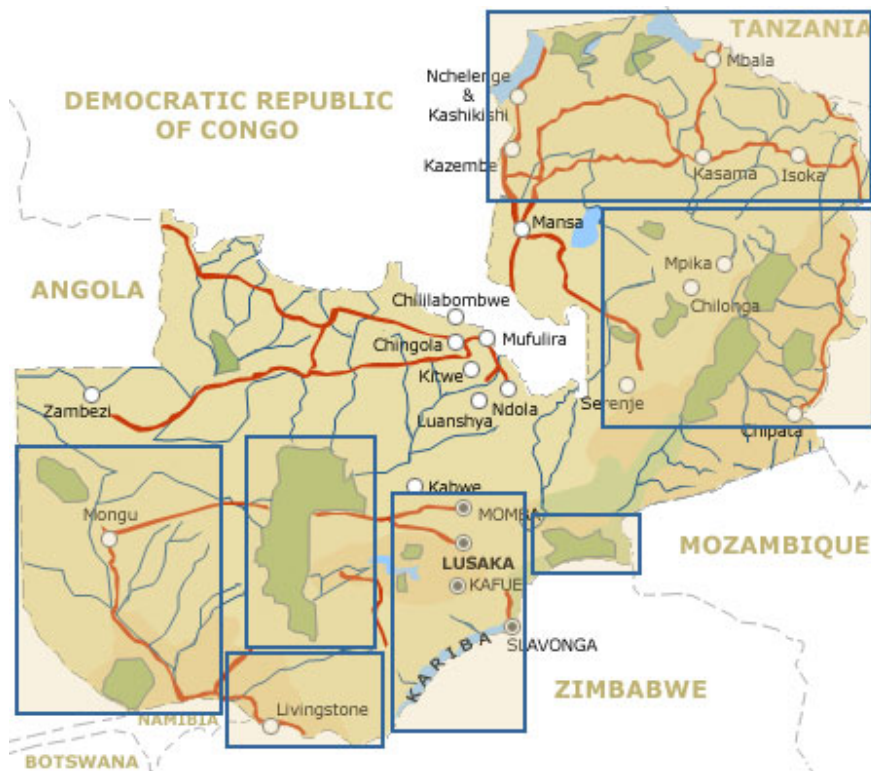


The Diocese of Mongu, Zambia



Background

Country Background

Zambia derives her name from the Zambezi River. She lies in the Southern part of Africa with about 750,000 sq km of land. Zambia gained her independence from Great Britain on October 24, 1964. Before then, it was called Northern Rhodesia. Zambia is the home of about 11.2 million people. Currently, Zambia has nine provinces with the Western province having a total population of 750,000 people

Political History

The political history of Zambia can be classified into three eras: African welfare societies, Pre-independence and Post-independence.

African Welfare Societies

These were forerunners to trade unions and political parties. Although the main aim of these societies was to ensure that employers and the government did not stumble upon the welfare of Africans, they also propagated the political interest of Africans. For instance, in 1944, the Kitwe African Society, under the leadership of Mbiskusita

Lewanika, issued the Kitwe revolutions protesting against European settlers advocating for the amalgamation of Northern Rhodesia with Southern Rhodesia. The Northern Rhodesia African Congress was formed in December 1948 after the Kitwe African Society, under the leadership of Mbikusita Lewanika, called for the transformation of the federation of African Welfare Societies into a political party.

Pre-Independence

Mbikusita Lewanika was founding President General of the Northern Rhodesia African Congress. Harry Mwaanga Nkumbula took over the leadership of the party and the name was also changed to African National Congress (ANC).

A group of young men among them, Dr. Kenneth Kaunda broke away from the ANC and formed the Zambia African National Congress (ZANC). This later came to be called United National Independence Party (UNIP).

