SOCIAL SECURITY AND THE NATIONAL ORPHAN CARE POLICY IN ZIMBABWE: CHALLENGES FROM THE CHILD HEADED HOUSEHOLD

By

YEUKAI MURONDA

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SUPERVISOR: MRS P.B MONYAI
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ABSTRACT

This study focused on the policy responses formulated by the government of Zimbabwe and their implementation to meet the social needs of the people with special emphasis on the Zimbabwe National Orphan Care Policy (ZNOCP) of 1999. The challenges this policy is facing from the newly evolving structure of the child headed households was the centre of this study. At independence, the government adopted the incremental approach to policy making and extended formal social policy to the previously marginalized black majority. The ZNOCP was introduced in 1999 during the second phase of ESAP. The same period saw the spread of the HIV and AIDS pandemic. HIV and AIDS led to an increase in the number of orphans some of whom ended up in CHH without adult supervision. The day to day challenges of this group of orphans was investigated in Masvingo rural district.

For this study both the qualitative and quantitative methodology paradigms were used. Secondary sources such as journal articles, published books and computer databases helped in complementing the field work. Four sets of questionnaires were administered to four groups of people which were the heads of CHH, extended families, community leadership and government officials.

The analysis of this study led to the following conclusions about social policy and the plight of children in CHH. Firstly, that social policy has failed in Zimbabwe due to the incremental approach to policy making which was taken by the government because of its nature of being reformist as opposed to being transformative. Secondly, that the
ZNOCP is not being properly implemented therefore it does not have any impact on the lives of children in CHH. These children are struggling for basic social services like food and nutrition, clothing, education health, shelter and birth registration. Thirdly, the extended families and the community have been weakened by HIV and AIDS and impoverished by ESAP such that they cannot take care of their own families, let alone their deceased relatives’ orphaned children as stipulated by the ZNOCP. Finally, the passive role being taken by the government in the care and protection of the children in CHH is detrimental to their welfare. The comparative case study of the Slangspruit informal settlement in South Africa shows that challenges faced by orphans are common.

This study therefore recommends that there is need for the review of the ZNOCP. The new policy should come up with child care strategies which take into cognizance the evolutionary nature of the community. A human rights based approach ought to be the basis of child protection interventions in Zimbabwe. The study recommends that all stakeholders from the government down to the community need to fully participate in their various capacities in child care and protection. Resources in terms of finance and human resources should be made available and channeled to the intended beneficiaries. There is also need for capacity building in the communities and to intensify HIV and AIDS prevention, mitigation, care and treatment interventions to reduce the prevalence of orphans.
DECLARATION

I, Yeukai Muronda hereby declare that this research study is my own work. It has not been previously submitted to any other academic institution for the same purpose as this.

Y. Muronda
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I would like to express my sincere gratitude to God the Almighty for opening this door and giving me the courage, wisdom and strength to carry on for these two years.

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To my sister Previledge, for assisting in caring for the children. Thank you.

Finally, my gratitude to my relatives, friends and colleagues for the support and encouragement.

May the good Lord bless you all.
DEDICATION

I dedicate this thesis with love to my husband Constantino, my daughter Kuzivakwashe and my son Mufaro. God bless you.
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<th>ACRONYMS</th>
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<td>ACRCW</td>
<td>African Charter on the Rights and Welfare of the Child</td>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>CBO</td>
<td>Community- Based Organisation</td>
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<td>Faith-Based Organisation</td>
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<td>GOZ</td>
<td>Government of Zimbabwe</td>
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1.1 Introduction and background of the study

Social security is confronted with serious challenges in Zimbabwe due to the adverse socio-economic conditions prevailing in the country. The crisis is manifesting itself in the form of deteriorating standards of living in ordinary households. Citizens are failing to benefit from basic social services like education, health, water, housing and social security. Unemployment is rampant to the extent that both rural and urban areas are full of jobless school leavers and retrenched persons. Thus, households are failing to generate incomes that can sustain their families. Since independence the government has come up with various policies to cushion the society but the rate of poverty is escalating and the gap between the rich and the poor is getting wider. The study focused on the policy responses formulated by the government and their implementation to meet the social needs of the people with special emphasis on the Zimbabwe National Orphan Care Policy of 1999. The challenges this policy is facing from the newly evolving family structure of the child headed households was the centre of this analysis. The International HIV/AIDS Alliance, 2005 defines a child headed household as one where a child or children below the age of eighteen years take over as the heads of their households and fend for themselves without any adults to look after them.
Before independence, there were two streams of social security operating in Zimbabwe, namely, the legislated formal policy for the white minority and the informal welfare arrangements organized along traditional practices for the majority of the black people. The traditional practices of caring entailed mechanisms of cushioning the vulnerable members of the society devised by the communities particularly in the rural areas. Mbingi (1995) notes that in the traditional African context, the community was known to be the foundation of community life. In this sense, raising the African child was a communal endeavor. The child thus was regarded as belonging to the entire community with everyone having responsibility for their upbringing. These practices were based on the value of sharing which kept people together. There were very few cases, if any, of abandoned children, children living and working on the streets, child headed families and school dropouts. The extended family played an active role in the care and protection of orphans and other vulnerable children (OVC). Traditional rural communities had programs like the Zunde raMambo which provided food security for the orphans, widows, disabled and other vulnerable members in a particular community. Community members would work in the fields set aside by traditional chiefs to produce grain which ensured food security for the vulnerable groups. This informal social policy network deteriorated with the extension of formal state-led social policy interventions after independence in the early 1980s.

At independence in 1980, the Zimbabwean government made an attempt to narrow the inherited social gap in living standards between the blacks and whites. There was a policy shift from that used in the colonial era whose interests were for the minority
whites to that which covered the marginalized black majority excluded by the colonial regime. Great expenditure was on education and health which were key elements of the social wage. The education system expanded rapidly with non fee paying primary schools and heavily subsidized secondary education. Access to health care services was also improved. Free health care was offered to large parts of the population including most industrial, agricultural and domestic workers, communal farmers and the unemployed. Free immunization and other aspects of the improved preventative health care program also added to the social wage (Davies and Sanders, 1988).

According to Davies and Ratsso (1999), on both the expenditure and tax side, the post independence budgets improved income distribution and strengthened the improvements that were taking place in the primary distribution with post the independence boom. Outside the budget, a legislated national minimum wage was the primary instrument used to address inequality. This coupled with legislation preventing firing of workers increased the real earning among the lowly paid. In rural areas agricultural support schemes were extended to previously excluded small scale farmers. There were some efforts made to resettle peasants on former white farms but these were minimal.

According to Herbst (1990), the three year Transitional National Development Plan of 1982 on resettlement was idealistic and ambitious. Despite the government’s socialist stance, it acted as though the problem was a surface phenomenon rather than
something which required structural reorganization of the economy to eradicate. Its approach was therefore more welfarist than socialist (Davies and Rattso, 1999). However, most of these efforts to redress social inequalities were directed at transferring income rather than structuring wealth ownership.

The approach adopted revealed the populist nature of the government. Visible contributions like provision of free education are more politically desirable than the less visible and indirect ones like the real wage growth even though the later may make a more significant impact. Davies and Rattso (1999) pointed out that the willingness to tackle wealth distribution declined over time as the governing and bureaucratic hierarchy began to emerge as an economic elite. After 1983 the government’s policies became more concerned with stabilization and the distributional gains achieved started to be eroded. Although it was concerned with reducing the budget deficit, the government defended the social wage through its budgeting allocations so that real expenditure per head in education and health did not decline significantly (Davies et al, 1992). The minimal allocation for land redistribution and resettlement was the first budget vote to be cut. Government not only permitted the erosion of real wages, but used the minimum wage legislation to restrict rather than promote wage increases for the lowly paid. The consequent decline in the real wage not only offset some of the gains from the social wage but undermined the ability of the poor to make use of the public provisions for example dropout rates at schools started to rise apparently as families were unable to carry the indirect costs of school children. Thus the standard of
living continued to decline for the poor and their children and it became serious when user fees were introduced for the previously free education and health services.

The Economic Structural Adjustment Programme (ESAP) was implemented in 1991, but instead of bringing economic growth, the opposite happened. Households living under the poverty datum line increased, unemployment rose, health services deteriorated and the cost recovery in the education sector had disastrous effects on the children from poor families who were now required to pay school fees even in primary school. To cushion the poor from some of the effects, The Social Dimension for Adjustment (SDA) program was introduced in 1991 (Saunders, 1996). It established a Social Development Fund which provided financial assistance to low income earners to help them meet increased user costs for education and health associated with ESAP. This however, did not help as inflation and the standard of living continued to rise and HIV and AIDS came into the picture.

The HIV and AIDS pandemic have wreaked havoc in the lives of children, families, communities and the nation at large. As the epidemic advanced, the economically active group was severely affected and many children were orphaned. The number of orphans increased from 345 000 in 1988 to 1 307 645 in 2007(National AIDS Council, 2007). This led to the extended families being put under mounting pressure due to the overwhelming increase in the number of orphans. The burden of care began to fall increasingly on vulnerable guardians including the elderly grandparents, young siblings
and relatives some of whom became infected with HIV. The extended family network no longer became the safety net that it once was, although it still remained the primary source of care in Africa (Avinash et al, 2003). It is gradually losing its grip and its role as a social security institution has been seriously undermined. The generalized decline in levels of living increased the vulnerability of children to a range of consequences including illiteracy, poverty, child labour and exploitation.

It was against this background that the Zimbabwe National Orphan Care Policy was formulated in 1999. The policy is a package of basic care and protection of orphans in the light of AIDS and the consequential high incidents of orphanhood. The policy seeks to ensure that orphans are accorded all their rights as prescribed by the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) which have been ratified by the Zimbabwean government. The policy targets OVC, caregivers and communities. It has a six tier safety net system for OVC care focusing on the biological nuclear family, extended family, community care, formal foster care, formal adoption and institutionalization which is regarded as the last resort and a temporary measure. The policy makes use of the Children’s Protection and Adoption Act (Chapter 5.06) and adopts a multi-sectoral approach to OVC problems. Four models of community based orphan care were introduced to address the plight of OVC in various settings comprising the rural, urban, commercial farms and formal mining sector. This study looked at the rural model of orphan care in Masvingo rural district.
1.1.1 Orphans in the global world

Millions of children the world over have been orphaned due to HIV and AIDS. UNAIDS International Agency Team on Education (2004) reveals that by the end of 2003, approximately 143 million orphaned children aged 0-17 years were found in Sub-Saharan Africa, Asia, Latin America and the Caribbean. Of the total number of orphans, 15 million were due to AIDS (Carter & Ray, 2007). The worst affected region is Sub-Saharan Africa. Table 1 in the appendices shows the orphan trend in Sub-Saharan Africa from 1990-2010, and statistics of AIDS orphans as a percentage of all orphans in Sub-Saharan Africa. The region is home to 24 of the 25 countries in the world’s highest levels of HIV prevalence. UNICEF states that in 2003 there were 43 million orphans in the region and 12.3 percent of all children were orphans. More than 11 million children under the age of 15 in sub-Saharan Africa have lost at least one parent to HIV/AIDS.

Table 1, in appendix 1, indicates the impact of HIV and AIDS on mortality and the number of children orphaned by AIDS in sub-Saharan Africa will continue. The orphan crisis in sub-Saharan Africa will worsen dramatically in the coming years. It is estimated that by 2010, there will be approximately 20 million children in sub-Saharan Africa who have lost at least one parent to HIV/AIDS and that about half of all the orphans in sub-Saharan Africa will have become orphans because of HIV/AIDS.
A study by UNICEF in forty countries in sub-Saharan Africa shows that the burden of orphan care is already shifting with the highest prevalence levels. The study shows that the extended families have assumed responsibility for 90 percent of the orphaned children. It showed that 20 percent of households in Southern Africa are caring for more than one orphan. These family networks will continue to be the central social welfare mechanisms in most countries. However, as the number of orphans further increases over the decade and a larger number of adults is affected by HIV and AIDS, many of these family networks will face even greater burdens. Orphans are increasingly more likely to be living in female headed, grandparent headed and child headed households.

No other region has been as hard hit by HIV/AIDS as sub-Saharan Africa, which is home to nearly three-quarters of the worldwide population of people living with HIV and AIDS (UNICEF/UNAIDS, 2004). At the end of 2002, there were more than 29 million people in sub-Saharan Africa living with HIV/AIDS. Nearly 10 million of them were young people between the ages of 15 and 24. Almost 3 million of them were children under the age of 15. HIV/AIDS killed about 2 million adults in sub-Saharan Africa in 2002.

The statistics in Table 1, in appendix 1, indicate that there is a regional orphan crisis due to the impact of HIV and AIDS. Even if rates of new infections in adults were to fall in the next few years, the long incubation period would mean parental mortality rates
would not plateau until after 2010 (Foster, 2002). This implies that the proportion of orphaned children (losing one or both parents) would therefore remain unusually high throughout the first half of the twenty first century.

1.1.2 The situation of orphans in Zimbabwe

Table 2, in appendix 2, shows the orphan trend in Zimbabwe from 1990-2010. It shows that the number of orphans in Zimbabwe has been increasing at an alarming rate from 1990 to 2003. Felsman (2006) contends that it is well established that Zimbabwe is at the epicenter of the HIV and AIDS pandemic. According to Subbarao and Coury (2004), children orphaned by AIDS will constitute 89 percent of all orphaned children by 2010 in Zimbabwe. According to UNICEF (2006), more recent surveys have found that approximately 30 percent of children below eighteen years have lost one or both parents due to AIDS.

Local studies indicate that orphans in Zimbabwe are facing multiple vulnerabilities. UNICEF found that out of the 1856 children living on the street in 1996, 20 percent had turned to the streets because of orphanhood. According to UNICEF, 48 223 orphans are heads of households taking care of 102 233 fellow children. Other vulnerabilities faced by orphans include the dismembering of child headed households when children are parceled out to relatives for ‘better’ care. The problems they confront are abuse and exploitation by relatives, loss of income, loss of inheritance, living under the care of
elderly grandparents, stigmatization, poor health and nutrition and lack of birth certificates. Mushunje and Mafico (2007) contend that orphans are fast becoming the most vulnerable members of society with more and more of them obliged to fend for themselves. They attribute the increasing vulnerability of orphans to rising unemployment levels, hyperinflation and diminishing government support to vulnerable groups due to budgetary constraints. There is also general consensus among these authors and other local studies that the multiple vulnerabilities faced by orphans lead to loss of educational opportunities for these children.

1.2 Statement of the problem

There is a serious problem emanating from the increasing number of children living in child headed households without adult guidance and supervision. There are 48 223 child headed households in Zimbabwe housing 102 233 children (Government of Zimbabwe, UNICEF National Strategic Plan for the education of girls, OVC 2005-2010). These children are unprotected and girls are forced into early marriages and are vulnerable to sexual exploitation. The Zimbabwe National Orphan Care Policy is informed by a community based model of care which is operating on the assumption that if the nuclear family is not there the extended family and the community take responsibility for the care of OVC. The problem is that the extended family and the community are now overstretched and seriously impoverished due to the collapse of social protection measures as well as the high rate of unemployment which is now
estimated at 80% (Zimbabwean Labour Statistics, International Labour Organization, 2007). Many households are living below the poverty datum line and are failing to generate income to sustain their families let alone their relative’s orphaned children.

Both the formal and informal social interventions were eroded with the advent of the Economic Structural Adjustment Program (ESAP) and HIV and AIDS in the 1990s. These two combined forces brought untold suffering to OVC and the Zimbabwe National Orphan Care Policy was enacted to protect the children. The state which is supposed to provide for the vulnerable communities has failed to meet the plight of OVC. While communities are looking up to the state to come up with solutions to cushion OVC, the state is now appealing to the communities which have been impoverished by ESAP and ransacked by HIV and AIDS to come up with solutions to the OVC problem. The state is the guardian which is supposed to provide an enabling environment for the implementation of social policy but it seems not to be the case in Zimbabwe.
1.3 Objective of the study

The main objective of this study is to investigate the impact of the Zimbabwe National Orphan Care Policy in relation to the social security needs and challenges posed by the evolving family structure of the child headed households. The study aims to establish how the child headed households are coping in a rural community and to look at how their struggles can be used to inform policy review.

Despite a policy to protect them, children in CHH are still suffering. There are problems in the implementation of the policy hence its failure in alleviating the plight of orphans and in promoting their overall social security. In the midst of all these problems the government seems to have adopted a passive attitude in the implementation of the ZNOCP. It has relegated its responsibility to the extended family and the community. The community is overstretched and seriously impoverished hence its inability to address the plight of children living in CHH as stipulated by the ZNOCP.

1.4 Significance of the study

This study will make a significant contribution in showing that the assumptions of the National Orphan Care Policy are becoming redundant as they have been overtaken by the new development of the child headed household. The study will advocate for a
review of the policy and will suggest alternative policy interventions to address the plight of the child headed households. The fact that OVC’s standards of living are deteriorating despite a policy to protect them warrants an inquiry into its magnitude. The OVC’s basic rights are being violated. Many are dropping out of school, have hardly enough to eat, have no access to health services and decent shelter and their births have not been registered. As such, it is possible to argue that the OVC problem is indeed a social problem to the extent that an investigation of the Zimbabwe National Orphan Care Policy becomes critical. There have been many interventions but the plight of orphans continues to escalate. The extent to which this policy impacts upon the OVC in the rural settings becomes one that calls for research.

1.5 Delimitations of the study

This study is centered on Masvingo Rural District. The ZNOCP is supposed to be implemented nationally and its impact analyzed. However, this study focuses on five households picked from one district. Not everything can be analyzed in a single study due to financial, time and traveling constraints.

1.6 Ethical considerations

The study will abide by general ethical guidelines. Firstly, by seeking authority to collect data from the political authorities (provincial governor and district
administrator) and the community leadership (traditional chiefs and headmen) of Masvingo rural district. Sensitive issues revealed by the respondents during data collection will be used for the purpose of this study only and will be kept confidential. Identities of the respondents will not be revealed. All data collection instruments and collected data will be kept under lock and key.
CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter starts by discussing the theoretical framework underpinning this study which is the incremental approach to policy making taken by the government of Zimbabwe at independence. The conceptual framework which consists of a review of social policy and social security, the effects of the ESAP, vulnerabilities faced by orphans and other vulnerable children, the child headed household phenomenon and the interventions by various stakeholders will also be discussed in the chapter.

2.2 Theoretical framework

Social policy in Zimbabwe is facing challenges due to the incremental approach to policy making taken by the government after independence. The incremental model which was put forward by Lindblom in 1959, regards policy as continuations of existing government activities where only marginal adaptations are needed. The basic assumption is that existing government policy is effective and satisfactory. According to Lindblom, policymakers do not annually review the whole range of existing and
proposed policies, identify societal goals, research the benefits and costs of alternative policies in achieving these goals, rank order of preference for each policy in terms of maximum net benefits and then make a decision on the basis of all relevant information. He argues that constraints of time, information and costs prevent policy makers from identifying the full range of policy alternatives and their consequences. Constraints of politics prevent the establishment of clear cut societal goals and the accurate calculation of costs and benefits. Proponents of this model argue that the incremental change is more expeditious than comprehensive change and that incremental adaptation contributes to a redefinition of policy on a continuous basis (Dye, 2002).

