improve their transition to independent living.

Both groups discussed collaboration with youth, which ranked sixth for Africans and fourth for Americans. What Africans stated seemed to suggest that collaboration with youth was meaningful when conducted within parameters that promoted a sense of community among young people. The American took a different position. Their statements suggested that collaboration with youth might have positive results when programs had specific components developed for and by young people. Collaboration with youth is not mentioned as a federal expectation. It would be important to find out what impact collaboration with youth has on the overall ILs delivery mechanism.

Tracking ranked seventh for Africans and first for Americans. African comments in this area were limited. Their remarks suggested that tracking was costly, particularly when considering that vulnerable young people move from one city to another. On the other hand, American comments suggested that they viewed tracking as an effective way to reconnect with and support young people who have left ILs. Tracking is not mentioned in the federal expectations. It might be important to find out how tracking affects lives of young people who leave ILs prematurely.
The Africans did not mention aftercare, communication, counseling, documentation, exploring youth strength, young people as role models, or mentoring, which were all items of interest to the Americans regarding questions of quality. Africans might learn something from the American statements regarding these categories.

Aftercare ranked second for Americans. Their comments suggested that extending services to young people who successfully leave ILs is important for their success. Aftercare is not mentioned in the federal expectations. But it might be important to ask the following question: In what ways can aftercare help young people leaving ILs? There is an assumption in the American statements that associate aftercare with tracking. It might be useful to find out how these two complement each other.

Communications ranked fifth for the Americans. What they mentioned seemed to suggest that communication was central to young people’s effective participation in ILs. Communications is not captured in the federal expectations. But it might be an important consideration for future ILs policy. Counseling ranked seventh for Americans. They were specific about their comments in this area. They stressed how counseling might help in addressing the needs of young people, such as substance abuse and mental health issues. Counseling is mentioned in the federal expectations but in the context of educational counseling focused on assisting young people who are seeking a high school diploma or its equivalent, or who wish to take part in appropriate vocational training. Both mental health and educational counseling would appear to be useful considerations in the African context. Educational counseling would require the availability of an educational
continuum for it to be effective. Mental health counseling would require appropriately prepared mental health professionals.

Documentation ranked eighth for Americans and their comments suggested that it is necessary in maintaining records about young people’s progress in the ILs. It is the basis for establishing quality. Documentation is not mentioned in the federal expectations; however, it is an ongoing expectation for federal reporting. Exploring youth strength ranked tenth. The few statements in this area revolved around empowerment, suggesting that effective programs recognize and tap into the potential in young people. This area is not highlighted in the federal expectations. It might be important to find out how initiating activities that capture young people’s potentials might affect their welfare. This dimension of youth empowerment might be of concern in an African context.

Young people as role models ranked twelfth as relating to assuring quality. The Americans suggested that young people who have successfully left ILs can be effective role models for those still in ILs based on the idea that American young people tend to listen more to their peers. This area was not mentioned in the federal expectations. This might be a useful area for Africans to explore; however, the unacceptability of youth listening more to their peers than their elders may be the basis for its lack of presence in the African perspective on ILs quality. As an important element to assure quality, mentoring ranked eleventh with the Americans. What the Americans said suggested that young people need responsible adults in their lives to help and guide them as they make important life decisions. Mentoring is not highlighted in the federal expectations. It is
unclear as to the need for mentoring from the perspective of the Africans if the extended family is able to fulfill its role.

Emergent Planning for Establishing a Program Approach

The discussion of the pilot program is divided into the same dimensions that guided earlier discussion, but it is presented in the order of the Africans priorities: feasibility, content, and quality. Discussion of cultural principles mentioned in chapter 2, that then guided the research design discussed in chapter 3, is integrated throughout this program approach recommendation. As you may recall, these cultural principles will be used in justifying which areas are included in the program based on what seems appropriate for translation to Zambia.

This program approach is framed within the parameters of emergent program planning as described by Netting, O’Connor and Fauri (2008). The justification for using this approach underscores the importance I attach to a program planning approach framework that is grounded in tenets of cultural competence and that demonstrates convergence with norms and values of Zambian culture. This is very important in establishing this program approach in a way that is culturally acceptable to Zambians. Also, as an African having done this research in the United States, using an emergent programming approach that is non-linear continues to assure input from multiple voices of key stakeholders, including children and other players once the program is established in Kitwe. In addition, it offers an opportunity to create a program using indaba as the premise. This is captured in the cultural principle that highlights the need to recognize the influence of Zambian culture for successful programming and service delivery. The
cultural principle particularly emphasizes the necessity to hold Zambian culture in high esteem. This proposed program approach is designed to factor in these areas.

Recall that in discussing this emergent program approach, Netting, O’Connor and Fauri (2008) mention four stages that are critical to emergent program approach. These are engagement, discovery, sense making, and unfolding. Because emergent planning is non linear, I will be required to discuss this plan at this stage in a non linear way, which will require re-examining states already discussed as new material is introduced into the plan. Please note that although the detail in the program approach adds complexity to the nature of this program approach, it is crucial at this stage because it highlights the importance of this program approach in addressing needs of CHHs. However, I point out in the discussion that follows that details presented are tentative due to the emergent nature of this program approach.

*Engagement* refers to inclusion and inclusiveness of all relevant stakeholders, which might include children, teachers, local elders, and other key individuals such as the police and clergy. It provides for attention to the importance of context. *Discovery* refers to openness of the multiple data sources and the information in the context, which is essential to this area. *Sense making* refers to a retrospective process in which young people and other participants, individually and as a collective, will determine what their discoveries mean. And *unfolding* refers to a continual process that is not an end in itself but includes assuring that options for the particulars of the situation in Mulenga compound and Kitwe have been and continue to be recognized, building on what has been, and is being, learned.
Engagement will occur at two levels. At the first level, African participants have already provided multiple perspectives on what is important for Africa. The second level will occur at the time of program implementation when I will meet with relevant stakeholders in the program site in Kitwe—such as clergy, civic authorities, teachers, nurses, district government officers, and some selected CHHs—to hear their views about how to best move the program forward. Engagement with these stakeholders “assures multiple perspectives as well as reinforces the validity of multiple truths” (Netting, O’Connor & Fauri, 2008, p. 138).

The second phase is discovery, and occurs “in the process of engagement and results in part from planning participants hearing from one another” (Netting, O’Connor & Fauri, 2008, p. 144). Discovery occurred partially during the collection of data from participants and during analysis, in which the goal was to understand what the Africans thought was best for young people heading households in Zambia. Discovery is also expected to occur as the program emerges.

Sense making has just begun to emerge during this initial program planning process reported here, but nothing much can be said until enactment of the program product. Sense making might spill over into unfolding, which is going to be an ongoing process because, as the program approach gets established, it is not known what kind of issues might emerge.

*Contextual Overview*

*Political context.* Kitwe is the second largest city in Zambia with an estimated population of 1.5 million. Current estimates for orphans in the city is 15,000, but it’s not
clear how many of these are CHHs. Others have estimated the figure to be around 10,000 (Government Printers, 2002b). Kitwe is home to the Copper belt University and has several private and quasi government colleges. The city is a commercial hub of the copper belt province and its economy revolves around the mining industry. It has a solid administrative system that has attracted several local and international NGOs that work in the area. This makes it a good ground for engagement, discovery, sense making and unfolding. The government is well represented in Kitwe with local district offices offering myriad services in important sectors such as education, health, and agriculture. Recall that the Zambia Investment Fund (ZAMSIF) is an institution charged with the responsibility of providing loans to different kinds of social-economic projects. Funds from this organization will help this program to take off from the ground.

Kitwe is divided into twenty five wards. Wards are the smallest units that make up the political map of city. Mulenga compound is one such ward. It is run by an area counselor who is also a council-elected official for the area. This official represents Mulenga compound in the city council. His or her involvement with this program is supposed to foster engagement and discovery as far as collaborating with stakeholders is concerned. Elections for councilors are held every three years.

The issue of working with relevant stakeholders is an important one. This is captured in the cultural screen where identifying stakeholders and establishing communication links with them assures service commitment to CHHs in a manner that is acceptable to communities. I’ve chosen Kitwe as the location for this program approach for several reason. First, I am familiar with the city because I worked there as district
social welfare officer. This is likely to make it easier to make contacts and network with relevant stakeholders. Second, Kitwe has one of the highest numbers of orphans in the country, and this makes it a good starting point for this program approach. And third, the city has a well developed infrastructure that will make program operations and unfolding less challenging.

*Community context.* This program will be mounted in Mulenga compound. This is where most of the engagement, discovery, sense making, and unfolding will occur. Mulenga is divided into zones and the program will operate from one of the zones in the beginning. Of the estimated 15,000 orphans in Kitwe, it is not known how many are in Mulenga. However, what is known is that Mulenga has the highest number of CHHs in Kitwe. Mulenga is a sprawling compound that is likely to receive the status of a township soon. But the poverty level is high in this compound. It is also an isolated community situated on the fringes of urban Kitwe. The cultural principle supports this position. It highlights the need to frame and tailor services in accordance with the demographic realities, including the isolation and poverty of Zambian communities.

The program approach will be driven by the assumption that HIV/AIDS has had wide ranging effects on the individuals, families, and communities of Kitwe, particularly in Mulenga. Due to the unpredictable nature of this program approach, there is no fixed pattern to the way emergent program design benchmarks, including engagement, discovery, sense making, and unfolding, will play out. What is known is that the process will definitely not be a linear one because time and again it may be necessary to crisscross between different benchmarks in order to clarify emerging issues. Sometimes it
may become necessary to take leaps toward discovery and sense making, step back to
engagement, and jump forward again to sense making. The whole process may meander
as the program approach gains contextual relevance.

*Program Approach Overview and Start Up*

The name of the recommended program will be Program to Support Child Headed
Households (PSCHHs). The following is the project goal: To use *indaba* in meeting the
needs of CHHs in Mulenga compound by contributing to improved, expanded, and
strengthened use of local resources. This goal is aligned with the stipulations of the
cultural screen that recognizes the value of *indaba*.

The following are principles for establishing the model:

- To provide education using a skill development based curriculum.
- To facilitate learning in civic education, job readiness, social skills, health, and
  mentoring to CHHs.
- To maximize use of extended families and strengthen volunteering and
  community participation in supporting CHHs.
- To collaborate and network with relevant agencies and stakeholders in order to
  enhance support to CHHs.

Program to Support Child Headed Households will be guided by a package of
services to be implemented within the spirit of *indaba*. The package will include
education, skill development, home visits, community participation and youth
involvement, promotion of community and extended families involvement, mentoring,
and counseling services. The program approach is designed to mitigate the impact of
HIV/AIDS on CHHs. It will operate under the auspices of an executive board to be composed of the following persons: the district social welfare officer; the district educational officer; the HIV/AIDS district task force manager; the Kitwe city council administrative manager; the Mulenga compound area councilor; and one male and female head of a child headed household. Criteria for selecting these individual will be based on the following: The district educational officer is the most senior government education officer. Involving him or her in the executive board will assure smooth running of the community school program discussed later. The district social welfare officer keeps records of organizations working in different parts of the district. His office also handles estimates of orphans and street children in the city. The HIV/AIDS task manager works with families affected by HIV/AIDS. He also takes the mobile clinic into different compounds of Kitwe. The Kitwe city council administrative manager executes council policy and organizational decisions. He also executes programs for some government programs such as ZAMSIF. He will be very instrumental when it comes to applying for funding. The Mulenga compound councilor will add legitimacy to the program, especially for operating from Mulenga. He may assist in the organization of public meetings. The young people are expected to add their voice to the program. This is important in making this program relevant and meaningful to CHHs and other stakeholders.

The board will be an important part of the engagement process as stakeholders within the board might share useful information concerning discovery and sense making. They will also play a pivotal role in the way the program unfolds. This program will
initially operate as a pilot project specifically designed to support CHHs. This is implied in the cultural principle that highlights the need to design a program approach that addresses specific challenges affecting young people. Because the negative impacts of HIV/AIDS are interrelated, program responses will target various points in order to meet the different needs of CHHs. In this way, the program will be able to develop a variety of activities and services that address challenges of young people in CHHs. These activities will be directed toward making these households viable members of the Mulenga community.

The following sections are framed within the various phases of emergent planning. It is important to note that details in all sections are tentative until the program is implemented. This means that they may change as the program becomes established. Sections look at the programmatic dimensions as they were ordered by Africans.