Post-Independence

At the time of independence, there were two major political parties namely, UNIP led by Zambia's first President David Kenneth Kaunda and ANC led by Harry Mwaanaga Nkumbula. In the late 60s and early 70s, two prominent UNIP members left the party to form their own political parties. Nalumino Mundia formed the United Party (UP) and Simon Kapwepwe formed the United Progressive Party (UPP).

In 1972, the Chona Commission was constituted to solicit for views from the general public on whether the country should remain multi-party or have only party. Act No. 27 of 1973 amended the constitution and the Republic of Zambia became a one party state. UNIP was the only party in Zambia for seventeen years.

A National Conference on the Multi-Party option was held from July 20-21, 1990 in Lusaka, Zambia. The main result of the conference was the formation of the Movement for Multi-Party Democracy (MMD), the Party in government today. MMD mounted peaceful campaigns for the return to multi-party politics; as a result, Act No. 1 of 1991 enacted a new Constitution. Since 1991, different parties have had members of parliament.

Socio-economic Activities

Zambia's major economic activities are mining, tourism and agriculture.

Mining

Copper is one of the country's major foreign exchange earner. Other minerals mined are Zinc, lead, coal, cobalt and emeralds. Until 1999, all copper mines were owned by the Zambia Consolidated Copper Mines (ZCCM), a state owned enterprise. Small-scale miners have always mined emeralds.

Tourism

The industry is based on wildlife, traditional ceremonies and rivers.

Wildlife

There are fifteen national parks in Zambia. Popular ones include Luangwa, Kafue, and Mosi-oa-Tunya. Walking safaris are a major attraction in visiting parks. These national parks host baboons, elephants, birds, buffaloes, crocodiles, etc.

Traditional Ceremonies

The indigenous people of Zambia have very rich culture and tradition. Traditional ceremonies have become a big tourists' attraction. The most famous of them all is the Ku-omboka ceremony of the Lozi people of Western Zambia. Every year, the Lozi king (Litunga) travels by a barge called Nalikwanda from his summer capital Lealui, to Limulunga his winter capital. The Litunga's nearly 80 paddlers, spectacularly paddle to a rhythm of traditional music. Other ceremonies in the country include the Umultomboko, Likumbi-lya-minse, Ncwala, etc.

Rivers

The Zambezi River has the famous Victoria Falls, which is among the seven wonders of the world. Dr. David Livingstone named the falls after Queen Victoria of England. The Zambezi River provides popular sports, boating, canoeing, fishing and rafting. The river is the home of main fish species such as catfish, breams, tiger fish, etc.

Agriculture

The government of the Republic of Zambia has identified agriculture as a priority in the social and economical development of the country. There are three categories of farmers, commercial, small-scale and peasant. Small-scale farmers are the largest

producers of food in the country. Crops produced include maize, (corn), rice, cassava, tobacco and sugar cane.

Diocesan Background

The Mongu Diocese was created on June 14, 1997. Up until then, Mongu was part of the Livingstone Diocese. The first bishop of the Diocese of Mongu, Paul Duffy, O.M.I., received his Episcopal ordination on August 31, 1997.

There are eleven parishes in the diocese of Mongu: The Cathedral of Our Lady of Lourdes (Mongu Township), St. John the Evangelist (Katongo), St. Francis (Malengwa), St. Agatha (Kauplanga), St. Martin (Kaoma), St. Lawrence of Brindisi (Limulunga), Sancta Maria (Lukulu), St. Joseph (Mangango), St. Michael (Nalionwa-kalabo), St. Jude (Senanga) and St., Gabriel (Namushakende).

Major Occupations

The major economic activities include the following: agriculture, cattle rearing, retail trading, fish mongering and traditional crafts making. These activities are not mainly carried out on a commercial basis.

Crop Agriculture

Agriculture is one important activity in the province and at least over 80% of the rural population relies on this for livelihood. The staple food is maize (white corn), which is ground and used to make a thick porridge (buhobe), which is served with either fish or meat and vegetables.

