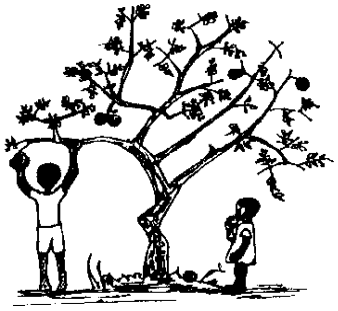

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FARM ORPHAN SUPPORT TRUST OF ZIMBABWE

An Analysis of the provision for very young children (0-8 years) affected by HIV and AIDS in commercial farm worker and former farm worker communities.

By

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Glossary of Terms

AIDS	Acquired Immune Deficiency Syndrome
BC	Birth Certificate
BEAM	Basic Education Assistance Module
CBO	Community Based Organisation
CEO	Chief Executive Officer
CHH	Child Headed Household
CPC	Child Protection Committee
CPS	Child Protection Society
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CSO	Central Statistical Office
DAAC	District AIDS Action Committee
DCPC	District Child Protection Committees
DEO	District Education Officer
DHS	Demographic Health Survey
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
ECEC	Early Childhood Education and Care
FACT	Family AIDS Caring Trust
FBO	Faith Based Organisation
FCTZ	Farm Community Trust of Zimbabwe
FGD	Focus Group Discussion
FHW	Farm Health Worker
FOST	Farm Orphan Support Trust of Zimbabwe
GAPWUZ	General Agriculture Plantation Workers' Union of Zimbabwe
GoZ	Government of Zimbabwe
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
HRBAP	Human Rights bases Approaches to Programming
IEC	Information, Education, and Communication
ILO	International Labour Organisation
LAs	Local Authorities
LRF	Legal Resources Foundation
M&E	Monitoring and Evaluation
MoESC	Ministry of Education, Sport and Culture
MoHA	Ministry of Home Affairs
MoHCW	Ministry of Health and Child Welfare
MoLGPWNH	Ministry of Local Government, Public Works, and National Housing
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
MoYDGEC	Ministry of Youth Development, Gender and Employment Creation
NAC	National AIDS Council
NANGO	National Association of Non-Governmental Organisations
NATF	National AIDS Trust Fund
NGO	Non-Governmental Organisation
NPA	National Plan of Action
NPAC	National Programme of Action for Children
OVC	Orphans and other Vulnerable Children

PCPC	Provincial Child Protection Committees
PLWHA	Person Living With HIV and AIDS
PMP	Performance Monitoring Plan
PSS	Psycho-Social Support
PRA	Participatory Rural Appraisal
PVO	Private Voluntary Organisation
RDC	Rural District Council
RDDC	Rural District Development Committee
SDC	School Development Committee
SSI	Semi-Structured Interview
UN	United Nations
UNAIDS	United Nations Global Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
VAAC	Village AIDS Action Committee
WAAC	Ward AIDS Action Committee
WCPC	Ward Child Protection Committee
ZIMPRO	Zimbabwe Public Relations Officer

Executive summary

The Farm Orphan Support Trust of Zimbabwe (FOST) is a registered Private Voluntary Organisation (P.V.O. 3/97). FOST was set-up to proactively increase the capacities of the farming communities to respond to the orphan crisis and ensure that systems are in place to protect and care for these most vulnerable individuals.

This situational analysis was done when the situation on farm communities had deteriorated considerably, as increasing numbers of farms were designated and occupied or changed "ownership". The effect was particularly marked in regard to the stability of the farm worker community, and indeed of the farm community as a whole.

The study was a rapid assessment and participatory rural appraisal (PRA) tools were used to gather qualitative and quantitative data from a wide range of people within the community, including children. A total of 15 workshops in two provinces, with 458 participants were conducted. 220 children (48%), 179 community members (39%) and 59 stakeholders (13%) were involved in this situational analysis.

The **ten most significant problems**, in order of importance, that OVC between 0 and 8 years, were experiencing were:

- inadequate food;
- lack of love – a feeling of being excluded or discriminated;
- poor access to health care;
- lack of adequate shelter;
- inadequate clothing;
- lack of protection and guidance;
- problems in acquiring birth certificates;
- inadequate blankets;
- lack of recreational facilities
- money.