The first is assuring feasibility. As need for funding emerges, feasibility will become possible. In order to get and organize funding, important stakeholders, including ZAMSIF, will be contacted. This will occur during engagement and discovery.

Assuring feasibility. (Engagement and Discovery.) Several areas that are relevant to this program have been identified under feasibility. One of these is funding, which is critical to jump start this program. Funding is highlighted in the cultural screen as being important to any program’s success. The cultural principle points out that funding sources are important factors when determining the feasibility of programs. Types of services offered and supported should be considered carefully so that they meet specific needs of young people. Another cultural principle identifies how funding may influence types of
services being offered to address needs of young people. In this program approach, funds to be used for covering program staff salaries and to compensate heads of CHHs for lost time on streets, as well address program costs, are reflected in the budget in Table 18. It is on the streets that these young people make money to support their families. Compensatory payments meant to support their households as soon as they start attending community school will enable them to survive during the school period. Below is an estimated educational budget that includes payments for the program director, case managers, and volunteers.

<table>
<thead>
<tr>
<th>Table 18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Program Budget</strong></td>
</tr>
<tr>
<td>Expenses</td>
</tr>
<tr>
<td>Personnel expenses</td>
</tr>
<tr>
<td>Program director</td>
</tr>
<tr>
<td>Case managers</td>
</tr>
<tr>
<td>Volunteers</td>
</tr>
<tr>
<td>Youth support</td>
</tr>
<tr>
<td>Program expenses</td>
</tr>
<tr>
<td>Office supplies</td>
</tr>
<tr>
<td>Grand total</td>
</tr>
</tbody>
</table>

The cultural principle points out funding as a critical component for program feasibility. This includes support to program staff. Start up funds will come from ZAMSIF. In the future, further funding for sustainability and program independence
might be raised through micro credit projects to be discussed below. The following is the budget justification for the program pilot:

* Program director: $8,400.00
** Case managers: $9,600.00
*** Volunteers: $3,600.00
**** Youth support: $6,000.00
***** Office supplies $200.00

The budget is an important component of this program approach because it highlights the important role funds will play in establishing this program. Another justification for this budget is to pay CHHs some allowance equated to the amount of cash each individual child made on the street. It is estimated that a street child in Africa makes about five dollars per day (Lugalla & Mbwambo, 1999). As the program unfolds, grows, matures, and moves to a different level, efforts directed at sustenance might be promoted using the micro credit as a framework. There are examples of youth programs in different parts of the world that have succeeded using micro credit. Importantly cultural principle draws out the importance of efforts aimed at securing resources needed to deal with CHHs challenges. The principle or “so what” focuses on the need to show creativity in funding as well as innovation acceptable to Zambian culture. To make this happen, efforts might be directed initially toward small scale income generating activities such as candle making, knitting, brick making, raising poultry, carpentry, and gardening. Candle making could be an enterprising industry for CHHs in Mulenga, given the fact that many residents cannot afford the cost of electricity.
Other local efforts to promote sustainability will be achieved through the generosity and donations of well wishers. It is important to note here that local funds will assure that the program is self supporting through sustenance, continuity of the program, and avoiding reliance on foreign funding. Past experience of local Zambian NGOs that have depended on foreign funding has shown that external funding is often short-term and unreliable. Short notice withdrawal of foreign funding results in interruption of services to recipients, thereby making it difficult for these NGOs to get involved in useful engagement, discovery, sense making, and unfolding. To make fundraising effective, the program director may request the management of Zambia National Broadcasting Corporation in Kitwe to make free announcements about the work of PSCHHs, as well as other programs in Mulenga. This will include a note on the situation of CHHs in Mulenga.

External funds will only be sought if local and national efforts fail. Organizations that may be contacted for funding include Oxfam, an international confederation of 13 independent, non-profit, secular, community-based aid and development organizations that work with different partner projects in developing countries. Examples of Oxfam affiliated organizations are the International Development Co-operation of the Netherlands and Kindermohthilfe of Germany. The Christian Children’s Fund of the United States and CARE international are other organizations that might be contacted. All these organizations have extensive work with orphans and vulnerable children in Africa.

Once funding is secured, finding suitable and supportive staff is a critical component of this program. This occurs in engagement, discovery, and sense making.
Finding suitable and supportive staff. (Engagement, Discovery, and Sense making.) Finding suitable staff is an important component of PSCHHs. The cultural principle advocates for pursuit of genuine and reciprocal partnerships among all relevant stakeholders in working with CHHs. Suitable staff are critical partners in this program and program success depends on their ability to do engagement, discovery, and sense making with program participants. To some degree, program unfolding will be determined by how successful the program director, case managers, and volunteers are in their assignments. Program staff are important front liners for critical engagement and discovery with potential stakeholders. The cultural principle notes this aspect and mentions the need to identify qualities and necessary expertise in individuals who will work with young people.

I expect to be the program director for this project. I will possess a PhD in social work along with an MSW. Two program case managers will be recruited to assist me. These case managers are an important part of this program and will demonstrate a keen interest in working with CHHs. Criteria for recruiting program case managers will include the following: Possess a bachelors degree in social work or psychology or any related field. This will ensure that case managers have the solid theoretical background needed to fully understand the situation of young people. Possess one to two years of working experience with orphans and street children. Notable experience will make it easier for case managers to fit in this program. They will be individuals with working knowledge about the type of activities they are getting into. This is important for unfolding of the program approach, as well as sense making. Case managers will be
achievers, able to effectively work in a team as well as with minimum supervision. These individuals might be required to work on weekends. The reason for this criterion is to bring on board those individuals who are really committed to the welfare of CHHs and are willing to demonstrate this commitment by going the extra mile.

Individuals who meet the above criteria will be short listed and called for interviews. Interviews will be conducted by members of the PSCHHs executive board and will be held at the civic center in Kitwe. The civic center is strategically located because it is in the heart of downtown Kitwe. Use of the civic center will encourage and promote collaboration with local authorities who are vital partners to the success of this project. Use of the civic center is also important for engagement and discovery. The cultural screen adds weight to this collaboration by stipulating that compliance to local culture through clear communication channels with key segments of Zambian society, including tribal leaderships and politicians, is critical in ensuring accountability, good relationships, and positive program image.

To strengthen PSCHHs services, five volunteers will be recruited by the program director. The duty of volunteers will include provision of direct services to CHHs. Use of volunteers will cut costs since this program will initially operate as a pilot. Volunteering is an important segment of this project. My past work experience has shown that volunteers in many of Kitwe’s compounds are willing to provide free time and labor to street children. However, volunteers in this program will get appreciative support in kind through food items like mealie meal, rice, beans and cooking oil. Only those volunteers committed to the cause of CHHs will be contacted by the program director through
consultations with the local area councilor. Volunteering will be open to both men and women familiar with the situation of orphans and vulnerable children in Mulenga. These volunteers will play a key role in engagement, discovery, and sense making because of their experience and knowledge of Mulenga. The program director will recruit another group of volunteers, five in all, who will act as mentors for young people. These additional volunteers are discussed in detail in the section about quality.

To ensure that engagement, discovery, sense making and unfolding take place in the appropriate direction, training will be an important element of this program.

Recall that emergent planning is non linear, and therefore I will be required to discuss this plan at this stage in a non linear way. This may require relooking at states already discussed as new material is introduced.

**Training. (Engagement, Discovery, Sense making, and Unfolding.)** The two case managers who are recruited will undergo a three day orientation training workshop in which they will be familiarized with the goals, objectives, and operations of PSCHHs. The five volunteers recruited earlier will attend the training session as well. Training will be conducted by the program director. To foster collaboration, the venue for training will be city hall at the civic center.

Training will focus on a skill development curriculum for CHHs, case management, and enumeration. Participants will also learn SPARK, which is a curriculum that was developed by the Zambia Community Schools Secretariat with assistance from UNICEF. It is designed for orphans and street children. It covers several topics, such as mentoring and teaching skills in mathematics, history, and other subjects.
The SPARK manual will provide guidance for the program director, case managers, and volunteers on how to manage children in community schools. This special training will help participants in dealing with complexities of teaching in a community school setting. SPARK is also expected to enhance the quality of education for CHHs. A section in the training will include information to improve a teacher’s knowledge base about CHHs. After training, each participant will get an attendance certificate. At the end of the orientation workshop, case managers will get involved in engagement and discovery immediately. Their first task will be to map out a working strategy to recruit heads of CHHs, including those children of the streets. The volunteers will begin working once the youths are recruited to the program.

One way this program will engage in constructive engagement, discovery, sense making and unfolding is through establishing agency collaboration.

_Establishing agency collaboration. (Engagement, Discovery, Sense making, and Unfolding.)_ Mulenga compound has several child welfare organizations working in the area. To avoid duplication of services and waste of resources, PSCHHs will collaborate with several of these organizations. Collaboration between different organizations will provide a good platform for engagement, discovery, and sense making. Two cultural principles capture the importance of agency collaboration. One principle in particular calls for pursuit of genuine and reciprocal partnerships among all relevant stakeholders in working with CHHs. Another cultural principle makes a similar statement, which focuses on innovations that need implementation with collective support, allowing for long-term commitments and efforts. To make collaboration effective, PSCHHs will encourage the
formation of a Youth Service committee for Mulenga. The committee will be an important player in discovery, sense making, and unfolding. It may also play a role in engagement. This committee will come together periodically to review and discuss ongoing child welfare activities within Mulenga with specific focus on what is being discovered as PSCHHS is being mounted.

The committee will have a rotating chair and secretary every six months. The venue for meetings will rotate among members to allow for flexibility. Members of the committee will attend relevant workshops in order to keep abreast with latest information concerning CHHs.

Program Content

Once all the preliminary work in the context has been accomplished, the program will be mounted. The reason for this is to get the program approach ready for implementation. Program content will be composed of several elements, first of which is education. Education takes place within engagement, discovery, sense-making and unfolding. It is important to recall that what is discussed here may change due to the emergence nature of this approach.

Since emergent planning is non linear, I will be required to discuss this plan at this stage in a non linear way, which will require reexamining states already discussed as new material is introduced into the plan

Education. (Engagement, Discovery, Sense making, and Unfolding.) Education is the most important area in this program, and will be based in a skills development curriculum. It is the engine that will drive all remaining program areas. The importance
of education is captured in the cultural principle, which highlights education and points out the need to design and frame relevant program activities consistent with existing needs. The principle further stresses reference points to address education, health, and poverty. It is through education that much of engagement with children and other stakeholders will be initiated. Exposing young people to a skill development curriculum will allow staff to inevitably learn more about them, such as their commitment to education and their willingness to become independent.

One open community school program is to be established at an already existing public school. Positioning this program at the public school is critical. This is supported by the cultural principle that mentions the need to establish programs in geographical areas that have necessary demographics and considerable levels of poverty. It is worthy noting the usefulness of public school facilities. This is a cost effective decision for a budding program entering its pilot phase. The public school will be identified by the executive board. Criteria for selecting this public school will be based on the following: degree of friendliness to CHHs; readiness to support and work with PSCHHs; and capacity to accommodate 25 young people. What this means is that the teachers and the principal of the public school will be willing to cooperate and work with the community school program. This point is captured well in the cultural principle that points out need for initiating program activities that focus on cooperation and collaboration with stakeholders.

The public school administration will play a key role in promoting engagement with CHHs as well as ensuring discovery of what is important to young people. Sense
making out of the whole situation might proceed smoothly as young people change and see a need to become better citizens. Heads of CHHs attending the community school program are not expected to encounter any stigmatization. The only difference between CHHs and other children in mainstream schools is that one group has parents while the other does not. Otherwise, the level of poverty experienced by both groups is the same.

The following discussion provides details of how education will operate. The flow chart below describes how the educational process unfolds.

First, the program director, case managers, and volunteers will immediately get involved in engagement, discovery, and sense making. They will recruit 25 heads of CHHs. The case managers and volunteers will apply enumeration and mapping strategies learned from their orientation training in recruiting children. The age range for eligible young people is 12 to 17 years. Although it is difficult at this stage to put a gender tag on the composition of this group, it is likely that majority of young people will be boys. According to the cultural principle, gender and age play an important role in differentiating successful services for different groups of children. The expectation is that
the program will unfold along these lines. This also means that the gender of the case managers and volunteers will come into play. Also, there will be particular educational differences between genders.