In recent years, floods and drought have contributed to failing yields posing a great danger to food security at household level. The first part of the 90s was characterized by frequent droughts. In the last three years, floods have been experienced during the farming season.

Although both men and women appear to be jointly involved in most farm operations, women's input in planting, weeding, and harvest is higher than of men. This is due to society's perspective of a woman's role as a provider for her family. As a result, from childhood, the girls are brought up knowing and working towards being a hard worker to keep her family alive.

There is a clear division of farm activities between men and women. The majority of harvest labor input to agriculture (75%) comes from women. Women's agricultural workload is even heavier among low-income households in which labor mobilization is not possible. At the same time, they cannot acquire farm implements such as seeds, ploughs, and fertilizer. This results in low yields, which can hardly sustain the family to the next farming season.

There are concerns that although women's input into agricultural production is higher than that of their male counterparts, they benefit less because men tend to have the upper hand over the produce. The harvest from common fields on which the women work is first used for family consumption. Common fields refer to fields owned by both a husband and wife. Traditionally, a man has his own field, which he solely controls. The produce from this field may only be given for household consumption when he decides.

Cattle Raising

Cattle raising is a source of wealth among the local people but fewer women than men own cattle. When they do, their male relatives keep them as security measure. There is a fear that if she puts together what she owns with that of her husband, she will have no control over it. This disadvantages her both ways because even with her relatives, good management of the cattle is not guaranteed. This also deprives her of short-term benefits such as milk, meat and manure for her farming. This imbalance in cattle ownership is attributed to the following reasons:

- a) Cattle raising is culturally a man's domain.
- b) The young men are encouraged to buy animals as security because they will be heads of households in the future, while women will be married and will be taken care of by their husbands.

Diseases such as anthrax, buccellosis and contagious bovine plueropneumonia (CBPP) threaten the activity of raising cattle. In 2003, Mongu district alone lost 500 heads of cattle to these diseases.

Because women don't own cattle end up raising local chickens, ducks, goats and pigs. These play an important role as a source of income and protein for many households in many parts of Mongu. The motivation of a lot of women for keeping small

livestock is to be economically independent of their husbands. However, around the months of July and August, diseases such as Newcastle and fowl pox affect chickens. This is due to the fact that vaccines against these diseases are not readily available and the government does not see them as a priority.

Retail Trading

There are three major industries in the Diocese's catchment area namely cattle processing, wood processing and milling. These industries employ very few people. As a result, people who are not in agriculture open retail shops. The majority of retail traders are men. This is due to lack of economic power of women and the fact that traders have to travel to Lusaka to purchase goods from wholesalers. The transport system is not gender friendly.

Fish Mongering

The Zambezi River is rich in different species of fish. However, fishing is regarded as a 'man's job.' This leaves women with the job of buying fish from fishermen and reselling at markets. The profit margins are minimal. Women have to walk long distances to the river and from the river to markets. The price of fish is greatly influenced by the influx of buyers from urban areas. The local women are disadvantaged by prices rising due to the high demand for fish. Some women offer sex to fishermen in order to have fish for free or at reduced prices, making them more vulnerable to HIV/AIDS.

Traditional Crafts Making

Crafts production has the potential to improve the economic power of women are the main makers but the non-availability of ready market for their products discourages them from producing in big numbers. Old women teach young women the art of traditional craft making.

Health

There is one referral hospital, Lewanika General Hospital in the entire Province and a few rural health centers providing health to people scattered all over the area. The referral hospital is faced with a serious problem of staffing. There are very few specialists such as Gynecologists and Obstetricians.

Each Health Center is supposed to have a clinical officer, nurse and an environmental health technician. But currently, most centers have only one qualified person with laboratory facility. During the flood period, up to about seven health centers are cut off from the main health offices, making supervision and distribution of medical supplies difficult. This compromises the quality of medical care given to the people, women and children in particular.