According to Dye, incrementalism is conservative in that existing programmes, policies and expenditure are considered as base and attention is concentrated on new programmes and policies on increases, decreases or modification of current programmes. Policymakers generally affect the legitimacy of established programmes and tacitly agree to continue previous policies. Dye posits that they do this because of the following reasons:

- They do not have time, information or money to investigate all the alternatives to existing policy. The cost of collecting all this information is too great. Policymakers do not have predictive capacities to know all the consequences of each alternative will be.
- Policymakers accept the legitimacy of previous policies because of the uncertainty about the consequences of completely new or different policies. It is
safer to stick with known programmes when the consequences of new ones cannot be predicted. Under conditions of uncertainty, policymakers continue past policies or programmes whether or not they have proven effective.

- There may be heavy investments in existing programmes which preclude any real radical change. These may be in the form of money, buildings or other hard items or they may be psychological dispositions, administrative practices or organizational structure. Hence, not all policy alternatives can be seriously considered but those that cause little physical, economic, organizational and administrative dislocation.

- Incrementalism is politically expedient. Agreement comes easier in policymaking when the items in dispute are only increases or decreases in budgets or modifications to existing programmes. Incrementalism is important in reducing conflict, maintaining stability and preserving the political system itself.

- In the absence of any agreed on societal goals or values, it is easier for government of a pluralist society to continue existing programmes rather than to engage in overall policy planning toward specific societal goals.

According to Woodhouse and Collingridge (1993), human understanding is too limited for there to be good prospects of success in undertaking very large political changes when moving into unknown political terrain. The authors argue that one way to protect against unacceptably large errors is to proceed gradually. Thus incrementalism is seen as a way of combating loss in case of policy failure since few resources in terms of finances and manpower are used. Wildavsky (1988), points out that humans rarely can
proceed satisfactorily except by learning from experience and that modest probes serially modified on the basis of feedback, usually are the best method of policy making. He claims that comprehensive analysis is impossible for complex social problems hence the need for the incremental approach. Thus incrementalism is seen as helping to protect against some of the worst risks in policy making.

Incrementalism has however been faced with a lot of criticisms. The major one being that there are no goals when coming up with policies of this nature. It has been argued that this approach is insufficiently goal oriented and ambitious, inviting complacent acceptance of policy imperfections and justifying a policy of no effort (Arrow, 1964). According to Forrester (1984), incremental steps are said to mean proceeding without knowing where we are going, leading nowhere and guided by ill defined themes.

Taking the argument further, Etzioni (1967), points out that this approach has been overly conservative and tends to neglect basic societal innovations and limits social scientists’ ability to serve as a source of social innovation. It is said to favour organized elites over the poor, because the weaker actors are not able to protect values that stronger actors choose to discount (Forrester, 1984). Logson (1986) also states that incrementalism does not take sufficient account of crucial factors that are not powerfully represented in the bargaining process, for example, the future.
Another shortcoming of the incremental approach comes from Lustick (1980) and Ahrari (1987). These two argue that incrementalism is appropriate in only a narrow range of decision situations where the environment is stable, no crisis is impending, the organizational survival is not at stake, available resources are not desperately short and where current problems resemble previous ones for which the organization has experience. They assert that these conditions undermine the applicability of disjointed incrementalism because many of today’s most important problems are tied up with high speed changes in levels of aspirations, the nature of issues and the available means of action, and require therefore a policy making method quite different from muddling through.

Government intervention in resource allocation in Zimbabwe reflects the basic tenets of incrementalism. At independence in 1980, the government made an attempt to narrow the inherited social gap in living standards between blacks and whites. There was an attempt at policy shift from the one which was used in the colonial era whose interests were for the minority whites to that which covered the marginalized black majority excluded by the colonial regime (Davies and Sanders, 1988). However, according to Davies and Ratsso (1999), these efforts to redress social inequalities were directed at transferring income rather than structuring wealth ownership. Therefore because of the incremental policy approach taken by the government social policy has not managed to address fundamental issues. It deals with reformation not transformation, thus problems grow because there is no change.
The pervasiveness of the incremental approach to policy making is also reflected in the Zimbabwe National Orphan Care Policy which was introduced in 1999 during the second phase of the Economic Structural Adjustment Programme, which came as a result of the neoliberal approach to development. Neoliberalism views the current crisis of development in Africa as a macroeconomic problem resulting from excessive government spending and misguided internal policies. Thus the best way to deal with this in terms of the approach is to place limits on state activities. This view asserts that the state does not optimize the welfare of society but that of special interest groups and that it does not have the autonomy to pursue correct policies. According to Harvey (2005), neoliberalism proposes that human well being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade. Green (2003) argues that neoliberals favour competitive market economy and oppose an economic system planned and directed by the state. Accordingly, the role of the state is to preserve an institutional framework appropriate to such practices. Neoliberalism emphasizes the significance of contractual relations in the market place. It holds that social good will be maximized by maximizing the reach and frequency of market transactions and seeks to bring all human action into the domain of the market. According to Monyai (2005), state intervention is seen as causing market imperfections rather than curing them.

Martinez and Garcia (1996) point out that neoliberalism has been imposed around the world by powerful financial institutions like the international Monetary Fund and the
World Bank. Neoliberalism emphasises the rule of the market which entails liberating free enterprise from bonds imposed by the government no matter how much social damage this causes. There is greater openness to international trade and investment. Free market includes the deunionising of labour forces and eliminating workers’ rights leading to the reduction of wages. There are no more price controls by the government thus total freedom of movement for capital, goods and services. Neoliberalism says unregulated market is the best way to increase economic growth which will ultimately benefit everyone.

Neoliberalism advocates for the cutting of public expenditure for social services like education and health care. Martinez and Garcia further point out that neoliberalism reduces the safety net for the poor and even the maintenance of roads, bridges and water supply is left to the people all in the name of reducing the government’s role. They state that neoliberalism does not however oppose government subsidies and tax benefits for businesses. Deregulation is also another aspect of neoliberalism. This reduces government’s regulation of everything that could diminish profits and allow market forces to act as a self regulating mechanism.

The neoliberal approach also involves privatization where state owned enterprises, goods and services are sold to private investors for greater efficiency. According to Green (2003), neoliberals contend that the market economy is an essential bulwark of democracy because by dispersing property ownership, it prevents the concentration of
power in the hands of the few. Martinez and Garcia however point out that privatization has the effect of concentrating wealth even more in a few hands and making the public pay for the services. Neoliberalism changes the perceptions of public and community good to individualism and individual responsibility. Thus the government pressurizes the poorest people in society to find solutions to their lack of health care, education and social security all by themselves them blaming them if they fail.

Harvey (2005) states that neoliberalisation has however, entailed much creative destruction, not only for institutional frameworks and powers but also of divisions of labour, social relations, welfare provisions and ways of life and thought. According to Martinez and Garcia the benefits of neoliberalism are a minority. For the majority, it brings more suffering than before. In the case of the ZNOCP, the state has failed to meet the needs of orphans in child headed households and is pushing the responsibility to the extended families and communities who are living in a disabling environment created by the government itself.

This study is of the view that social security in Zimbabwe is influenced by the requirements of neoliberal economics which is based on the incremental approach. In 1980 the government extended social policy to cover the inherited inequalities between the blacks and the whites in terms of accessing social services. This approach is dominated by the emphasis on extension and transmission of social policy downwards. The incremental approach is inclined towards the neoliberal school where the state
distances itself from meeting the needs of the poor and expecting the marginalized to come up with solutions to their problems. This approach was adopted by the government when introducing ESAP in 1990. It was during the second phase of ESAP when the ZNOCP of 1999 was formulated which emphasizes that the care of orphans should be done at community level. This study argues that these two related approaches taken by the government in formulating social policy have not helped in meeting the needs of orphans despite a specific policy for them.
2.3 Conceptual framework

2.3.1 Social Security and social Policy

The question of social security as an issue of social policy originated from specific social struggles in western societies around a number of issues considered as useful to capitalist societies. Among these were major questions on inequality, poverty, social justice, the basic rights of citizens and the obligations and duties of the society and the state in ensuring the well being and minimum welfare of its various constituents (Tade, 1997). Questions were posed of whose responsibility it was to provide for larger society those elements not covered by economic production and activities, who should pay or provide strategic social goods and services and the extent to which society should subsidize these or whether they should be left to the market forces. These questions had implications for governance and became the subject of political contests.

A brief focus on the historical development of social policy in Britain is pertinent at this stage, particularly because of its historical ties with Zimbabwe. Allock (2003) points out that the development of social policy can be traced back to the end of the nineteenth because of its link to the Fabian society and its influence on policy development in Britain. The Fabian society developed a critical analysis of the social and economic problems found in the late nineteenth century British capitalism and campaigned for the
introduction of social protection through the state to combat these problems. The Fabians argued that the policy intervention through the state was needed to provide those forms of support and protection which markets could not. The debate about the balance between state and non-state provision of welfare continued to influence the development of social policy throughout the rest of the twentieth century.

A major development in social policy in the twentieth century was the creation of the welfare state. According to Johnson (2003), the state influenced welfare provision in five different ways. The first one is that the government has the capacity to determine overall policy and policies specific to individual services and that the state controls expenditure. Secondly, the state was engaged in direct provision of benefits and services. The third characteristic is that the statutory authorities have important planning and supervisory roles in relation to the delivery of welfare. The social services departments are used by the state to assess the needs of the local population and to ensure that the needs are met. The statutory responsibility for planning implied some obligation to try to ensure that the plans are implemented. The state has the regulatory role in welfare provision in terms of deciding who should be allowed to act as providers, specifying how a service should be provided and the evaluation of the quality and quantity of the provision. Lastly, the role of the welfare state was in the area of financial assistance, fiscal support and subsidies in the form of grants and tax relief to certain groups of people.
According to Tade (1997), social policy was born with little or no universal acceptance of key values, objectives and procedures except for a broad vague notion of the care of dependent and vulnerable groups and their social rights and entitlements. Thus social policy varies from being formalist to being administrative. Emphasis is placed on categorization of the management of social services as being statist and defining it from the point of view of what the state or public sector does and ignoring other institutions outside the state engaged in social policy making and implementation at different levels.

Tade notes that in the African context, social policy differs from country to country according to the colonial experience. French, British and Portuguese colonialization affected both the conception of citizenship and the definition and utilization of social policy, thus contributed to the diversity in Africa. Jinadu (1980), points out that these disparities in experience of social policies, coupled with problems in defining the concept as well as its colonial origin led to some African countries basing their social concerns on the broader notion of social development rather than social policy. Social development clearly recognizes the specific situation of African countries as underdeveloped. Kibuka (1990) argues that in some African countries there is emphasis on social services rather than social policy and more concerned with the existence and effectiveness of these services.

Monyai (2005) states that the conception of social policy, particularly its role as an instrument of social development confronts us with two serious concerns for social
policy development. She argues that the content of social policy should be informed by the country’s development objectives that address social needs and that the values and principles espoused in the statement of intent should inform the translation of policy principles into practice.

According to Kaseke (1998), social policy in Zimbabwe developed during the colonial era. They state that social policies were residual in nature and that and fragmented on racial lines in order to safeguard and promote the interests of the white minority. They further point out that there were no schools for blacks up to 1920 and there were two departments of education, one for the blacks and one for the Europeans. In the health sector, health policies were also fragmented and segregated along racial lines. The policy favoured the white population in terms of access and quality of services. This fragmentation resulted in the churches shouldering the burden of extending health care to the African population. Zimbabwe’s colonial social security system was not comprehensive and was also fragmented along racial lines. There were no formal social security provisions for blacks apart from the limited protection provided to urbanized Africans under the public assistance programme.

According to Kaseke there was a major overhaul in the nature and scope of social policies at independence in an endeavour to meet the aspirations of the people in line with the demands of the new social order. The system of education was revamped in order to provide equal opportunities for all. The policy of free primary education was an
attempt to make primary education universal. The government also adopted the primary health care policy in an effort to achieve equity and better quality service through making the services more affordable, accessible and appropriate to the needs of the black majority. Dashwood (2000) also points out that the strong early commitment of the ruling elite to the welfare of the poor was clearly reflected in the major advances in the delivery of social services to the African population after 1980. The government moved very quickly in the first two years of independence to ensure universal access to health and education facilities by removing racial discrimination of the colonial era.

However, the government’s commitment to provide social security for the poor waned as time progressed after independence. According to Dashwood (2000), Zimbabwe’s strategy evolved from the one that gave primary emphasis to equity and meeting the welfare needs of the poor to one which evinces a declining commitment on the part of the ruling elite to the welfare of the poor. She further argues that the loss of commitment to the poor was coincident with, but not the direct result, of the introduction of reform programmes. Declining commitment to the poor lies in the embourgeoisement of the ruling elite and the resultant embracing of a capitalist ideology. The government had to be persuaded by the World Bank to include the Social Dimensions Adjustment Fund in its overall reform programme. Davies et al (1992) point out that the section dealing with this in the published document was written by the Bank.
2.3.2 The Economic Structural Adjustment Programme (ESAP)

In the first ten years following independence, social policy and government administration was guided by the incremental model (Hardiman & Midgley, 1982). During this period, the pattern of public spending on such social services as health, education and other social infrastructure reflected this model. The government went out to dismantle the inherent inequalities in social services by extending them and as far as possible satisfy people’s expectations. These policies were based on the socialist, egalitarian and democratic principles. Social services like health, education and social welfare were heavily subsidized by the government.

However, with the economy deteriorating towards the end of the 1980s, it became apparent that there was need for economic reform. The government had to come up with new economic policies which were effected under ESAP. The ESAP package contained the standard features of the IMF/World Bank economic reform strategies including reduction of the budget deficit through a combination of reduction of parastatal deficits and rationalization of the civil service; trade liberalization including price decontrol and deregulation of foreign trade investment and production; phased removal of subsidies; devaluation of the local currency and enforcement/ introduction of cost recovery in health and education sectors.
The implementation of ESAP since 1991 has become a hotly debated issue because of its adverse impact on people’s living standards. When the programme was introduced in 1991, it was hoped that Zimbabwe would resolve problems related to growth of the Gross Domestic Product, incomes and employment in the five years of its implementation. According to Mwanza (1999), the economic reform programme overlooked the likely impact of exogenous factors such as drought, the global recession and civil strife in the region on one hand and the economic legacy characterized by a combination of frictional and structural vulnerability and limited access to resources on the other. This coupled with political rhetoric has resulted not only in less commitment to the programme, but also adversely affected resource utilization, performance of certain factors of the economy and the people’s living conditions. These implementation problems suggest that the country’s adjustment process did not work according to the expectation hence the extension to the year 2000. The government realized there was little evidence in 1995 of the rapid economic growth promised under ESAP (Chipika et al, 2000).

The Ministry of Public Service, Labour and Social Welfare in 1995 showed that 62 percent of Zimbabwean households had incomes below the total consumption patterns, 46 percent had incomes below the poverty datum line, 72 percent in rural areas were poor and 42 percent of the households headed by females had greater incidents of poverty than male headed households. Gibbon (1995) argues that the high increase of poverty was greatly associated with the EASP period since the people experienced hardships because of unemployment, chronic underdevelopment, a rise in the cost of
living and a decline in real incomes. Poverty has affected virtually all aspects of life with the majority of the people not affording decent accommodation, health, education and food (Mwanza 1999). Dashwood (2000) argues that it is not the market based reforms that have been detrimental to the long term interests of the poor, but rather a failure to integrate with these reforms additional poverty related policies in order to create a coherent socially sensitive development strategy. Poverty coupled with AIDS had adverse impacts on orphans and vulnerable children.

According to Saunders (1996), neither the market reforms, nor the different measures that were meant to offset their effects on the most vulnerable went according to plan. At the same time as parts of the Zimbabwean private sector displayed worrying signs of deindustrialization, and the public debt spiraled upwards, the standard of living of most Zimbabweans was also plummeting. The working class and the rural fork were impoverished. They were no longer able to meet their families’ needs.

The initial economic shock treatment undertaken with ESAP’s launch in the early 1990s hit the business sector and ordinary Zimbabweans very hard, and the impact of these measures was greatly exacerbated by the severe drought of the early 1990s. In 1992, after two consecutive poor rainy seasons, the economy contracted by at least seven and half percent, with all sectors in Zimbabwe’s agriculture-based productive sector affected. At the same time, price control relaxation saw inflation explode and consumer demand shrink, by as much as 30 percent (Saunders, 1996).
One result was a sharp decline in average real wages. It was the beginning of a trend that saw, by the mid 1990s, average real earnings fall to the lowest levels since the early 1970s. ESAP was quickly bringing the Zimbabwean working class to the brink of widespread destitution. In the rural areas, the majority population was often forced to depend on government food aid. By the end of the drought in November 1992, more than half the population of the country was receiving some form of drought relief assistance from government.

However, the return of rains in 1993 did not improve the situation, making it clear that the ESAP reforms themselves were the leading factor in undermining ordinary people's standard of living. Loan agreements emanating from ESAP stretched the country's foreign and domestic debt to unmanageable proportions. ESAP's deficit-cutting fetish led to the state's slashing of real per-capita social spending throughout the 1990s, and the marked undermining of local industry by government's greater - not smaller - role in one part of the private sector, financial markets. Forced to borrow heavily from local markets to finance reforms and service the deficit, government ended up distorting financial flows. Heavy public sector demand crowded-out private sector borrowing, and kept real interest rates punishingly high. (Saunders, 1996)

Dhliwayo (2001) points out that the primary response to the continued government deficit and climbing debt servicing was increased pressure to cut real spending on public services, including the cost of overall government administration itself. In this
regard, it soon became clear that the fine attention to technical details which were part of the economic reform process was missing when it came to devising, implementing and reforming programs involving the "social" aspects of adjustment.

Moreover, there was a shift in emphasis in the redesign of the state's social programs, away from a concern with issues of equity and access, towards a system of management driven primarily by the problem of how to administer the supply of services given defined, limited resources. The negative social and economic consequences of this shift were immediately and abundantly clear for ordinary Zimbabweans. Of particular note was the rapid deterioration in the country's acclaimed health and education sectors.

Dhliwayo further argues that the same contradictions between cost savings and rising social need emerged to threaten the country's celebrated post-independence advances in primary and secondary education. In the primary sector in particular, real per capita spending and average spending per pupil fell to the lowest levels since independence. While government's declining investment undermined the quality of education, its imposition of user fees effectively barred easy access to education for thousands of students from poorer households.
According to Saunders (1996), public expenditure on health care declined by 39 percent from 1994 to 1995. This decrease implied diminished spending on common drugs, extension and preventative health services, specialist facilities and treatment, and other components of quality health care delivery. At the same time, the government's stricter enforcement of a user fees system erected barriers to health care in the way of poorer social groups who were, typically, those most in need of health services. Rural clinics and hospitals noted the near collapse of health care services under the weight of cutbacks and imposed self-reliance. Thus the children's right to health was violated as orphaned children cannot afford the hospital fees.

To offset any negative impact of ESAP on poorer Zimbabwean households and retrenched public sector workers, government introduced the Social Development Fund (SDF) to assist poor households with school fees, health fees and food money subsidies. Retrenched civil servants were to be assisted with retraining and seed capital for entry into the private sector. But for the most part these new programs were less carefully planned and implemented than other components of ESAP and were to prove largely ineffective in cushioning the impact of reform on ordinary Zimbabweans (Mlambo, 1997).