For children who frequent streets, the program director will work with the office of the district social welfare officer and other relevant local programs in Kitwe in mounting a recruitment exercise. Twenty-five youth will be chosen for the pilot because this number should provide a sufficient level of complexity to test the viability of the program design. As the program moves through engagement and discovery, it is not known what problems might emerge. But the best assurance for startup is to begin with a number that is within the programs’ capacity. Criteria for selecting young people will be based on the following: family size, age of the head of household, nutritional status of the household, and willingness of the CHHs head to participate in the program. No problem is anticipated in getting some of the children off the streets because the program has a compensatory package that will replace their earnings from streets.

After recruitment is completed, case managers will do assessments for all 25 heads of CHHs. This will allow them to understand their needs and will assure that discovery and sense making occur smoothly. The cultural principle speaks to the need for assessing young people’s needs in order to provide them with appropriate services. It also cautions that diagnosis of needs be attentive to Zambian culture. This exercise might provide useful information for the program to unfold appropriately as it grows. This is captured in another cultural principle that places emphasis on incorporating local
knowledge into the processes that inform the assessment, prevention, treatment, and delivery of services to CHHs.

Diagnosis of the needs of CHHs will occur during the one month period dedicated to orientation and preparatory activities meant to change the “street” mindsets of these children. Activities will include lessons in hygiene, cleaning house, interpersonal relationships, drama therapy, play therapy, and art therapy. They will be conducted by the program director and case managers at a public school where the community school program will operate. The diagnosis of CHHs needs will allow for accurate discovery and sense making, both useful benchmarks for making necessary recommendations not only for the youths and their families but also for the program's future.

Volunteers will begin to provide direct service through engagement followed with visits to the 25 CHHs. Their visits will consist of practical and material support based on the needs identified by the case managers. These visits will facilitate discovery and sense making as volunteers get to understand and know more about the conditions surrounding these households. This understanding and knowledge may be crucial for letting the program approach unfold in ways that accurately respond to needs of young people. Practical support here means helping young people with cleaning house, cooking, taking sick children to the clinic, mediating disagreements, and so forth. Volunteers will record all activities in their case notes. They will make notes of who they visit, what they see, to whom they talk, and what actions they take, such as cleaning or cooking. What they will be doing here is similar to engagement, discovery, and sense making documentation. This
information will be submitted to case managers, who in turn will submit it to the program director for review at a monthly staff meeting.

After the one month orientation has expired, children will be admitted into the community school and educational program activities will commence. Weekly activities are important for this curriculum. But recall that they may change. They will be designed in conjunction with young people to ensure that curriculum activities represent voices and aspirations of young people. In addition to the regular school day, weekly activities will start at 2:30 pm and end at 4:30 pm, Monday through Friday. The time table for the community school will start at same time as the official public school calendar. The calendar begins in September and ends in May. The main community school curriculum will be developed with young people and will specifically focus on the following skill development areas: job readiness to be taught on Mondays; nutrition and cooking to be taught on Tuesdays; health, sex education, and hygiene to be taught on Wednesdays; social skills to be taught on Thursdays; and civic education to be taught on Fridays. These areas are to be taught by the program director and his two case managers. But again recall that these may change because it is not known what issues might emerge as the program approach is established.

There will be a short public school break during months of December through January, but the youth will continue educational activities. During this break, young people will engage in a short break curriculum whose focus will be a segment of skill development, preparation for employment. During this short break, volunteers will teach
preparedness for employment, which might also include observations at potential work sites.

After the short break, young people will come back to school and continue with the normal classes and after school activities. Prior to the summer break, the program director will locate and work with prospective employers in finding internships for young people. Case managers will supervise young people once placed in internships. Young people who get paid internships will continue to receive payments from the program. But these payments will only be used to match what they had been getting during the education program. Youth who earn more than the amount established in the budget line will not receive additional funds from the program, but that funding will resume when classes resume.

Because this program in intended to be ongoing after the pilot phase, it is hoped that some of the young people who successfully complete their internships, including earning acceptable grades in school and in all skill development areas in the curriculum, will be incorporated into the program. Those who get involved will participate by teaching other children in the program. This move has support of the cultural principle that states that pursuance of genuine and reciprocal partnerships among all relevant stakeholders in the work with CHHs will ensure program success. To a certain extent this step will set necessary parameters for engagement with CHHs, thereby throwing light into areas that need discovery. If the program succeeds, this original group will move into subsequent years, thus becoming resources to the program. Again in the spirit of
emergence this might change because circumstances that could arise as the program unfolds are not known at this stage.

As is discussed earlier, skill development is an important portfolio for this program and will occur during discovery, sense making and unfolding. However, it may also change depending on new circumstances.

*Skill development. (Discovery, Sense making, and Unfolding.*) This program’s curriculum is skill development. This component of the program will allow us to discover what is necessary for program growth, and might pave the way for sense making of issues that are paramount for unfolding of the program. This point is nicely captured in the cultural principle where emphasis is made on framing and tailoring services in accordance with the demographic realities and needs of Zambian communities. Mulenga fits into this category because CHHs in that compound might benefit from specific skill development.

The program director and case managers will teach skill development. Recall that these areas are civic education, social skills, maintenance of health, and preparation for employment.

Civic education is another important component of this program. It will take place during engagement, discovery, and sense making. But it may change as the program emerges.

*Civic education. (Engagement, Discovery, and Sense making.*) If this works for young people, civic education will be taught on Fridays. Civic education is critical to young people’s development. In this area, young people will learn Zambian culture and
respect for elders. Included in the material are aspects related to engagement, discovery, and sense making. These will include planned visits to traditional ceremonies where young people will learn more about Zambian values. This aspect reverberates in the cultural screen when it speaks to the need to establish clear communication channels with key segments of Zambian society including tribal leaderships in order to ensure good relationships and positive program image. This activity might also promote discovery of what is needed to make the program more meaningful to CHHs. As young people learn civic education, it is hoped that they will become better citizens. This in turn might enhance sense making and upgrade their belief in advancing public good. Young people will also learn about politics, government, and its various components.

To be taught on Tuesdays are nutrition and cooking. Maintenance of health is the other component of this program that will take place during engagement, discovery, and sense making. Recall that this may change.

*Maintenance of health. (Engagement, Discovery, and Sense making.*)* Again, if this works for young people, maintenance of health will be taught on Wednesdays. Related to this area is cooking and nutrition, which will be taught on Tuesdays. Also included in this area are segments on hygiene, and sex education for both boys and girls. These classes will be separated by gender. After lessons about health are taught, volunteers will do engagement with CHHs, do discovery as well as sense making by follow-up with CHHs. This will ensure adherence to stipulated health standards they learn such as hygiene and nutrition.
Social skills activities will also be offered to young people and will take place during discovery and sense making, which might change later.

_Social skills activities. (Discovery and Sense making.)_ Depending on what young people say, these will be taught on Thursdays. Activities in this area will focus on discovery and sense making by focusing on play, drama, art, and conversations about matters of interest to CHHs and based on the needs identified in the case manager's assessments. The cultural principle supports this point. It focuses on need to attend to dynamics of the community and to seek to expand knowledge of the relevant context when dealing CHHs needs. Social skills enhance family life and they assure appropriate behavior in the community and in relationships of an interpersonal nature. Here we want to accomplish what is accomplished in the interior through _indaba_ and instructions of elders. These social skills will be culturally acceptable. These will occur in discovery and sense making but might change as the program approach gets established.

_Preparedness for employment. (Discovery and Sense making.)_ If young people agree, this will be taught on Mondays. Young people will be assisted with finding employment after completion of their skill development activities. But as mentioned earlier, a procedure for this will commence with internships. This is an important step in discovery and unfolding of the program because, as young people complete preparedness for employment activities, it will be interesting to note how they mature toward full employment and independence. In particular, teaching will focus on tips about what to wear for interviews, how to address prospective employers, how to write or fill out an application form for employment, how to keep employment, and how to relate with other
employees. Lessons will be delivered in a manner that recognizes gender of young people. For example, emphasis for girls might be on how to wear suitable dresses or skirts for work, and how to apply make up. The cultural principle highlights this when it mentions gender and how it plays an important role in differentiating successful services for different groups of children. It is possible that these tips will enable young people to become productive and responsible citizens once in full time employment. Note that preparedness for employment will also be taught during the short break.

We have some evidence from the research that suggests that certain elements must be built into the program to assure not only quality, but also program success. While the director will be responsible for this, to be culturally sensitive, what gets measured in the end will depend upon the needs and expectations of all stakeholders.

Assuring and Measuring Program Quality

Final aspects of assuring and measuring quality will result from the emerging design as the program unfolds. But beginning steps to assure quality and success will include the following aspects of the program. These will occur during engagement, discovery, sense making, and unfolding but may change.

Because emergent planning is non linear, I will be required to discuss this plan at this stage in a non linear way which will require relooking at states already discussed as new material is introduced into the plan.

Community involvement. (Engagement, Discovery, Sense making, and Unfolding.)

Community involvement is an important and desirable segment of PSCHHs. Case managers and volunteers will be involved in engagement, discovery, and sense making
by encouraging the community to get more involved in program activities. Once a month, the Youth Committee will hold community meetings where community members will be encouraged to attend with a view to promoting wider community involvement and participation. The Mulenga Youth Committee will ensure that many people from the community attend these monthly meetings.

In Zambian cultural, people show willingness to attend public meetings related to issues that concern them most. These meetings will be in agreement with the cultural principle that stipulates that, to attract full community support and ownership, activities should be closely linked with the cultural and identity of the community. During these meetings, community members will get a chance to air their views regarding the program. Viewed from another angle, these meetings will be promoting discovery as people air different views concerning the program and CHHs. Another cultural principle underscores this point by stating that local knowledge and information is needed to inform delivery of services to CHHs. It’s hoped that through these meetings, the community will get a sense of ownership of the PSCHHs. The cultural principle drives this point home when it states that accountability to local needs and interests ought to become an important part of the program’s governance structure.

Use of extended family is expected to play a key role in assuring program quality. These will take place during engagement, discovery, and sense making but might change as the program approach is implemented.

*Use of extended family. (Engagement, Discovery, and Sense making.*) This program will place a lot of emphasis on the role of extended family in meeting the needs*
of CHHs. This is in accordance with African culture. The cultural principle supports this position by recognizing what Zambian culture can offer by exerting positive influences for successful programming and service delivery. Arising from this, and acting within *indaba*, case managers will get involved in engagement, discovery, and sense making by actively working with CHHs. In some ways, they will become their extended family when none exists or when circumstances have overwhelmed the family's ability to respond to additional children's needs. Where possible, case managers will work with those traceable extended families to assess how they can get involved in the lives of young people in CHHs. As a way of promoting community and family involvement, announcements regarding CHHs will be made in churches or posted at public markets. It is hoped that the community itself will begin to see that they should become the extended family of these children.

Service delivery will be determined by age as well as involvement of young people in decisions. These will occur during discovery and sense making phases but may also change.

*Consideration of age. (Discovery and Sense making.)* The cultural principle is explicit about age. It states that age plays an important role in differentiating successful services for different groups of children. This will play out in discovery and sense making as evidence by the types of services offered to young people. Differentiation in these services will be based on age. Older children are expected to not only participate in activities, but also take responsibilities in them, thereby inculcating *indaba* and other civic responsibilities. As the program unfolds, some older children will play a leading
role in teaching skill development curriculum to other children in the program. They will also participate in social skills by leading in drama and plays. They may also lead in other activities such as soccer for boys or net ball for girls. Enrollment in the community school will be determined by age as well. It is important to note here that age might be an important consideration for engagement with CHHs such that our efforts to recruit girls might necessarily be targeted to a younger age than that of the boys so that the girls do not become lost to their households. The level of engagement with heads of CHHs, including the degree of discovery and sense making, will be determined by age of young people. Recall that these may change once the program is established.

_Involvement in decisions. (Engagement, Discovery, and Sense making.)_

Involvement of young people in decisions is an important consideration of this program. In this way, the program will recognize that CHHs can make necessary contributions toward program success. This position is supported by the cultural principle that mentions that innovations need to be implemented with collective support that allows long-term commitments and efforts from key stakeholders. I am taking this position even though the Africans involved in this research were rather hesitant to include the youth fully in the program. I choose to do so because, though their age would indicate a certain position in Zambian society, their responsibilities indicate a need to develop additional roles in Zambian society. In this instance, the collective support and commitment to their own and the program's success must come from young people themselves. This is also one way of having productive engagement, discovery, and sense making with young people. This might allow better discovery through letting young people take a leading
role in social skill activities such as art, plays, and drama. This would also include
making young people resourceful by allowing them to teach some of the skill
development areas during subsequent years following program inception.