The seasonal floods provide favorable breeding sites for mosquitoes contributing to high malaria morbidity and mortality. Women, especially those who are pregnant are at a highest risk.

In areas, which are not affected by floods, women cover long distances to nearest health centers. This makes them postpone the decision to seek medical attention when they are sick.

Family Planning

Decisions pertaining to family planning have to be made in consultation with the husband. The husband may refuse on suspicion of infidelity by the wife even when the benefit to the woman is evident. This puts the woman's health in jeopardy. Culturally, the man is the head of the family and his word is final. Lack of education among women is a contributing factor to the failure to use family planning methods. This brings about myths and misconceptions about the use of family planning methods. Some women believe that they will become sterile and fail to give their husbands more children. The success of many marriages is dependent on having more children to provide labor in the home and care for their parents in old age.

More women (81%) are not allowed to use contraceptives by their husbands. Use of any method by a married women is seen as a sign of unfaithfulness and she risks being battered or divorced by her spouse if found out. A recent Zambian demographic health survey carried out indicates 79% of women interviewed preferred being beaten by their husbands as a sign of love. The acceptance of being beaten is interpreted as humility in the marriage on the part of the woman. 61% of the women accepted to be beaten if they denied their husbands sex.

Traditional norms teach women not to deny their husbands sex even on the grounds of infidelity on the part of a man in marriage. Women's lack of economic

empowerment hinders their participation in decision making in issues of sexuality in the marriage. Most of them feel that they cannot stand on their own without the support of their husbands. These issues explain why a woman cannot decide on the number of children to have.

As a result, most households have an average of six children. This poses a great danger to the health of the woman because there is little time for her body to heal. The immense burdens of their households prevent women from engaging in activities to raise their families' economic status. Due to the ever-growing sizes of their families, there is little food to feed all the children. This gives rise to high incidents of malnutrition among the children.

HIV/AIDS

Women are on average three times more vulnerable to HIV infection than men mainly due to their 'subordination' to their husbands. There is a misconception among a large section of the local population that a man can have as many sexual partners as he wishes while his wife is expected to remain faithful to her husband. The 2001/2002 Mongu District Health Survey reveals that those found to have multiple sexual partners were men (30%) compared to (5%) women. Younger women (15-39) have a higher percentage of HIV infection compared to their male counterparts of the same age. This is because older men tend to have sexual partners in all age groups.

High poverty levels put women at risk of contracting AIDS. By trying to survive, some women engage in sexual activities for economic gain. This is common among women who do not earn a regular income.

There is lack of civic education about the extent of HIV/AIDS especially in the rural areas where the majority of people have no access to such information. This brings about myths and misconceptions about the mode of transmission. There is a cross section of the population who attribute HIV/AIDS cases to witchcraft.

HIV/AIDS has implications on food security of households in rural areas. 80% of the population rely on agriculture and women do a substantial amount of agricultural work. Women are responsible for nursing the sick and orphans in the home causing them to have less time for farming. This affects food security in their homes. At least 55% of the

orphans have lost their fathers while 28% are maternal orphans and 17% are double orphans.

Education

From a gender perspective, more men (64.2%) than women (54.3%) are literate. Even though women have the right to equal education and training, gender imbalances exist at all levels with regard to access, to progression and accomplishment.

The distribution of enrollment by gender and grade in secondary schools shows that there are fewer girls than boys in all grades. The gender gap in secondary school is wider than the gap in primary school. There are several factors attributed to this, such as girls dropping out of school due to pregnancies, early marriages and preference by some parents to support boys as opposed to girls. In remote areas, children walk long distances of about ten kilometers from their homes to school. In such cases, girls are enrolled at relatively late ages causing them to lose interest in school by the fourth grade.

The low economic status of most families prevent them from sending all their children to school. When they can afford to send one child to school, it is the boy who is given a chance because there is a belief that a girl will be looked after by her husband. The girl from an early age is molded to become a housewife and fails to know the benefits of education. The consequences are felt in adulthood when the woman fails to reach full potential in all spheres of life.

