Daily Life in the High Density Areas of Lusaka:
Select Stories and Policy Recommendations

Social Conditions Research Programme
(Writer Samuel Kasankha, Field Researcher Edwin Banda and Editors Chris Petrauskis, Innocent Ndashe and Muweme Muweme)

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INTRODUCTION

The Social Conditions Programme of the Jesuit Centre for Theological Reflection (JCTR) has for a long while been conducting a monthly survey of the cost of essential food and non-food items for an average family of six living in Lusaka and other Zambian towns. Known as the *Basic Needs Basket*, the purpose of this activity is to survey and analyse cost of living in order to understand the challenges faced by the people to meet basic needs and to advocate for social, economic and political changes to improve human living conditions.

That poverty has many dimensions, e.g., poverty is not simply household income deprivation but also includes questions about the availability of services, implies that the understanding and application of the *Basic Needs Basket* needs to go beyond income deprivation. In any case, the *Basic Needs Basket* reflects and invites consideration of a multiplicity of factors in explaining changes in its cost. Income is indeed the primary means used to satisfy the basic needs of a family in an urban area, but there exist a number of unique conditions within each family, community and society that need consideration to fully understand the quality of life of its members.

At the national level, such unique conditions include the absence of free secondary and tertiary education and free health care, the prevalence of deadly diseases such as HIV/AIDS and malaria, the absence of social protection safety-nets and a work climate lacking sufficient formal employment. At the community or local level, unique conditions include the organisation of waste management, the availability of sanitation, water and sources of energy and the density of housing. At the family level, they include the number of children and other dependents cared for, the presence of family members with disabilities or chronic illnesses, and the uneven distribution of income between members of a family (e.g., excessive expenditure on a boy-child or an alcoholic parent). Poverty is the inability to achieve a decent quality of life. Accurate assessments of living conditions of the people must look beyond income deprivation to arrive at true development understood as the transition from less human conditions to those which are more human. This also means to have a society that promotes the "good of every person and of the whole person".

The "Satellite Home" interviews of the Social Conditions Programme, conducted monthly since 2005, aim to link the *Basic Needs Basket* in *quantitative* figures and the actual qualitative living conditions of the people. This is done through talking to several voluntary families located within high density areas of Lusaka about their daily living experiences.

This booklet presents some of the findings of the interviews, focusing on the stories of five randomly selected families from the several that were and continue to be interviewed each month from four high density areas of Lusaka. Building upon these experiences, the booklet concludes with policy recommendations touching on health, energy provision, housing, social protection, education, water and sanitation, etc. (To protect identities, fictitious names and places are used throughout.)

About Zambia's Urban Situation

Lusaka, where the families covered in this booklet live, is the capital city of the Republic of Zambia. Zambia is located in the central southern part of Africa and is totally landlocked, bordering eight other countries namely Angola, Mozambique, Malawi, Tanzania, Democratic Republic of Congo, Zimbabwe, Botswana and Namibia. At the last census of population, it was established that the country has over ten million inhabitants.

An estimated 40% of this population lives in urban areas while, according to 2003 statistics, only about 17% of the labour force is in formal sector employment (CSO, 2003). This state of affairs of having a relatively huge population living in urban areas has been occasioned to a large extent by factors that include limited opportunities of employment, unavailable or poor social services, etc., in rural areas. Poor living conditions in the rural areas have strongly acted as push-factor encouraging migration of persons from rural to urban areas in search of improved living conditions.

With an increasing urban population and limited national resources over the years, a discrepancy has emerged where available social services such as decent

housing have not matched up with population increases. This problem has been compounded by the poor performance of the national economy. Due to this context, one of the outcomes has been the mushrooming of unplanned, high density areas in most urban areas. These areas are characterised by inadequate social services and lack of formal employment opportunities, with most inhabitants by and large struggling to earn a living in the informal sector of the economy.

It is from these high density areas that the JCTR has been conducting monthly interviews with select households – building upon the monthly *Basic Needs Basket* research – to better understand household living conditions and establish policy interventions necessary to improve development prospects of the Zambian people and in particular, the inhabitants of these areas. An important point to make though is that the stories of the families who are covered in this booklet are indicative of Zambia's development record and more specifically reflect achievements or lack thereof of past and present interventions at improving people's lives.

FAMILY STORIES

1. The Kandanga Family

Who are the Kandanga family?

Agnes (33) and Patrick Kandanga (38) are a married couple blessed with two children, a son Frank, aged eight and a four year old daughter, Astridah.

Income

Patrick works as an assistant mechanic, deputising to the owner of a garage. On paper, this gives him a monthly wage of K300,000. In real terms though, he rarely has the whole of this income to himself, either paying off debts accrued in the course of the month or making the occasional donation to family members like parents, if not contributing to funeral expenses when extended family members pass on. In the words of Agnes, Patrick always brings home less than K300,000 in a month. In February 2006, and in several other months to follow, he only brought home income in the range of K180,000, the remainder having been spent to offset debts accrued on meals taken at his work place and other miscellaneous debts.

In the first eight months of the interview, Agnes was employed as a domestic servant. Because she was not getting paid any transport money, she had to walk quite some distance to get to her working place. For all her labours she got paid only K150,000 each month. On working days, because she had to report for work quite early, she was provided with breakfast by her employers. She also had lunch at her workplace. She worked half day on Saturday and was off-duty on Sundays.

The family monthly income was generally spent on food, energy, school requisites for children and other miscellaneous activities, like transport and the K3,000 they paid to an international aid agency managed water supply through communal taps. It was not always that they could afford to make these payments on time. The family never paid the monthly K5,000 to the Council Waste Management Unit for waste disposal. The commitment to pay may have been affected by the

irregular rate at which garbage was collected. It was not unusual to see mountains of garbage waiting to be disposed of for weeks on end.

As the year progressed, some of these costs began to rise slightly. Despite their slight nature, the rises were still significant due to the fact that the Kandanga incomes were in general terms very meager. For instance, a 90 kg bag of charcoal rose to K40,000 from K38,000 and water rose to K5,000 from K3,000. On the brighter side, though, there were drops in the price of maize meal, perhaps due to the good harvest in 2006 and the resultant availability of large stocks of maize, allowing a 25 kg bag to cost K33,500 in July from K42,000 in previous months.

It is traditional in Zambia for one to travel and attend funerals of close relatives when and wherever they occur. With all the difficulties the Kandanga family were already experiencing, some of their income still had to be spent on travels to funerals, as did Patrick to Kabwe in the month of March for an uncle's funeral. If they had had their own way, it is no doubt that the family would have striven to acquire decent housing with clean tapped water, electricity and, of course, decent meals; but life was not like that.

Once in a while, they surelylooked at themselves, examined what they had on their bodies and determined that their clothes were no longer decent. Naturally, wear and tear took its toll and Agnes was compelled to buy clothes for herself and the children. As she could not afford new attire all at once, she resorted to getting these things on credit, which meant more gaps in her income after getting paid at the month end. Specifically, this scenario happened in the month of June 2006 and it affected her take home pay by a negative K50,000. Patrick's take home was only K200,000 after paying off his own debts and that month, in the words of his wife, this reduction in income made it hard to feed their relatively small family: "Sicapafupi kudyesa banja," (It's not easy to feed a family), she lamented. "Muno mu towni vinthu nivodula maningi" (Life here in the city is very expensive).With no financial assistance from any other sources, the Kandanga family found theycould not make any savings, let alone invest money into any financial institutionor business project. There was always only just enough for immediate consumption.