Mentoring and counseling are other areas included in assuring program quality.
This will occur during sense making and unfolding but may change during program
establishment.

*Mentoring and counseling. (Sense making and Unfolding.)* To attend to mentoring
of young people, the program director, in consultation with 5 volunteers recruited earlier,
will recruit 5 mentors. These mentors will also serve on a volunteer basis. These will act
as job coaches. They differ from the original volunteers because their role is to instill
good behavior and citizenry concerning work in the young people. This will lay the
premise for sense making arising from their experiences with young people. Criteria for
recruiting mentors will be based on the following: individuals with proven integrity and
demonstrable commitment to young people; individuals with good standing in the
community; and individuals with a demonstrable record of happy and successful families,
no family violence, and long marriages. Mentors are part of the job readiness aspect of
the program and are expected to work with CHHs during the short break and the summer.
Information that they provide to the program director will be useful for the unfolding of
the program.

At end of first year the program will be evaluated using the emergent design.

*Evaluation.* This program will conduct an emergent evaluation using methods
described by Netting, O’Connor and Fauri (2008). As the program unfolds, uncertainties
are expected along the way. These will be discovered by looking at the benchmarks as the process unfolds. The benchmarks here include recruitment of board, staff, volunteers, and children. These might introduce change and adaptation issues that may make the program meander in unexpected ways. This is the reason for employing a non restrictive evaluation plan, which will set parameters for evaluation to occur smoothly. Benchmarks will also assist in discovery, sense making, and program unfolding as subsequent efforts to expand the program are made. Since it is not possible at this stage to determine the program path, the following results are tentative but are expected to provide useful information as the program continues to change in response to new information.

Therefore, the following results may only be useful at end of the first year.

- Children in school
- Children making grades
- Children paying attention to classes
- Children adhering to work ethics during the short break. This might include pattern of reporting for work.
- Things community sees as being important regarding children.
- What prospective employers say about young people interns regarding reporting for work, dress, and talking to supervisors.

It is important to note that these results will be viewed as important indicators as the program unfolds. For example, for feasibility it might be important to ask whether the program has managed to recruit staff, children, and volunteers. It might also be necessary to ask whether the program has managed get funding from ZAMSIF. For content, it
might be important find out whether the program has managed to teach the skill
development curriculum to young people. For quality it might be necessary to find out
whether the program has managed to involve the community and extended family in its
service delivery.

Few areas that Americans thought were important are included in the program
approach against the ideas of the Africans. These are mentoring and counseling and they
relate to job coaching roles for mentors. Community involvement and use of extended
family are included against the ideas of the Americans. Both these program areas are
included to show the practical aspects of this program approach of translational research.
What is important here is to show how these areas, especially those suggested by
Americans against ideas of Africans, would work in Africa.
Chapter 5: Implications

Chapter 5 discusses the implications of this study as related to translational research and diffusion of innovation. Connected to this discussion are real practical consequences of doing planning in an emergent way. There are also implications in terms of policy, practice, social work education, and research. The discussion will begin with policy because it lays out the necessary framework for doing practice with adolescents. Social work education is a precursor to practice and highlights important areas to cover when teaching social work students better ways of working with adolescents. Both social work practice, education, and research are linked. They all provide useful information about the practicality of working with adolescents. They also highlight potential areas affecting adolescents, such as skill development and job readiness. Some of these areas are discussed later in this chapter. Please note that the terms “young people,” “youth,” and “adolescents” are used interchangeably.

I begin by looking at translational research as opposed to innovation research.

Implications for Translational Research as Opposed to Diffusion of Innovation

Traditionally, translational research has been a domain of positivist research. But in recent years the trend has shifted, as this type of research makes headway into the social sciences. Social work is no exception to those fields that are beginning to use translation research (Brekke, Ell & Palinkas, 2003). An important finding of this study is that there needs to be careful attention paid to translational research when used in
research studies involving more than one context. This is especially crucial when possibilities of emergent programmatic planning become eminent. Conducting research in which the intent is to develop a program model for another context creates a situation where one is guided and led by the dictates of a positivist linear planning path. A lesson from this study is that avoiding this situation becomes problematic because the goal of translational research is to produce a product, theory, or “model” that might need testing. Testing of this model would initially be done as a pilot with the view to replication. However, when the product, theory, or model produced is meant for a context that is culturally different, then the challenge of making that model relevant to that particular context becomes an area needing closer attention. Because translational research is positivist, addressing this challenge of program model vis-à-vis context relevance is something that might be solved by looking at paradigmatic differences and creating decision rules about making the necessary shift or paradigmatic jump. This aspect is critical and provides hints about answering the important question, “How can the paradigmatic jump be made?” As lessons from this research suggest, the use of a cross cultural lens and a need to pinpoint related decision rules becomes a necessary bridge or conduit for making the crucial paradigmatic jump. The jump is necessary to make the program relevant to the local context for which it is intended. In this study, that context is Zambia.

Recall that African participants acted as a bridge that provided the appropriate cross cultural lens required to make the shift from translational research to diffusion of innovation. The cross cultural lens is critical and needs to be emphasized whenever this
type of research is done. It is the cross cultural lens that lays the groundwork for generating relevant decision rules that might make the actual paradigmatic jump possible. When the paradigmatic shift occurs, the program moves into another paradigm with different implications. In this study, the process of designing the program ended up in the interpretist paradigm. In the beginning of the study, the process was complex, and it was difficult to detect early signs of a possible paradigmatic shift. In order to capture meaning and assure context relevance, it is crucial to recognize the program changes as the shift occurs from translational research to diffusion of innovation. Diffusion of innovation is interpretist, and Rogers (2003) has discussed its application in a way that extends its meaning to include the importance of local culture. To respect local culture is critical and this might entail making language and terminological changes that are sensitive to the shift but at the same time appropriate to local context. In this study, the shift resulted in the need to change the term program model to a program approach a term that is more appropriate for emergent planning. Usage of the term program approach is culturally relevant and carries culturally competent connotations. As perspectives of African participants suggest, taking up a new term highlights a program approach that is sensitive and appropriate to local culture. It is important to pay attention to this area when considering a program for contexts that are culturally different, such as Zambia.

There are implications for the paradigmatic jump that might be crucial to discuss.

Implications of Paradigmatic Jump for Developmental Efforts

The discovery of the shift or paradigmatic jump might have huge and important considerations for developmental efforts. Recall that what I have produced in this study
took time. Because of the complexities and uncertainties of emergent planning, it is possible that moving to the next stage might require an even longer period of time. It is important to pay attention to the challenges of dealing with uncertainties of emergent planning brought about by the paradigmatic jump. This calls for time, patience and careful thinking about the whole process of emergent planning. Allowing adequate time and employing some patience may provide an opportunity of coming to grips with the practical consequences of doing planning in an emergent way. Looked from another perspective, funders who expect linear models to be embedded with great detail might need to understand the nature and process of emergent planning (Kettner, Moroney & Martin, 1999). This can help funders to understand that detail in itself may not be all that is important when dealing with a program approach that emphasizes emergent planning phases of engagement, discovery, sense making and unfolding, and that begins only when the program is taken to site. For someone like me who wants to start a program, this might mean that there is need to understand and prepare adequately to deal with a program approach whose premise is emergence and where uncertainties and complexities are big possibilities.

The following are pitfalls that might occur when one is engaged in this type of emergent, non linear programming:

- Because of the unpredictable nature of doing planning in an emergent way, it’s possible that one might get frustrated along the way as the process gets more complex and uncertainty is increased.
• It might not be possible to fully grasp emergent planning as a process right from the beginning. It also might not possible to know the end from the beginning of emergent planning. It is possible that even when planning has reached an advanced stage, one may be forced to reconsider earlier positions on planning because of the meandering nature of the process. What this process calls for is patience, clear open thinking, and keeping an eye that is open to further discoveries and possibilities.

• Paying attention to planning that has a good deal of detail is common in positivist research. This is often the case when one is dealing with linear positivist models. It is important to remember that with emergent planning, detail is tentative as things might change at any time as new information is gathered. Whenever there is detail, it must be qualified by a statement that highlights its tentativeness.

• When conducting this type of research, it is easy sometimes to come up with language terminologies that may not be compatible with the paradigmatic shift. This might occur when one does not especially understand the complexities, challenges and direction of the shift.

• It is possible that there are might be failure to pick up early warning signs of the potential paradigmatic shift. Getting too embroiled in the program planning process might obscure true realities about the process itself, thus preventing the researcher from picking up early warning signs of a paradigmatic shift. There are opportunities created by emergent planning, and the following are important considerations:
• The attention that emergent planning pays to the local context renders it open to multiple perspectives. This is crucial for a program that involves many stakeholders whose information might be crucial for unfolding the program. Multiple perspectives might mold and shape program development.

• Emergent planning enables the researcher or programmer to understand the different phases that a program moves through, as well as how this movement might affect program growth. Recall that in this type of planning, the program does not move in a linear fashion but follows a somewhat cyclical path that does not provide any certainty in terms of how the program unfolds.

• Understanding how the program meanders as new information emerges is useful in keeping track of program growth. This enables the researcher to pay attention to important areas that might be crucial for program development. Again, what facilitates this is the cyclical nature of emergent planning, which exposes the researcher to new information required to closely follow the program path.

Practical Critique of the Emergent Program Planning Approach

Emergent program planning as provided by Netting, O’Connor and Fauri (2008) provides useful and powerful steps that are crucial for a nonlinear program approach. What is helpful about this planning is that it provides an opportunity to experience the challenges of emergent planning by allowing the researcher to see important phases of planning and how these interact, crisscross and engage at various levels. The approach underscores the strength and usefulness of following different phases; engagement, discovery, sense making and unfolding. It also offers insight into how the planning
process moves through phases. It is necessary to know and understand these phases, as doing so might help to highlight crucial pieces of information related to each of these phases and how these shape the program.

This approach is obviously powerful as it sets standards and parameters for emergent planning. It also draws clear distinctions between program model and emergent planning. However, Netting, O’Connor and Fauri do not discuss or offer suggestions about useful guidelines that might address any changes in planning that occur as result of paradigmatic jumps. This information is crucial as it might strengthen emergent planning by adding a dimension that addresses implications resulting from paradigmatic shifts.

To begin the discussion of implications that are specifically related to policy, I will examine those implications in terms of national and state level policy. After that the discussion shifts to practice. This discussion highlights important aspects of translational of a model.

Implications for Policy at National and State Levels

Although participants did not identify any major changes that need to be made at the national level in terms of expectations for ILs, they did point out issues that relate to the interpretation of national expectations. Addressing these issues might be useful in enhancing the quality of services for all adolescents in the US. One major issue is the apparent disconnect between the way expectations are interpreted at the national and the state levels. This lack of clarity in national expectations might have negative impact on quality of services for adolescents. For example, participants noted that workers need to know the best options for dealing with adolescents who have psychosocial issues when
the methods prescribed at the national level fail. When workers do not know the best options, it becomes difficult to assess the affect of services on young people. The following questions might be important to consider when addressing this issue: Are workers at the state and national levels making right interpretations of expectations? To what extent do these interpretations affect the lives of adolescents? What might be done to ensure that there is consistency between state and local level interpretations of national expectations and quality of services?

Policy in Zambia also suffers from vagueness, but the problem takes a slightly different path. Recall that chapter 2 identifies the Zambian mechanism that is already in place to address issues affecting young people. The existence of this structure speaks to the Zambian government’s commitment, willingness, and readiness to provide support to youth projects. However, participants made observations that suggested there was vagueness in the language concerning most policy targeting young people in Africa. This vagueness is present in policy in Zambia as well. The language of the policy should be reframed so that it becomes more specific to the needs of adolescents. Specificity of language might go a long way toward solving the problem, especially at the provincial levels where most planning takes place—including targeting of services for young people. If the program approach discussed in chapter 4 is successful, there might be a need for policy changes at the provincial and national levels. Once the program is implemented, depending on the results there might be a need for the program to take an entrepreneurial path, as well as a need for the political will that can provide the necessary ingredients for moving the program forward. This will ensure that the program is
Zambian. One way this might be consolidated is through availability of local funding, a viewpoint participants supported.

The following sections discuss funding, access to education, and availability of health services. These are important areas for policy implications at the national level. The sections that follow will point to the importance of certain aspects of translation of a model and diffusion of innovation. Please note that although the translation of a model and diffusion of innovation are not used directly in discussions, the idea is nonetheless present in all sections.