Saunders further notes that the funds allotted to the SDF fell far short of matching the rate of government cuts in the social sectors of health and education. Spending cuts in the executing government agency hampered implementation of the SDF assistance. It
was made the responsibility of potential beneficiaries to apply to the SDF for relief and there was considerable general confusion, even among government officials, as to what criteria qualified an applicant for assistance, and how screening should be carried out. Application paperwork was cumbersome, especially for the less educated who also tended to have less access to information on the programs. Co-ordination among the different relief schemes, which evidently had an overlapping target clientele, was poor. The result was that a small proportion of those who were eligible for assistance were reached with resources that were, in any event, insufficient to offset the impact of government cuts. The majorities of the Zimbabwean, thus, were impoverished and had no access to government assistance.

### 2.3.3 HIV and AIDS

The first AIDS case in Zimbabwe was identified in 1985 and in 1987 the National AIDS Coordination Programme (NACP) was established to implement the government created short and long term interventions to the problem. Garbus and Sakutukwa (1999) point out that the increasing levels of infection especially among the youth coupled with many impacts of the epidemic forced the Zimbabwean government to realize that its actions against HIV had been inadequate. Government was slow to acknowledge the scale of the problem and take appropriate action. In 1999 a national HIV and AIDS policy was formulated and NACP was replaced by the National AIDS Council (NAC) to implement the policy. AIDS affects almost every aspect of society. In addition to the
suffering it causes to infected individuals and their families HIV and AIDS has devastating social and economic consequences. Largely due to HIV and AIDS life expectancy at birth dropped from 58 years in the early 1980’s to 37.8 in 2004 and the number of orphans increased.

Zimbabwe is facing multiple challenges owing to the HIV and AIDS pandemic. Ranked amongst the most acute HIV and AIDS affected countries in the region, Zimbabwe is not only grappling with the onslaught of HIV and AIDS but also the effect of the economic meltdown which has triggered off unprecedented levels of unemployment and hyperinflation. The country is also grappling with an increased number of orphaned children some of them living on their own in CHH without adult supervision and protection. As a result of the high incidence of HIV and AIDS in Zimbabwe, there is a growing orphan crisis characterized by rapid increase in their numbers and deepening child vulnerability. According to Mafico and Mushunje (2007), the current economic challenges facing the country, has caused access to basic social services for the poor and vulnerable groups to decline.

Support systems that were once vibrant and readily available have been slowly eroded and turned into dysfunctional and costly systems which marginalize the most vulnerable. The African Kinship care system that would have absorbed children without parents into communal life can no longer be relied upon to that function. Children now live on their own in child headed households without protection. They are forced to
perform adult roles thus losing their childhood. The extended has been overstretched and is too poor to look provide for orphans. The devastating impact of HIV and AIDS coupled with deepening poverty has greatly increased the vulnerability of children and households in Zimbabwe.

Poverty levels have increased since 1995 and the country has experienced a humanitarian crisis of immense magnitude for several years. Many households and communities already struggling due to ESAP have been made more vulnerable by the impact of HIV and AIDS and those most affected are children. Orphans are less likely to access health care, have their basic material needs met or remain in school (UNICEF 2006).

Further to the increasing OVC vulnerability is the reduced ability of safety nets to reach orphans within their own extended family setting. The ZNOCP urges governments to work within the context of the extended families and community safety nets in supporting OVC. Unfortunately, even though the extended family network is still considered the best institution to respond to the welfare of OVC, the scourge of AIDS has rendered the network almost redundant.
2.4 Orphans and other vulnerable children

2.4.1 Vulnerabilities faced by orphans

Dyk (2005) asserts that children orphaned by AIDS suffer more frequently from malnutrition, illness abuse and sexual exploitation than children who are orphaned by other causes. He further argues that, in most cases, they live without basic human right and dignity. They have no access to doctors, nurses and other health care workers and facilities. This assertion by Dyk has far reaching implications for Zimbabwe, where the majority where the majority of children are orphaned by AIDS, constituting 78% of all orphaned children (UNAIDS/UNICEF/USAID, 2004). It is also estimated that the proportional figure will rise to 89% by 2010 (Subbarao and Coury, 2004).

As a result of HIV and AIDS children suffer from emotional stress due to watching parents and loved ones die. Orphaned children lose out on school because the households need new sources of income and labour after the death of parents. Nyambedha et el (2003), points out that the major problem faced by children orphaned as a result of AIDS the reduced opportunity to schooling. The lack of access to schooling has been shown to deprive orphans of the much needed life skills necessary to prevent HIV infection, other sexually transmitted infections and pregnancy. Schooling is also crucial for children’s socialization and self efficacy. Participation in school
improves children’s chances of becoming productive members of the society (Petiffor et al, 2005). Nyambedha et al further point out that further physical hardships, such as lack of food and social security are experienced by children orphaned by AIDS. Reduced access to food manifests in various forms such as lack of proper nutritious diet and insufficient daily meals.

Although overshadowed by the socio-economic consequences, children orphaned by the pandemic also suffer from a number of psychosocial problems. According to Ebbersohn and Elof (2002), the psychosocial difficulties confronted by children orphaned as a result of HIV and AIDS include grief, loss of identity, such as self, family and cultural identity, dealing with shame, stigmatization, abandonment as well as rejection. The death of a parent can also lead to depression, behavioural problems as well as reduced self esteem and self confidence. According to Siegel and Gorey (1994), typical grief reactions are intensified when the cause of death is AIDS related. Diagnosis of HIV and AIDS elicits both shame and stigmatization. Strode and Barrent-Grant (2001), point out that stigma associated with children and youth affected and infected by H1N/AIDS arises when children are treated negatively. This manifests when these children are discriminated against at school or in the community. These children may, for example, be denied access to schools as well as being shunned or called derogatory names.
Children are made to assume adult roles at very young ages particularly when older siblings are forced to become guardians and bread winners for their younger siblings. Such children run the risk of abuse neglect and exploitation as they are forced to move to new family units and are forced into early marriages especially young girls. HIV and AIDS cause the disintegration of families and rob children of their erstwhile secure background. The children are deprived of their parents' estates due to traditional inheritance practices.

In Zimbabwe the number of OVC has increased dramatically due to HIV and AIDS. Richter et al (2000) argue that the constitutional rights of the OVC to a home, care, health and education are challenged by the impact of the HIV and AIDS epidemic. As a result of this the future potential of many children is being compromised. It has been argued that particularly where children are concerned, HIV and AIDS need to be treated as a broad developmental concern rather than as a narrow health or even public health issue. Most children affected by AIDS are also affected by conditions of poverty and exclusion. As a result of their marginalized conditions, they lack access to health, education, and welfare services and they lack legal protection of their rights.
2.4.2 Child headed households

It is widely stated that the creation of child headed households is evidence that the extended family system is unable to cope with situations created by HIV and AIDS. However the International HIV/AIDS Alliance argues that this might not be the case. Rather child headed households may be a mechanism by the extended families to cope with the situation. The Alliance reiterates that many child headed households live close to their extended families, are often visited by them, may receive limited amounts of material support and in some situations children below five years are taken to live with the extended family. Monyai (2002) points out that some children in child headed households express the need to stay together with the eldest child taking on the parenting role. The international HIV/AIDS Alliance also notes that these children do not want to be separated and also fear that they will lose their parents houses and fields. Most children living alone still receive some degree of support from their extended families (Foster et al, 1997).

According to Malinga (2002), the huge burden of caring for orphans and people living with HIV/AIDS tends to fall on women resulting in psychological difficulties. The female children shoulder most of the care responsibilities for children and sick parents. They also take household responsibilities and paid work. This results in higher school drop-out rates and depression among girls. The children are first subjected to the fear and anxiety of witnessing a parent or parents suffer from debilitating and fatal illnesses. This
trauma is followed by the death itself which leaves a painful wound. He further points out that the children often report feelings of being cheated and robbed from the care and love provided by a parent, especially the mother.

2.4.3 Interventions for OVC in Zimbabwe

There are various measures which were used in Zimbabwe in the care and protection of children. The interventions span from the pre-colonial, colonial and the independence era. These range from the traditional African society mechanisms to the modern day mechanisms.

2.4.3.1 Child Protection in the Traditional African Society

According to Lassiter (1983), child protection in the traditional African society was well guarded and enshrined in the informal arrangements that existed. Raising an African child was a communal endeavor. The child was regarded as belonging to the entire community with everyone having responsibility for their upbringing. In the traditional African context, the community was known to be the foundation of African life. Various safety nets were in place to cater for the vulnerable members of the community irrespective of age, gender and class.
Mushunje (2006), notes that the safety nets existed at community, village, and the extended lineage levels. Traditionally, the first port of call for support in dealing with vulnerability was the extended family who if they could not meet the needs adequately called upon the village. When an entire was hit by a disaster other villagers came to assist which drew in the chief and his subjects. The protection mechanisms were used by those capable to care for the elderly and the young. There was an obligation by the wealthy to help their poor relatives through borrowing and lending. The wealthier members of the extended family loaned cattle to their relatives and even non relatives to use in the fields.

At the chiefs’ level there were a number of social support and social security mechanisms. These mechanisms were used to deal with disasters where other villages came in to support each other. One major example is the chief’s granary (Zunde raMambo) which was used to mitigate the impact of drought and famine on the vulnerable members of the society which included the disabled, the elderly and the children especially those orphaned. The Zunde raMambo took various forms depending on the community. In some areas community members would come to work in the fields set aside by the chief and the produce would be kept by him/her. In other communities the village head would collect grain and hold it in trust for the chief and distribute to the needy when disaster struck. Such safety nets have been weakened by
factors such as modernization, urbanization, industrialization and the economic crisis in Zimbabwe.

2.4.3.2 Post Independence Interventions

The Zimbabwe AIDS Directory of 1995 lists 111 organizations which were involved in orphan care and home based care by 1995 (UNICEF, 2001). In addition, the Directory of Children’s Services in Zimbabwe of 2000 lists 99 organizations which were providing child services, including orphan services in the country by then (UNICEF, 2001). With the launch of the Zimbabwe National Plan of Action for Orphans and other Vulnerable Children (NPA for OVC) in 2005, the government endorsed an urgent need and call for coordinated expanded interventions from multi-sectoral organizations towards OVC. Since the launch of the programme in 1995, there has been a proliferation of multi-sectoral organizations which have come into the scene with a wide range of interventions in line with the vision of the Programme (Ministry of Public Service, Labour and Social Welfare/ National AIDS Council/UNICEF, 2005). By the end of 2005, there were 140 organizations countywide that had responded to the government’s call for coordinated and scaled up interventions towards OVC. The organizations include government ministries, local and international non-governmental organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs), (Ministry of Public Service, Labour and Social Welfare/National AIDS Council/ UNICEF, 2005).
These interventions by the multi-sectoral organizations are there to complement the government efforts.

Mushunje and Mafico (2007) point out that the states’ role is to provide an enabling environment for parents and guardians to effectively protect and meet the rights of the child. They further note that the state however, has increasingly failed to meet obligations due to increasing constraints hence additional interventions have been offered by non-governmental organizations as they have increasingly become major players in child protection issues. Programmes to assist OVC, families and communities have proliferated throughout the community as government, foreign donors, local non-governmental organizations and community based groups have responded to the plight of OVC. According to Richter et al (2000), very few of these programmes have been systematically monitored and evaluated and none has been subject to rigorous experimental test. There is collective ignorance of what the real impacts of HIV and AIDS are on the children and families and what the appropriate responses should be in any given context.

Some communities have reverted to traditional forms of care in which resources are pooled together for the benefit of the vulnerable members. With limited income generating capacity, these communities have difficulty in paying for school related costs and ensuring the children’s daily needs are met. Subbarao and Coury (2003) also note that there are a number of problems with community based programmes. Most programme initiatives have been sporadic and piecemeal, rather than well funded
national programmes. They point out that there are few success stories to inform the sustainability of the programmes.

At all levels, from family to government, lack of funds make the economic burden of caring for OVC close to intolerable and at other times impractical. In fact it has been observed that poverty and AIDS reinforce each other (Maeda, 2000). As stated by Lassiter (1983) in the traditional African society, child care was well guarded and enshrined in the informal arrangements that existed. However, when confronted with the AIDS pandemic, these cultures are no longer able to cope and children not only find themselves without caregivers but they also have to find some alternatives. In more traditional times not only was the extended family more involved in the bringing up of children, but the community also played a more visible role than it is today, a child belonged to everyone (Child Abuse and Neglect, 2000). The extended family is now overstretched, especially, economically and the stigma that often accompanies children whose parents have died of AIDS sometimes results in relatives being reluctant to take in orphaned children. Children now look after themselves, bringing up other children in their own homes and on the streets.

2.5 Conclusion

The Zimbabwean government’s commitment to provide social security to vulnerable groups in the society especially children has declined. Social policies have been formulated to protect the children, but the state has distanced itself and has failed to
provide an enabling environment for the extended families and communities to take care of orphans. This has resulted in the development of child headed households. There is need for the state to continuously revisit social policies, in this case the ZNOCP, and come up with modifications that match the latest developments in the country in order for the policies to be relevant.
CHAPTER 3

THE ZIMBABWE NATIONAL ORPHAN CARE POLICY

3.1 Introduction

On the Zimbabwean scene the advent of HIV and AIDS heralded a massive increase of children needing state assistance. By the end of the 1980s', Children in Especially Difficult Circumstances began to flock to the Department of Social Welfare. Institutions began to fill up and to over flow. Also the presence of children in the streets became quite evident. When the Department realized the immensity of the problem at hand they mobilized other child related organizations to form the National Child Welfare Forum in 1993. This body through the Ministry of Public Service, Labour and Social Welfare carried out a survey in Masvingo and Mwenezi districts to inquire into the reasons for this crisis. The findings of this study indicated that there was a problem of increased orphan hood. This was compounded by the poverty which was prevalent among communities. The communities and particularly the extended families were well and alive to the plight of children but were facing serious socio-economic hardships.
The communities themselves indicated that they needed empowerment in the areas of information and material resources to be able to respond adequately to the problems of the orphans.

Meanwhile, despite the several pieces of legislation relating to children’s issues, there was no legislation, which specifically addressed issues of orphanhood. Besides, the available legislation had very limited capacity for application to the impending orphan crisis. As USAID (1997) puts it “This outgrowth of the HIV and AIDS epidemic may create a lost generation -a sea of youth undereducated and lacking both hope and opportunity.”

It became apparent that there was a need to put in place a policy that specifically dealt with issues of mass orphanhood, and to promote efficient programmes that were cost-effective and sustainable in the end. The policy would draw lessons from the studies carried out in the country and already existing workable community led programmes. It would take into account the sovereignty of Zimbabwe, its relationship with the United Nations, the region and sub region.

3.2 Objectives of the policy

The objectives are as follows:

3.2.1 To reorient the activities of government and all other development partners including the CWF to address the particular needs of orphans.
3.2.2 To support existing family and community based coping mechanisms in the area of orphan care.

3.2.3 To mobilize, motivate and sensitize all communities in Zimbabwe to develop orphan support strategies and interventions.

3.2.4 To promote the ability of orphans to access public and private resources.

3.2.5 To promote continuous research into issues pertaining to children and ensure that appropriate training on orphan friendly strategies are provided to service providers.

3.2.6 To promote the inclusion of orphans in all activities by children or for children particularly in the areas of health care and education.

3.2.7 To provide legal assistance and support whenever appropriate and necessary.

3.2.8 To provide awareness on children's rights to all sectors of the Zimbabwean society. Particular emphasis will be placed on the rights of the orphan.

3.2.9 To promote the protection of orphans from abuse, neglect and all forms of exploitation including, sexual and economic.

3.3 Basic principles

The objectives were formulated based on the of the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child which are, the best interests of the child, survival and development, name, nationality and identity, child participation and protection of a child without family.
3.3.1 The Best interests of the child-Article 3 (UN Convention) Article IV (African Charter).

This policy is based on the belief that in all matters pertaining to orphans the best interests of the particular child shall prevail.

3.3.2 Survival and Development-Article 6 (UN Convention) Article V (African Charter).

Every child has the right to life and by ratifying the UNCRC and the ACRWC Zimbabwe endorsed its obligation to ensure the orphan child's survival and development.

3.3.3 Name, Nationality and Identity-Article 6 (UN Convention) and Article XVIII (African Charter)

Every child has a right to feel the pride of being identified as a particular person by name, family and even nationality. Zimbabwe is therefore obliged to facilitate the acquisition of birth registration by orphans. The government is also obliged to see that the child, in this case, the orphan maintains contact with his extended family, and original community. The government recognizes that the nuclear family is the unit that normally fulfills most of a child's needs and rights. In the case of an orphan the nuclear family set up is disrupted but the next best placement must therefore be sought which resembles the family unit as closely as possible.
3.3.4 Participation - Articles 12, 13, 14, 15, 17 (UN Convention) Articles VII, VIII (African Charter).

Orphans must be allowed where possible to express their opinions about issues pertaining to themselves and they must be given the opportunity to associate with others.

3.3.5 Protection of a child without family-Article 20 - (UN Convention)

The government of Zimbabwe as a state party to the UN Convention agreed to provide "special protection for a child deprived of the family environment and to ensure that appropriate alternative family care or institutional placement is available in such cases". The government is obliged to take particular consideration of the child's cultural background.

3.4 Legislation relating to children's issues

The Government of Zimbabwe (GOZ) has always placed great value on its children. Over the years it has put in place pieces of legislation to regulate issues pertaining to children. These included the Children's Protection and Adoption Act (Chapter 5:06), The Guardianship of Minors' Act and the maintenance Act.
3.4.1 The children's Protection and Adoption Act (Chapter 5:06)

This Act serves as the major guideline for handling issues of childcare and protection. It mandates the Department of Social Welfare to specifically deal with matters pertaining to children. Probation Officers are employed in terms of section 46 of this Act. These Probation Officers and Police Officers are not only court officials but also have the authority and responsibility to remove children from suspected situations of risk to "places of safety". The Act stipulates a number of measures that can be taken when a child is found to be in need of care. Among these are, return to parents with or without supervision, placement in foster care, adoption or institutional care.

3.4.2 Guardianship of Minors' Act

This Act deals mainly with the question of custody of children whose parents separate/divorce and clearly spells out the "best interest of the child" as basis for making decisions. It stipulates among other things that on separation the mother of the child must take custody of her children until a court order to the contrary is made. It also allows for the other parent to appeal for arbitration by the courts.
3.4.3 The Maintenance Act

The Maintenance Act is based on the assumption that all children have a right to be maintained by their parents. It therefore seeks to enforce this obligation on errant parents.

3.5 The Current Approaches to Orphan Care

No clear-cut policy had been made with specific regard to orphan care and protection. However, within the Children's Protection and Adoption Act, mentioned above, an orphan could be accorded foster, adoption, institutional care where necessary if he can assess the offices of the Department of Social Welfare, which are normally urban based. The Department had to raise community awareness to the plight of orphans and promote foster care through the traditional care systems such as community or extended family care.

Were possible, orphans accessed health and educational facilities through the provision of the traditional Free Medical Treatment Orders or traditional payment of school fees by the Department. They may were also assisted through the Social Development Fund.

In 1990, the government ratified the UN Convention on the Rights of the Child (UNCRC). In 1995, it ratified the African Charter on the Rights and Welfare of the Child
(ACRWC) which still awaits more ratification for it to be implemented. By ratifying the convention government committed itself to be guided by a principle that the essential needs of children be given high priority in allocation of resources, in bad times as well as in good times at national as well as at family levels.

The government appreciated its obligation to fulfill the provisions of its own legislation and the conventions. It mandated the Department of Social Welfare in the Ministry of Public Service, Labour and Social Welfare through the Children’s Protection and Adoption Act to care for and protect children countrywide. Traditionally the Department employed curative measures in dealing with issues pertaining to children. It dealt with children referred by sympathizers or the police. It also offered counseling and supervision to children and their families.