By the end of August 2006, their incomes were dealt a severe blow when Agnes was laid off without notice and was only paid her monthly wage of K150,000. She was not given any benefits for the two and a half years she had served her employers. This is typical of many people in similar employment as Agnes in that they work without clearly stipulated conditions of service. They hardly ever know what could become of them if or when their services are deemed untenable and therefore terminated. Many casual employees suffer the ignominy of not just losing jobs but having to come to terms with the fact that they have, in the final analysis, nothing financially to fall back upon. The requirement under the National Pension Scheme Authority Act is that every employer must make contributions to NAPSA on behalf of their employees. Unfortunately for domestic servants and other informal employees, this is rarely adhered to and it appears that even enforcement is lukewarm.

Found in this regrettable situation, Agnes could only lament that had she been given something as benefits, she could have ventured into another business of some sort to keep her family going.

"Sibananiuze kuti nchito izatsira," (I was laid off without notice) she complained, "Elo zaka zambili zamene ninabasebenzela palibe ciliconse camene bananipasako. Sembe bananipasako ma benefit sembe ninaziba njira yopezelamo ndalama" (and also without any sort of benefits for the two years I served my employers. If I had been rewarded, I might have thought up some ways of making some money to keep us going).

By the following month, September, it became particularly difficult to make ends meet on Patrick's wages alone. The family was compelled to resort to more borrowing, which Patrick did to the tune of K70,000. This had a spill over effect as the next take home pay dwindled further to K180,000 after paying off debts.

To try and make up, Agnes had to start going around hunting for a job and in the meantime engaging in part time chores like doing people's laundry for paltry sums like K5,000 or K10,000. She could not properly account for these small amounts of money as they often went straight into expenditures, just as it was not always that she was lucky enough to get such part time work anyway.

Agnes concluded that it is difficult to find a job without having any qualifications, and she wished she had gone further with her education. She mentioned that these days, even for the job of a maid, some people want to employ only trained maids.

Food

As already observed elsewhere, the family was never at home at lunch during the week because mother and father were at work, while children stayed with their grannies till their parents had returned home. The family therefore only spent money on breakfast and supper. At breakfast, they generally spent K1,000 on procuring ten buns which they took with tea. They spent another K1,000 on small packs of sugar. Details of how the grandparents managed to provide the day care and what kinds of income they earned were not made available, but most likely it was another struggle on their side to make ends meet. Many times these days elderly people are compelled by circumstances to take on such responsibilities, not because they can afford, but because they feel they have a societal obligation to their children and grandchildren to continue to assist even when they do not have the means to do so.

For the Kandanga family dinner usually comprises of the traditional Zambian dish of Nshima accompanied with an assortment of vegetables like pumpkin leaves, beans, cabbage, rape or fresh bean leaves. At times, the Nshima goes with fresh or dry Kapenta or other varieties of fish, and once in a long while, delicacies like pork and chicken parts. A further K1,000 is daily spent on cooking oil packed in small plastics, while another K700 goes towards buying tomatoes and onions to spice up the stews.

During the weekends the family usually has lunch together at home. In an average month, they usually spend around K42,000 on a single 25 kg bag of maize meal.

Housing

Unfortunately, the family does not own a house of its own so it rents a single room structure, which at the start of the interviews was costing K60,000 but had risen to K80,000 several months later. Without electricity as source of energy, they use charcoal for cooking and warming bath water and candles for

lighting up their home. In all, this costs them about K45,000 per month.

Health

The family relies on the government run Clinic for their healthcare. Since none of the family members has paid up for the government "cost sharing" medical scheme, they had to pay a sum of K8,000 each time one among them fell sick. The youngest daughter, Astridah, being below five, and in accordance with government policy of providing free medical services to those below five, got free medical attention. However, whenever minor illnesses occurred, as was the case with Astridah's regular headaches, the family did the medically discouraged self-prescription and gave her the paracetamol (pain killer) Cafemol, which they bought within the township.

Pharmacists and other medical persons discourage people to take symptoms of illness as illness itself and try to treat it using drugs that are not prescribed by medical authorities. It is common for many people to feel a headache and instantly take paracetamols like Panadol, Cafemol, Aspirin, etc. The worry among the medical personnel is that the headache could possibly be a symptom of malaria or other more serious illness and by taking Aspirin, the patient could eliminate the symptom while the illness intensifies and becomes even more difficult to treat later when it is finally, if ever at all, discovered to be what it really is.

When Frank suffered from a cough and fever, and Agnes abdominal problems, the family took both to a traditional healer, whose cost was arguably no better than the K8,000 scheme. He charged them K10,000 and K7,000 respectively for the two ailments! The family argument though was that despite paying for the scheme, there were usually no drugs at the clinic.

Mrs Kandanga mentioned that at government clinics, after you are seen by a doctor, you are usually only given a prescription to buy medicine from a drug store. Or sometimes, if the case is serious, you are transferred to another medical institution that you need to spend transport money to reach. It is for this reason that it is cheaper to go straight to a "ng'anga" when a family member falls sick. Little wonder too that when Patrick had to deal with a severe bout of diarrhoea,

he opted to use herbs provided by his mother. It took him three days to recover.

Education

Both Agnes and Patrick only went up to Grade 7. Hoping for better education for their children, they put both in school, with Frank doing his Grade 2 at a Basic School in the same township they live. Because the government has adopted a policy of free primary education for all children, Frank does not pay school fees. The family nevertheless spent a bit of money on school necessities like exercise books and shoes. The total expenditure on school requisites at the start of the year was just about K25,000.

They spent a bit more on Astridah who was at a privately owned pre-school facility. The fees cost K50,000 per term while they also had to buy books, school shoes, a drinking bottle, a lunch box and a school bag, all totalling K81,000. Other daily expenses include two buns and tea for Astridah to take with her to school to consume at break. The two children always had lunch at their grandparents' home, where they remained till around 17:00 hours when Agnes and Patrick returned home from work.

Religious Inclinations

Agnes Kandanga is a Catholic while her husband, Patrick, is a Jehovah's Witness. In the past this has been a conflict in that Patrick wanted all family members to belong to one religious faith, i.e., the one to which he subscribed. Having been brought up as a Catholic and being one all her life, Agnes has remained the same and this at times creates some tension in the marriage.

Political, Social and Economic Perceptions

All of the interviews regarding the Kandanga family were done with Agnes. In regard to politics, there was a noticeable shift from a non-committal stance in the earlier months when she was in employment and able to earn some income, to open, critical scepticism towards the end of the year after she had lost her job.

Earlier, she noted that there were far too few opportunities for employment, which was why there was much crookedness in higher echelons, high crime rates and

rampant prostitution. Towards the end of the year, she was blunter in stating that the government needed to take care of its citizens and not allow the "so called investors" to plunder the resources of the nation. "Tibvutika mu muno mudziko," (We are really suffering in this country) she complained.

2. The Chimense Family

Who are the Chimense Family?

This family is made up of a father, Chimense, his wife,Mary, and six children Peggy, Ribison, Emily, Betty, Alice and Francis. Peggy, Betty and Emily are all married and live with their spouses while Alice trekked to South Africa in search of employment. While she was initially rumoured to have gotten employed in a supermarket, it is believed that after she lost this job, she became desperate and became a sex worker to make ends meet. The sons, Francis and Ribison, live at the Chimense household with three Chimense grandchildren, Victoria, Mulubwa and Gasper. Markson Tembo is an orphaned nephew who also lives with the family.