*Increasing Funding for Services Supporting Adolescents*

For any program approach to function at desirable levels, funding is a crucial component. A weak funding base limits the ability to function at optimal capacity, and affects the delivery of services to young people. The degree to which participants echoed the importance of funding stressed how central adequate funding is to a successful program. Kwofie (2003) and Collins (2001) agree with this viewpoint and conclude that most programs fail to function effectively because they have none or minimum funding sources. This is particularly true for Africa, where most countries are grappling with problems of poverty and debt. But this might be true for the US as well, where programs may be available but all young people in need are not being served.

Related to funding is the issue of accountability, which participants also mentioned. Accountability ought to become a marker for ensuring that funds allocated to programs are utilized in acceptable ways. This position has been supported by Papungwe (2001), who found that accountability was crucial in ensuring effective service delivery
for Zambian NGOs. Insisting that funding and accountability work in concert, both here in the US and in Zambia, is crucial. Furthermore, it is crucial that policy that ensures funding to youth services is made available. Not only might this provide necessary parameters for managing funding, but it may assure that funds trickle down to young people. This arrangement may likely guide and regulate how funds are used and how these affect the lives of adolescents.

One area that seemed to have generated a lot of discussion amongst participants is education. The following implications relate specifically to education. The discussion that follows underscores the importance of this area as seen in the context of Africans and Americans.

*Improving Access to Education*

Participants in this study indicated a strong need for young people to have access to education. Education is critical for their success, and a lack of it can escalate poverty, crime, and homelessness. Kelly (2002) concurs with this viewpoint and has documented that education enables young people to better understand the world in which they live. It equips them with skills crucial for their survival, as well as helps them to become responsible and productive adults. There is a need for policy that ensures that adolescents are provided with an education that prepares them for future responsibilities. For both the US and Zambia, this education might also help young people to better understand the world. If there is need to make changes to existing educational national policy, then the changes should focus on the specific educational needs of adolescents. In the US, where policy mandates that education be provided to adolescents up to 16 years of age, support
should be provided that assures that adolescents move through the continuum of education without any difficulties. Unforeseen difficulties, such as a need for textbooks and other school requisites, should be addressed in policy and attended to.

For Africa, the World Bank (2003) has reported information that is shedding light on new ways that families and communities might help to promote education. Because of financial issues, young people often face difficult decisions about whether or not to participate in school or to perhaps blend school with part-time employment or full time work. Their participation in education might increase if families and communities were to take on direct costs related to uniforms, school supplies, and sometimes transportation for young people. Consequently, in designing policy, it is important to consider the cost of education to young people and their families, which includes a loss of income that young people would otherwise earn on the streets during school hours. In designing the model discussed in chapter 4, this viewpoint was factored in.

Participants of this study also spoke about health, which also has policy implications. This area was central to both Africans and Americans. All participants laid out what they saw as crucial elements for solidifying health services for young people in Africa and America.

**Strengthening Provision of Health Services**

There is evidence in the literature that adolescents growing up in vulnerable situations often are exposed to excruciating circumstances (Everett, 1995; Luzze, 2002; Mufune, 2000; Shin, 2004; UNICEF, 2002). Participants in this study seemed to agree with this position and singled out how young people in particular often lack the capacity
to afford health services. This is true for both the US and Zambia. In Zambia, where health services are no longer free, young people often do not have the means to afford health services. Foster, Levine, and Williamson (2007) have commented that adolescents often find themselves in environments where attention to health is at a minimum. It's clear that young people in both the US and Zambia should be provided with the capacity to afford or have access to health services. This is especially important for those young people threatened with the possibility of acquiring HIV/AIDS. Equally important is the need to create environments that are sensitive to the health issues affecting young people. As participants noted, one way this might be done is to promote sex and birth control education. Another way is to introduce affordable health insurance for adolescents and young people at risk.

For the US as well as Zambia, there should be policy that might focus specifically on making it easier for adolescents to access health services—for example, through free medical services for those young people in extremely difficult circumstances. This population is vulnerable, and giving them access to free health services might be crucial when they are confronted with health threatening illnesses such as HIV/AIDS, malaria, or cholera. It is therefore important to have national policy that allows for the provision of appropriate structures required to address health issues of young people.

There are also implications in this study that are related to practice.

Implications for Practice

This study’s implications that relate to practice highlight areas that are central to the well being of adolescents and adolescents at risk in both US and Africa. In this study,
participants had differing perceptions related to practice with young people because they represented different orientations. However, their varying positions do provide useful lessons. In addition, participants demonstrated a broader level of consensus on practice issues they thought were vital to both adolescents and young people at risk. In part their voices indicated a strong need for practice that is culturally competent, purposeful, and meaningful to adolescents and young people at risk. The implications of their comments are discussed below.

Broadening the Base for Civic Education

There are important lessons from perspectives shared by both Africans and Americans regarding civic education. The importance of civic education cannot be overemphasized for both US and Zambian adolescents. Kelly (2002) noted that, if implemented effectively, civic education has many benefits for young people. This study echoes this position and goes further by highlighting how civic education might help adolescents become good and responsible citizens.

Participants, in particular the young people, made important comments about civic education. Young people commented on the importance of civic education and noted how it might help them in understanding crucial public structures and systems. In an election year such as the one happening in the US, civic education becomes crucial for young people’s participation in the electoral process. Young people paid particular attention to this point. Their position can be attributed in part by Barak Obama’s campaign and how it is igniting interest in voting among young people. In order to strengthen civic education of young people in any kind of election, and in order to
enhance their awareness of key public structures and systems—including how they operate—there needs to be practice that links education to civic matters.

The following section sheds light on the centrality of practice vis-à-vis staff recruitment and training.

Practice with adolescents requires qualified and well trained staff to assure optimum service delivery. There was a good amount of discussion from participants concerning staffing. Their comments had many implications, but I will focus on those relevant to work with young people. The issues identified as crucial to service delivery for young people were staff recruitment and training. Although stable funding and a suitable level of compensation are important factors in recruiting staff, participants also stressed that the staff who are chosen must also be appropriate people to deliver suitable services for young people. Participants highlighted the need in both the US and Zambia to invest in recruiting and retaining suitable staff. This should be encouraged.

Staff training might include development, retention, and capacity building. In the words of Richter, Manegold, and Pather (2004), effective programming requires “levels of professional preparation and ongoing coaching and supervision that many adolescent serving organizations are not delivering” (p. 21). Participants noted with regret how having untrained staff might lead to ineffective services. Participants also noted that the lack of qualified and trained staff causes a high level of turnover in youth programs.

For both the US and Zambia, practice with adolescents needs appropriate benchmarks that might guide staff recruitment and training. For example, setting a twelfth grade requirement as a minimum qualification might be the starting point for
recruitment. Training procedures should have the required specificity in language that assures that young people are being served by the right people and are receiving the right kind of services. They deserve nothing less. Training may guarantee that individuals working with young people possess the appropriate skills. As participants pointed out, the training they receive might include areas that are important for young people, such as skill development, health and sex education, and job readiness.

Participants noted how agencies play a central role as they work with and for adolescents. There are implications for collaboration between different agencies. Africans and Americans were clear about this and both groups made critical comments related to agencies and collaboration.

Promoting Collaboration between Different Agencies

Agencies are important partners in working with and for young people. They serve a different but crucial role that ensures that the needs of young people are addressed. The impact they have on adolescents in general reflects to some extent the quality of their services. Participants in this study seemed to share consensus on this position, and commented that many agencies have “lost direction” because they have been caught up in situations where each agency is competing for the lion’s share of the number of young people they can serve. This practice is not healthy and most often works to the detriment of adolescents. An environment characterized by such competitiveness between agencies only leads to an “I win, you lose.” This could lead to both a waste of resources and a duplication of services.
In their study, Krift and Phiri (1998) made similar conclusions. They recommended that agency collaboration should be a precursor for better care to young people. Greater efforts are required to foster collaboration between the many agencies working in the adolescent arena in both the US and Zambia. This needs to be promoted. Agencies need to be informed of the benefits that their collaborative efforts might bring once they begin working together in constructive ways. In long run, this kind of collaboration might have a positive impact on the lives of young people.

Having agency collaboration should be a stepping stone for meeting both agency goals and the needs of young people. This might be accomplished through targeting of services. The discussion that follows highlights critical areas that both Africans and Americans pointed out as being critical for targeted services.

Provision of Targeted Services

Implications from this study identify and highlight a strong need to provide both adolescents and adolescents-at-risk with targeted services. For the purposes of this study, targeted services are defined as those services that meet the specific skill development, educational, health, and job readiness needs of adolescents. Participants cited an example in Africa where the majority of current services for adolescents are not targeted to their needs. Lugalla and Mwambo (1999) echoed a similar view in their study of street children in Tanzania. This study extends this further by insisting that targeted services are crucial for adolescents. This might enhance the ways young people receive services relevant to their specific needs. Services that are targeted are better positioned to address varying needs and concerns of young people. Participants seemed to share broad
consensus on this issue, and pointed out that adolescents benefit when services are particularly targeted to meeting their particular needs.

It is imperative, then, that practitioners carefully consider the critical points in development of young people, both in the US and Zambia. This might suggest the best ways of working with them, while assuring that well designed, targeted services are made available. Doing so might make targeted services to adolescents more focused. Targeting services to young people of different ages is something that participants felt was important for young people. However, its equally important to know what kind of differences such services would make in the lives of young people.

Another area participants addressed that might relate to targeted services was need to focus on the strengths of young people. Research has documented that when faced with difficult circumstances, adolescents often display strengths that were previously unrecognized (German, 2003). One of these strengths might be resourcefulness, demonstrated by the ways in which young people survive by engaging in activities that help them to survive. These activities might include raising money, which young people often do in urban areas by performing odd jobs such as cleaning shoes or carrying shopping bags. Another strength participants noted was the ways in which young people manage their money when addressing issues within their own households. It is important that services in both the US and Zambia pay attention to these strengths. Doing so may assure provision of appropriate services that tap into these capacities.

There are implications for involvement of young people in service delivery.
Shifting the Role of Adolescents Services

Promoting services by collaborating with at-risk youth. This discussion highlights crucial contributions of Africans and Americans connected to services and collaboration with at-risk youth. Participants shed light on the crucial role that collaborating with at-risk adolescents might play in promoting and advancing their own welfare. This collaboration is essential, particularly when it comes to making decisions concerning their lives. Donahue and Williamson (1999) have noted that many services for at-risk youth do not involve the youth in major issues. Consequently, young people at risk are pushed to the margins of programs and have no voice to air their concerns. Collaboration with at-risk adolescents is a nurturing process because it not only provides them with opportunities to work with adults, but it places them in positions where their voice matters in service delivery. Getting young people involved in running programs might enhance their leadership skills. It may also lead to better targeting results, as young people identify and participate in areas important to them.

Services that place emphasis on collaboration with at-risk adolescents should be encouraged in both the US and Zambia. This kind of collaboration might produce services that are effective to this population. Ultimately, this may assure that these services are meeting the most crucial needs of young people at risk. Participants also noted that a lack of collaboration with at-risk adolescents could divert attention from their most pressing needs. Kopoka (2000) confirmed this position when he noted that services that do not advance collaboration with young people at risk fall short of meeting their required needs. Putting emphasis on collaboration with young people at risk might result
in increased provision of appropriate services to this population in both the US and Zambia.

The appropriateness of translating this arrangement to Zambian culture might need to be explored more fully. Some participants expressed reservations in this area and noted that when collaboration with young people becomes necessary, careful attention should be paid to issues of “who has expert knowledge.” Adolescents have a certain degree of knowledge and valuable experiences that if acknowledged could become central platforms for service delivery. However, questions related to issues of who has expert knowledge need to be attended to carefully to avoid cultural conflicts. For example, in Zambia, adults are expected to make most of the major decisions concerning young people. This may not be as much of an issue for the US, but adults collaborating with adolescents still might need to demonstrate cultural competency. This might mean that people working with young people respect, trust and communicate with them in ways that guarantee their advancement.

Conclusions of a study by Hess (2002) highlight this point by stating that services for young people need to ensure that their voices become part and parcel of program operations. Similarly, Luzze (2002) observed that services that do not involve adolescents in decision making are most likely to become irrelevant to them. Participants agreed with this position and noted that when involvement of young people in decision making becomes a driving factor, programs respond well to young people’s needs. When this takes place, it might be expected that adolescents and adolescents at risk in both the US
and Zambia may receive services that not only embrace and reflect their viewpoints, but build on their strengths.