The Department sometimes removed children from suspected risky situations to places of safety as provided for in the Children’s Protection and Adoption Act (CPAA). Children so removed were placed in foster, institutional care or adoption. Children whose parents were poor and could not afford school and medical fees were assisted to access these services if their parents applied or if they were somehow referred to the Department. However, these services were for all children and not specifically for orphans. Most of the services offered were really not orphan friendly as they insisted on referrals and the availability of guardians or parents to make the applications.
The numbers of children accommodated by the traditional approaches were limited due to the fact that it depended heavily on scarce human resources stationed at district and provincial offices. Targeting was problematic as these officers had limited capacity to adequately make appropriate screening investigations. Services were therefore mainly available to those people who were knowledgeable of them and could access the district offices. The vast majority of the poorest of the poor were unable to access such services. Orphans were among this group particularly those who had lost both parents. The system coped for that period until the advent of HIV and AIDS pandemic. Zimbabwe is rated as being among the countries hardest hit by the AIDS scourge. This scourge which is generally hailed as a very serious health issue has also very serious socio-economic implications.

3.5.1 The Strengths and weaknesses in the set up

In coming up with the ZNOCP, the government looked at the setup that was in place, its strengths and its weaknesses to enable them to come with a policy that would meet the specific needs of orphans.
3.5.1.1 Strengths

The country had the strength of positive legislation and the will of the State and policy makers to police it. Also the country had a culture that was supportive of the co-coordinated and collaborative approach to the care of children, a culture that appreciated the problems of orphans and the need to address them holistically. One of the positive aspects was a traditional leadership, which acknowledged its responsibility towards orphans and the elderly poor, demonstrated through their will over the years through such projects as the Zunde raMambo and concept. They have also demonstrated their ability to mobilize the support of their subjects in this regard.

The nation promoted self-reliance and enabled committed service organizations both in the private and public sectors to promote the well-being of orphans. Numerous private voluntary organizations as well as international organizations were willing to work together with the government and the Child Welfare Forum to support programmes for orphans. The government took pride in an educated work force in both the public and private sectors and training facilities which enhanced local knowledge; including universities and other training colleges. One of the strengths was the availability of local research centers willing to work hand in hand with government to help it approach the issues of orphans in a scientifically informed manner. The government took pride in the programmes that were already in place to alleviate the problems of the poor that could be streamlined to specifically address the problems faced by orphans. One of the strengths was a fiscus that endeavored to address the
problems faced by children albeit under serious constraints. The fiscus could be revisited in an effort to channel available resources to orphans specifically.

3.5.1.2 Weaknesses

The major weakness was the legislation which was not orphan specific and therefore fell short of addressing and deliberately targeting this category of children. Enumerations carried out in many districts brought to the fore the masses of orphans who had fallen through the safety nets put in place by the Children's Protection and Adoption Act. The orphans sometimes failed to access the protection of the law when they needed to benefit from their parents deceased estates due to ignorance and the fact that children are normally expected to be quiet while adult relatives decide for them.

At the operational level, a major weakness was that only those children lucky enough to be identified and referred to the Department of Social Welfare and to the police were helped. Also the demand on the Social Safety Nets put in place by government exceeded the available fiscal resources. Orphans risked exclusion from these programmes due to problems of their accessibility and lack of local adult help. Children's Rights were a relatively new concept in the country and the general populace was not conversant with them. These impacted negatively on orphans who did not have adult guardianship to protect them. Another major problem was the advent of HIV and
AIDS which caused an alarming increase in the incidence of orphans and the resultant mass orphanhood impacted negatively on the already overburdened elderly populace and socio-economic level of the country.

The reactive approach to the problems faced by children especially orphans fell far short of addressing the issues of most of these children due to a number of shortcomings in the system, namely, poor targeting, limited human and other related resources and uncoordinated approaches to the issues of orphans where there were a lot of child related organizations separately responding to children’s problems.

There was much that the communities could do to alleviate suffering of orphans but their efforts and capacities were not respected and appreciated by the service organizations and they remained untapped. Red tape made it difficult if not impossible for orphans to access such social services as health care, education, legal representation and the social safety nets put in place specifically for indigent people like them. While laws to safeguard the interests of children especially orphans were in place orphans did not normally benefit from their provisions due to cultural limitations and lack of information on the part of their communities and themselves. Also, the haphazard approaches to issues of children and in particular orphans by service organizations failed to make a positive impact on the orphans as scarce resources were wasted due to duplication of services, competition and conflicts among the service providers. Another problem was that the paucity of resources made available to the government
arm responsible for the protection of children made it impossible for that arm of
government to effectively carry out its duties in this regard. On the local level, the
willingness of the extended family and the communities to care for orphans was
dampened by the general poverty at that level and the traditional leadership was
weakened by previous approaches which questioned their authority

3.6 Strategies and Interventions

The government of Zimbabwe established a Six- Tier Safety Net System of Orphan
Care in accordance with the provisions of the UN Convention on the Rights of the child,
the African Charter on the Rights and Welfare of the Child and the general traditions of
the Zimbabwean populace. The six-tier safety net system states that a child belongs to
the biological nuclear family, the extended family, the community, formal foster
care, formal adoption and institutional care which is considered as a resort. The six tier
safety net is explained below.

3.6.1 Biological nuclear family

Every child has a right to remain in his biological nuclear family for protection and care.
When this mode is disrupted by way of the death of parents the next best mode of care
will be preferred.
3.6.2 The extended family

Where possible and appropriate, when both parents die the extended family will be encouraged to take up the care and protection of the orphaned children.

2.6.3 Community care

When both the nuclear and extended families are not available to care for their children, the community within which the children live will be called upon to provide care and protection. The community will put in place an adult(s) to take up the role of guardian(s) for the children. The children will remain in their community. The village and chief's Child Welfare Forum will monitor their situation and accord them appropriate care and protection with support from government and the child welfare forum in the form of capacity building and monitoring. This role is problematic in that the commitment of the of community members who are not blood relatives of the children may be questionable. Given the failure of the extended families in taking care of orphans due to poverty resulting from ESAP, the community at large is facing the same challenges hence its inability to assist. This will be further discussed in Chapter 5, the analysis chapter under the topic ‘5.2.2: The six-tier safety net system.’
3.6.4 Formal foster care

Where the first three fail, children may be placed in formal foster care with government taking a more active role to ensure their proper care and protection.

3.6.5 Adoption

Children may also be placed on adoption where appropriate.

3.6.6 Institutional care

Orphans may be placed in institutional care as a last resort. Even then, family type institutions should be preferred to the dormitory type.

3.7 Government of Zimbabwe in Partnership with the Child Welfare Forum

The policy proposes that the government of Zimbabwe will work in conjunction with the Child Welfare Forum (CWF) in the care and protection of orphans. There are specific roles for the government and those where they work together with the CWF.
Government together with the child welfare forum would engage in awareness workshops at all levels of society to promote the care and protection of children especially orphans in this safety net system. Government officials at local level would be encouraged to assist child welfare fora at their levels.

According to the policy, the government was to provide free legal representation and counseling to orphans and their guardians in matters pertaining to the orphans. The government had to put in place clear inheritance laws which would prioritize the importance of all children benefiting from their deceased parents estate safeguard the interests of all orphans by making laws and regulations that favour all orphans and not only the eldest child. Another role of the government was to facilitate birth registration of orphans and put in place appropriate regulations to specifically address this problem. It was the government’s mandate to ensure that child headed households get priority in the distribution of proceeds from these Social Safety Nets. The head of a child headed household had to be authorized to make applications for assistance on his own and his siblings' behalf.

The other role of the government and the child welfare forum was to ensure medical care for all needy orphans and facilitate the provision of education to orphans. They had to spearhead and undertake the defense of all the rights of orphans using community based initiatives. The combined forces were to ensure that orphans benefit from the Social Safety Nets such as Drought Relief and Public Assistance put in place to cushion
the poor. The two together with training institutions in the country had the role of reviewing the training offered to service providers with a view to include material that would address the special needs of orphans and periodically carry out research on orphan issues to update its approaches. Various stakeholders had to put in place a basket fund which was to be administered by the Ministry of Public Service, Labour and Social welfare while the CWF was to carry out resource mobilization activities to support this fund. The government had to make available the funds that it has always provided to child care programmes.

3.8 Operational Modalities of the Policy

Mechanisms for co-ordination, monitoring and information sharing with respect to this policy were put in place. The overall responsibility for the orphan care policy and its implementation rested with the government through the Ministry of Public Service, Labour, and Social Welfare. This responsibility is based on the UNCRC and ACRWC to which the government is a signatory, the Children’s Protection and Adoption Act (Chapter 5.06) and the Private Voluntary Organizations Act of 1995. The responsibility was to be exercised at national, provincial, district and community levels. According to the policy, the government through the Ministry of Public Service, Labour and Social Welfare would make available minimum standards and guidelines for the implementation of Community Based Care for Orphans. It was the government’s role to design training programmes and appropriate educational materials to be utilized in the
whole spectrum of orphan care. The government would carry out all these activities in consultations with the CWF at all levels.

3.8.1 Co-ordination, Monitoring and Information Sharing

According to the policy, the CWF was to be formed at national, provincial, district, chiefs', village and urban and farm settings levels. At national level members were to be drawn from ministries that had some child welfare related issues, international NGOs, private voluntary organizations with a national profile, training institutions, research institutions and representatives from religious groupings.

At provincial levels members were to be drawn from all the child related government ministries and departments as mentioned in the National Forum, local authorities-municipalities, town boards, provincial representatives from religious groupings, private voluntary organizations and district representatives. At district level members were to be drawn from all child related government departments, local authorities, rural district councils, religious representatives, private voluntary organizations community based organizations operating in the area and village and chief representatives.

The chiefs' level constituted of the chief as the honorary head, village heads from the chiefs area, village chairpersons and local government workers such as teachers, village community workers, nurses and councilors, religious representatives and CBOs operating in the area. The village level membership constituted of the village head as its
honorary head, elected persons from the community, village community workers, ward community workers, councilors, Private voluntary organizations, CBOs and area churches.

In urban and farm settings, the district child welfare forum was to work with the local communities to establish appropriate membership. The CWF at all levels may co-opt any other relevant individual, organization or persons where necessary.

3.9 The roles of the Child Welfare Forum

The CWF would provide an advisory service to the Ministry of Public Service, Labour and Social Welfare. It would be engaged in the following activities monitoring, advocacy, networking, training, research and resource mobilization.

3.9.1 Monitoring

The Child Welfare Forum role was to monitor the situation of children countrywide so that it can capture children who are orphaned. Monitoring will be done at all levels. The preventive function of this body is implied here. The Forum will monitor its own activities and those of its members to improve services provided to orphans.
3.9.2 Advocacy

The CWF role was to advocate for the rights of the children and lobby with policymakers to honor their obligation to children. They had the responsibility to educate communities on the rights of children train communities to recognize abuse situations for orphans and safeguard them (the children). They were to raise community and children's awareness to the plight of orphans.

3.9.3 Networking

CWF role was to offer an opportune platform for networking and co-operation and emphasis was to be placed on collaboration rather than competition. There had to be adequate information sharing among members. Service provision would be appropriately rationalized and scarce resources were to be shared so as to improve services offered. There had to be referrals among the members of cases.

3.9.4 Responding

The CWF would be responsible to adequately respond especially to the problems faced by orphans given their roles mentioned above.
3.9.5 Training

The CWF in consultation with the relevant training institutions in the country would prepare relevant training material for future service providers in the field of orphan care. They had to offer in service training to service providers already in the field to reorient them towards orphan care and protection.

3.9.6 Research

The government in consultation and partnership with the CWF was to carry out research to update its information on the orphan situation.

3.9.7 Resource Mobilization

The government had to establish a budget line derived from its normal Social Safety Nets to specifically target orphans. This was to form the basis of a basket fund. The CWF role was to raise funds to support the basket fund whose proceeds were to be used to empower the village, chiefs and local CWF while the Ministry's Department of Social Welfare had to administer the basket fund.
3.10 Financial implications in the care of orphans to the fiscus: An Estimation

3.10.1 Education

Government of Zimbabwe would provide tuition, examination and where necessary boarding fees of indigent orphans to facilitate their education (Article 28 CRC and article 11 ACRWC).

The Sentinel Site Surveillance for SDA Monitoring December, 1997, indicated that the tuition fees for primary school were $48,16 and $82,52 for secondary schools per child in 1997. Due to inflation and other influences it is expected that these fees would have risen above the 474,5% mark by year 2000 as shown by table 3, in appendix 3. The Consumer Price Index (CPI) used describes the general real consumer price index for 1990. The amount calculated was $30,5 per child per year.

It was also estimated that by the year 2000 there would be 600 000 orphans in the country. These costs would have to be borne by Government of Zimbabwe as it has traditionally done. The Child Welfare Forum, at the local level would take on those roles that were performed by indigent parents before their deaths.

These included provision of uniforms where possible, provision of building and other non tuition fees, books and pens to indigent orphans. The Sentinel Site Surveillance for SDA Monitoring December, 1997 as shown in table 4, in appendix 4, gives an average cost of uniforms per child at that time.
The government and the child welfare forum from the district to national levels would empower the local level CWF to meet these needs through the resource mobilisation function mentioned above. It was estimated that 300 000 of the orphans would be in secondary schools each year. The average cost of uniform per child would be $388.50 per year. The 300 000 orphans would need around $116.6 million per year.

Table 5, in appendix 5, shows an estimate of total educational expenses mentioned above for orphans. It should be noted that already government had programmes in place that cater for indigent children. The services provided however do not specifically target orphans as stated earlier.

Table 6, in appendix 6, shows an estimate of the financial implications to the fiscus and the CWF for the operation of this policy in the field of education only. It is calculated on the basis that 300000 of the orphans will be in school. The figure was used for both primary and secondary education using the CPI formula as shown earlier.

An average of $47.4m and $109.9m for primary and secondary school fees respectively was required yearly for educational purposes. Government would be required to budget for tuition and examination fees which is estimated to be $32.5m and $74.3 in ($106.8m) primary and secondary school fees respectively. As indicated earlier, traditionally government was paying such fees for indigent children but orphans are not targeted. GOZ did not necessarily need to put any additional resources but
draw from already existing programmes and come up with a budget line.

The CWF at all levels with the support of other stakeholders would be responsible for repayment of non tuition fees including provisions of uniforms, sports and building/levy fees to the tune of $15 5,9m per year. Members of the CWF and partners were currently paying salaries for seven core staff members in the child welfare unit of the Department of Social Welfare. The government needed to put in place a budget line of $70m per year drawn as mentioned earlier on from existing programmes.

### 3.10.2 Health

The CWF at the village and chiefs levels would monitor that all orphans were healthy. When an orphan needed medical attention this forum would refer the child to their nearest health centre for treatment. The government and the CWF from district to national level would empower the village and chiefs CWF to do this through adequate information dissemination and resource mobilisation.

### 3.11 Establishment of a data base and report writing

The policy states that the government will keep records of all work done in the sphere of orphans and will update, as an ongoing exercise, its database on orphans. It will keep a

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register of all orphans in the country. It will facilitate the follow up of orphan programmes by its staff. The government will prepare quarterly and annual reports on work pertaining to orphan care and share the information with the CWF. The CWF at the local level will supply government with relevant information on orphans.

3.12 Evaluation

The government will ensure that quarterly and annual evaluations are carried out on all work pertaining to orphans. The CWF will assist the government in this respect.

3.13 Conclusion

The policy established the six-tier safety net system of orphan care. The system supports orphans and assists them to be cared for by the biological nuclear family, the extended family, community care, formal foster care through the courts, adoption and finally institutionalization which is the last resort. The establishment of partnership between government ministries, private voluntary organizations, the community, churches, traditional organizations, and non-governmental organizations (both national and international) will help in addressing the plight of children. The partners meet to monitor the situation of children, network, advocate on children's behalf and respond to 'the needs of orphans under the consortium now known as the Child Welfare Forum.
The policy calls for the establishment of the Child Welfare Forum at every level starting at the village to national level. The recognition of the traditional leader’s role in the care of orphans and the support of their programmes such as the Zunde raMambo by the Child Welfare Forum is envisaged to ensure that the elderly grandparents who care for the young orphans and child headed families are known and supported within the community. The framework provides for referral systems for state assistance and training for caregivers. All the members expected to contribute both material and human resources. The policy of government has always been that the best interests of the child should prevail in all matters concerning children. This has been strengthened by the ratification of the UNCRC and the ACRWC. The cultural values of the Zimbabwean people endorse this principle too. Accordingly, Cabinet mandates the Department of Social Welfare in the Ministry of Public Service, Labour and Social Welfare and the Child Welfare to develop and design programmes for the care of orphans.
CHAPTER 4

RESEARCH METHODOLOGY AND RESEARCH FINDINGS

4.1 Introduction

The main objective of this study is to assess the impact of the ZNOCP in relation to the social security needs and challenges posed by the evolving family structure of the child headed households. Thus the main focus of this chapter is to stipulate the research design which the study used. Detailed description of the population sample as well as the data collection instruments that were utilized will be discussed. This chapter will also discuss the demographic and socio economic characteristics of the population understudy. The participants included the head of child headed households, their extended families, community leadership, and government officials. Data collection instruments were administered to a stratified sample of sixteen respondents drawn from the CCH (five), the extended families (five), community leadership (five) and one government official. This chapter will also give a detailed outline of the research findings presented in the following three categories, coping strategies of CHH, the role of stakeholders and views on the ZNOCP.
4.2 Research Methods

4.2.1 Research Methodology

The research used both the qualitative and quantitative research methods. The main method however was the qualitative approach which enabled the researcher to capture the insiders’ views and perspectives. The qualitative approach helped the researcher to capture social action in its natural context and this created an opportunity to probe for more information. This research approach provides an in depth understanding of human behavior and the reasons that govern human behavior. It relies on reasons behind various aspects of behavior, that is, it investigates the why and how of decision making, as compared to what, when and where. The quantitative approach was also used. This approach is deductive and comprises of structured questions which help to eliminate the researcher’s influence. These two perspectives complemented each other and their combination managed to show that what was being targeted was accurately captured through the utilization of questionnaires.

4.2.2 The Research Instrument and Distribution

This study used the questionnaire for data collection. The questionnaire was found to be more appropriate because it is time and cost effective. The participants were assured during the interview that their responses and identity were to be kept confidential and used only for the purposes of the research. The purpose of the study was explained to the respondents. The participants were required to give descriptive answers to open
ended questions which gave a detailed description of the phenomena under study. Four sets of questionnaires were administered to four groups of people. The groups targeted were the CHH, the extended family, the community leadership and the government officials drawn from Masvingo Rural District. The researcher did not consider the whole population for informants but a sample was selected from each targeted group.

4.2.3 Targeted Population

The target population on which inferences were made comprised of local people within Masvingo Rural District. Child headed households were targeted to find out whether the implementation of the ZNOCP has made an impact on their lives. The extended families were included in order to find out why they were not staying with the orphans and how the children were coping. The traditional leadership was focused on because of their role as community leaders. NGOs, CBOs and FBOs were also included in the study to find out their roles and what their views are on the ZNOCP. The Masvingo Provincial Social Services Officer was included to find out their role as the government representatives.

4.2.4 Sampling

The stratified random sampling was used to ensure that the different segments of the population acquire sufficient presentation in the sample. Stratification consists of the universe or population being divided into a number of strata that are mutually exclusive and the members of which are homogenous with regard to some characteristics. In this
study the characteristic is status. The four groups which were understudy were the CHH, the extended family, the community and government official. Thus the stratification was determined by the class or category in which one belonged. This selection of participants was carried out in such a manner to ensure that the whole population is being represented and the results can be generalized to a larger population.