The Situation Analysis of Orphans and Vulnerable Children (OVC) gave the following **insights to the perceptions of farm communities and other stakeholders**:

1. There is very little awareness and even fewer specific responses at any level to the effects of HIV and AIDS on very young children.
2. Interventions to support very young children affected by HIV and AIDS must not separate them from other children because this stigmatizes them
3. Poverty is the primary problem many Zimbabwean families and children face. Communities felt that most young children, regardless of status, are vulnerable to the effects of poverty. Orphaned children do, however, often have less access to resources at household level.
4. Children identified that psycho-social support is more important to them than material support, especially for very young children.
5. The issues of supporting children affected by HIV and AIDS is a family and community issue and best interventions are based at household and community level.
6. The severe pressure on communities, due to physical, financial and social insecurity, compromises their ability to respond and consequently interventions need to address the overall community capacity and should find ways to build the economic strength of the community as a whole

7. NGOs are providing valuable interventions to enhance the Government response, which is grappling to provide action proportionate to the crisis. It was found, however, that activities are scattered and uncoordinated, even at district level.
8. There are significant gaps at policy and implementation levels regarding very young children. Policies need to incorporate the specific needs and rights of very young children.

Observations about community interventions that came from the discussion with communities are:

- The effective way to mainstream very young children is to build on and enhance existing community informal initiatives.
- Engage in awareness campaigns at all levels about early childhood
- The DAAC should play a leading role in coordinating community efforts
- Caregivers should be made aware of the specific nutrition needs of very young children
- External organizations should build capacity within the community to be able to identify the needs of very young OVC
- Any intervention must try as much as possible to ensure that siblings remain together if it is in the interest of the child
- Despite cultural taboos, there is a need to educate communities about the importance of talking to children, even very young children, about HIV and AIDS and about their sick or deceased parents.

Possible approaches to enhance community initiatives to support very young (0-8 years) OVC include:

i. Using the community as a starting point and encouraging the commitment of the whole community. Using NATF monies to better support community level responses at both a policy and implementation level.
ii. Facilitating scale up of exiting interventions can be done through capacity building of CBOs
iii. Undertaking awareness-raising with the traditional and spiritual leadership in communities to raise awareness regarding cultural practices and their impact on very young OVC.
iv. Training community members in psycho-social support for very young children affected by HIV and AIDS
v. Using peer led activities to compliment other community based responses
vi. Supporting the establishment of ECEC centres in the farming communities and revitalizing centres that have fallen in to disrepair
vii. Encourage children's participation in all programme activities that affect them.
viii. Find alternative livelihood options for former farm communities to enable them to respond to vulnerable groups
ix. Improve access of vulnerable children to education, health and other mainstream services in the community.

The paper recommends four **key strategies** for realising children's rights and well-being:

- Awareness raising and advocacy at all levels.
- Focusing development on community social and economic empowerment.
- Strengthening capacity at all levels for promoting the rights of very young children.
- Increasing participation of children of all ages in decision-making processes.

Chapter 1 – Background to the study

1.1 Introduction

Zimbabwe is facing a crisis of massive proportions due to HIV and AIDS, poverty and dwindling economic strength. With an HIV prevalence rate of 24.6% in Zimbabwe, AIDS has left an estimated 761,000 orphans[1]. Poverty has resulted in many families eating one meal per day or even less, decreasing school enrolments, inability to access health care, stunting in young children, increased maternal mortality and a host of other negative effects throughout the country.

Even if the spread of HIV is reduced, the mortality figures will continue to rise for many years to come. HIV and AIDS spreads fastest in conditions of poverty, powerlessness and social instability. More-so, physical, financial and social insecurity on farms erode the caring and coping strategies of individuals and households, this often results in high-risk sexual behaviour and sexual abuse.

Traditional coping systems are saturated and increasing numbers of children are living without an adult or primary caregiver. A combination of increased numbers of OVC, reduced numbers of caregivers and weakened extended family structures, combined with poverty, means that vulnerable children are more likely to fall through the extended family safety net. Children are being affected economically, socially and psychologically. Economic and social impacts include malnutrition, reduced access to education and health care, child labour, migration and homelessness. Psychological impacts include depression, guilt, anger and fear caused by parental illness and death.

In response, Governments, NGOs and private care providers have established a range of services including institutional and community based care, such as foster care. However, these have been insufficient to respond to the increasing numbers of OVC. Both the problems of vulnerable children and most of the solutions lie within the community. It is therefore important that the community is able to mobilise itself to deal with the problem, to mitigate its impact, and even to reduce the likelihood of its occurrence.