One area that seemed to feature prominently in participants’ observations was the need for public awareness about the plight of both adolescents and adolescents at risk. The following discussion draws on perspectives of both Africans and Americans.

*Increasing Public Awareness about the Plight of Risk and Non-Risk Adolescents*

Participants recognized the need to sensitize both the public and key government actors and gate keepers about required services for adolescents. What participants said suggests that this sensitization might occur at three crucial levels. First, government departments and various institutions responsible for young people should be sensitized through public awareness campaigns, followed by serious talks with key officers in these organizations about the challenges young people face. This sensitization might be an important step in understanding regulations related to programming for young people.

Second, key stakeholders such as police officers, public health workers, school administrators and teachers are important targets for sensitization. These stakeholders should be sensitized about the plight of young people in both the US and worldwide. Kwofie and Milimo (2000) report that sensitization activities for police officers and school teachers have proven to be effective methods in enhancing awareness about the plight of young people. Sensitization activities might include workshops, drama, and open theater. Promoting sensitization might reduce some of the impediments adolescents face when needing important community resources, including public attention.
Third, sensitization of the key stakeholders in government, school administration, and health might lead to better rapport with these players. When this happens, service delivery that hinges on collaboration with these stakeholders may improve.

Sensitizing the public about plight of young people might involve working with communities. Participants underscored the crucial role community involvement plays in the life of adolescents. There are important contributions from both Africans and Americans that show that expanding community involvement might have positive impact on lives of young people.

*Expanding Community Involvement*

Participants in this study noted the critical role community involvement might play in tackling problems of young people. For our purposes, community involvement means the ways in which programs work with volunteers. Volunteers may include teachers, clergy, and the extended family. As an incentive, volunteers may be paid a small fee for their services. Participants noted how community involvement might “serve as a necessary conduit for values and culture” for young people. Community involvement might also be instrumental in providing supportive care for adolescents so that when they grow up they might begin to embrace values that are essential for their standing in society. These implications confirm what Odhiambo’s (2003) findings, which suggest that involving the community in work with young people might have a positive impact on their well being. Community involvement should therefore be promoted. Benefits that may emerge from this arrangement might guarantee adolescents and young people at risk in US as well as Zambia the support they need from the community. Doing so may create
opportunities where young people not only enjoy support from communities but do so over longer periods of time.

Embracing community involvement may help programs within communities to become the best frontline responders to challenges confronting young people. This is crucial because it may not only ensure strong relationships between service providers and communities but might allow young people to uphold and respect “community values and norms.” Participants noted that community involvement is critical in engaging young people in ways that may allow them to exploit opportunities within their communities. This should be encouraged.

Arising out of community involvement is the role the extended family plays in supporting young people. The following discussion points out important areas about extended families by paying attention to contributions of both Africans and Americans.

*Working with Extended Families*

Extended families play a critical role in shaping lives of both adolescents and adolescents at risk. It is within families—including extended families—that young people are socialized and learn norms and values essential for their development. As Williamson (2003) notes, extended families provide necessary parameters in which adolescents might grow and graduate into responsible citizens. Participants in this study agreed with this viewpoint and shared a common consensus on the centrality of the extended family in providing care and support to young people. Working with extended families is something that is paramount. This should be encouraged in both the US and Zambia. Participants observed that extended families are storehouses for knowledge and
understanding of adolescence and family histories—knowledge that can be crucial for successful practice.

Service providers working for the well-being of adolescents and adolescents at risk are relying more on activities that recognize the usefulness of extended families (UNICEF, 2000). These approaches need to be cemented in both the US and Zambia so that services provided to adolescents are appropriate and meaningful. Participants of this study were cognizant of this viewpoint and suggested that service providers and extended families work together. This needs to become an important item on the agendas of service providers. Extended families may help service providers attain a deep understanding of the value of extended families and the benefits that accrue by working with them. Participants felt that including extended families in planning service delivery might be an important platform for creating opportunities that may improve the livelihood of adolescents and young people at risk in the US and Zambia. This is also needed.

There are implications for social work education in this study, and these are discussed next. These are crucial because, like other implications discussed previously, they underscore important lessons that might be shared between students from both Africa and America. Use of these lessons might work as a catalyst for providing African and American students with appropriate skills to work with young people.

Implications for Social Work Education

Although social work education has a component that includes work in communities and with families, more time should be devoted to teaching social work students about the importance of working with and for adolescents. This may include
providing instruction that focuses on issues affecting young people, such as life skills. This is important at both the BSW and MSW levels. Students at these stages are sometimes just coming out of adolescence themselves, and they may face boundary management challenges of dealing with adolescents, especially when working with adolescents in clinical settings. Students at the BSW and MSW levels need the clinical preparation required for working with adolescents. Having the right preparation may equip students with essential skills needed for managing adolescents. For example, students may be taught how to avoid over-identifying with young people, a common problem for students who are just beginning to work with adolescents. Clinical preparation might help put their beliefs and commitment to social justice into action in the lives of adolescents. In a study of adolescents, Richter, Foster and Sherr (2006) document similar concerns.

There are implications related to promoting student programs that might occur at the international level.

*Strengthening Student Programs at an International Level*

In this century, study abroad programs underscore the centrality of a world economy. This area is becoming more and more important as what happens in the US can affect what is happening in other parts of the world, and vice-versa. Cementing already existing student programs in the US is something that might help in preparing social work students for cultural competency. As students go to Africa or other parts of the developing world, they might be exposed to different levels of poverty. This exposure
might move them to the right kind of “humility” which so central to social work practice. They may also become more sensitized to tribal differences in these countries.

It is important to note that as students from the US go on these study programs, they should be educated about avoiding a “colonial mentality” as they mingle with the locals. This is crucial for practice. It is also important for promoting certain dimensions of cultural competence, such as sensitivity and respect for other cultures. Also, when students return to America they might be become more culturally competent and be able to exhibit some of the skills important to practice when working with young people. This might include skills such as sensitivity, respect and understanding adolescent culture.

It is not anticipated that students from Africa might come to the US under these student programs, at least for now. The expenses are beyond reach of many. However, it is possible that, with the right kind of attention to young people and with support from local sources—such as the booming private sector in many African countries—social work students from Africa could come to the US in the future, and learn about US culture and its policies for adolescents and young people at risk. The goal would be a true exchange between US and African social work students.

There are implications in this study that relate to research. They focus on methodological weaknesses of this project and how these might be overcome.

Implications for Research

Methodological Considerations for Future Research

- Using a random sample would eliminate some of the gender issues that might emerge if one is using a focus group based on gender. However, careful attention
needs to be paid to the return rate so that it is not low. A random sample would also make possible the generalization of results.

- Having more young people participate in the study, as opposed to 3, would provide a wide spectrum of young people’s perspectives about programming. Having different perspectives about how young people feel about programming would seem to be a step in the right direction.

- In the future, conducting a study that focuses on the lived experience of young people would provide more information about what is better in regard to programming for adolescents. Other methodologies that might be useful would include participatory action research and participatory learning and action. Both of these methodologies are radical and might ensure that the voices of young people are strongly represented.

Because this study has focused on bridging service gaps between two differing contexts—the US and Africa—there are lessons about translational research that might help in future translational research

*Implications for Translational Research*

Based on this study, the following lessons about translational research are important and might serve as useful reference points for future research. These lessons might also provide important insight into key areas that participants highlighted and which are crucial for translational research involving programming for adolescents and young people at risk.
• If this is an accurate picture of what the participants said it seems that there are difficulties involved in getting an appropriate cultural screen that would provide important clues related to what is best for young people. What might work is recruiting participants capable of acting as cultural screens and who might have appropriate knowledge related to a particular cultural screen.

• It would be better to have a fully Zambian cultural screen that would provide uniformity in the scope of perspectives about programming for young people. Having this type of cultural screen might provide solid and well focused perspectives about young people.

• It is difficult to produce a rigorous model when much of what needs to be done hinges on who will participate. If this is an accurate presentation of what participants said, having guaranteed participation is crucial when the goal is to produce a model that might need to be tested. It may be necessary to recruit participants who are committed to the translational process. This might require providing incentives such as participating allowances or gift vouchers.

• Making appropriate decisions about local and expert knowledge is important. This often becomes difficult when there are no assurances about the participants’ uniformity. It seems, then, that paying attention to issues of local and expert knowledge would eliminate decision barriers that might arise during the translational process.
**Challenges of Capturing and Recording an Emergent Plan**

Recall that this program approach rests on the strength of emergent program planning. The non linear nature of this type of planning makes it almost impossible to suggest what might happen as the program moves through the different planning stages of engagement, discovery, unfolding and sense making. Because new information is almost always expected to surface at different states of the process, the challenges of capturing and recording this planning process becomes a difficult task. However, in order to make progress and allow the process to move forward, it is crucial that the researcher or program planner involved in this type of planning process resigns to a position of “uncertainty” or “tentativeness.” This will allow for easy flexibility as well as ensure possibilities of meandering as the emergent approach takes root. One thing that might guarantee a smooth adherence to the non linearity of this process are culture principles or “so what’s.” In a project such as this that required using Africans as a cultural screen, cultural principles might play a crucial role of conforming, at least to some extent, the emergent program approach to the local context. Again, it is necessary to keep an open mind and be ready for new information that might appear unexpectedly.

The following points are crucial in understanding challenges of capturing and recording an emergent plan:

- Emergent planning for a program requires solid readiness for expecting new information that might be critical as the program approach is established and moves through different states.
• Because this type of planning does not assure linearity, the process will meander as new information emerges. The expectation is that the program approach might follow a cyclical path as it progresses. Movements from one state to another may not necessarily be linear but could start from the first state, jump to the last state and come back to the middle state.

Challenges of Justifying a Paradigm Jump in a Research Project

Establishing a program that requires involvement of two different contexts has potential of shifting paradigms. It’s not possible to detect this at the beginning, but it is important to be aware of the possibilities of change and to act accordingly when conditions permit. A paradigmatic jump cannot be avoided in a research project when it becomes clear that context and voices of participants form an important segment of a research study. The input of participants might play a critical role in determining the scope and extent of culture principles. Recall that culture principles are the bridges or “so what’s” that make the paradigmatic jump possible. Being alert to indicators of a possible paradigmatic jump and paying due attention as when to expect this jump or shift is crucial in a research project of this nature.

The following points are therefore important in addressing challenges of a paradigmatic jump:

• A research project involving multiple participants might require use of cultural principles in order to make the paradigmatic jump possible. Paying attention to what participants are saying is critical as what they say might provide the basis for crafting culture principles that are so central to the shift or jump process.
• The nature and type of a paradigmatic jump might depend on the type and goal of the research project. If the project’s intent is to produce a model or theory for testing, then this might require starting the process in the functionalist paradigm. But as new information emerges by way of participant contributions, the process may change as the stage is set for determining when, what and how the jump may occur.

• Because there is not much information on paradigmatic jumps in the emergent program approach planning literature, it is important to stay open and expectant to the possibilities of this phenomenon. This is especially true for research projects done within the tradition of translational research that involves multiple participant voices.

   There are lessons for ILs that might be useful for service delivery to adolescents and young people at risk. These considerations may help to improve the quality of services for young people.

   Implications for ILs

   • It seems that opportunities for work readiness and job training should continue to be major components of any independent living program. Currently, there seems to be a lack of focus on work readiness and job readiness. Workers in the ILs need to focus more on work readiness and job training for young people. Given the burden of responsibilities ILs workers have, it is doubtful whether they are currently able to attend to these issues with maximum focus and precision. There
should be more effort, resources, and commitment toward work readiness activities and job training for young people.

- It seems reasonable to expect that tracking might result in improved lives for young people. If this is an accurate picture of what participants were saying, it would seem that much of what is documented about ILs doesn’t pay adequate attention to tracking those young people who have exited ILs. To make tracking possible, might require using various methods, such as exit interviews with young people. These interviews may provide opportunities for helping adolescents make right decisions about their future—for instance, their education. This scenario might make it possible to interview young people before they reach 21, when services are discontinued. It is also possible that holding serious conversations with young people might lead to continuum of care in which they receive appropriate services as adults.

- Although performing research about adolescents and young people at risk might provide crucial information on ILs for young people, it seems that a lack of information and lack of empirical evidence to guide service delivery leaves ILs workers guessing about the effectiveness of these services. Addressing issues affecting young people in ILs might require appropriate information and empirical evidence to serve as useful reference points for guidance.