4.2.5 Secondary Data

This research also took a historical approach by seeking an understanding of the events and motivations which produced current events and situations concerning the plight of orphans in child headed households. Information was gathered from various secondary sources which included published books, official documents, research documents, archival documents, published and unpublished reports and papers, journals and computer databases. These sources helped in complementing the fieldwork.

4.3 Demographic Characteristics

4.3.1 Ages of the CHH

The ages of children in CHH households used in this study ranged from five to seventeen. Five children heading households were interviewed. The five households had a total of fourteen children living in them. Five members of the extended families, five community leaders and one government official were part of the respondents.
Table 7, in appendix 7, illustrates that no males or females heading CHH fell below the 0 to 4 age group. The 5 to 9 age group has one female child heading a household. The age group ranging from 10 to 14 also has one female child heading a household. In the 15 to 18 age group one male and two females were heading households. The numbers of children in each of the five households ranged from two to four. The total number of children in the five child headed households under study was fourteen.

4.3.2 Gender

Five respondents were targeted from CHH in Masvingo Rural District. Of the five households, one was headed by a male child while four were headed by the girl child which shows that the parental role falls heavily on the girl child. Of the fourteen children in the child headed households, six were boys while eight were girls. Of the five extended families interviewed, two were headed by females and three by males.

4.4 The Rural Community Based orphan Care Model

This model was introduced in Masvingo Rural District by the government in 1999. The model utilized traditional roles and responsibilities of traditional leaders who have the authority to mobilize their people and resources in times of crisis and emergency. There were three phases to this model comprising the assessment of the situation of the OVC, increasing the awareness of the problems which affect OVC and strengthening communities. Chief area committees were established at ward level and village committees at village level. The village and ward committees were trained by the
child welfare forum (CWF) to record OVC in their areas, identify their needs and attend to those they could at their level and referring other cases to appropriate agencies and higher level committees. The village committees utilized their members to implement child care initiatives so as to ensure that orphans are properly fed, clothed, housed, and those of school going age attend and remain at school. The committees also encouraged households to raise money for school fees and funds for unseen emergencies. Villagers were also encouraged to pool their resources on behalf of the OVC to develop communal gardens and woodlots.

The Zunde RaMambo programme, a concept of the rural model, was revived as a response to the plight of OVC in rural areas and was first piloted in Masvingo Rural District. The project was meant to provide food security for children affected by HIV and AIDS and those orphaned by other causes. The National AIDS Council was mandated to assist chiefs in forms of seed packs especially maize seed to plant grain to cushion OVC and other vulnerable members of the community. The Zunde RaMambo was meant to ensure food security for the OVC. This programme was also meant to facilitate community ownership and to empower communities to respond to their challenges. However, the programme did not even run for two years and is no longer in existence.
4.5 The situation of the CHH and their coping strategies

Coping strategies refer to the specific efforts, both behavioural and psychological that people employ to master, tolerate, reduce or minimize stressful events (Carver et al, 1989). Traditionally it is assumed that the extended family and the community at large assist the households socially, economically, psychologically and emotionally. The CHH adopt various strategies in their day to day lives in the areas of food, education, health, water and sanitation, shelter, clothing, material and labour resources, sources of cash income and birth registration.

4.5.1 Food and Nutrition

The problem of food security was very severe in all the CHH. The households did not have any food reserves and what they had could only last them a few days while some had completely run out of food. Children in the CHH reported that they go around other homesteads begging for food. The major source of food for these households was a donor agency (Care International) which had just resumed its operations in the area after the government’s ban on NGO operations. The agency provided maize meal, beans, peas, cooking oil and bulgur wheat to the households. However, their relief programme was still inconsistent because they spend longer periods of time before returning to the area. Most children in CHH were hired by neighbors for manual labour in the form of working in the fields and herding cattle in exchange for food and other items such as soap and salt.
In most of the child headed households, supper is the main meal served when those who attend school have returned. The main staple food is sadza (thick porridge made from maize meal) served with relish usually fresh or dried vegetables such as sugarloaf and cabbage. Most households serve their meals divided between two common plates for all the children. The reason is that there is not enough food for individual plates for the household. In other instances the plates are not enough for the children since most of them have holes. In the morning there are variations from household to household. In some homes children serve themselves left overs from the previous day, sometimes warmed up sometimes not, and eaten as breakfast. There are times when children in most of the households go to school without having eaten anything for up to three schooling days and sometimes even every day. Care International had also started feeding programmes in primary schools in the area but this service is however erratic. Children go in the forests in search of wild fruits to supplement their meals. The children had inadequate meals hence an unbalanced diet which leads to poor physical development and poor health.

The serious scarcity of maize meal in the country in 2008 was due to the 2007-2008 farming season’s erratic rainfall. The season had a midsummer dry spell which led to the wilting of crops and there was little or no harvest at all. The Masvingo Province always has always had food scarcity because it is drought prone hence the high food insecurity even in normal households. This seriously impacts negatively on CHH who have no resources at all.
4.5.2 Education

The Zimbabwe school system consists of seven years of primary education, four of secondary education and two years of high school. Education used to be free in primary education but when user fees were introduced in 1990 with the dawn of ESAP, the school dropout rate increased. Most children in CHH drop out of school after the seven years of primary education while very few proceed to secondary and high school. Asked why it is so, children cited lack of money for school fees, stationery and the long distances they have to travel to attend school while usually hungry.

The study found that three of the five children heading households aged nine, fourteen, and fifteen were attending school while two aged sixteen and seventeen were out of school. Of the fourteen children living in the CHH, eight aged between seven and fifteen were attending school while six, one aged five, another six, two sixteen and two seventeen were out of school. Only two of those attending school had their fees paid by their elder sister who was working as a maid in town and the rest were just attending without their fees having been paid. Children went to school without eating anything and were happy about the feeding programme at school which had just been introduced.

While schools insist that children come to school in uniform, children in CHH cannot afford to buy them. Six children from CHH went to school in their home clothes. Most of the time there is no bath or laundry soap in CHH and the children go to school in their
dirty old clothes. They reported that they sometimes have to miss school even up to one week to go to the shopping centre for vending in order to raise money for stationery. The children sell seasonal fruits such as mangoes as well as wild fruits and vegetables. Some children also missed school to do piecework for their well to do neighbours, relatives and the nearest commercial farming area. The work included herding cattle, weeding and harvesting. These hardships adversely affect the performance of these children in school.

4.5.3 Accommodation

Three households had dilapidated one roomed huts whose thatch was in need of repair but the children could not find an adult to repair the roofs for them. One household had three huts while two households had two. They could not find grass for thatching during summer because of the rains. This led to serious problems for the households affected because the rain leaks into the houses. The children, one boy and one girl, had to move to one hut which was in better condition. In another household two girls were using one hut while in the other household two girls and two boys live in one hut. The huts were floored with cow dung. Two households were brick built with zinc roofing and are generally in good shape. The roofing was intact and the cement floors were still in good condition. Those in smaller huts lived in overcrowded and unhygienic conditions. The huts served as both bedrooms and kitchens and it was difficult to maintain order.
Eight children in three households slept in groups on the kitchen floor around the fire sharing family blankets. One household had one boy and one girl in one hut; another had two girls in one hut while the third had two boys and two girls. This was done in order to keep warm but there was a risk of the blankets catching fire. In better off households with adequate rooms, three boys and three girls slept in separate rooms but there was a problem of blankets. In one of these households two boys shared a room while their sister had her own room and in another household two girls share a room and their brother had his own room.

5.5.4 Clothing

The clothes that children were wearing varied from household to household. Most of the clothing items were threadbare. These were acquired when their parents were still alive. Some were donated by well wishers. Those that looked good were reserved for school since most of them do not have school uniforms. Most children changed their clothes after school and at night some sleep in their clothes even school clothes in order to keep warm.

The major problem facing the children is that of blankets. They sleep sharing blankets on the floor because they do not have beds. The lack of adequate blankets is common in all households. All the households do not have money to buy blankets. Whatever blankets they have were inherited form the parents but they are worn out and need replacement. Even those that are received from well wishers are worn out hence the need to sleep in their clothes around the fire in other households.
4.5.5 Health

The children in the CHH did not know whether they were immunized or not and those who are five years and below have no health cards. They indicated that they have no access to the clinic because it is twelve kilometers away and they usually have no money for transport and for treatment. They forgo going to the hospital when they fall ill and wait for the illness to disappear on its own unless a well wisher comes to their rescue. One family has a five year old child who is sickly. The older sibling reported that he was always unhealthy since birth and it is difficult to get treatment for her. The children are not aware of the Assisted Medical Treatment Order which is provided for the indigent people by the social services department.

4.5.6 Water and sanitation

The households depend on open wells and community boreholes. The open wells are located at the neighbours’ households but the availability of the water is seasonal. During the dry season CHH depend on community boreholes which are about four kilometres from the village. Children usually use twenty litre plastic and tin buckets to draw water. The young children fetch water in small containers. They use their heads or wheelbarrows to carry the water. Some children are assisted by their neighbours and use the neighbours’ cattle drawn carts to carry the water. Only two households had pit latrines and the rest rely on the bush.
4.5.7 Birth Registration

The majority (three) of the heads of CHH were not registered. Only two household heads had birth certificates. Of the fourteen children living in the CHH, five had birth certificates while nine had no birth registration documents. The Zimbabwe school system requires that one produces a birth certificate in order to be allowed to register for school. Many children in rural areas however may enroll for school but when in comes to writing public exams, they usually fail to register and to write because lack of birth certificates. A compounding problem is the unsympathetic and bureaucratic approach adopted by the Registrar General’s office responsible for the production of such certificates, which makes the process of applying for these extremely difficult and sometimes impossible. Applying for birth certificates requires documents like birth and death certificates of the parents. Lack of such documents prevents the orphans’ relatives from applying for the birth certificates thus orphans fail to access social service assistance. To obtain birth or death certificates three witnesses are required by the registrar’s office. Due to lack of money for transport for the witnesses to go to the registrar’s office the children just live without registration documents and they therefore are not registered citizens of the country.

4.5.8 Material and Labour Resources

There are considerable material and labour resources needed to sustain a typical rural household. Subsistence agriculture which is practiced in Masvingo Rural District is labour intensive with a lot of activities to ensure that crops are produced. These include clearing the fields, planting, weeding, harvesting, tending the animals and working in
vegetable gardens. These activities take place along with the day to day activities needed to maintain a family. Such activities include taking care of the younger children, fetching firewood and water, securing the relish and preparing meals, cleaning the homes and doing laundry. Much of this work is time consuming and very strenuous for children in the CHH since most of these tasks are adult tasks.

Data was collected when the rainy season had just begun and people were busy planting. This was a very difficult time for the child headed households. The children had to work hard in the fields in order to produce crops and at the same time they had to run their homes. Sometimes the children would get help from the extended family members and other well wishers in the area but most of the time people were also busy preparing their own fields and therefore unable to really give meaningful help. Most of the children were too young to plough the fields so they had to work in their neighbours’ fields or herd their cattle so that the neighbours in turn would plough the children’s fields and help them to plant. The children were involved in adult labour which took a strain on their health. One household had two cattle so they joined forces with their aunt in ploughing the fields. The CHH obtained maize seed and fertilizer from Care International. During this period women from the Betseranai Women’s group would visit the CHH once a week to help the children in the fields. The extended family and some members of the community would sometimes also help the children.
In households with both boys and girls, domestic chores were allocated along traditional
gender lines. Boys did work such as cutting firewood, herding cattle and fetching water
in the wheelbarrow. Girls’ duties are cooking, washing dishes, doing laundry and
cleaning the household. In same sex households, boys and girls did all the duties
regardless of the kind of task to be performed.

4.5.9 Sources of Cash Income

Sources of income for CHH were mainly seasonal and unreliable. Children would sell
some of their crops after harvesting in order to get money. They also sold seasonal
fruits at the nearest shopping centre. This was not really helpful as the people in the
area also gather fruits for themselves.

The children work as hired labour in their neighbours’ fields especially during the
weeding and harvesting time in order to get cash. The older children also travel about
ten kilometres everyday to the nearest commercial farm where they are hired on a daily
basis to work for cash. Children also resorted to selling utensils such as plates, pots and
hoes as well as chickens left by their parent. However, such incomes were generally
very small and inadequate to meet the many items and services that needed cash such
as soap, clothing, school uniforms, schools fees, stationery and many others.

4.6 Perceptions and feelings of CHH

Traumas of parental death were still very fresh in the minds of children heading CHH as
they narrated how they are learning to cope with living alone. The children's
psychological distress began with the parents’ illness and their subsequent deaths which led to emotional vulnerability. Two children leading CHH reported that they started running their homes when the parents were sick. They took care of their sick parents in the form of bathing them, preparing meals and feeding them. They had to drop out of school in order to take care of their sick parents and they never went back to school after the death of the parents. These children reported that they had to stop going to school because they had to take care of the households and their younger siblings. Those attending school said they were experiencing difficulty in focusing on their own schooling because most of the time they are tired and hungry.

The children started grieving before the death of their parents and the tragedy of losing parents left them with a feeling of helplessness and hopelessness. The children said the situation of their parents’ illness filled them with fear and were always afraid that the parents would die. They said that the loss of their parents produced intense feelings of loneliness, emptiness and they were scared all the time. They feel that life could have been different had their parents still be alive. Children in CHH feel that death forced them to take responsibilities that they were not ready for. The children are in so much emotional turmoil that they long for their deceased parents.

CHH suffer from stigma and discrimination within the community especially those suspected or known that their parents died of AIDS. They said that they are neglected
and ignored by their peers and adults. Also, that they have no friends because they are
too busy fending for themselves and have no time for anything else. The children said
that in the community they are known as “children whose parents have died.” This
labeling fuels the stigma and discrimination. The children lead a generally unhappy
existence and feel that they are being neglected by their extended families. They feel
that the extended family ought to do more for them in terms of moral and material
support. Those leading households reported that they are no longer treated as children
but as adults. They indicated that some community members expect them to work hard
in order to care for the younger siblings. They no longer have time to play. Some
children however said that people help them especially when it comes to working in the
fields and giving them food handouts in the form of relish. Two of the households
reported that members of their extended family do take in siblings when they fall sick to
their homesteads to care for them in order to lessen the burden on the head of the
household.

What makes the lives of these children even more difficult is that they are laughed at
and ridiculed by their peers because of their poverty. Those attending school said that
they are bullied and mocked by their schoolmates and that when something is stolen in
class they are blamed for it. The children said that this affects their performance in class
negatively.

Heads of child headed households feel frustrated and helpless when they and their
siblings are bullied because of their situation. They said they also feel that they are
letting their siblings down when they are unable to provide food, educational
requirements and having their siblings treated when they are sick. The household heads feel they can no longer go back to school because of the responsibilities they have. They said all their time is consumed by fending for their younger siblings and running households and they therefore do not think about going back to school. They however wished that the younger siblings could work hard at school and continue with their education and have a better future so that they would in turn help them.

The children expressed that they fear for their own safety when living alone. The majority of them reported that when they started living alone, they could not sleep at night fearing that something bad might happen to them while sleeping.

Sixty percent of the children reported that they are unfairly treated and feel exploited when they do casual work for their neighbours in exchange for food and money. Some neighbours do not pay them and others pay less in relation to the tasks they would have done. However, others (forty percent) were happy about the kind of assistance they were getting from their neighbours and the extended family.

A major concern for the children is food. Many feared that they would starve to death because they sometimes slept without having eaten a proper meal. They were hoping that there would be enough rainfall for a bumper harvest and also wished that Care International would provide food on a regular basis. The children feel that the community should visit and encourage them, give them guidance and teach them how
to handle various situations that befall them even if they were not able to offer material support. Children needed help in the repairing of their homes and household chores like fetching water and firewood.

Although CHH are coping on a daily basis at a superficial level, they are overburdened. They do not have time to relax and enjoy being children. They seem to have lost hope for the future. Very few felt that they would have a better future because of their poverty, the problems they face at school and a threat of dropping out of school because of no school fees. The children have greater need for affection, love and a sense of security.

4.6.1 The heads of child headed households and the ZNOCP

The heads of CHH were not aware of the existence of the ZNOCP. The children reported that the policy does not have any impact on their lives. They said that they are not receiving any medical or educational assistance from the government. Instead they are having problems in being enrolled in schools and getting registered for national examinations because they have no birth certificates despite the policy mentioning that the government will facilitate birth registration of orphans and put in place appropriate regulations to specifically address this problem. This does not seem to be happening. The children said that it is difficult for them to acquire birth certificates as stated above.

When told about the child welfare forum which is supposed to look into their needs, the children indicated that they did not know anything about it. When asked about getting priority in accessing proceeds from social safety nets such as drought relief and public assistance, the CHH said that they were not receiving such help from the government.
The children indicated that they get priority when NGOs come to distribute food and farming inputs in the area. They said the kraal head makes sure that they are the first ones to get their share.

The CHH are not aware of this policy that is supposed to protect them. Their view is that since they will not be able to go to the government offices, it would be better if the government officials would come to their villages to talk to them about the services available and how to access them. They feel that it would be good for them if the government could meet their educational needs like school fees, uniforms and stationery since they are not able to raise the money on their own.

4.7 Roles and views of stakeholders on the plight of CHH

4.7.1 The extended family and the community

The extended families have the traditional role in the care and protection of orphans. While this unit provides support in terms of looking after orphans, it has been overburdened by the AIDS epidemic with the result that they are unable to take their relatives' orphaned children into their homes. The extended family is becoming more and more less able to contribute in cash or kind to the destitute CHH. The situation in the extended family shows that they are living in dire poverty. Three out of the five extended families were headed by widowed women, while two households had both husband and wife alive. All families were large. The smallest family had seven children.
while the largest had twelve children. These families are taking care of their grandchildren some of whom are also orphaned.

Four heads of the extended families were not formerly employed while one was said to be employed in Harare, but the wife did not give details about the nature of his job. Those unemployed depended on subsistence farming as their means of livelihood. Those with cattle among them were hired by other villagers to plough the fields for them for cash. Two of the females were involved in vending at the shopping center and they sometimes go to Masvingo town to sell their wares. They were also involved in casual work for the well-to-do neighbours and at commercial farms.

Asked why they did not take children in CHH, four households reported that they could not do so because of the economic situation they were in. They said things were tough for them and that they are too poor to have “extra” mouths to feed on a daily basis. They said that even if they worked hard in the fields, there was never enough for themselves, let alone to feed children in CHH. Members of the extended families stated that they wanted to do so much for the CHH but because of financial constraints, they gave first preference to their own biological children and those living in their households. They expressed concern over the welfare of children in the CHH and said they helped them whenever they could with food, stationery for school, and second hand clothing. They also helped children with ploughing, planting, weeding and harvesting crops. They do take in those children that fall sick and even take them to the nearest clinic for treatment. They indicated that they offer moral support by visiting CHH regularly, some on a daily basis to monitor their situation. They also offer guidance and advice where
necessary. Only one head of the extended family stated that he did not want anything to do with his deceased brother’s children because of the bad relationship between them before the brother died. He said that the deceased brother and his family accused him of witchcraft while it was clear that he was suffering from AIDS.