In this part of the country, it is still a common practice for relatives to grab property from a widow and her children when a husband dies. Due to lack of education among most women, very few seek legal redress to stay in possession of their hard earned household property.

Lack of education among many women poses a serious implication on women empowerment. Women cannot read for themselves materials or literature on any subject of their liking. This increases their dependence on men. It also limits their options on economic activities.

The Catholic Church in the Country

The missionaries first entered the country through the Northern part in 1891. There were numerous conversions among the Bemba people. The Catholic Church's history in the Western Province dates back to 1881, when Jesuit Fathers arrived in Lealui,

the capital of Barotseland from their base in Zimbabwe at Pedamatenga. King Lewanika permitted them to open a Mission in his kingdom but later changed his mind when the missionaries returned in May 1883.

In 1931, the Livingstone Diocese was created under the Irish Capuchins from Cape Town, South Africa. They took responsibility for Barotseland from the Livingstone Diocese.

Bishop Adrian Mun'gandu was appointed the first native Zambian bishop of the Livingstone diocese. His predecessor was Bishop O'Shea. Bishop Mun'gandu brought into Livingstone Diocese other religious congregations to conduct missionary work alongside the Capuchins and the Holy Cross Sisters. In 1984, the first group of the Oblates of Mary Immaculate of the United States of America arrived in Livingstone and among them was Fr. Paul Duffy, who was later appointed the first Bishop of Mongu in 1997.

Catholic Relief Services in Zambia

CRS/Zambia is committed to serving the poorest of the poor in Zambia with HIV/AIDS and food security initiatives. Through its partnership and shared vision with the local Catholic dioceses, local faith-based non-governmental organizations, local hospices and hospitals, CRS Zambia is able to bring care and hope to the most vulnerable.

All of CRS/Zambia's programs are guided by its HIV/AIDS strategy, which aims to mitigate the impact of HIV/AIDS. The country program has strived to link all its programs under this initiative. With the unfortunate increasing impact of HIV/AIDS in Zambia, the country program has expanded beyond food security programs to include the following multi-sectoral approach: Health, Food Security and Livelihoods, Child and Youth Protection, and Peacebuilding and Advocacy.

Health Programs

Health programs at CRS/Zambia are aimed to supporting the lives of people infected and affected by HIV/AIDS. In addition to being a devastating health problem, HIV/AIDS is a major social and economic challenge. For this reason, health programs include a broad spectrum of services to meet the diverse needs of its clients.

CRS/Zambia health initiatives include three projects: AIDSRelief, and antiretroviral

therapy grant; SUCCESS-Scaling Up Community Care to Enhance Social Safety Nets; and RAPIDS- Reaching HIV Affected People with Integrated Development and Support. RAPIDS is also part of the Youth and Child Protection Program.

- **AIDSRelief-Antiretroviral Therapy Program**

The motto for AIDSRelief is, “Providing treatment, restoring hope.” The arrival and availability of antiretroviral therapy, has given hope to HIV/AIDS patients throughout Zambia and the AIDSRelief Program aims to ensure that people living with HIV/AIDS have access to medicines and high quality medical care. Understanding that HIV/AIDS clients need more than just medicine and medical care, AIDSRelief also supports community education programs about HIV/AIDS and the importance of adherence to medication as well as a balanced nutritional diet. The AIDSRelief Program works through the rural network of the local Catholic Church and the rural mission hospital network of Churches Medical Association of Zambia. The program also partners with the clinical expertise of University of Maryland Institute of Human Virology and the technical expertise of the Catholic Medical Mission Board. The Children’s AIDS Fund assists in managing three sites and the Futures Group International provides monitoring and evaluation skills.