- There are a large number of agencies licensed by DSS to provide ILs to young people in Richmond. Yet it would seem that most agencies are unique in their approach to service delivery. It seems that there are no two agencies that follow a
similar programmatic approach. Because most agencies are driven by elements that place emphasis on individualization and personalities within these organizations, their idiosyncratic approach to service delivery would make replication of services impossible.

Conclusion

There are important lessons coming out of this study. First, ILs are crucial for young people because they can provide them with necessary skills required for independent living. However, if these services are to make a lasting impact in the lives of adolescents, they need greater attention. First, work readiness and job readiness, crucial elements for ILs according to study participants, need improvement, and should be important components of work in ILs units. Second, deliberate efforts to track young people leaving ILs should be made to assure a continuum of care through continuity of services. One way this might be achieved would be to set up exit interviews for young people exiting ILs. During these interviews, young people can be assisted in making important decisions about their life. These decisions might relate to a need for further education that, if it happens, would guarantee prolonged service after age of 21.

In order to improve service delivery for ILs, there needs to be information and empirical evidence that might play a crucial role in guiding service delivery. Currently, there is a paucity of research in this area. It is clear that there are many agencies working with young people in Richmond. But many of these organizations are unique in their approach to work. They are idiosyncratic in nature and rely more on elements that highlight individualization and personalities. This makes replication of good program
approaches impossible. One way this might be addressed is through contractual arrangements that place emphasis on uniformity of standards related to agency operations.

There are lessons concerning differences between the US and Zambia. For the sake of this study, I will focus on those connected to what participants said. This relates to the usefulness of a cultural screen. Making choices between local and expert knowledge that relates to cultural screens is an important area. Sometimes this might depend on the context. For example, if we are talking about a cultural screen that looks at issues crucial for Zambian adolescents, then it might important to use a cultural screen composed of Zambians. If the focus is to look at issues affecting American adolescents, then a cultural screen comprised of Americans might be useful. The lesson in the last paragraph builds on this point further.

There are lessons related to translational research. First, in order for the translational research process to occur smoothly, there needs to be a uniformity of participants. This may assure appropriateness in terms of what participants think about areas related to young people, and might assure appropriate assessment when services for young people are based on what is real and crucial for them. Second, getting participants who are committed to the translational process is critical. Recall that this can be a difficult task when the potential of a shift or jump emerges. But it might be possible if there are incentives, such as money or gift vouchers, promised for those participants who want to engage in the translational process. A lack of incentives for participants might make the process of finding participants impossible.
Appropriate policy at national and state levels is important for creating an environment that promotes access to education for all young people. Education is important for the future of adolescents, and it must be encouraged. One way education can be provided is through a continuum that attends to specific educational needs of young people at different stages. Education may also focus on skill development, where emphasis is placed on meeting different but relevant skill needs of young people.

Another area that relates to national policy is health. Young people need access to health services, and this should be created by policy that is appropriate. Such policy would pay attention to other equally important policy segments that might focus on HIV/AIDS and sex education for young people.

There are important lessons about practice that relate to civic education for young people. Civic education is a critical platform that might enable young people learn important things about public structures and systems. Included in civic education is attention to elections and voting, which are both crucial for young people. Barak Obama’s campaign in the 2008 US Presidential elections testifies to this position by the excitement it has generated among young people. Cultural competency is another important area for practice with adolescents. As practitioners become culturally competent, they may exhibit skills such as respect, sensitivity, and appropriate communication—all of which are crucial for young people.

Education for social work students, particularly those at the BSW and MSW levels, may ensure that students at these levels attain skills necessary to work with adolescents. This might be important for students who have just come out of adolescence
themselves. At an international level, strengthening student programs might be an important avenue for solidifying cultural competency. As students from US go to other developing countries, they may pick up important lessons in these countries that might help them to become humble and culturally-competent social workers when they return home.

There are important lessons about doing research. These relate to translational research involving different communities. First, careful attention needs to be paid to recruiting adequate participants who are ready and committed to the translational process. Sometimes it may be necessary that incentives such as allowances or gift vouchers are provided in order to make the translational process smooth. Second, participants should possess and exhibit adequate knowledge related to cultural screens. Questions about local versus expert knowledge might be resolved by determining what elements are important for which context. As this study suggests, Africans seemed to be experts about issues related to young people in Africa. Similarly, Americans seemed to be experts about issues related to adolescents in the US. The cultural screen is an important tool in the translational process as it may provide guidance on what works best for the US or Africa. Research that attends to these lessons might provide useful information for improving lives of young people.
REFERENCES
References


   Rockville, MD: Department of Health and Human Services.
   program planning. New Jersey: WILEY.
   MD: Department of Health and Human Services.
   Health Affairs, 9(2), 133-143.
   Hewlett, B. (Ed.): Father –Child relations: Cultural and biosocial relations (pp.
   Health Transition Review, 1, 23-40.
Nunez, A. E. (1993). Looking within to see the outside better: A course on enhancing
Nunez, A. E. (2000). Transforming cultural competence into cross-cultural
   efficacy in women’s health education. Academic Medicine, 75(11), 1071-1080.
   patterns of orphan care due to HIV epidemic in western Kenya. Social Science
   and Medicine, 57(2003), 301-311.


Rethinking the transition from ward to court to adulthood: Families in Society.
*The Journal of Contemporary Human Services, 84*(2), 259-266.


*Social Work, 51*(1) 206-209.


Available: www.worldbank.org


World Bank.

World Bank.


social care for AIDS orphans.* Paper presented at the 3rd International on Social
Work in Health and Mental Health. Uppsala, Sweden.

In Y.Y. Kim & W.B. Gudykunst (Eds.) *Cross-cultural adaptation* (pp. 140-148).

*Human Relations, 44*(9), 921-941.
Young, M. E. (2002). *From early child development to human development.*


Lusaka. Unpublished manuscript.

Lusaka: Ministry of Finance and National Planning.
APPENDICES
I would like to let you know about a research study I am conducting from Virginia Commonwealth University (VCU) that involves identifying useful elements from Independent Living Services.

The purpose of the study is to develop service models for child headed households in Zambia. If you qualify, you will receive no payment for participating in the study.

DELETED FOR Independent Living Services
[Your decision about whether to be in the study or not will not affect your employment here at …in any way. The study is totally separate from your employment here at…] If you are interested in the project we can set a time for you to hear more about it.

To be used by investigator for:
- DSS workers
- Independent Living Services agency administrators
- Independent Living Services agency employees
- Independent Living Services graduates
APPENDIX II

RESEARCH PARTICIPANT INFORMATION AND CONSENT--INTERVIEW

TITLE OF STUDY: Model Development for Supporting Child Headed Households in Zambia.

VCU IRB NO:

This consent form may contain words or ideas that you do not understand. Please ask me to explain any words or ideas that you do not understand. If you need to take some time to think about being in this study; please feel free to do so. You have the right to refuse to be in this study. Even if you decide to be in this study now, you can drop out any time you want in the future. You will not be affected by either being in this study or refusing to be in this study.

PURPOSE OF THE STUDY

The purpose of this research study is to 1) satisfy dissertation requirements for the Doctor of Philosophy in Social Work and 2) to gain insight and understanding of the foster care and independent living services and 3) to learn and identify what elements from these services would be useful for Zambia’s Childheaded households. You are being asked to participate in this study because you have important things to say about independent living services. If you decide to participate, you will be one of approximately 36 people taking part in this study. The information provided by you and other people in this study may help to develop service models for Childheaded households in Zambia.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

If you decide to participate in this research study, you will be asked to sign this consent from. However, before you sign; it is very important that you understand what you will be asked to do as a study member. Please ensure to ask questions you have before signing this form.

This research into elements from independent living services that might work in Zambia will include questions about your perceptions of the foster care and independent living services offered to adolescents and those children aging out-of-foster care system. The study is an emergent design meaning that it uses qualitative methods to better understand the operations of independent living services. Your participation will commence with a face-interview that will last approximately 1 hour. Questions in these interviews will focus on independent living services. In addition to interviews with participants in the DSS, independent living services in Richmond, and graduates of independent living services this study will also involve focus groups with African immigrants living in the Richmond area in order to determine what might fit for Zambia.
RISKS AND DISCOMFORTS

It might be possible to feel upset or bothered with questions. You do not have to answer any question that you don’t want to. You may stop answering questions at any time and for any reason. If you do become upset, the investigator will provide you with contact information for mental health services.

BENEFITS TO YOU AND OTHERS

There may not be any direct benefit to you for being in this study. However, your responses to the interviews may help with the design of programs for Childheaded households.

COMPENSATION FOR INJURY

In the event of physical and/or mental injury resulting from your participation in this study, Virginia Commonwealth University/MCV Hospitals will not provide compensation. If injury occurs, contact your doctors immediately. Medical treatment will be available at the MCV Hospitals. Fees for such treatment will be billed to you or appropriate third party insurance.

COSTS

Other than the time it takes to answer questions, there are no costs to you for being in this study.

ALTERNATIVES

You can decide not to participate in this study now. If you decide to be in the study, you can drop out at any time and for any reason.

CONFIDENTIALITY

The answers and information that you provide during the interviews may contain information that could identify you. However, your answers will be used only for the purpose of this study. Answers you provide will not be known by those outside the study or seen by any one else other than study staff. Your responses will be recorded, but after you have completed the interview your responses will be kept in a locked and secure research area. Once the study has been completed all recorded data will be destroyed. The data that do not identify you in any way will be kept indefinitely.

The answers you provide during the interviews will not be shared with anyone. However, information from the study and this consent form signed by you may be looked at or copied for research or legal purposes by Virginia Commonwealth University.
What we learn from this study may be presented at meetings or published in research papers or professional publication. However, your name will never be used in these presentations, papers, or articles.

**VOLUNTARY PARTICIPATION AND WITHDRAWAL**

Taking part in this study is voluntary. You do not have to participate if you do not want to. If you decide to be in this study, you may drop out at any time without any penalty. You may, for any reason, skip any question in this study that you do not want to answer. If you decide not to be in the study or drop out after you start you will not be affected in any way.

**QUESTIONS**

In the future, you may have questions about being in this study. If you have any questions, complaints, or concerns about the study, contact:

Samson Bwalya Chama                        and/or             Mary Katherine O’Connor  
Student Investigator                                                     Principal Investigator  
335 Shetland Court Apt # C                                        School of Social Work  
804-377-8581                                                              Virginia Commonwealth University  
804-828-0688  

Office for Research  
Virginia Commonwealth University  
800 East Leigh Street Suite 1113  
Richmond, VA 23298  
Phone Number: 804-827-2157

**CONSENT**

I have read this consent form and I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says that I am willing to participate in this study.

<table>
<thead>
<tr>
<th>Participant Name (printed)</th>
<th>Participant Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Person Conducting Informed Consent Discussion / Witness (printed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Person Conducting Informed Consent Discussion / Witness</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Investigator Signature (if different from above)
I would like to let you know about a research study that is being conducted from Virginia Commonwealth University (VCU) that involves identifying useful elements from Independent Living Services. The purpose of the study is to develop service models for child headed households in Zambia. It will take about 5 minutes to hear about it. If you qualify, you will receive no payment for participating in the study.

[Your decision about whether to be in the study or not will not affect your employment here at …in any way. The study is totally separate from your employment at…] If you would like to hear more about the project, please sign the Release of Information Form and I will give the information to the Samson Bwalya Chama who will contact you.
APPENDIX IV

Permission to Release Information

I, ________________________, give permission to ____________________________ to release my name and contact information to the research staff of VCU IRB protocol …,

Model Development for Childheaded Households in Zambia.

Signed____________________________ Date _____________

Witness___________________________ Date ______________

To be used by third party recruiters for:

Independent Living Services agency employees
Independent Living Services graduates
APPENDIX V

Flyer Promoting Phase Study Participation Among Africans

Model Development for Child Headed Households in Zambia

Are you the parent of a child who is 18 years or younger?

Are you African by birth (e.g. from an African family) and currently living in the United States?

If so, please consider participating in our study of identifying elements from independent living services that might help in developing service models for child headed households in Zambia. I am a doctoral student from Africa who is now studying in the US, and I want to learn what African culture adds to developing service models for child headed households in Africa.