In terms of the community members, the view is that the CHH are very well behaved orphans. Some commented that they were quiet, careful and were sometimes exploited because of their situation. A few however, said that children in CHH households showed delinquent behavior in the form of stealing, being rude, disregarding the elders and running away from their homes and going to towns or cities. The kraal head stated that members of the community did not care much about the children. He indicated that people have too many problems of their own to take notice or to help. He however stated that the community leadership does make efforts to reinforce supportive behavior towards the children. The influential leaders sometimes make efforts to find suitable adults willing to look after and to supervise the children. He reiterated that some members of the community give the children work in their fields and homesteads in exchange for food, money and ploughing the children’s fields. Neighbours also give food and clothing to children living in CHH as well as visiting them to monitor their situation.

Both the extended families and the community expressed fear for the children’s future. They stated that the children’s future looks bleak because of their failure to access education and also that the children’s lives will not improve for the better unless the government prioritized and acted urgently to help them. They felt strongly that the
children’s health is under threat due to malnutrition and the adult duties that they perform.

Community members gave consistent testimony to the occurrence of discrimination and stigmatization against CHH. The discrimination, they claimed, stems from the traditional belief that a family which encounters many deaths is cursed and from the stigma attached to AIDS deaths. The extended families and the community expressed their concern over the situation of the CHH. They stated that there is need for training the CHH and the community at large in order to address the plight of children in the CHH.

4.7.2 The government

According to the ZNOC, the overall responsibility for the policy and its implementation lies with the government through the Social Services Department in the Ministry of Public Service, Labour and Social Welfare. The department which serves Masvingo Rural District is located in Masvingo town and this makes it difficult for the CHH in the rural areas to access the services provided. The office is supposed to have three social workers (probation officers) but there was no social worker in the office. The office is being run by a social welfare assistant who is not qualified to handle child welfare issues. The acting provincial social services officer alluded to the fact that there is high staff turnover of social workers in the department, that the government ended up employing those with other social science degrees to fill the vacancies. These however
did not stay long in the department as well because of poor working conditions and poor salaries.

In order to meet the children’s right to education, the government put in place the Basic Education Assistance Module (BEAM). This facility is there to pay school fees for orphans but it does not cover other school requirements like uniforms and stationery. The provincial services officer stated that the budget was limited and does not reach all orphans in schools. This however is applicable to government schools only. The officer said that the money is usually disbursed later in the year and that by the time it reaches the schools it is worthless because of the hyperinflation in the country. He said sometimes the money does not come at all.

The social services department meets the children’s health needs by the provision of the Assisted Medical Treatment Order (AMTO) which allows the orphans and indigent people in general to be treated at the government hospitals with the costs met by the department. These AMTOs are accessed when a person visits the department’s offices. The applicants are assessed by a social worker and if they qualify they are issued with the document. This service is inaccessible to children in the child headed households in rural areas who have to travel to town to apply for these. Children are not allowed to apply for this document on their own. They require an adult with a national identity card which shows that he or she is related to the orphans to make an application on their behalf. This is very difficult for the children because they will need money for transport for themselves and an adult to travel with them to town. The officer said that this service
was becoming problematic for the children because the hospital no longer accepts the
documents but wants cash upfront because the government was failing to pay the
hospital for the services.

According to the provincial socials services officer, it is the government’s role to remove
children in need of care from abusive situations to places of safety. CHH households fall
in that category. Social workers (probation officers) first have to assess the situation of
the CHH and if their situation is risky, they are removed from their homes to ‘places of
safety’ which are usually institutions or other families. In Masvingo Province, there are
no government institutions and safe homes for children, there are only two registered
private children’s homes. The government official said these homes are operating
beyond their capacity because of the high orphan prevalence in the country. He further
said that it is difficult for them to carry out assessments in the communities and to do
home visits because the department does not have transport and the necessary human
resources needed. The social workers also offer counseling services to the CHH but
only those children who are able to travel to their offices get this service.

The officer expressed great concern over the situation of CHH especially with the
government’s inability to make a positive and meaningful impact on their lives. He said
that the failure by the government to meet the needs of children in CHH is a
catastrophe. The future of these children is bleak unless the government takes their
plight seriously. He said that the government should take a leading role in ensuring that the basic rights such as food, education and health are met. Children in CHH should get first priority in accessing these basic needs. He suggested that the government should empower the CHH and the community with sustainable livelihood projects which will help in the eradication of material problems faced by CHH.

4.7.3 Non Governmental Organisations

According to The ZNOCP, NGOs are there to complement government efforts in the care and protection of children. In Zimbabwe, the role of NGOs in the protection of children has generally become very significant given that state interventions have become very limited. In Masvingo Rural district, an international organization, Care International, has taken a leading role in the care and protection of CHH. This organization was involved projects for orphaned children in the form of relief and long term projects. The relief came in the form of food handouts, clothing, school fees and stationery for orphaned children. The long term projects involved farming whereby CHH were given inputs such as maize seed, millet seed and fertilizer for crop production. The children were also involved in gardening where they grew vegetables for consumption and for sale.

An official from the organization however stated that their efforts were disrupted, starting from 2004 when the NGO Bill, which came as a result of the bad relations between the
government and the civic society, was passed through parliament. Though the Bill was not signed by the president as law, persecution of NGOs was rife in Masvingo. Care International was accused of distributing substandard sorghum seed and its operations were suspended. Some officials from the organization were arrested on the allegation that they were using food distribution to campaign for the opposition political party. The official reported that since 2004, their services to the children have been irregular and the ban on NGO operations prior to the June 2008 presidential elections is detrimental to the lives of children in CHH especially when it comes to their food security.

The official further remarked that children in CHH were carrying a burden which was ‘too big for their young shoulders.’ He explained that the day to day suffering of children with basic needs such as food, health and running of households was detrimental to their physical and emotional health. Children should be afforded their rights without having to struggle or work for them. He further said that communities and the extended families should be made to realize their role in helping CHH. The official was concerned with child labour where children had to work for their neighbours and farmers in order to get money and food for their survival. He stated that the children are depressed and overworked and that they need psychosocial support and regular counseling so as to avoid a ‘nervous breakdown’. He felt strongly that the government should prioritise the needs of orphans especially those living on their own regardless of the political and socio-economic conditions prevailing in the country.
4.7.4 Community Based Organizations

CBOs offer psychosocial support to children living in CHH. A women’s group known as Betseranai was formed by women in the community as a burial society group. The group started by visiting orphans whose deceased parents were members of their group but later on extended the visits to include all orphans in their community particularly those in CHH. They offer whatever kind of support they can, depending on the needs of a particular household. They offer support in the form of food, taking sick children to the clinic, assisting children with household chores, helping them in the fields and looking after those who are not yet going to school.

The chairperson of the group explained the day to day toils faced by CHH. She said that these children suffer a lot, they are depressed and are hopeless about their situation. She stated that the group would like to do more for the CHH but that they had limited resources to meet the children’s needs. It is the group’s wish that all children should attend school so that they can have a better future. The women are hoping that at some point in their struggles, they will be able to raise money for the children’s educational needs. They said that they needed financial resources to start projects for the CHH. They had peanut butter making and poultry projects in mind for income generation. The chairperson’s hope is that the government will help them with money for the projects. They were still awaiting a response from Care international for funding.
4.7.5 Faith Based Organisations

The Dorcas Ministry from the Apostolic Faith Mission in Zimbabwe offers help to children in CHH. The support comes in the form of food, clothing, counseling and spiritual support. The ministry collects food from members of the church especially maize meal for distribution to the CHH. The group started with orphans from their own church but they have now spread their services to all orphans in the community. The group mainly consists of women who move form household to household sharing the Word of God to the children. Their main message is that of encouragement and hope for the children. The group offers counseling, prayers and encourages children to pray about their situation. Members of the ministry teach and help children with household chores and also teach them how to run the households. The group sometimes holds children’s day at their church where they invite children from CHH to mingle and play with other children. The leader of the group stated that they realized that children in CHH were busy running households and did not have time to play and make friends. She emphasised that playing and mingling with peers will enable the children to forget about their adult roles and to become children again. The FBO is not sponsored and makes use of resources pooled from the church membership which consists of the struggling rural populace.

The group leader indicated that orphans are really suffering and that it is the duty of the group according to the Word of God to take care of orphans. The leader of the group
said that they need financial resources to enable them to start projects which will help in meeting the needs of CHH, especially in the area of schooling, health and food.

4.8 Views of respondents on the ZNOCP

4.8.1 The extended family and the community leadership

These two groups of people were not aware of the ZNOCP. Although one of the objectives of the policy is to support the existing family and existing community coping mechanisms in the area of orphan care. The feelings of these two groups are that they are failing to cope in their day to day lives and therefore they cannot help CHH as the policy says because of the difficulties that they are facing. They said that prices of commodities rise everyday hence making them unable to keep up with them.

Asked about the traditional scheme of Zunde raMambo which supports the needy, the kraal head indicated that the Zunde raMambo concept is good in that it ensures food security for orphans, however, that with the shortages of inputs like seed, fertiliser, and other farming inputs, the project has failed. They expressed the need for the government to provide resources like tractors, seed, fertilizer, and irrigation facilities in order to revive the project. The community leaders said that they cannot get any resources from community members because they do not have enough for such a big project.
4.8.2 The government official

The acting provincial social services officer indicated that the overall responsibility in the care and protection of children and the implementation of the ZNOCP lies with the government. He said that the emphasis of the policy is for children to grow up in their communities because it helps the children to grow up knowing the norms and values of their society and gives them a sense of identity. The official acknowledged that it is now difficult for the government to implement the ZNOCP due to high staff turnover of social workers and other government employees. The high turnover is due to poor remuneration and poor working conditions. The Child Welfare Forum is no longer in existence hence the structure is now dysfunctional. He stated that the socio-economic crisis has undermined the state’s capacity as the primary duty bearer for the realization of children’s rights.

According to the official there is need for a bottom up approach in assessing the needs of orphans and caring for them. The community needs to be trained for them to be able to meet the needs of the orphans. They should know what services are available for the orphans and where to go and whom to approach when there is need. He said that the government should raise awareness campaigns in rural areas for orphans to be taught about their rights, the services that are there for them and where to go to access those services. He said there should be projects which start at grassroots level and involve the community and that projects should not be imposed on the people. According to him, this will create a sense of community ownership and ensure continuity. The official
expressed the need for the government to recruit and retain social workers and to provide resources so that all orphans, especially those in CHH, will be reached by basic services that would make their lives tolerable. Asked about the Zunde raMambo project, the officer said that it would be very important in ensuring food security for child headed households and that it gives the chief the responsibility to care for orphans. He agreed that the government in partnership with NGOs should provide resources needed for the project.

4.8.3 Non Governmental Organisations

The official form care international stated that the major strength of the ZNOCP is its emphasis on the community based care of orphans. It clearly states the responsibility of the extended family and the community. He noted that this is good in helping the children to grow with a sense of belonging and identity compared to growing up in institutions. He however said that the extended family and the community no longer have the capacity to take care of orphans due to poverty and the high prevalence of orphanhood due to AIDS. The official said that the Zunde raMambo programme would be a noble idea in that it involves the whole community and its leadership in making sure that the children’s right to food is met. He said the government should provide resources for the revival of the project.
According to this official, the government has neglected its responsibility as the primary duty bearer in the care and protection of children. He also said that the government should create a conducive environment for the implementation of the policy.

**4.8.4 Community Based Organizations and Faith Based Organisations**

The CBO, Betseranai Women’s Group and the FBO, Dorcas Ministry were not aware of the ZNOCP. The representatives of these organizations said that it is important for the children to grow up in their community because this instills a sense of identity and that children will grow up knowing their roots. They said that the community is too poor to meet the needs of the orphans as stated in the policy. That the government and international NGOs should provide resources for development projects as this is the only way to ease the challenges faced by CHH.

**4.9 A comparative case study of the Slangspruit informal settlement**

**4.9.1 Introduction**

This study was carried out for the Built Environment Support Group, an NGO working with the poor and vulnerable groups around housing issues. The organisation aims to ensure equitable access to housing opportunities. The organisation’s concern is that the housing subsidy by government is only available to those who are twenty one years of age and above and that the South African housing policy has no provision for children to own property unless a property trust is set up to safeguard the interests of the minors.
With the current challenges of high death rate due to chronic illnesses and adult deaths, there is a rise of children living in CHH who are either denied access to shelter or deprived of their rights to shelter. This necessitated the study on the lives of these children. This study was presented for peer review and published by the Centre for Civil Society.

The objectives of the study were to assess the impact of HIV and AIDS on the lives of CHH, to understand the extent of their problems and their survival strategies and to come up with solutions to the problems faced by CHH so that the children can be able to enjoy their rights.

4.9.2 Methodology

The study was carried out in Slangspruit an informal settlement which consists of slums on the western side of Pietermaritzburg, KwaZulu Natal, South Africa. The research methodology employed consisted of both the qualitative and quantitative approaches. The research involved meetings with focus groups and in-depth interviews. Meetings were held with three NGOs, four councilors, two metro housing officials, four community structure leaders, two caregivers and thirteen children in CHH. A collective interview was held with councilors and housing department staff in order to establish their perceptions of the CHH. A meeting with caregivers was held in order to establish a framework of existing problems. Focus groups were held with twenty community people living with the CHH to understand more about their livelihoods. The other focus group consisted ten CHH, five with children aged between seven and thirteen years, with the other five aged between fourteen and eighteen years. In-depth interviews using open
ended questions were administered to individual CHH to get their histories and life experiences. Interviews were also carried out with four councilors from four different wards to find out whether there were common problems in the different areas.

4.9.3 Findings: Survival strategies to access basic needs

4.9.3.1 Shelter and clothing

The research found that children consider the houses they were brought up in and cared for by their parents before their deaths as their rightful homes. The CHHs indicated that the houses they lived in belonged to their mothers or aunts and that they lived there for about five years. The children did not know about the legality on property ownership and there are instances when children lose what they called their rightful homes. It was also found out that the houses belonged to those who signed ownership documents and not to the children of the deceased. The study established that children cannot own the house and the guardians or relatives who promised to take care of the orphans eventually sold or rented the houses and children ended up living on the streets. The study also found out that children were happy to live on their own rather than relatives who abuse them. The difficult problem is that there are no laws that protect and safeguard the property of CHH in South Africa.

On clothing the study found out that CHH got clothing from relatives, neighbours, friends and other charitable people.
4.9.3.2 Food

The children got money for food and other needs by doing piece jobs. Some relied solely on their grandparents’ pension and their neighbours. To get food, the research found that the children sometimes go with relatives to the Central Business District to places such as bakeries to collect unwanted bread or shops to collect food that is thrown away. The children also got food by begging on the streets and also begging from neighbours. Some of the children who go to school depend on the meals they get from the schools. Impumelele Primary School has a food aid project called ‘Soup Kitchen’ which gives food to orphans and children coming from poor families. The study however noted that some of the children in the community do not know about these programmes and how to access the services.

4.9.3.3 Education

The majority of orphans in CHH do not go to school and do not know about the government’s free education for children from poor families. Those who go to school depend on the money they get from a sibling who does piece jobs or from charitable people. The study found that those who do not go to school said there is no one working in the family or no one had offered to send them to school. Some children dropped out of school to look for jobs in order to support the younger ones. The study also found that boys do piece jobs after school and during holidays.
4.9.3.4 Health

Out of the thirteen interviews with the CHH, it was found that eight of them are living alone as a direct result of parents dying of AIDS. In the same vein, deaths of children under five years of age was attributed to AIDS due to mother to child transmission of HIV. The research found that members of the households do not know what to do when someone falls ill in the family especially because there is no money in the house. When someone falls ill he or she goes to the clinic, asks for painkillers from neighbours or remain at home until they recover from the illness.

4.9.4 Birth registration and access to grants

The study points out that it is a legal requirement to produce a birth certificate and or an identity document to access any form of social assistance from the state. However, the majority of the children interviewed do not have birth certificates or identity documents. A girl who got a job at a supermarket could not be registered as a permanent employee because she does not have an identity document. The study found out that when the children go to the department of Home affairs to obtain identity documents, they are asked to come with an adult relative or bring the death certificates of their parents. The children reported that their relatives are not interested to assist in these cases and the children usually do not have money to collect their parents’ death certificates. Social workers and the department of home affairs require proof from people who claim to be foster parents or guardians of orphaned children. Prospective caregivers face problems
when they apply for grants for children who do not have birth certificates or identity documents. Because of no identity documents, it is difficult to apply for assistance such as the Child Support Grant and the Foster Child Grant for orphans hence orphaned children lose out. The study also found that the majority of the children do not benefit from grants because most of them do not know of such grants and how to access them. Some children are used by unscrupulous relatives, caregivers and the community members as a means to get government grants which in the end do not benefit the children.

4.9.5 Sexual Behaviour

The research found that the children from CHH are sexually active and girls fall pregnant which is an indication that they do not practice safe sex or go for family planning. The teenagers between fourteen and eighteen years of age said they do not use condoms or go for HIV testing. Some girls use sex as a means of survival and to be able to get something to eat. One eighteen year old girl indicated that she depend on the money she receives from her boyfriend for child support, but this is not always the case as another girl aged sixteen said her boyfriend hits her when she asks for child support.
4.9.6 CHH paying for services

According to the study, people in Slangspruit do not pay for water because they are poor. The government provides six kilolitres of water to low cost housing. In terms of energy, CHH who have prepaid electricity indicated that they use the money from their boyfriends or piece jobs for electricity.

4.9.7 Conclusion and recommendations

The study came to the conclusion that the number of CHH is increasing and there are many challenges faced by these children. It found that not much has been done to look after the lives and well being of the CHH. The study recommended that the South African government ought to establish a trust for housing until the age of eighteen when the children are able to take ownership. The study also recommended that in terms of social security, the government must make sure that it provides services and support directly to CHH since minors are unemployed and therefore cannot be expected to pay rates. There is need to extend provision of other basic services as well. The study also recommended that the government makes policies that will safeguard the well being of orphaned children in CHH.

5.10 Conclusion

The study used both the qualitative and quantitative research approaches. Questionnaires were administered to the target population which comprised of five heads of child headed households, five heads of extended families, five community leaders and one government official. Stratified random sampling was used to pick the
participants. The research found that of the fourteen children living in the five CHHs, eight were girls while six were boys and their ages ranged from five to seventeen years. The study showed that the parental role falls heavily on the girl child. CHH face challenges in their day to day lives to meet basic needs such as food and nutrition, education, water and sanitation, shelter, clothing, material and labour resources, cash income and birth registration. The children have adopted various coping strategies to overcome these challenges. The study found that the children are not aware of the ZNOCP hence it does not have any impact on their lives. The children suffer emotionally and their distress started when their parents were sick and eventually died. They suffer from stigma and discrimination from their peers and the community at large. Heads of CHH are losing their childhood due to this responsibility which was prematurely thrust upon them. The study found that the material assistance given to the CHH by their extended families and the community is limited because of poverty. Also, the government is not doing anything in the implementation of the ZNOCP. The children get assistance from NGOs, CBOs and FBOs but the help is inconsistent. A comparative case study of the Slangspruit informal settlement in KwaZulu Natal in South Africa shows that CHH are facing the same challenges in terms of having their basic needs met and the failure by their relatives and communities to assist them.
CHAPTER 5

ANALYSIS OF THE ZNOCP

5.1 Introduction

This chapter presents the analysis of the ZNOCP in relation to the social security needs of the evolving structure of the CHH. It will focus on the positive and negative points of the policy and how they are affecting the day to day lives of children in CHH.