- **SUCCESS- Scaling Up Community Care to Enhance Social Safety Nets**

The goal of the SUCCESS Program is to provide quality health care to chronically ill beneficiaries through home-based care providers and hospices. In Africa, in this age of AIDS, palliative care has come to mean care from the time of the diagnosis, through to death, or more hopefully now, to inclusion on life-extending antiretroviral therapy. Our strong model of skilled nurses in key leadership and implementation roles, combined with an incredible force of trained community volunteer caregivers, make SUCCESS an acknowledged leader in providing essential care to people living with HIV/AIDS in Zambia. SUCCESS focuses on the rural provinces where health services are insufficient to meet demand.

- **RAPIDS- Reaching HIV Affected People with Integrated Development and Support**

RAPIDS is a consortium of six partners: World Vision, CRS, Africare, Salvation Army, the Expanded Church Response and CARE International. The program uses a multi-sectoral approach to HIV/AIDS programming in order to provide assistance to vulnerable chronically ill clients and orphans and vulnerable children. Through home-based care services, chronically ill beneficiaries benefit from nutritional and medicine assistance, timely referral to relevant health centers, and psychosocial support. Activities for orphans and vulnerable children include educational support, child protection and paralegal services, psychosocial and spiritual support, nutritional support, as well as health referrals. Home-based care clients have been linked to antiretroviral therapy through the AIDSRelief Program at Wusakile Hospital in Kitwe and St. Theresa Mission Hospital in Mpongwe District. In order to improve the livelihoods of RAPIDS' clients, linkages have also been created with CRS/Zambia's agriculture and rapid food security activities.

Food Security and Livelihoods

Despite good harvests in 2003/2004 agricultural season, many rural Zambians suffer from persistent high levels of chronic food insecurity. Large parts of the Zambian population face problems of meeting their everyday nutritional requirements for a healthy life and never reach their physical or intellectual potential. The HIV/AIDS epidemic only intensifies the crisis. Our food security and livelihoods programs aim to address these issues through the C-SAFE (Consortium for Southern Africa Food Security Emergency) and LISAR (Livelihood Initiative in Support of Agricultural Recovery).

- **C-SAFE- Consortium for Southern Africa Food Security Emergency**

The goal of C-SAFE is to address short-term vulnerability of households experiencing acute food insecurity in districts affected by drought conditions. Including families affected by AIDS. C-SAFE is a consortium of four partners: World Vision, CARE, Adventist Development Relief Agency and CRS. All food aid distributions are complemented by nutrition and HIV/AIDS education

activities. Home –based care clients and orphans and vulnerable children in C-SAFE coverage areas receive services from other grants while benefiting from food assistance through C-SAFE. Examples of other C-SAFE activities include training farmers to construct grain storage structures and to use conservation farming methods; providing vegetable seeds; and using cooking demonstrations to promote locally available, drought resistance and highly nutritious foods such as sweet potatoes, soy beans, cow peas and groundnuts.

- **LISAR- Livelihood Institute in Support of Agriculture Recovery**

LISAR’s goal is to create a sustainable improvement in livelihood security for vulnerable households still recovering from the food security crisis. The program targets impoverished rural families, with additional support for women-headed households affected by HIV/AIDS, vulnerable youth and those chronically at risk. Activities include promotion of seed vouchers and fairs for grain and vegetable production. Assistance is also provided in the development of communities’ risk management strategies by conducting trainings in risk identification (such as droughts) mitigation and preparedness and helping to identify risks and developing community mitigation plans.

Child Protection and Youth

HIV/AIDS has damaged the social structure of communities in Zambia. The number of children left behind after the death of their parents is growing every year. Zambia claims approximately one million orphans due to HIV/AIDS. The burden placed on these children and the deprivation of their childhoods rights is destroying their future and the future of the country. Many of these children are left behind to be heads-of-households after the death of their parents. They are forced to abandon school and turn to the streets to survive or look for odd jobs. Unfortunately, overburdened extended families are not always able to welcome more orphans into households. CRS services to the vulnerable children of Zambia aim to provide assistance to these needy children.