Income

Throughout the interviews there has been no steady income that came the way of the family. The family head, Mr Chimense, is a bricklayer specialising in tile-fitting. He has no fixed employment but earns some money whenever he is hired to fit floor tiles in residential or office buildings. At times, he made between K300,000 and K500,000 in a month. The orphaned nephew, Markson, was for a while employed as a general worker in a factory. He did not complete secondary education and has no trade per se. While he worked, he was paid K300,000 monthly and contributed rather meagre amounts of money to the family upkeep, sometimes as low as K30,000. It was not long though before he was laid off and became more like just another dependent. He was then wandering about doing part time jobs that paid him peanuts like K5,000 per day in some instances, while on other occasions he sold items in the streets on behalf of friends who gave him commission.

The role of consistent bread winner was thus left to Mrs Chimense, who was

in the business of selling foodstuffs at the market. Her daily income varied greatly depending on circumstances. On a very good day, she could rake in a gross K70,000, while on a particularly bad day, she could take in as little as K8,000. As a form of saving or investing, she sometimes participated in "cilimba", a system where members of a group each contribute equal amounts of money at regular intervals, which is then given to one member of the group at a time. If the group comprises four members, each contributing K50,000 per month, the receiving member benefits an extra K150,000 when it is his or her turn to receive. She however fell out of the scheme when her commitments became too much for her to afford her contributions.

While the performance of Mrs Chimense's business was satisfactory in the earlier months of this interview, it took a nose dive when her daughter Peggy, who was married and was living in Chawama, contracted Tuberculosis together with her husband. Mrs Chimense found herself with the unenviable task of nursing the daughter, requiring money for transport on a daily basis to and from Chawama, just as she spent some of her business earnings on procuring food rations for the sick family. TB patients require a lot of care. Nowadays, much of such care is provided from home as the hospitals just give drugs to be administered privately. To have both Peggy and her husband suffering from TB was a major blow to Mrs Chimense. It took quite a lot of her time away from the market for her to administer this care. Despite leaving her market stall in the hands of other family members; these did not have the same enthusiasm and business acumen as herself. The business started to plummet.

The worst was yet to come. After lengthy periods of illness, Peggy died. The family had to foot a huge chunk of the funeral expenses. Dying in the manner Peggy did, after a long illness, had its own repercussions. It was naturally believed by neighbours, friends and relations alike that she died of AIDS. This brought stigma to the fore, with limited willingness by others to get involved with the family, just as there was much negative, unconstructive talk surrounding the funeral. But more significantly, with her capital all but used up during the funeral, Mrs Chimense's business virtually collapsed.

One of the Chimense boys, Francis, raised K500,000 from the sale of a cell phone

and partnered with colleagues to start a business, selling CDs, DVDs and later cell phone accessories. Although it was not disclosed how much he was contributing to the family upkeep, there was indication that he did contribute significantly, especially during the lean times when Mrs Chimense's market business totally collapsed.

Political decisions, like the forcible removal of street vendors in Lusaka, compelled Francis to relocate to COMESA Market south of the City Centre. While it took quite some time to find space, it was equally not easy to stabilize in terms of generation of incomes compared to the days of conducting business in the streets. On the other hand, for quite a while, Mrs Chimense had been hoping for the return of her daughter Alice from South Africa to come and mourn her late sister, but also so that she could inject some cash into and recapitalize her market business. Whether Alice was genuinely in gainful employment to have the ability to do as expected by the mother was hard to tell for a while, as it was rumoured she was a commercial sex worker. Nevertheless, in April 2007 Mrs Chimense did receive K500,000 in South African Rand equivalent from Alice, which she injected back into the business.

Food

Mrs Chimense started off the discussion on food with the pertinent observation, as did Agnes Kandanga, that life in the city is not cheap. To feed one's family, one needs to make money because everything goes at a price. She observed that even vegetables like pumpkin leaves, which are grown abundantly and freely in rural areas and are thereafter dried and stored for consumption when the rains have gone, have to be bought in town. Even where people may have the will to cultivate their own vegetable gardens, there is only limited space because the houses have been built close together, while water is also a very scarce resource in the townships where they live.

Due to the above stated fact that the Chimense family has limited income, they usually eat only two meals i.e., breakfast and dinner. For breakfast, they often buy twenty buns at K100 each, which they take with tea. Sometimes the tea goes with boiled sweet potatoes. Once in a while, they could afford sugared rice. Dinner, as in the case of the Kandanga family, was made up of Nshima with

vegetables like pumpkin leaves, other green vegetables, beans, Kapenta, fresh and dried fish, eggs and only very rarely, chicken. Lunch was a meal that was taken very infrequently, mainly during weekends or whenever there were visitors.

The family could hardly afford to procure their food necessities in bulk, often affording small measures of maize meal, cooking oil, sugar and the like, in most cases enough only for a particular meal.

Housing

The Chimense family live in a four roomed house. They own the house, which has no electricity, therefore emerging the need for other energy sources: charcoal for cooking and warming bath water and candles for lighting up the house at night. As in the case of food, they often failed to afford to buy these items in bulk. They bought in small measures, nearly each and every day. The approximate monthly total for food was K123,000. They were also expected to pay land rates to the City Council, pay for water at the communal water tap and also pay for waste management. They did not always manage to make these payments due to limited financial resources.

Health

The issue of health appears to pose lots of problems to many households. For one thing, "cost sharing" measures introduced into the government health system years ago have had the negative effect of making health care too costly and therefore unavailable to many households. Many urban households simply cannot afford the medical scheme fees and the cost of drugs after medical staff make prescriptions and ask patients to buy their own drugs.

During the period the Chimense family was interviewed, there were several instances of illness that were treated in different ways. Cholera did strike. Though not at the very heart of immediate family members living within the household, it did have an effect as Mrs Chimense found herself usually on the move to render a helping hand, to deliver foodstuffs to her sister and later her sister's child who was admitted at a Cholera Centre. This came at a cost.

Ailments like coughs, flues, diarrhoea and headaches were not taken to medical

experts for proper diagnoses: it is often argued in medical circles that pain is sometimes not a disease but a symptom of a disease. It is therefore important that a medical expert diagnose the cause of such pain. This was largely ignored in the case of the Chimense family. Lack of resources led them into buying drugs through self-prescription from "tuntembas" and even using traditional medicines. Rather pertinently, though on a slightly different note, Mr Chimense observed that working with cement had a professional hazard tugging along, i.e., potential chest infection that can only be forestalled by a daily intake of milk. Though his doctor has advised that he drink a pint of milk each day he works with cement, the family is unable to afford this preventative medical treatment. From time to time, Mr. Chimense suffers from serious cough and flu due to this reason.

The illness of their daughter, Peggy, in Chawama also brought to the fore one or two issues: limited attention for people who are down with life threatening illnesses like TB. The family had to use their own resources to hire and pay a medical person to attend to the ailing Peggy at her home. Whenever a visit was made to the Chawama Clinic, it ended in disappointing levels of attention. While ARVs are known to help delay the development of AIDS, there appeared to have been little, if any, effort to test the patient for HIV, so that if need be, she could be started on ARVs - until the family took the initiative of taking her to the hospice. Equally pertinent was the fact that the family suffered isolation through stigma upon the suspicion that Peggy was suffering from AIDS. Caring for a terminally ill patient proved to be one of the costliest experiences and just went to show how much the health care system in the country needs re-examination. The death of Peggy and the incapacitation of her husband through TB left four children in potential destitution, most likely to join the already overcrowded and overstretched Chimense family in Kanyama.