5.2 Origins of the policy

The most important factor of the policy is that it specifically deals with the issues of mass orphanhood. The policy came up after assessments and studies on the situation of orphans in the country. This policy came up after the realization by the government that despite several pieces of legislation relating to the children’s issues, there was no legislation which specifically addressed the issues of orphanhood. The government looked at the approaches to orphan care that were there at that time and their strengths and weaknesses. This enabled policy makers to come up with a policy that was relevant for the orphans at that particular time. The government did not only look at the cultural context of Zimbabwe in the formulation of the policy, but also the international trends in
child care and protection hence the incorporation of the UNCRC and the ACRWC. The intention was to provide care and protection to orphans which met the country’s cultural context as well as international standards for the good of the children.

5.2.1 Objectives of the policy

The objectives of the policy shows that the government wanted to make the lives of the orphans easier. This is shown by the inclusion of various stakeholders in the pooling of resources for orphans and making the orphans aware of their rights. This shows the intention of the government to involve everyone in protecting orphans. The objectives were formulated based on the principles of the United Nations Convention on the Rights of the Children and the African Charter on the Rights and Welfare of the Child which include the best interests of the child; survival and development; name, nationality and identity; child participation and protection of the child without a family. Through these the government came up with a policy that is not separated from the cultural beliefs of Zimbabwe and the general trends happening at the global level. This was intended to meet the rights of orphans. Despite the good intentions of the government, these basic principles are not having an impact on the lives of children living in CHH as discussed below.
5.2.1.1 The best interests of the child

The policy states that in all actions concerning children, the best interest of the child should be of primary consideration according to Article 3 of the UNCRC. The state should ensure that protection and care is necessary for the child’s well being. This is not so for the children in Masvingo Rural District. The best interests of the child are not being realized as the children toil on a daily basis in order to meet survival needs on their own. The children have to work hard in order to put food on their table, to go to school, access health facilities and to obtain clothing and blankets. Government economic reform policies of ESAP do not make the lives of children easy. ESAP came with the introduction of user fees for basic services such as education and health which used to be free and subsidized by the government after independence. The government’s imposition of user fees barred easy access to education for thousands of children from poorer households especially orphaned children. Their right to education is greatly violated.

User fees also affected the health sector. According to Saunders (1996), expenditure on health declined by 39 percent from 1994 to 1995. The government’s enforcement of a user fees system erected barriers to health care for poorer social groups who are most in need of health services. Rural clinics and hospitals have collapsed under the weight of cutbacks and imposed self reliance. Thus the children’s right to health is violated as orphans cannot afford hospital fees.
5.2.1.2 Survival and development

Through the ZNOCP, the government committed itself to protect children from harmful situations that threaten their lives. This however is not the case for CHH. These children’s survival and normal development is under threat because of the poverty they are in. The children are malnourished and are almost always hungry due to lack of nutritious food. The orphans’ right to food is greatly violated. This threatens their survival and development because without food life becomes unbearable. This supports the assertion by Dyk (2005) that orphaned children suffer more frequently from malnutrition and illness and that in most cases they live without basic human rights and dignity. The children’s failure to access health facilities poses danger to their survival and development. The orphans in CHH live on their own and anything harmful can happen to them because there is no adult protection for them. The adult duties which children in CHH are forced to perform are also detrimental to their happiness and development. The case study by Kuzwayo and Tsekelo also showed that the challenge facing CHH in the area of health food is also a serious issue because of poverty. CHHs in the Slangspruit area of South Africa also have to struggle on a daily basis for food and access to health as their Masvingo counterparts.
5.2.1.3 Name, nationality and identity

According to the UNCRC, every child has the right to feel the pride of being identified as a particular person by name, family and nationality (Article 6). The ZNOCP gives the obligation to the government of Zimbabwe to ensure the birth registration for orphans and to put appropriate regulations to specifically address this problem. By this, the policy intended to make sure that every orphan’s birth is registered without hassles to enable them to access basic social services like education and the public assistance grant. The government wanted to instill a sense of belonging and identity in the orphans. The CHH situation is very serious when it comes to birth registration. Most of the children do not have birth certificates and obtaining them is very difficult. The Registrar General's office which issues such documents has requirements that are difficult if not impossible for CHH to meet. They require that an adult applies for the children and should go with three witnesses. Also the parents’ death certificates have to be produced. It is difficult for the children to get these witnesses and to pay for their transport to travel to the offices in order to obtain birth certificates. None of the children in CHH had their parents’ death certificates and acquiring them also needs witnesses. Thus the policy has failed to meet the children’s right to education and other services. The study of the CHHs in Slangspruit also reflects the same problem that children face in accessing identity documents. This makes the lives of these children difficult as they fail to access the basic social services and the grants that are provided by the states. These children as their counterparts in Masvingo were not aware of the services that are available for them and how access them.
5.2.1.4 Participation

The UNCRC states that orphans must be allowed to express their opinions freely in all matters that affect them (Articles 12, 13, 14, 15 and 17). The child should be provided with the opportunity to be heard in any judicial and administrative proceedings affecting the child either directly or through a representative. The policy states that the government will promulgate clear inheritance laws and regulations which will prioritize the importance of all orphans to benefit from their parents’ estates all the time and safeguard their interests. The policy intended to protect orphans from property grabbing by greedy relatives so that the children would inherit their deceased parents’ property.

In the case of orphans in Masvingo, children’s voices are not being heard. Some CHH lost the property (cattle, ox-drawn carts and household utensils) which was left by their parents to their greedy uncles and aunts. This confirms the International Alliance on AIDS’s assertion that children are deprived of their parents’ estate due to traditional African practices. The children have nowhere to report these as the Child Welfare Forum is no longer there at the village. In the same way the children in Slangspruit are facing challenges in keeping their parents’ estate. The homes they live in do not belong to them since they cannot sign home ownership documents as they are minors and there is no law to protect them. These children sometimes are thrown into the streets when their unscrupulous relatives sell or rent out their homes.
5.2.1.5 Protection of a child without a family

Article 20 of the UNCRC states that a child temporarily or permanently deprived of his or her family environment or in whose own best interest cannot be allowed to remain in that environment shall be entitled to special protection and assistance provided by the state and taking into account that child’s cultural background. The government adopted this in the ZNOCP stating that such children should be taken care of in their communities and should get priority in the distribution of social safety nets. The policy also states that the head of a CHH is authorized to make applications on the sibling’s behalf. The government’s intention was to ensure that CHH households will not lose out in social services it provided. However, the reality is that these children are living on their own without government protection or assistance. The government is keeping a blind eye to the plight of CHH. Safety nets provided by the government require that applications be lodged by adults who have national identity cards and thus leaving children in dire need as they are still minors. Children cannot apply by themselves because most of them do not even have any form of identity. It is also the case for children in Slangspruit, the grants that are there for them also have to be accessed through their adult relatives. These children sometimes are used by these relatives to get money which will not help them as it would be spent by those relatives.
5.2.2 The six-tier safety net system of orphan care

The policy has a community based safety care system for orphans. It states that the child belongs to the biological nuclear family, but if the nuclear is not there, to the extended family and then to the community. Formal foster care and adoption are also encouraged where the first three fail. Institutionalization is considered as the last resort after the failure of the first five. This community based care is important in that orphans are raised in their environment where they grow up being aware of how to behave and with the knowledge of the norms and values of the society. The government intended for the orphans to be cared for by their relatives who would give them a sense of belonging and identity and knowing their roots. These good intentions do not seem to apply to the situation of the children in CHH. These children are neglected and are suffering despite being in the community and closer to their relatives. The extended family may have a traditional obligation to assume responsibility of orphaned children but the commitment of the general community who are not blood relatives of the orphans is not strong. The extended family and the community are failing to cope due to economic hardships. The persistence of the challenges faced by CHH is an indication that neither the extended family nor the community is effectively intervening. These hardships were compounded by ESAP which reduced the standard of living for most Zimbabweans. ESAP came with retrenchments which led to the impoverishment of the working class and the rural folk. The assertion by Gibbon (1995) that the high increase of poverty is greatly associated with the ESAP period since the people experienced hardships because of unemployment, chronic underdevelopment, a rise in the cost of
living and a decline in real incomes strongly supports the failure of extended families and communities to care for orphans. Poverty makes life for the CHH very difficult because their relatives are failing to take care of their own children, let alone the orphans. The community is unable to regularly assist children in CHH.

The community based care for orphans is facing a great threat due to the AIDS pandemic. The traditional support structures have been greatly weakened due to the impact of AIDS. The children are living in a weakened society where productive adults have died or are dying. Even though the extended family network is still considered the best institution to respond to the welfare of orphans, the scourge of AIDS has rendered the network almost redundant. The study of Masvingo rural district shows that the extended family and the community are facing challenges in helping CHH. Although the government has stated in the policy that it will help the extended family and to strengthen existing support mechanisms, it is failing to do so. In the area understudy, the community is not receiving any support from the government in order for it to care for the CHH. The state has created a disabling environment and the people in the community are failing to cope in their day to day lives. In Slangspruit, the study revealed that the majority of children were orphaned due to AIDS. The hyperinflation and the economic meltdown due to policies like ESAP have impoverished the community to the extent that is difficult for the extended family and the community at large to take care of their children, let alone taking care of children in CHH. It was also revealed by the study
in Slangspruit that the community were CHHs are living in is poor that it is unable to significantly help these needy children.

Asked about the traditional scheme of Zunde raMambo, the kraal head indicated that the Zunde raMambo concept is good in that it ensures food security for orphans, however, with the socio-economic challenges facing the country, the project has failed because of lack of resources. He expressed the need for the government to provide resources like tractors, seed, fertilizer, and irrigation facilities in order to revive the project. The community leaders said that they cannot mobilize resources from community members because they do not have enough for such a big project.

According to Mafico and Mushunje (2007), support systems that were once vibrant and readily available have been slowly eroded and turned into dysfunctional and costly systems which marginalize the most vulnerable. The African kinship care system that would have absorbed children without parents into communal life can no longer be relied upon to do that function. Children are now forced to live in CHH without adult protection and supervision. They are forced to perform adult roles and responsibilities thus losing their childhood. The extended family has been overstretched and too poor to provide for orphans. The devastating impact of AIDS, coupled with deepening poverty has greatly increased the vulnerability of CHH.
5.2.3 The child welfare forum

The ZNOCP came up with the child welfare forum whose major role is to provide advisory services to the Ministry of Public Service, Labour and Social Welfare. This forum was formed form the national level down to the village level. Its membership constituted various stakeholders in child care and protection. Members were drawn from government ministries, the private sector, NGOs, the local government, CBOs, chiefs and village heads. The provision of the child welfare forum was meant to meet the needs of orphans at various levels with the village level members identifying the challenges faced by orphans and how to overcome them. This was a noble idea because the needs of orphans were easily identified and attended to. This forum is no longer in existence. It operated for less than a year. The problem was a high turnover of government employees, especially in the social services department which chaired the forums. Members left for greener pastures in other countries because of poor salaries and the deteriorating standards of living in the country. There was no continuity as members needed to be replaced time and again. It became difficult for the CHH to have their voices heard and their needs met. The study in Slangspruit established that there are no structures at community level that look at the needs of CHH and address them.
5.2.4 Weaknesses of the policy

The major weakness of the policy is the section on the estimation of financial implications on the care of orphans to the fiscus. The budget for the school fees and uniforms was made for 300 000 orphans in primary school and 300 000 in secondary school using the Zimbabwe dollar for the period after the policy formulation in 1999. The figures for both the numbers of orphans and the amount of money needed are no longer useful. The number of orphans has according to the National AIDS Council, risen to 1,3 million due to AIDS while the financial needs have risen as a result of the hyperinflation due ESAP. The budget only covered the right to education but ignored rights to health, clothing and accommodation. This provision was never effected for CHH in Masvingo. The children are living in poverty and their basic rights are being violated.

5.3 The impact of hostilities between the state and NGOs

Sub-Saharan Africa seems to host most of the world’s renowned NGOs and Zimbabwe is not an exception. Post 2000, Zimbabwe has faced some of the worst humanitarian crisis ranging from the ravages of HIV and AIDS, poverty, diseases and general marginalization of the population in policy formulation. To this end, the NGOs have played an important role in bridging the capacity gap that has arisen because of the failure by the government to meets its social obligations to the general people of the
country. Political interference by the state on the operations of these organizations has had fatal consequences whose ripple effects will take years to heal.

Zimbabwe has had a proliferation of NGOs over the past few decades. Mushunje and Mafico (2007) noted that the state has increasingly failed to meet its obligations in child care and protection hence additional interventions have been offered by NGOs as they have increasingly become major players in child protection issues. While these organisations have aided in the development processes, their impact has started to melt down. The slowdown is largely attributed to the melt down in their relationship with the state. In the 1990s Zimbabwe had a cordial collaborative relationship with NGOs, when the country’s governance and service delivery capacity was reaching its peak. Lately, since 2004, the state has developed retrogressively sour relationships with civil society. Recent years have witnessed proliferating efforts by the government to restrict the space in which civil society organizations and democracy assistance groups operate.

The genesis of the sour relationship between NGOs and the government came as a result of poor governance on the part of the government to which NGOs raised their concerns. This did not go well with the government which reacted by drafting an NGO Bill which sought to regulate and limit the operations of NGOs. The government was suspicious of civic organizations accusing them of trying to buy votes for the opposition party. The NGOs were frustrated by the treatment they got from the government which led to the scaling down of their humanitarian operations. The scaling down of operations
was really detrimental to the children in CHH. The support they are getting from NGOs has become erratic and this has caused them to lose out especially on their education and food security.

The situation got worse when on the 3rd of June 2008, the government decommissioned the operations of NGOs prior to the disputed re-run of elections. The activities of NGOs were completely halted irrespective of the kind of operations they were involved in. The government was accusing them of using food distribution to buy votes for the for the opposition party thus undermining the government. There was a serious problem for the children. Their right to food and nutrition was violated. The ban on food relief coupled with the drought that year had serious repercussions on food security for CHH. Children were surviving on wild fruits and hardly had proper meals. Maize meal was really scarce even for people in the community. Also, the children’s right to education was seriously affected. They were no longer going to school because of hunger. Teachers were also on an indefinite industrial action due to poor salaries and many of them had fled the country or abandoned their jobs.
5.4 The Incremental Approach, Neoliberalism and the ZNOCP

Social policy in Zimbabwe took the incremental approach to policy making when the government gained independence in 1980. The government took a populist approach in extending social policy to the previously marginalized black majority. This however did not work in that the gap between the rich and the poor and that between the blacks and whites widened due the reformist nature of social policy in the country. This approach has led to the reinforcement or development of socioeconomic inequalities in the country. Incrementalism has entrenched existing economic differences leading to more marked patterns of stratification based on differential access to new technology and other facilities in the country. It has not addressed or affected the prevailing maldistribution of resources. Orphans in the CHH are very poor and are struggling to meet basic needs on their day to day lives. They do not have access to the services that according to the ZNOCP are supposed to be available for them.

According to Monyai (2005), the context of social policy should be informed by the country’s development objectives that address social needs and principles espoused in policy formulation. This should inform the translation of policy principles into practice, that is, programme design and implementation. This brings in the question on whether the ideas of those who make and influence policy are in congruence with the social realities in the environment in which these policies have to be implemented. In the case of the ZNOCP, the state has distanced itself from the implementation of the policy to
meet the needs of orphans. The policy does not come out with clear strategies on how to effectively meet the needs of orphans. There are no resources channeled to meet the needs of the orphans despite the role of the state as stated in the policy. The state has created a disabling environment for the proper implementation of the ZNOCP.

As time progressed after independence, policy formulation in Zimbabwe tended to be shaped by the neoliberal school, which is based on the microeconomic theory of the market. According to this perspective the current approach to development, particularly in Africa, is a macroeconomic problem viewed as a monetary phenomenon resulting from excessive government spending and misguided internal policies. The state is seen as the executor of discriminatory policies in favour of self-interest groups upon whose support it depends. The best way is therefore to put strict limits on state activities. This view asserts that the state does not optimize the welfare of society and that it does not have the autonomy to pursue correct policies. In the case of the ZNOCP, there is an outline of what the role of the state is in the care and protection of orphans. However, on the implementation level the state has failed to meet its obligations. It has relegated itself to a backbencher and has given the responsibility to the community which has been impoverished by the ESAP and weakened by AIDS that they cannot take care of CHH without assistance. This brings the assertion by Dashwood (2000) that Zimbabwe’s strategy in policy making evolved from the one that gave primary emphasis to equity and meeting the needs of the poor to one which evinces a declining commitment on the part of the ruling elite to the welfare of the poor. Thus the
government’s commitment to provide social security for the poor waned as time progressed after independence.

The neoliberal model of development has had such an impact on social policy in Zimbabwe. The market approach presents a distorted concept of policy formulation which requires compliance with the rigidly set parameters of market supply where the state has heaped the responsibility of welfare provision to the communities. It is therefore questionable if policies made on the minimalist state intervention can address the prevailing plight of orphans. There is need for deliberate measures by the state for comprehensive social policy aimed at uplifting the standard of living of orphans and making sure that their basic needs are met.

5.5 Conclusion

The ZNOCP has failed to impact on the lives of children in CHH. Despite the good intentions of the policy to ensure that the rights of orphans are met, it is not so for CHH. The implementation of the policy has failed due to ESAP and HIV and AIDS. The ban on the operations of NGOs by the government has made the lives of orphans in Masvingo rural district unbearable especially on food security. The neoliberal approach to economic reform which is based on the incremental approach to policy making has made the government to distance itself from the care of orphans and to legislate that the extended family and the community be responsible for orphans. The community is however unable to successfully undertake this task because of the disabling
environment created by the government. The findings of this study and the case study of the Slangspruit area in South Africa is evident that AIDS orphans are suffering the same fate in terms of shelter, birth registration, knowledge of where to access government aid, education and health
CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The Convention on the Rights of the Child adapted in 1989 by the UN and ratified by Zimbabwe in 1990, states that every child has the inherent right to life and that states shall ensure to the maximum, child survival and development. The Convention further states that humankind owes the child the best it has to give. Zimbabwe based its orphan care policy on the basic principles in child care and protection as stated in this convention. Despite this noble declaration, millions of children are suffering as a consequence of neglect by the wider community. Whenever there is a crisis, be it economic or political, it is the livelihoods and general welfare of children that have been most threatened, particularly orphans and other vulnerable children including those living in child headed households.

In the case of Zimbabwe, much national attention and concern over the issue of child welfare has been generated since independence in 1980. Social policy was extended to the previously marginalized black majority. Basic social services like education were subsidized by the government and every child rich or poor had access to these
services. Social policy took the incremental approach which is reformist instead of being transformative where a complete overhaul is needed. This approach is linked to the market-led neoliberal perspective which limits the involvement of the state in the implementation of social policy. This approach which was initiated by the IMF led to ESAP which impoverished the majority of the Zimbabwean populace.

An economic meltdown towards the end of the first decade of independence necessitated the launching of the economic reform programme (ESAP) in 1990 which triggered off a serious reversal or the remarkable gains that had been realized in the first decade of independence in respect of child protection and general welfare. ESAP brought new challenges for the government, families and communities. As families experienced hardships, children also became affected as some parents could no longer afford basic services like health, education and nutrition. The economic hardships caused by ESAP led to poverty at the family level. The ESAP era has been characterized by unprecedented hardships among families, with children being the hardest hit. This study has come to the conclusion that that the impoverishment of families by ESAP has led to the inability of the extended family to care for their deceased relatives children hence the prevalence of child headed households.