- **CHAMP-OVC- Community HIV/AIDS Mitigation Project Orphans and Vulnerable Children**

The goal of CHAMP-OVC is to improve the quality of life of orphans and vulnerable children affected by HIV/AIDS. CHAMP-OVC provides the

following essential services to orphans and vulnerable children households: psychosocial support; simple shelter renovations; educational support; economic strengthening through vocational trainings; community mobilization activities designed to build community awareness about the needs of orphans and vulnerable children and mobilize each community to ensure that a sense of ownership accompanies the activities implemented; and healthcare access interventions including developing linkages between orphans and vulnerable children in need and local health care providers as well as training them in HIV/AIDS and prevention and awareness of sexually-transmitted illnesses.

Peacebuilding and Advocacy

- **JCTR- Jesuit Center for Theological Reflection and Debt Project**

JCTR focuses on building “a society in which faith promotes justice for all, in all sectors of life, especially for the poor.” The Church Social Teaching Project is the key instrument, used by JCTR, in promoting social justice. The JCTR Debt Project also includes the issues of trade and the exploration of the meaning and implications of the Heavily Indebted Poor Countries Initiative (HIPC). JCTR engages in activities such as research on debt sustainability and human development in Zambia and the need for effective national systems on debt relief and external loan contraction. At the international level, JCTR has advocated and lobbied international lending institutions such as the World Bank and International Monetary Fund for total debt cancellation for Zambia. The strong advocacy campaign that JCTR led greatly contributed to Zambia reaching the HIPC Completion Point in April 2005 and the decision by most of the leading institutions to cancel Zambian debt.

Partners

CRS/Zambia is currently working in communities in western Zambia. CRS is working in the dioceses of Livingstone, Ndola, Solwezi and Mongu. At the national level, CRS/Zambia works with a variety of groups in debt relief programs, refugee awareness workshops, HIV/AIDS awareness for youths and local income generating activities for people living with HIV/AIDS.

History

Zambia is home to approximately 10 million people and is characterized as sparsely populated with vast agricultural lands. The greatest concentration of extreme poor households is located in rural areas. Widespread poverty among rural communities can be ascribed to a livelihood base that has been continuously worn down by a variety of shocks over the past two decades, now compounded by the rising incidence of HIV/AIDS.

The HIV/AIDS pandemic has severely affected Zambia's development. Infection rates are estimated at approximately 20% for adults. Zambia has the second highest proportion, in the world, of children orphaned by AIDS. Zambia is also food insecure and prone to floods, as well as severe droughts in the southern and western parts of the country. Zambia has shown a consistent increase in poverty and in 2005, dropped yet another slot, to 166 out of 177 countries that have been ranked in the United Nations Human Development Index. This has placed Zambia as the poorest peaceful country in the world.

CRS/Zambia was established in 1999, as a sub-office of CRS/Zimbabwe. In 2001, CRS/Zambia became an official country program and since then has grown to include 77 national staff and 13 international staff. CRS/Zambia now partners with all 10 dioceses of Zambia.

Areas of Potential Partnership

Some of the key areas of interest for potential partnership are social justice, advocacy and lobbying, HIV/AIDS prevention and mitigation in communities infected and affected by it. Provision of education support to the less privileged in our communities and also to strengthen existing support groups and self-reliance strategies in communities.

Recommended Development Projects to be funded in Partnership

There are several development projects, which could be funded through this partnership, and among them are the following: community mobilization, capacity building, farmers' mobilization and sustainable agriculture, prevention of HIV/AIDS,

gender development, support to the elderly, orphans, and vulnerable children and human rights awareness. Also there are pastoral needs.

Immersion type-visits

With adequate preparations, these are possible and will be most enriching to the partnership, as they will go beyond correspondence information. At the same time, they will provide an opportunity for cultural exchange and more solidarity that will seek to create direct and meaningful link between peoples.