Education

Two Chimense grandchildren, Mulubwa and Victoria, were school-going during the period the family was being interviewed. Victoria failed to secure a place in Grade 8 because she failed to make the cut off point. Mrs Chimense conceded that she had to pay a significant bribe to the headmaster of a local basic school in order for a school place to be found for Victoria to enter Grade 8. Mrs Chimense said that paying a bribe was the only option because age was quickly catching

up with Victoria and it was important for her to get on with her education. Later in the year, Mulubwa wrote Grade 9 exams and missed the cut off point to Grade 10 by a few marks only.

Political, Social and Economic Perceptions

None of the members of the Chimense family belong to any political party, though all the five were eligible voters in the 2006 tripartite elections. Ruling party cadres were said to be forcing marketeers to buy party cards, failure to which the marketeers risked losing their market stalls. These were small sums indeed but ones the already overstretched Chimense family could ill afford to sacrifice. They were a strain on the limited resources. Also the risk of losing her stand was very real in the time leading up to the elections.

Mrs Chimense lamented the huge amounts of money being spent on campaigns during the elections. She felt that the money could better be spent on those people who were in economic dire straits. Even away from the subject of elections, she seemed to harbour strong views about the political and economic situation in the country.

"Kulibe chitukoko chamene cikitika mudziko, banthu bakungo vutika, vakudya visoba, muvipatala mulibe mankwala, bana sibayenda mu masikulu ndaba kosoba ndalama...koma batsogoleli ba boma basobeletsa ndalama kugula magalimoto yodula, kuyendayenda mumaiko yena na kuzifoletsa ndalama na ma allowance yambili" (there is no development taking place in the country, people are just suffering, they do not have easy access to food, there are no drugs in health centers, children are not going to school due to lack of money yet government officials are wasting money buying expensive cars, traveling to other countries and paying themselves huge salaries and allowances).

She felt that time was ripe for Government to extend free education to high school level because it was very expensive and the country would soon produce a cadre of children only educated up to Grade 7 or Grade 9 levels.

3. The Mubiana Family

Who are the Mubiana Family?

This is a six member household which has been interviewed from February 2006 up until April 2007. The family is comprised of the mother, Mirriam Mubiana, two sons Nkhuzwayo Kafuta (nine) and Kasonde Kafuta (four). Other members are dependents Elina Mwene (19) and Kikwata Mwene (17). There is also Manyando Mwene whose age was not given.

Income

Ms Mubiana is a primary school teacher who earns a monthly salary of K615,000. To buy the house in which she lives, she obtained a loan of K49,000,000. Out of her salary, she makes monthly loan repayments of K275,000 and a monthly contribution of K8,000 to a teachers' union, leaving her with only K340,000 as her take home pay from the salary. She rents out two of the rooms at her single quarters flat at K200,000 each. Being thus a landlady, she receives a further K400,000 a month from her tenants. Her monthly income over the interviews period fluctuated between K650,000 and K1,070,000 per month because she is also in the business of selling dressed chickens to workmates, church mates and others. She also makes school uniforms which she sells at the school where she teaches.

Food

Throughout the study, the family always has had three meals a day comprising mostly of tea and buns, bread or sweet potatoes for breakfast and Nshima and a variety of stews for lunch and dinner. The stews consist of green vegetables, Kapenta and other types of fish, goat, pork, beef and chicken. There were times when sugared rice was taken either as breakfast, lunch or dinner. The average cost of having three such daily meals in a month totalled on average K476,000.

Housing

Although the residence is electrified, the family never receives electricity bills and has not been paying for energy since procuring the property. They also get their water from a neighbour's house for free.

The family has also never been approached concerning land rates. They have never paid any such bills, just as they use a pit to dispose of waste so not to pay the K5,000 monthly waste disposal fee. They do sometimes resort to other sources of energy like candles and charcoal but this was usually for situations when there was power rationing or failure. Sometimes they just opted to prepare food using charcoal, for instance when they want to do braiis.

Health

Throughout the interviews, the household has needed medical attention every now and then. Various illnesses have afflicted them ranging from skin rashes, headaches, diarrhoea, malaria, coughs, flues and the like. Ms Mubiana stated that diarrhoea was the commonest illness to afflict her family. In fact diarrhoea appeared to afflict many other families in the area. She expressed concern that this is because of erratic water supply. She also suspects that perhaps the water is not properly treated.

The family reaction to illness varied from situation to situation. In some cases, medical opinion was sought from the nearby clinic after paying the appropriate medical scheme fees. Ms Mubiana expressed scepticism about going to the clinic because, in most cases, there are no drugs available and the family is given prescriptions to buy the drugs themselves. This causes them to self-prescribe treatment whenever they feel that they know what the illness is. They once bought Fansidar to treat suspected malaria. There were instances when Ms Mubiana applied traditional herbs like Mango and Guava leaves for coughs and diarrhoea respectively. There were also times when she visited private clinics for treatment where the cost was even higher than at the government institution.

During the interviews period, there were times when Ms Mubiana decided not to take ill family members to the clinic because she was aware that health personnel were on strike, another regular negative phenomenon with government health institutions. Overall, Ms Mubiana's reactions to getting medical attention at government institutions tended to be negative, expressing a lack of confidence in their ability to deliver.

"Most of the times, you will stand in a long queue for hours on end only to be told that there is no medicine; thereafter, you go to buy it yourself," she complained. An interesting social phenomenon was revealed in respect to a family member who fell pregnant and went for an illegal abortion. What was interesting in this story was that the victim, Jane, a niece of Ms Mubiana claimed to have been duped into sleeping with a teacher at a named school after he promised to leak Grade 12 examination papers to her in return for the sexual favours! The abortion was done without the expert hands of a medical person and the girl fell very sick, at great risk to her life. Whereas government health institutions insist on police reports before and as they attend to abortion cases, Jane was taken to a private clinic where it appears money was all that mattered for her to be attended to and abort the pregnancy.

The abortion issue had other repercussions on the family. Traditionally it is believed that once a family member has had an abortion, it will affect the health of other family members unless there is cleansing of sorts. Even with all her education, Ms Mubiana involved a traditional healer, a "ng'anga", to treat Jane. Such practices are very widespread across the entire length of the country. Traditional beliefs, some of them negative and utterly counter-productive are still highly regarded and practiced even by educated people. Similarly, illegal abortion may be another widespread act especially with the mushrooming of private health centres whose sole interest is financial profit.

Education

There are four school going children from the Mubiana household. By the end of the interviews, Mubiana Mwene was in Grade 12. Manyando Mwene was in Grade 11 and paid annual fees of K300,000 each. Nkhuzwayo Mubiana was in Grade 4, while Kasonde Mubiana was at a private nursery school where the fees were pegged at K150,000.

The children attended school very regularly and only missed out when they were too ill to attend. Ms Mubiana incurred a lot of other indirect costs in respect to the education of these children. It was a struggle to always be able to pay for books, school uniforms and other such requisites that tend to blow the figures on education quite high.

This was exacerbated by the fact that she received no support towards the education of household members. Her former husband showed no interest whatsoever in the welfare of his children, Nkhuzwayo and Kasonde, so Ms Mubiana struggles alone.

Political, Social and Economic Perceptions

Although Ms Mubiana does not belong to any political party, she registered as a voter for the 2006 tripartite elections. After the elections she was of the opinion that there were a lot of irregularities which the Electoral Commission of Zambia ignored. She felt that for Zambia to have fair elections in 2011 and other dates in the future, there was need to have a new Constitution in place that would properly regulate the electoral process to serve the interests of all Zambians.