The situation of children in Zimbabwe has generally deteriorated, in some cases to critical levels, not only because of economic stagnation but more importantly due to the effects of the HIV and AIDS scourge that continues to ravage the country. As a result of
the negative impact of HIV and AIDS, a crisis of immense magnitude has been created. Numbers of orphans and vulnerable children in the country have swelled to unprecedented levels and the number of children living in child headed households has gone up. The extended family is overwhelmed and unable to take the children in their households.

This study has also come to the conclusion that the passive role taken by the government in the care of children in CHH is detrimental to the children’s welfare. The ZNOCP has not impacted on the lives of these children. The policy’s provisions are outdated, redundant and the structures of child care are non-existent. The government has relegated children’s issues to the periphery. The government’s lack of care was shown by its ban on the operations of NGOs which caused great suffering for children living in child headed households.

Due to these challenges faced by CHH, this study has come to the conclusion that there is need for policy review in relation to child care and protection. The recommendations are discussed in the following section.
6.2 Recommendations

6.2.1 Child Protection Strategies

The government should remain primarily responsible for implementing laws and policies that protect children from any form of harm. It should also be committed to taking progressive steps in creating an environment that is conducive to child protection and overall child development. Creative policy which recognizes the problems of the immediate present while devising longer term solutions should be formulated. The policy should be supported by interventions that address the problems of the different actors within different family arrangements in Zimbabwe. National child protection strategies cannot address issues that affect children within their families without addressing issues that affect families within their communities. Strategies need to harness the community spirit which has the power to bring about increased harmony within society and the propensity to provide for the best of the other being.

The best interests of the child should be the driving force in determining child protection strategies in Zimbabwe. Children’s needs evolve as society also changes. Responses to child protection therefore have to be evolutionary and adaptive, taking cognizance of the environment. Children who are heading households should be given an opportunity to speak to policymakers on their challenges and what should be done. It is pertinent to
appreciate that child protection is not static but should be informed by and respond to socio-economic and cultural dictates prevailing at the time.

A human rights approach ought to be the basis of child interventions in Zimbabwe. A human rights approach to child protection should be the guiding light as it is considered to be one of the most effective ways of promoting child rights and protection. This approach is based on the concept that subjects of rights can claim their rights from duty bearers and must also be capable of claiming the right. The context of this approach has an ethical dimension both to what should be done and how it should be done (Mushunje, 2006). The human rights approach has the following characteristics

- Rights are realized that is respected, protected, facilitated and fulfilled.
- Rights always imply correlative duties and obligations.
- Human rights are always universal.
- Human rights can be realized only by attention to both outcome and process.
- Human rights are indivisible because they are interdependent.

6.2.2 Stakeholders

The various duty bearers that include the government, NGOs, and communities owe it to the children of Zimbabwe to give undivided attention to their plight. The role of the family in child protection cannot be overemphasized. While the family has a critical role
in the protection of children, it can only be effective with the full support of the various layers of duty bearers. As family and household structure change to meet the challenges presented by AIDS, policymakers have to be part of the solution rather than the obstacles as shown by the government which does not offer any help to CHH and at the same time disrupting the operations of NGOs who are trying to stand in the gap. The government has to take a leading role in the promotion of the welfare of the child. This requires the government to do the following:

- Implement the provisions of the different instruments for child protection.
- Ensure that all legislation is compatible with the instruments ratified by the government which are the United Nations Convention on the Rights of the Child and the African Charter on the rights and welfare of the child.
- Make national budgets child friendly and sensitive. The government should set aside funds specifically for orphaned children and ensure the funds are channeled towards the needs of these children and received by the beneficiaries. The research found out that CHH are not accessing services especially school fees under the government’s Basic Education Assistance Module (BEAM), a fund for meet school fees needs for OVC. To ensure that funds reach the intended recipients there should be bodies and mechanisms to promote the coordination of child protection activities. Bodies such as the Child Welfare Forum and the Child Welfare Council should be revived to ensure the implementation of the policies and monitor and evaluate the progress. The findings showed that these bodies are no longer operational hence the need for their revival. Poor remuneration and lack of incentives for volunteers led to the death of these
bodies hence the need by the government to provide enough financial resources. Due to the current economic situation in Zimbabwe the funds might not be readily available but the government should engage other stakeholders such as NGOs to raise the required finances.

However, the mammoth task of child protection should not be left to government and families alone. Civil society and communities play a very significant role in supporting efforts of the government to provide for child protection. Efforts need to be made to strengthen and coordinate services offered by civil society organizations and communities. Such efforts should be in the policy and should include considerations such as:

- Engaging government in dialogue for policy formulation, implementation and review where necessary.
- Continuously monitoring state’s obligations, that is, fulfillment of the Convention on the Rights of the Child and other child protection instruments. The monitoring should be done by bodies such as the Child Welfare Forum which has representatives from various stakeholders in child care and protection.
- Working with each other to put into action national policies.
- Working with the government to educate children on their rights. Children need to be aware of their rights. While the knowledge of their rights might not be an adequate measure to alleviate the orphans’ plight, it will be an advantage that they know. For instance, the human rights based approach to child protection recommended in 6.2.1, which states that subjects of rights should claim their rights from duty bearers and must also be capable of claiming the rights will
enable children to know what is entitled to them and where to go in order for their needs to be met.

When children’s rights are not fully realized, it shows that duty bearers would have ignored or abrogated their responsibilities by failing to enforce legislation that protects the child. It is therefore incumbent upon all stakeholders to play their part. With the situation in Zimbabwe, it may take long to accomplish but with commitment and determination it will come to pass.

6.2.3 Resources

The issue of resources has been of great concern where facilitation of child protection is concerned. Such resources are both financial and human. The absence of resources to implement child protection activities means that the quality of services for children is negatively affected and the children who should benefit may not necessarily do so especially child headed households. The new policy should clearly stipulate that the government should ensure that the Social Services Department receives sufficient funding and clearly state how the resources are to be channeled to reach the intended recipients. A government might have good intentions and policies but if there are limited resources implementation becomes a non reality. Funding needs to be made available to ensure the children in CHH have their rights to education, health, shelter, food and nutrition, clothing and identity without any cost or hassles on their part. Policy should ease the requirements for child headed households in accessing basic social services.
Zimbabwe employs a limited number of social work professionals who should be responsible for the administration of child protection interventions. Many social workers have left due to poor salaries and poor working conditions. Working conditions for social workers need to be improved so as to retain them. The lack of personnel impedes effective implementation and monitoring of child protection interventions.

6.2.4 Community Capacity Building

Policy needs to accommodate capacity building for communities and child headed households. Communities need training on children’s rights, child care and protection, resource mobilization to enable them to take care of orphans. Community projects should be introduced with the involvement of the community and not to be imposed for them to be sustainable. Building community capacity requires the following to be done:

- Assessing the situation and identifying those in need of support and the resources available in the community.
- Strengthening the organization of communities to build the necessary infrastructure that will ensure adequate and continuous care and protection of children.
- Developing networks and partnerships to serve as mutual support mechanisms.

Without capacity building, communities are merely collections of individuals acting without concern for the good, and are without the necessary ingredients required to
develop a healthier community. Without appropriate skill development and provision of the necessary resources it is extremely difficult to ensure the protection of orphans.

6.2.5 HIV and AIDS interventions

It is recommended that new policy interventions should show the importance of intensifying HIV and AIDS prevention, mitigation, care and treatment interventions to reduce the OVC prevalence. This can be done in the form of:

- Strengthening community health support systems and facilitating communities to respond at local level.
- Providing direct financial support to reduce the HIV and AIDS impact.
- Developing innovative mechanisms and linking them to service provision frameworks for HIV and AIDS affected communities.
6.2.6 Conclusion

There is need for a new policy which should address problems of the immediate present while devising longer term solutions to address different actors within family arrangements. The policymakers have to bear in mind that child protection is evolutionary and adaptive hence the need for children in child headed households to speak to policymakers about their welfare thus ensuring their best interests. The new policy should consider the basic human rights which should be a guiding light as it is one of the most effective ways of promoting child rights and protection. The policy should also stipulate that the various duty bearers should come together and work in unity towards the best possible child care and protection interventions. It should also specify the government’s obligation to provide and channel financial and human resources towards the implementation of child protection activities. The policy should also stipulate how the HIV and AIDS pandemic will be dealt with to reduce OVC prevalence especially the child headed household phenomenon. Provision of such issues in the policy will result in a positive impact on the lives of children living in child headed households.
Appendix 1

Table 1: Orphan Trend in Sub-Saharan Africa, 1990-2010

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NUMBER OF ORPHANS</th>
<th>NUMBER OF ORPHANS DUE TO AIDS</th>
<th>ORPHANS DUE TO AIDS AS A PERCENTAGE OF ALL ORPHANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>28400000</td>
<td>550000</td>
<td>1.9%</td>
</tr>
<tr>
<td>1995</td>
<td>32500000</td>
<td>3000000</td>
<td>9.2%</td>
</tr>
<tr>
<td>2000</td>
<td>39200000</td>
<td>8500000</td>
<td>21.7%</td>
</tr>
<tr>
<td>2003</td>
<td>43400000</td>
<td>12300000</td>
<td>28.3%</td>
</tr>
<tr>
<td>2010</td>
<td>50000000</td>
<td>18400000</td>
<td>36.8%</td>
</tr>
</tbody>
</table>

Adapted from: UNAIDS/UNICEF/USAID, 2004
## Appendix 2

Table 2: Orphan Trend in Zimbabwe, 1990-2010

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NUMBER OF ORPHANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>370000</td>
</tr>
<tr>
<td>1995</td>
<td>570000</td>
</tr>
<tr>
<td>2000</td>
<td>1000000</td>
</tr>
<tr>
<td>2003</td>
<td>1100000</td>
</tr>
<tr>
<td>2010</td>
<td>1400000</td>
</tr>
</tbody>
</table>

Adapted from: UNAIDS/UNICEF/USAID, 2004
## Appendix 3

Table 3 Sentinel Surveillance for SDA Monitoring

<table>
<thead>
<tr>
<th>TYPE OF FEE</th>
<th>PRIMARY SCHOOL LEVEL</th>
<th>PRIMARY SCHOOL LEVEL</th>
<th>SECONDARY SCHOOL LEVEL</th>
<th>SECONDARY SCHOOL LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1996 (CPI=430,1)</td>
<td>1997 (CPI=474,5)</td>
<td>1996 (CPI=430,1)</td>
<td>1997 (CPI=474,5)</td>
</tr>
<tr>
<td>Building Fund</td>
<td>$7,09</td>
<td>$10,15</td>
<td>$16,60</td>
<td>$17,29</td>
</tr>
<tr>
<td>Sports Fee</td>
<td>$1,63</td>
<td>$1,76</td>
<td>$4,33</td>
<td>$4,66</td>
</tr>
<tr>
<td>Tuition Fees</td>
<td>$25,18</td>
<td>$24,76</td>
<td>$52,26</td>
<td>$52,29</td>
</tr>
<tr>
<td>Other Non-Tuition Fees</td>
<td>$2,81</td>
<td>$2,69</td>
<td>$6,68</td>
<td>$6,95</td>
</tr>
</tbody>
</table>
**Appendix 4**

Table 4 Estimates for school uniforms

<table>
<thead>
<tr>
<th>SEX OF CHILDREN</th>
<th>RURAL PRIMARY SCHOOL</th>
<th>RURAL SECONDARY SCHOOL</th>
<th>URBAN PRIMARY SCHOOL</th>
<th>URBAN SECONDARY SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>$221</td>
<td>$374</td>
<td>$433</td>
<td>$576</td>
</tr>
<tr>
<td>Girls</td>
<td>$205</td>
<td>$357</td>
<td>$397</td>
<td>$545</td>
</tr>
</tbody>
</table>
## Appendix 5

Table 5: Financial resources required in the educational field

<table>
<thead>
<tr>
<th>TYPE OF FEES</th>
<th>PRIMARY SCHOOL PER CHILD($)</th>
<th>PRIMARY SCHOOL FOR 300 000 ORPHANS($M)</th>
<th>SECONDARY SCHOOL PER CHILD($)</th>
<th>SECONDARY SCHOOL FOR 300 000 ORPHANS($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building /levies fund</td>
<td>30.50</td>
<td>9,20</td>
<td>71,4</td>
<td>21,4</td>
</tr>
<tr>
<td>Sports Fees</td>
<td>7,00</td>
<td>2,1</td>
<td>18,60</td>
<td>5,6</td>
</tr>
<tr>
<td>Tuition/Exam Fees</td>
<td>108,30</td>
<td>32,5</td>
<td>247,80</td>
<td>74,3</td>
</tr>
<tr>
<td>Other Non-Tuition Fees</td>
<td>12,08</td>
<td>3,6</td>
<td>28,73</td>
<td>8,6</td>
</tr>
<tr>
<td>Total</td>
<td>157,88</td>
<td>47,4m</td>
<td>366,53</td>
<td>109,9m</td>
</tr>
</tbody>
</table>
## Appendix 6

Table 6: Summary of resources needed and proposed sources.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>TOTAL COST ($m)</th>
<th>GOZ</th>
<th>CWF &amp; Other stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building/levies fund</td>
<td>30,6</td>
<td>_</td>
<td>30,6</td>
</tr>
<tr>
<td>Sports fee</td>
<td>7,7</td>
<td>_</td>
<td>7,7</td>
</tr>
<tr>
<td>Tuition/exam</td>
<td>70,0</td>
<td>70,0</td>
<td>_</td>
</tr>
<tr>
<td>Uniforms</td>
<td>116,6</td>
<td>_</td>
<td>116,6</td>
</tr>
<tr>
<td>Additional human resources</td>
<td>1,0</td>
<td>_</td>
<td>1,0</td>
</tr>
<tr>
<td>Total</td>
<td>225,9</td>
<td>70,0</td>
<td>155,0</td>
</tr>
</tbody>
</table>
Appendix 7

Table 7: Age/sex distribution on child headed households

<table>
<thead>
<tr>
<th>Age group(years)</th>
<th>Females</th>
<th>Males</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5-9</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10-14</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15-18</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
I am a Master of Social Science in Development Studies student and am carrying out a research on the impact of the ZNOCP on child headed households. I kindly request you to assist with information that may help in the analysis of the Zimbabwe National Orphan Care Policy and the challenges faced by the child headed households. The data collected will be treated as confidential and will only be used for academic purposes.

1. Why was the Zimbabwe National orphan Care developed? ......................

2. To whom do the orphans belong? ........................................
3. What institutional and administrative structure is in place to guarantee the provision of social security to orphans in child headed households?

4. What mechanisms have you come up with in ensuring that child headed households have access to social security?

5. How do you address the issue of imbalances in resource allocation in order for children in child headed households to have their basic rights met?
6. What policy action do you take to cushion child headed households against the deteriorating economic situation in the country?..............

7. What are the roles of NGOs, CBOs and FBOs giving a helping hand in the plight of orphans?.................................................................

8. What education do you offer orphans and the community at large?...........
9. What challenges are being faced by the government in ensuring social security to child headed households? .................................................................
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10. Which aspects of the policy would you recommend to be continued? Give reasons for your answer.................................................................
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........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
11. Which aspects of the policy would you think must be revised or taken off? Give reasons for your answer.................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
12. Are there other important issues concerning the National Orphan Care Policy in relation to child headed households that you think need attention?............................................................................
Thank you for your cooperation.
QUESTIONNAIRE FOR THE CHILD HEADED HOUSEHOLD

I am a Master of Social Science in Development Studies student and am carrying out a research on the impact of the ZNOCP on child headed households. I kindly request you to assist with information with regards to challenges that you are facing and what you think should be done to address these challenges. The data collected will be treated as confidential and will only be used for academic purposes.

1. Sex: Male Female

2. Age:

3. Number of children in the household...........Males........Females......

4. In which year did you start staying on your own?..........................

5. What are the reasons for staying on your own?..............................

.............................................................................................................................

..................................................................
6. Where are your relatives?
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................

7. What challenges do you face on your day to day life?
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................

8. Do you go to school?    Yes    No
   If yes who pays for your school fees?.................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................

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9. What kind of assistance do you get from your relatives?

10. What kind of assistance do you get from the government?

11. What kind of assistance do you get from the community leadership?

12. What are your rights as children?
13. Are you aware of the Zimbabwe National Orphan Care Policy?
   Yes              No
   If yes what is it about?.............................................................
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................

14. What do you think the government should do to help you?...................................................
    ........................................................................................................
    ........................................................................................................
    ........................................................................................................
    ........................................................................................................
    ........................................................................................................

15. What do you think the community should do to help you?...................................................
    ........................................................................................................
    ........................................................................................................
    ........................................................................................................
    ........................................................................................................
    ........................................................................................................
16. Would you agree to be taken to a children’s home? Give reasons for your answer.

...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................

17. What other things are there about your life as a family that you think need government and community attention?

...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................

Thank you for your cooperation.
QUESTIONNAIRE FOR THE EXTENDED FAMILY

I am a Master of Social Science in Development Studies student and am carrying out a research on the impact of the ZNOCP on child headed households. I kindly request you to assist with information that may help in the analysis of the Zimbabwe National Orphan Care Policy and the challenges faced by the child headed households. The data collected will be treated as confidential and will only be used for academic purposes.

1. Sex  Male  Female

2. Relationship to the children in the child headed household..................

3. To whom do the children belong?............................................................

..........................................................................................................

..........................................................................................................

4. What are your reasons for not staying with the children?..........................

..........................................................................................................

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5. What kind of assistance do you give to the children?

6. Do you think it is right for children to stay on their own?
   Yes   No
   Give reasons for your answer.

7. What are the means of livelihoods for these children?
8. What is the government’s involvement in the lives of these children?

9. Are you satisfied by the government’s effort?
   Yes    No
   Give reasons for your answer

10. Are there any other organisations that assist the children and what kind of help do they give?
11. What do you think the government should do to ease the challenges faced by child-headed households?

12. What do you think the community leadership should do to assist the child headed households?

13. What other issues are there that you think need attention?

Thank you for your cooperation.
Appendix 11

UNIVERSITY OF FORT HARE

FACULTY OF MANAGEMENT AND COMMERCE

DEPARTMENT OF DEVELOPMENT STUDIES

QUESTIONNAIRE FOR THE COMMUNITY LEADERSHIP

I am a Master of Social Science in Development Studies student and am carrying out a research on the impact of the ZNOCP on child headed households. I kindly request you to assist with information that may help in the analysis of the Zimbabwe National Orphan Care Policy and the challenges faced by the child headed households. The data collected will be treated as confidential and will only be used for academic purposes.

1. Position held

2. To whom do the orphans belong?

3. Who has the responsibility of taking care of orphans in your area?

4. What is your opinion on children staying on their own?
5. What are the means of livelihood for child headed households?

6. What are the challenges faced by child headed households?
7. The policy gives the responsibility of orphan care to the extended family and the community. Do you think these groups have the capacity to take care of orphans? Give reasons for your answer...........................................

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8. What are the reasons given by the extended family for not taking care of orphaned children?.................................................................

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9. What is your role in the care and protection of orphans in child headed households?......................................................................................

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10. The National Orphan Care Policy states that the ‘Zunde ramambo’ should provide food security for the orphans. Is it operational? Can you comment on its success or failure?

11. The policy states that the government will ensure that child headed households will get priority in the distribution of proceeds from Social Safety Nets. Is it the case on the ground? Explain.

12. What kind of assistance do child headed households receive from the government and is it satisfactory?
13. What do you think the government should do to improve the standard of living for child headed households?

14. Are there any other important issues concerning child headed households that you think need attention?

Thank you for your cooperation.
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