We want to understand the thoughts and experiences of African parents who are raising children in the US. We also want to know how we can learn from the American independent living services in developing services for African children. We are interested especially in families from Africa because we want to learn what the African culture adds to an understanding of service models for child headed households.
This information will help to (a) better understand the development of service models for child headed households in a cultural context, (b) assess the nature of independent living services, what you expect from those services, if those services fit in with your cultural beliefs and practices, and (c) better understand the needs and issues faced by Africans raising children in the US.

In the future, you may have questions about being in this study. If you have any questions, complaints, or concerns about the study, contact:

Samson Bwalya Chama
335 Shetland ct Apt C
Richmond VA 23227
804-377-8581

Dr Mary Katherine O’Connor
School of Social Work
1001 West Franklin Street
P.O.Box 842027
804-828-0688

Office for Research
Virginia Commonwealth University
800 East Leigh Street Suite 1113
Richmond, VA 23298
Phone Number: 804-827-2157
APPENDIX VI

Face to Face Interview Protocol

1. What are essential elements of ILs?
   - Education
   - Services
   - Tangible skills: education, vocation, job searching, locating housing, and consumer skills such as budgeting.
   - Intangible skills: decision-making, planning, communication, self-esteem, and social skills.

2. What is the most difficult aspect of IL?
   - Staffing
   - Monitoring and evaluation
   - Sustenance

3. What works best and with whom?
   - Male or female adolescents
   - Young adults
   - Older adults

4. What seems not to work at all?
   - Tangible skills such as vocation, job searching, locating housing, and consumer skills such as budgeting.
   - Intangible skills such as decision-making, planning, communication, self-esteem, and social skills.
5. What would the ideal look like?

- Relationship with staff
- Physical and emotional support
- Following up
APPENDIX VII
FOCUS GROUP PROTOCOL

Essential Dimensions of Independent Living Services (Content)

Decision rule: These are the necessary dimensions identified for purposes of making possible to translate these dimensions to Zambia, Africa.

1. Education
Decision rule: Anything related to helping young people succeed in order to get a degree, associate degree or a trade. Examples of education include entry into high school, college community college, vocational school or receiving special education services.

2. Skill development
Decision rule: Anything concerning information, knowledge/skills needed in order for the young people to be independent. Example of skill development relate to cooking; cleaning house; paying bills; opening a bank account; shopping for food & clothes; budgeting; saving money; money management; washing dishes.

3. Civic education
Decision rule: Learning how to vote and making use of the system through the use of public services.

4. Social skills
Decision rule: Anything related to social interaction and responsibility. Examples would be navigating through the system; developing relationships; how to speak, talk, relate, and connect with other people; and how to sustain relationships; developing self-esteem.

5. Maintenance of health
Decision rule: Anything related to self-care and maintenance. This might mean doing physical exercises so many times per month; how to take medicines; visiting the doctor; getting immunizations; and eating a balanced diet to promote good nutrition.

6. Preparedness for employment
Decision rule: Anything that aids job readiness. This may involve interviewing skills; different sorts of jobs; how to address appropriately; writing a resume; filling out an application form; how to go to work on time; respecting supervisors; how to address employers.
7. Spirituality
Decision rule: Refers to ways in which young people desire to have their spiritual needs met. They don’t have to go to church or anything, if we find out what works for them it might be yoga, Marshall Arts, writing or something that can self-regulate

**Feasibility of ILs including necessary conditions for mounting services**

Decision rule: Refers to conditions necessary for mounting independent living services.

1. Finding suitable staff
Decision rule: These are individuals who help young people overcome their barriers and who meet the necessary requirements for working with the young people. The following are the qualifications for staff: experience; possess appropriate degree or diploma; values and appreciates experiences of young people; reliable and dependable; have good references; offer constant support to young people; older generation preferred; willing to work around the clock; a team worker; have passion for young people; and have strong passion for the program.

2. Staff training
Decision rule: Anything that relates to information and resources needed for staff development. This also means seeing whether applicants match the job; to ensure that they are paid according to their competence; to enhance staff retention; teach them to teach them the basics of independent living; help staff progress; teach them how to recognize triggers in young people.

3. Funding
Decision rule: Anything that refers to the financial resources needed to keep the independent living services running.

4. Supportive staff
Decision rule: Anything that refers to the way staff renders necessary assistance to those young people in need. Examples are workers who have connection with the young people and who love and respect them, involves understanding them thereby creating the level of support they need, hook kids with 2 or 3 or more people who they can always go to for support, to gauge the amount of maturity they have individually, who do things that keep the young people safe; people with heart that are dedicated, creative, and self starters; and those who will provide resources to young people.

5. Agency collaboration
Decision rule: Anything that relates to key players, partners and stakeholders who’ll work with the DSS to provide services to the young people.
6. Relationship with staff
Decision rule: Anything that relates to the way young people interact with independent program living staff. This may involve a small staff and child ratio in order to teach the young people, this ratio could be 3 or 4 to 1 to be able to watch them. For example if they’re cleaning you have to be able to watch them to make sure they’re doing it correctly.

Quality Standards for ILs including Philosophy of Services and Process

Decision rule: These refer to main assumptions driving the delivery of Independent Living Services.

1. Tracking
Decision rule: This is the concerted effort made in order to find and work with young people who have left the program in order to ensure that they’re living independently.

2. Aftercare services
Decision rule: Refers to all assistance made available to those young people who graduate from the program.

3. Involvement in decisions
Decision rule: Allowing them to become active participants in the running of the program. This will lead to better independent living.

4. Collaboration with youth
Decision rule: Anything that relates to the way staff and the young people do things together. This may involve making staff and young people perform activities together. The staff should be nurturing as well as model independent living skills to the youth. They should show the young people how to do things so that it doesn’t look like a dictatorship. This builds good trust with kids.

5. Communication
Decision rule: Refers to all appropriate channels and methods used to openly inform young people and the public about independent living services.

6. Targeted services
Decision rule: Anything that relates to services made available to males and females on the basis of gender. Criteria for these services include age and specificity of services. An example would be early pregnancy education for girls.

7. Documentation
Decision rule: Anything that refers to the way records and all necessary information are kept.
8. Counseling
Decision rule: Anything that refers to the way behavioral problems of young people are addressed. This might involve participation in therapies that address behavior issues such as self-esteem, anger, and self-mutilation; substance abuse; anger issues; managing stress.

9. Exploring youth strength
Decision rule: Refers to efforts made to empower young people through recognizing their positive characters. This includes looking at the strengths of young people, applauding them for their achievement, helping them find their deficiencies empowering them as a result.
APPENDIX VIII

RESEARCH PARTICIPANT INFORMATION AND CONSENT- FOCUS GROUP

TITLE OF STUDY: Model Development for Supporting Childheaded Households in Zambia.

VCU IRB NO:

This consent form may contain words or ideas that you do not understand. Please ask me to explain any words or ideas that you do not understand. If you need to take some time to think about being in this study; please feel free to do so. You have the right to refuse to be in this study. Even if you decide to be in this study now, you can drop out any time you want in the future. You will not be affected by either being in this study or refusing to be in this study.

PURPOSE OF THE STUDY
The purpose of this research study is to 1) satisfy dissertation requirements for the Doctor of Philosophy in Social Work and 2) to gain insight and understanding of the foster care and independent living services and 3) to learn and identify what elements from these services would be useful for Zambia’s Childheaded households. You are being asked to participate in this study because you have important things to say about raising African children in the US. If you decide to participate, you will be one of approximately 36 people taking part in this study. The information provided by you and other people in this study may help to develop service models for Childheaded households in Zambia.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT
If you decide to participate in this research study, you will be asked to sign this consent form. However, before you sign; it is very important that you understand what you will be asked to do as a study member. Please ensure to ask questions you have before signing this form.

This research into elements from independent living services that might work in Zambia will include questions about your perceptions of the foster care and independent living services offered to adolescents and those children aging out-of-foster care system. The study is an emergent design meaning that it uses qualitative methods to better understand your parenting. Your participation will commence with focus group answer and response sessions. The focus group will last for 1 hour and the focus will be to look at independent living service elements in order to determine fit for Zambia. In addition to the 2 focus groups the study is composed of interviews African parents in the Richmond area. This study will be composed of participants in the DSS, independent living service agencies in Richmond, graduates of independent living services and African immigrants living in the Richmond area. You will be meeting with other male or female Africans in groups led by either a male or female African doctoral student.
RISKS AND DISCOMFORTS
It might be possible to feel upset or bothered with questions within the focus group. You may stop answering questions at any time and for any reason. If you do become upset, the investigator will provide you with support or help with finding the support you need.

BENEFITS TO YOU AND OTHERS
There may not be any direct benefit to you for being in this study. However, your responses may help with the design of programs for childheaded households in Zambia.

COMPENSATION FOR INJURY
In the event of physical and/or mental injury resulting from your participation in this study, Virginia Commonwealth University/MCV Hospitals will not provide compensation. If injury occurs, contact your doctors immediately. Medical treatment will be available at the MCV Hospitals. Fees for such treatment will be billed to you or appropriate third party insurance.

COSTS
Other than the time it takes to participate in focus groups, there are no costs to you for being in this study.

ALTERNATIVES
You can decide not to participate in this study now. If you decide to be in the study, you can drop out at any time and for any reason.

CONFIDENTIALITY
The answers and information that you provide in the focus group may contain information that could identify you. However, your answers will be used only for the purpose of this study. Answers you provide will not be known by those outside focus groups or seen by any one else other than study staff. Your responses will be recorded, but after the focus group, your responses will be kept in a locked and secure research area. Once the study has been completed, all recorded data will be destroyed. The data records that do not identify you in any way will be kept indefinitely.

The answers you provide during the interviews will not be shared with anyone. However, information from the study and this consent form signed by you may be looked at or copied for research or legal purposes by Virginia Commonwealth University.

What we learn from this study may be presented at meetings or published in research papers or professional publication. However, your name will never be used in these presentations, papers, or articles.
VOLUNTARY PARTICIPATION AND WITHDRAWAL

Taking part in this study is voluntary. You do not have to participate if you do not want to. If you decide to be in this study, you may drop out at any time without any penalty. You may, for any reason, skip any question in this study that you do not want to answer. If you decide not to be in the study or drop out after you start you will not be affected in any way.

QUESTIONS

In the future, you may have questions about being in this study. If you have any questions, complaints, or concerns about the study, contact:

Samson Bwalya Chama and/or Mary Katherine O’Connor
Student Investigator Principal Investigator
335 Shetland Court Apt # C School of Social Work
804-377-8581 Virginia Commonwealth University

Office for Research
Virginia Commonwealth University
800 East Leigh Street Suite 1113
Richmond, VA 23298
Phone Number: 804-827-2157

CONSENT

I have read this consent form and I understand the information about this study. Questions that I wanted ask about the study have been answered. My signature says that I am willing to participate in this study.

Participant Name (printed) Participant Signature Date

Name of Person Conducting Informed Consent Discussion / Witness (printed)

Signature of Person Conducting Informed Consent Discussion / Witness Date

Investigator Signature (if different from above)
Samson Bwalya Chama completed his undergraduate education in Zambia at the University of Zambia (UNZA), where he majored in African Development Studies and Political Economy. After graduation, he worked for several international nongovernmental organizations (NGOs) that focused on orphans and vulnerable children. He then joined his government’s Department of Social Services in Kitwe, Zambia’s second largest city, where he served on many district committees, including the District Orphan and Vulnerable Children’s Committee, Children in Distress (CINDI), the district technical committee for the National Trust for the Disabled, and the steering committee of the Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children. He also lectured part time at Copper Belt University on the subject of urban sociology.

Dr. Chama was then appointed to the Department’s headquarters in Lusaka, the capital city of Zambia, where he focused on the design of projects funded by international organizations such as UNICEF, and served as a liaison officer to organizations such as the International Labor Organization (ILO) and the International Red Cross. In the course of helping to design a UNICEF funded child care upgrading program (CCUP), he had the opportunity to study the child welfare system in South Africa.
After a year in Lusaka, Dr. Chama came to the United States to pursue graduate studies in social work. He received an MSW from the University of Georgia (UGA) in 2003, and in 2008, completed a PhD in social work at Virginia Commonwealth University (VCU). While in VCU’s doctorate program, he served as a research assistant and an instructor, and was appointed project assistant in the Pre-K federal grant with the School of Education. He also had the opportunity to attend several conferences and workshops funded by international organizations such as the World Bank, USAID, UNICEF, and ILO.

Dr. Chama is due to take up a permanent public career service appointment with a child and family services agency in Washington, DC.