She felt that Zambia was still operating like a one party state. She was similarly of the opinion that it was time the Government improved the conditions of service for teachers and other public service workers. "We were told to sacrifice so that Zambia could reach the HIPC completion point and have her debts written off," she observed. "We reached that HIPC completion point long ago yet our conditions of service remain poor. We are still tightening our belts. The Government must learn to honour its promises. I hope that the 2007 National Budget will put smiles on our faces."

On a slightly different note, she called upon the area Member of Parliament to do something about the drainage system.

"The drainage system is poor so it floods easily when the rains start. Then the roads get damaged and accidents result."

External Support, Investment and Savings

Generally, the family received no external support and hardly ever was able to make any savings from their incomes. On one or two occasions, she managed to make meagre K100,000 or K200,000 savings which she just kept aside to help with school requisites for the children when schools reopened later. Only once throughout the interviews period did her former husband give Ms Mubiana a K100,000 as complementary support to his children. Because of the extended

family system that still applies in certain circumstances, Ms Mubiana was on at least one occasion compelled to make a contribution of K100,000 towards the funeral expenses of a relative.

4. The Mwambula Family

Who are the Mwambula Family?

This is an eleven member household. It comprises a medically incapacitatedfather, Mr Mwambula (who suffered a stroke and has since remained bedridden), his wife and mother of seven, Agnes Mwambula (47), their adult sons Milano (27), Gibson (25), Chibala (22) and Kosamu (20). The other children are Abedingo (17) and a daughter Ruth (7). There are three double orphans namely Michael (21) and Allen (18), both nephews and Evalina (7), a niece.

Income

Mrs Mwambula is in the business of selling at the Market and is the major income earner. She started her business in 1989 with an initial capital of K10 though she was quick to admit that today, one needed between K200,000 and K300,000 to start a market business. The elderly children spent much time moving from place to place in search of jobs or casual employment (piece work) in high-cost residential areas or nearby farms. The most common result of such job hunts was that they came to naught. Whenever they did get something to do, the financial rewards were so meagre that they ended up making no significant, if any, contribution to the family incomes.

Mrs Mwambula sells an assortment of foodstuffs ranging from dry to green vegetables. She also sells Kapenta and dry fish. Gross sales varied depending on many situations that applied at particular times. Sometimes, business was just slow. Sometimes, like during the festive season, people tended to spend more and so her daily sales would go up. But by and large, her sales ranged between a lowly K15,000 to K85,000 a day.

Mrs Mwambula's net takings were affected by a number of factors. Firstly, to boost her capital, she obtained a loan of K500,000 from a micro financing

company. Every week, therefore, she had to pay back K30,000. In her opinion, not only were the interest rates very high but also the time in which these loans had to be paid back was too short and unfriendly to small scale market based business persons like her. Despite her misgivings about the loans, however, she felt so helpless about her financial situation that the option of obtaining another loan to refinance her business was just not possible. Aside to this loan, there are Lusaka City Council and other levies like those to various market committees, on a daily basis, levies which have the tendency to force people to avoid trading from inside the market. Unfortunately, people usually buy from those posts that are nearest to them, so those trading from the streets have "stolen" business from those trading from inside and thus making business inside the market rather slow.

As observed in more detail below, political party cadres also made several attempts to coerce those in markets to buy party cards, further depriving already stretched people of their meagre incomes. As if all these were not bad enough distractions in her efforts to earn a fairly decent living for her large family, Mrs Mwambula was forced to spend a lot of time away from her stall nursing her husband. He had had a stroke and was recuperating from home. Time away from her stall was time away from potential sales. This therefore had a negative impact on her income and affected her returns. For a family as large as the Mwambula's, the financial situation was really bad.

Food

The family very rarely has breakfast. They just cannot afford it. When they do, it is either maize meal porridge or tea with sweet potatoes. There is always plain maize meal porridge prepared for the patient, Mr Mwambula. For this, small sachets of sugar costing K200 each are purchased on a daily basis. Throughout the interviews, the family had two meals everyday, namely lunch and dinner. These meals consist of Nshima and stews made from green and dry vegetables, "ifinkubala" (caterpillars), eggs, "Kapenta", and at times, goat, pork or chicken. They cannot afford to buy a bag of 25 kg maize meal, which is what they would need, because of competing demands on the available income. They, therefore, opt for small re-packs of maize meal known as "Pamela" at a daily cost of K4,000 for the two meals. In similar fashion they can only buy

cooking oil in small measures at approximately K1,000 a day.
The foodstuffs that accompany the Nshima often cost them between K3,000 and K6,000, depending on the choice. There are occasions when instead of buying, the foodstuffs consumed come from among the items being sold by Mrs Mwambula.

Housing

As large as the Mwambula family is, they own no more than a two-roomed structure in which they reside. They do not have sufficient resources to extend it. Neither do they have any plans to relocate to a bigger house. However, as a stop gap measure, four of the boys have put up a mud house adjacent to their parents' one, which they have roofed with poly plastics. They sleep in there.

These structures are not electrified so the family necessarily have t resort to alternative sources of energy. They, on average, spend K1,000 o candles and K2,000 on small charcoal packs everyday. The family does n know how much they are supposed to be paying the local council in groun rates and have never paid them. They also are required to pay K5,000 for wat at the communal tap and another K5,000 for waste disposal every month. Th have never paid the latter as they use a pit to dump their rubbish.

Health

The Mwambula family has one serious health problem to attend to on a d basis. The family head, Mr Mwambula, suffered a stroke and, as a result, paralysed. He cannot walk on his own and neither can he talk. He has b admitted to a clinic and hospital on different occasions.

The real difficulty for the Mwambula family is that the patient needs to be t to hospital for regular weekly reviews and restocking of requisite drugs. residence is quite a distance from the hospital. To be able to hire a taxi, the f needs not less than K20,000 one way and this, Mrs Mwambula was categ that they cannot afford. The result is that the patient misses the majority scheduled medical reviews. On occasion, Mrs Mwambula used to present before the medical authorities and collect the drugs on his behalf. Ho

after some time, they started to decline to give her the drugs, insisting that they see the patient first. The result of this was a steady deterioration in the condition of Mr Mwambula. Whenever things became too painful for him, the family bought simple drugs like Panadol which merely eased the pain rather than treating the patient. On one occasion, a Good Samaritan did render help by taking Mr Mwambula to the hospital, where he had his medical review and medication and did show signs of improvement.

Other family members also experienced illness during the period the family was being interviewed. There were regular bouts of diarrhoea especially when the rains came. Mrs Mwambula explained the phenomenon in terms of poor sanitation in the entire township. She also suspected that the water being supplied was not properly treated.

On one occasion, she bought a drug called Fragyl to treat those afflicted by diarrhoea while on others they let it disappear on its own as they could not afford any form of medication. Yet on another, upon suspicion that the diarrhoea was a case of cholera, four of the Mwambula children were rushed to a clinic where tests revealed that it was plain diarrhoea. The children were treated and discharged the following day at no cost at all as it was considered a case of emergency.

When family members caught coughs and flues, they treated them with lemon in hot water. Mrs Mwambula, who has regular backache and pains in the legs often treated these with pain killers, which she self-prescribed. All this was because, as a family, they cannot afford the fees that have come with the "cost sharing" schemes applicable in government medical facilities.

Education

From available records, two children in this household are school going. Evalina is now in Grade 3 at a community school. She pays monthly fees of K4,000, translating into K12,000 per term. Abedingo is in Grade 8 at a Basic School. Being a government school, the family is required to pay school fees of K300,000 annually. An international NGO adopted the boy and will pay his fees until he is through with his basic education. Mrs Mwambula was of the opinion that the

quality of education given in government schools is inferior to that given in private institutions and encourages children to go for extra tuitions during holidays if they were to do well in exams at the end of Grade 9. This is a commonly held view among many Zambians.

Political, Social and Economic Perceptions

Mrs Mwambula noted that political party cadres were attempting to force people in markets to buy their party membership cards. This was unnecessary as political party membership was supposed to be voluntary. Any sort of monetary contributions, be they in the form of party membership cards or whatever just tend to eat into the already strained meagre resources of poor people who were in the markets to try and make ends meet.

Secondly, there are high unemployment levels affecting youths some of whom have good enough qualifications to be in gainful employment. She felt it was necessary to vote for people who would work for their constituents rather than those who would disappear after winning elections and only reappear in time for the next elections. She was categorical that she wanted a new government that would work for people because the current one had not done much in five years.

One perception about the township was that it was established as a semiskilled workers' compound for construction projects. When these projects were completed, people remained in the 'illegal' township and did all sorts of things to earn a living, hence the high unemployment and poverty levels. There are no government schools in the area. There is an inadequate health facility. The Basic school is actually 2 kilometres away so little children cannot start Grade 1 early enough as they cannot walk such a distance. They therefore start school late. Also, school places are very competitive. The majority places go to children from well to do families in the nearby high cost, low density area who have nursery school backgrounds and whose parents have money to pay for school requirements at once. The competitiveness also attracts bribery and corruption. The only consolation is the high number of community schools in the township. The clinic is nevertheless a very small referral centre and is often short of drugs such that people lost confidence in it.

External Support, Investment and Savings

In one month a relation of Mr Mwambula donated a 25kg bag of maize meal and charcoal packed in a 90kg bag. A well wisher took Mr Mwambula to hospital for medical review and kept him at their home for about a week. The family never made any investments, nor did they make any savings. They could not manage to give out any kind of support to anybody.

5. The Mwiinga Family

Who are the Mwiinga Family?

The Mwiinga family is of one single parent, Justina Mwiinga, divorced, and six children. There are four daughters namely Ruta, Lucia, Margaret and Eunice.The sons are Richard and Gabriel. Ms Mwiinga was interviewed between February and July of 2005 and contact with her was thereafter lost probably because she may have relocated to another township.

One of the daughters, Ruta, lived with her grandparents in the village while one of the sons, Richard lived by himself, away from the rest of the family.

Income

Ms Mwiinga was not in formal employment. She earned a living by mostly engaging in casual employment (piece work) on farms that are adjacent to her area of residence. Such jobs were not guaranteed. There were times when she went several days without getting piece work. When she was engaged in this way, she made paltry sums in the range of K3,000 and K20,000 for a hard day's work.

Her income was so inconsistent in amount as well as regularity that she could not even estimate how much she made and spent in a month. In February for instance, she got what appeared like a permanent job as a 'weeder' on a farm. When time for payment of her K100,000 monthly wages came, they were not forthcoming and she had no idea when she would be paid, compounding her financial problems. She eventually opted to quit the job and report the matter to Police to assist her claim her dues. She resumed work after some time. She

was subsequently given a K50,000 part payment to clear her two months' arrears. Her son, Richard, was engaged as a house servant in a high cost, low density area and got a monthly wage of K60,000. He did, in his own limited way, assist the mother financially, especially towards purchase of foodstuffs. He however no longer lived with the family and at times, as was mostly the case anyway, he did not contribute anything. The other son, Gabriel, was also in and out of employment as a house servant in the same high cost, low density area, thus sometimes contributing to the family income and at others being unable to assist. In the lean month of March when Ms Mwiinga was pursuing her dues at the farm where she was unpaid for her labours, Gabriel almost single-handedly sustained the family from his K85,000 monthly wages. In April, when his mother received only K50,000 he also contributed to the family upkeep. In the same month, Ms Mwiinga indicated that she was looking for another job because relations with her employers had soured over the non or piece-meal payment of her wages.

To enhance her ability to make ends meet, Ms Mwiinga was planning to start a small business selling cooking oil in small measures, vegetables and fritters at the local market.

Food

The greater part of the income that came the way of the Mwiinga family was spent on food. Generally, the family could afford only two meals a day. They chose to have breakfast and supper, skipping lunch, or lunch and supper skipping breakfast. Whatever the case, nevertheless, these meals consisted of nshima and green vegetables. There were times too when the family had to do with one meal only – supper!

Although Ms Mwiinga could not tell exactly how much the family spent on food in a particular month, their food purchased varied from month to month. In one month, they could manage to buy three bags of roller maize meal while in another she could only manage one bag at K19,000. At times, they resorted to buying maize measured in 20 litre containers (x2) which they took to a hammer mill for grinding into mealie meal. Each container cost them K14,500. Added to the cost of grinding, they spent K32,000 on their mealie meal. Whenever the family could

not afford a whole bag of maize meal, they resorted to small packs (Pamelas) which were being sold at K1,000 each. They needed between two and three such packs a day. She estimated that in such an arrangement, she spent K5,000 on a daily basis on food alone, which included the stew (relish). This would ordinarily translate to K150,000 on food alone for a whole month.

Apart from food, the family also spent limited amounts of money, as might be available, on bath and wash soap and energy.

Housing

The Mwiinga family, for all their numbers, shared a rented two-roomed structure. The mud building was not electrified so alternative energy sources had to be accessed: for cooking, they had to collect firewood from nearby bushes bordering adjacent farms; for lighting up their home, they used kerosene lamps. A K500 bottle of kerosene lasted two to three days. They collected their water, over whose quality she had no complaints, from a communal tap at K3,000 a month. The monthly rentals for the house were pegged at K25,000. At times these rentals were paid by Gabriel.

Despite the obvious discomfort of living in this little un-electrified structure, Ms Mwiinga made no indication of plans to move to another house.

Health

The Mwiinga family, like many others in the low income group, could hardly ever afford the cost sharing medical schemes that applied in government medical institutions like clinics and hospitals. As such, when a family member fell sick, they took him or her for medical attention at the clinic and paid the K8,000 required of them under this system. For similar reasons, they could not afford other preventive health measures like sleeping under insecticide-treated mosquito nets or treatment of drinking water with chemicals like chlorine.

During the period covered by the interviews, the Mwiinga family enjoyed relatively good health except for the youngest daughter who had to be admitted to the University Teaching Hospital with Tuberculosis. Although there were indications that Ms Mwiinga did incur some unspecified costs towards treatment, she

intimated that the main drug for TB was provided freely at the governmen hospital.

The same child later developed some unexplained sores on the left side of he head and ear. Ms Mwiinga made no effort to take the child for treatment. In he words, the sores were not unusual in her family and tended to surface and the disappear on their own. She also claimed she did not have time to take the chil to the clinic as she was too busy with work, suggesting perhaps that her condition of service did not permit her time-off to attend to such, again not unusual wit casual workers in Zambia. With time though, she started to wash the sores wit salt water though there was no visible cure.

Education

In what could only be termed as a tragic situation, especially in a country tha espouses universal primary education, the Mwiinga children were all but "neglect in terms of formal education. None of the children, other than one girl, ever we to school at all. For the one that did, a girl, they could only afford to take he to a community school within the compound.

Despite the fact that the family was only required to pay minimal fees in the sum like K1,000 or K3,000 for particular school projects, she eventually dropped o of school because the family could not afford to dress her in decent enou clothes compared to her school mates. Ms Mwiinga sadly mentioned that th community school did not have a uniform, and her daughter felt humiliate because of her tattered clothes.

External Support, Investment and Savings

In circumstances that can only be described as dire, the family made no savin or investment whatsoever throughout the period of the interviews. With a form husband that appeared not in the least bothered about the welfare of his childr and therefore rendered no support, the Mwiinga family survived without a external support. The only sign or ray of hope lay in Ms Mwiinga's profess desire to enter into the market business arena if and when paid all her sala arrears from her job as a weeder.

CONCLUSION

The interviews were limited to a small number of families living in high density areas in Lusaka over different periods. Some families were covered for longer periods while others were covered for shorter periods. One family relocated and could not be traced, so they were interviewed for only a number of months. Nevertheless, the conclusions that can be drawn about the overall situation in regard to how families are coping economically, especially with the high cost of basic needs, remain quite strong. Similarities abound in virtually all the areas of concern.

In terms of housing, whether rented or owned, it is generally inadequate with overcrowding being a norm rather than an exception. Many cannot afford tapped water within their houses and must search for it from communal taps. Where it has been made accessible it is usually with the assistance of foreign aided projects. It is questionable whether this water is treated. The families will not access this water freely but must pay what to the ordinary eye might appear like minimal fees, but which to the people concerned are still high and unaffordable. It is not always that they do manageto pay. Electricity is rarely available in the houses and so candles or kerosene is used for lighting up in the night. More money must be found for the purchase of charcoal for cooking, or in some cases, long distances must be covered in search of firewood.

The incomes of most families are erratic and unreliable. Where family members are in wage-earning jobs, these are low paying ones which range from K60,000 per month to just about K150,000. The one teacher interviewed, and whose salary reaches above K500,000 is in fact an exception. The incomes are erratic in the sense that jobs can be lost without notice, salaries can be withheld or paid months late, with no reasons given; or as in the cases of income earned from marketeering, business can become very slow and affect earnings. This explains why, for instance, a marketeer can in one day sell K60,000 worth of merchandise and the following day sell only K8,000! There is no predictability at all about expected incomes thus throwing families off balance in the procurement or making available of basic needs.

The sheer sizes of the families, which in most cases include dependents, mean that whatever income is generated almost invariably gets spent on the mos basic of needs, mostly food and energy. Most Zambians still maintain extende family systems where all sorts of relations can claim one's obligations toward their upkeep, while deaths of relatives from killer diseases like AIDS tuberculosis and malaria, which are among the most prevalent, pour out score of orphans who end up either on the streets or in the care of extended families No matter the number of income earners in a family, the incomes are inadequat to meet the many needs of the families.

The introduction by the Government of the so called "cost sharing" measure in the provision of health care and education may have been well intended. was argued that end users of these services need to make minimal contribution towards either purchase of drugs or school requirements. The fees might indee look minimal yet in real terms, because of the magnitude of needs competin for attention and the limited financial resources available to the majority c Zambians, this has had the result of making access to health care and educatio rather limited. The vast majority of people living in high density areas hav stopped attending medical institutions because they cannot afford the so calle medical scheme, or indeed the impromptu K8,000 one is required to pay if the do not have a scheme. Even where they pay for a scheme, which is a paltr K2,500, they will most likely be advised to buy their own drugs after the diagnosis which raises the cost to unaffordable levels.

This has given rise to people just ignoring ailments or going after tradition medicine prescribed by traditional healers. The efficacy of such treatment ca legitimately be questioned because the medicines prescribed are usually n subjected to scientific testing.

With the myriads of financial incapacities families are unable to make any kin of savings or investment. They survive, as the saying goes, from hand to mout There is hardly any planning for the expenditure of resources because they mu spend ad hoc, as and when finances are available. They buy their requiremen in small quantities, which on face value might look like a saving, when in actu fact this results in the costs going even higher than if commodities were boug

in relatively large packaged quantities. K3,000 per day on mealie-meal 'Pamela' translates into K90,000 on mealie meal in a month, which could arguably have been less if the families had been able to buy K25 kg bags at approximately K35,000 per bag.

POLICY RECOMMENDATIONS

Through the real stories of 5 Lusaka families living in high density areas, a number of shared struggles have emerged that provide some insight into how prevailing policies, structures and circumstances lead to the impoverishment of Zambian households. Common factors enforcing poverty include illness, death, orphanhood, insufficient education, inaccessible services, inadequate employment, poor infrastructure and other factors too often out of the control of the poor. Accepting that poverty is not permanent, not Divinely ordained and oftentimes not due to laziness or irresponsibility, the following policy proposals provide hope that one day each and every Zambian family will be able to meet its basic needs and achieve full lives of dignity:

1) **Gender, Environment, and HIV and AIDS require some holistic approaches that would cut across different government ministries and other stakeholders in terms of interventions.** What these interviews have shown is that while there is a lot of macro-level theoretical articulation of issues by men, there is significant practical articulation of issues by women at a household level.

   For example, it is with great admiration to see the ability of women more than men to hold families together and to initiate survival strategies in times of job losses, illness or other socioeconomic difficulties that households face. All this resilience happening in serious environmental (e.g., solid waste management), and HIV and AIDS challenges. A very strong case has emerged through these interviews to conclude that these forces have combined in ways that has heightened impoverishment in Zambia.

2) **The Ministry of Local Government and Housing (MLGH) ought to increase investments in housing and infrastructure development in high density areas and strive for greater transparency in distribution of funds for development projects.** Throughout the stories it has emerged that many families live in poorly constructed houses, that roads and other infrastructure need improvement and that waste management services are not being utilised by many households.

The MLGH must strive to expand investment to high density communities through innovative investment schemes e.g., through revolving funds for construction of houses, public-private partnerships, etc. The prevailing policy that returns only 35% of collected monies to a respective community must be reviewed, for it is retrogressive and guarantees lesser investment in poorer areas with the highest needs. Also, there is a low level of community awareness about how development fund money is utilised, which could be remedied through the mandatory posting of signage at any project site listing the cost of the project and sources of funding.

3) **The National Water Supply and Sanitation Council (NWASCO), through its mandate to ensure efficient, sustainable and expanded service delivery by Commercial Water Utilities, ought to ensure further expansion and improved quality of water and sanitation services provided to households living in high density areas.** Throughout the stories it has emerged that many households draw water from community taps, that it is unclear whether or not the water from Water Trusts is safe, that most households lack adequate sanitary facilities and that families suffered serious and frequent outbreaks of diarrhoea. Recognising the existing efforts of NWASCO to improve water and sanitation provision to high density areas, including the creation of the Devolution Trust Fund, there is still need to accelerate efforts to bring clean water and adequate sanitation to poor communities living in urban areas. NWASCO must strive to ensure Commercial Utilities (CUs) are meeting their obligations to expand coverage, possibly by attaching greater importance to this criteria in consideration of applications by CUs for permission to increase water tariffs. Also, NWASCO must challenge the government to increase investment in water infrastructure, through efforts to source grants from donor agencies for infrastructure development and settling of all arrears owed by government institutions to CUs.

4) **The Energy Regulation Board, through its mandate to ensure the provision of quality electricity service at affordable prices to all consumers, ought to ensure accelerated electrification of rural and high density areas and provision of more affordable tariffs to the poor.** Through the stories it has emerged that many households are not connected to the electricity grid and

are forced to rely upon charcoal for cooking and heating water and candles for lighting. The cost of energy for a household without electricity is between K3,000 and K4,000 per day (2 packs of charcoal at K1,000 and between 2 and 4 candles at K500), totalling between K90,000 and K120,000 per household per month. Therefore, the benefit of adding more houses to the electricity grid is two fold, both saving income-constrained families Kwacha and slowing the trend of deforestation surrounding major urban areas. While it can be strongly urged that the Energy Regulation Board (ERB) utilises its regulatory authority to ensure that ZESCO improves efficiency and expands quality service delivery, it must also be recognized that there is need for the ERB to encourage research and usage of efficient, environmentally friendly energy sources that will serve better poor houses. This calls for research and creation of linkages between households and institutes/organisations carrying out research. This is very important realising the cost of electrification.

5) **The Ministry of Education, working as a partner with community schools, ought to provide incentives to increase enrolment of vulnerable children in schools and ensure quality education standards.** Through the stories it has emerged that many children manage to access primary education due to the Free Basic Education policy and due to the prevalence of community schools in high density areas. However, some vulnerable children still fail to access education at primary level due to extreme destitution and some grade 7 leavers fail to continue education due to unaffordable education costs at upper basic and secondary school level. The Ministry of Education (MoE) should expand existing programmes for vulnerable children at all levels, especially "sponsorship" or targeting of bursaries to vulnerable children so that no child misses out on education due to lack of fees (recalling how Abedingo from Chainda is attending grade 8 due to sponsorship from an NGO). Furthermore, the Ministry of Education must take responsibility for the administration of education in the countless community schools that are filling a gap in the education sector.

This would entail in the short to medium term the revival / expansion of a governing body or administrative unit at the MoE to oversee the operations in community schools, provision of annual grants to assist with school

emoluments (including teacher allowances), facilitation of teacher training to ensure ever-improving quality of schooling and provision of curriculum guides and educational materials to teachers and pupils in community schools. In the long-term the Ministry of Education must upgrade community schools into fully supported government basic schools.

6) **The Ministry of Health ought to take immediate measures to transform the efficiency and affordability of health care provision and restore public confidence in the government health facilities.** Through the stories it has emerged that many households have lost confidence in the government health clinics in high density areas, due to relatively high health costs and repeated bad experiences e.g., long queues, poor treatment from over-burdened health personnel, lack of drugs, etc. The preferred treatment methods in high density areas include self-prescription at private drug stores, treatment of symptoms with pain-killers rather than treating the illnesses, visiting traditional healers or self-administering traditional herbs and seeking medical attention from private health facilities (if money is available).

   The Ministry of Health must strive to improve health care to poor communities through more and better paid medical personnel, more consistent and transparent administration of drugs and streamlined services e.g., malaria corner for rapid malaria testing of patients showing fever, etc. Also, there is need to revisit the administration of the medical scheme in Lusaka, possibly introducing a family scheme card to cover an entire family for approximately K5,000 per month. As the Ministry of Education achieves actual improvements in efficient, affordable and quality service delivery, sensitisation campaigns (utilising locally appropriate medium) could inform the nation about the services they can expect and demand at their local clinic and the corresponding costs.

7) **The Ministry of Labour and Social Security (MLSS), the Ministry of Commerce, Trade and Industry (MCTI) and other relevant ministries, through implementation of initiatives spelled out in the Citizens Economic Empowerment Act, the National Employment and Labour Market Policy and the Fifth National Development Plan (FNDP), ought to significantly expand opportunities for the low-income to access entrepreneurial**

training/empowerment schemes; and ought to guarantee enforceme of minimum levels of remuneration and protection for all Zambia employees. Through the stories it has emerged that many households high density areas depend upon the income from persons working in th informal sector either as micro-business owners, piece-workers or inform employees. Also, the number of unemployed adults is alarmingly hig especially in urban areas where it is difficult for the unemployed to occup themselves with small productive activities such as agriculture. Therefore, is important that all ministries relevant to the promotion of employment, skil training, entrepreneurship training and economic empowerment through micr finance, agricultural input subsidies, empowerment funds, etc, should wo together to create a harmonised system of claimable empowerment incentive for the low-capacity, the informally employed, Zambian owned enterprise etc.

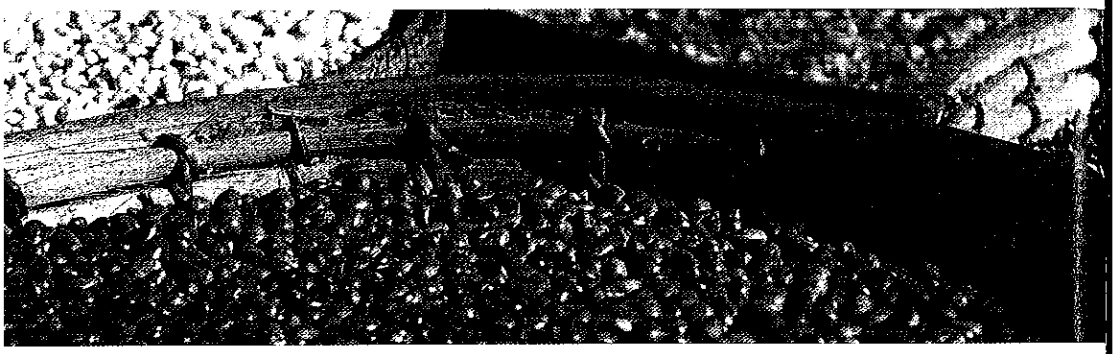
Whereas many well-intentioned initiatives have been designed to help empow the poor and create employment opportunities, these incentives are oftentim not transparent, universal in coverage, adequately funded or accessible t the average person living in a high density or rural area.

Furthermore, the MLSS must strive to enforce existing labour laws in protecti of employees and strengthen provisions for the informally and self-employe

8) **The Ministry of Community Development and Social Services, workir with each and every government ministry, ought to implement th empowerment and protection strategies in the Social Protection Chapt of the FNDP, to help low-capacity and destitute households cope wit escape and prevent falling into extreme poverty.** Through the stories has emerged that many poor households face chronic vulnerability as a res of serious shocks, such as the death of a family member, widowhood, divorc chronic illness of the bread-winner, loss of employment, collapse of th business, displacement from place of business operation, among other Furthermore, it is evident that households are forced to cope with these shoc in the social protection vacuum that currently exists in Zambia, whe households are forced to source income and assistance from churches, fam

members, piece-works, informal loan sharks (charging high interest "kaloba"), micro-finance institutions charging unreasonably high interest rates and other informal sources.

The Ministry of Community Development and Social Services (MCDSS) must strive to make available a basic package of social protection initiatives in each district across the country, so that households facing economic shocks and chronic vulnerability are targeted with appropriate assistance or empowerment, through social transfers of food aid, physical assistance, cash, loans, seeds, food for work and others. Unfortunately, funding of existing social protection initiatives has been consistently declining over the past few years. Successful provision of nationwide social protection may require establishment of a transparent social protection fund, stronger collaboration with and coordination of nongovernmental and grant-aided social protection actors, mainstreaming of social protection and equity initiatives across all government ministries to ensure accessibility of essential services to all vulnerable persons and further building of the capacity of the MCDSS to effectively deliver social protection to the nation.



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