1.2 Definition of Orphans and other Vulnerable Children

The definition of an orphaned child in this document is any person below the age of 8 years whose parents have died; other vulnerable children are children with unfulfilled rights. This definition is in accord with the Zimbabwe National Orphan Care Policy, which defines orphans as those aged 0-18 whose parents have died.[2]

Vulnerable children include the following:

- Children with one parent deceased (in particular the mother).
- Children with disabilities.

[1] Zimbabwe National HIV AND AIDS Estimates, 2003 (Ministry of Health and Child Welfare, Centres for Disease Control, and UNAIDS: 2003)

[2] UNAIDS define an orphan as a child under the age of 15 who has lost his/her mother (maternal orphan), his/her father (paternal orphan) or both parents (double orphan). This definition is used in the statistics on orphans that are quoted in this document.

- Children affected and/or infected by HIV and AIDS.
- Abused children (sexually, physically, and emotionally).
- Working children.
- Destitute children.
- Abandoned children.
- Neglected children
- Children in remote areas.
- Children with chronically ill parent(s).
- Child parents.
- Children in conflict with the law.

1.3 Early Childhood and HIV AND AIDS

HIV and AIDS affect very young children. UNICEF[3] has noted that globally:
45% of all orphaned children are under 12 years old
12% are aged 0 – 5 years
33% are aged 6 – 11 years

FOST data shows that in farm communities in Zimbabwe:

- **4.8**% of all OVC are 0 – 2 years old
- **19.8**% of all OVC are 3-5 years old
- **34.2**% of all OVC are 6 - 12 years old.

UNICEF has noted that in Zimbabwe[4]:

- Infant mortality is currently **72% higher** than it would be without the HIV AND AIDS pandemic
- By 2010 infant mortality in the under 5 years group will be **3½ times higher** than it would be without the HIV AND AIDS pandemic
- AIDS will be responsible for **70%** of all childhood deaths by 2005
- Today, **5000** children are born with HIV each year

1.3.1 Psycho-social needs of young children and HIV AND AIDS

UNICEF says that children who get *consistent caring in their early years are better nourished, less likely to become ill and learn better.*

Meeting the psycho-social needs of young children can, therefore, have a lifelong impact.

0 –1 years:	• Greater risk of dying from diseases such as measles, diarrhea, pneumonia etc • Illness of the mother may be life threatening to the child
1-2 years:	• Basic needs include holding, touching, caring • Emotional attachment to a consistent and caring caregiver is essential for later ability to form emotional attachments
3-6 years:	• Diseases such as measles etc can still be life threatening • More likely to be neglected because perceived as being independent • Do not have a full concept of death, may believe the dead parent will come back • Do grieve, bereavement may lead to aggression, sadness, anxiety, outbursts • A consistent, safe, caring environment essential

[3] UNICEF 2002 Update
[4] UNICEF 2002 Update

1.3.2 Nutrition and HIV

The HIV and AIDS pandemic is seriously threatening the nutrition gains made in Zimbabwe since independence. The illness of mothers, the economic burden AIDS places on communities compounded by the recent food insecurity has meant that malnutrition in young children has increased in the country:

In Zimbabwe:	**1999**	**2002**
Stunting in Under 5 (Chronic underweight)	27%	33%
Wasting in Under 5 (Acute and Chronic underweight)	13%	20.4%

1.3.3 Birth Registration

The issue of birth certificates is often discussed in relation to school going children but the statistics show that very young children are less likely to have a BC than older children:

A Child Protection society study showed that in urban areas:

- 63% of all children under 1 year do NOT have a birth certificate
- 55% of all children 1 –5 years do NOT have a birth certificate
- 30 of all children 6- 10 years do NOT have a birth certificate

In farm communities FOST has found that[5]:

- 43% of all children do NOT have a birth certificate
- 74% of orphaned children do NOT have a birth certificate

1.3.4 *OVC in Farm Communities*

Two baseline surveys in Manicaland and Mashonaland Central carried out by FOST in 2003[6] found that:

- 27% of children in farms have lost one or both parents
- 12- 17% of all households are affected by HIV and AIDS
- 10% of households are orphan headed
- 26% of children attending farm schools are orphans
- 13% of school-aged OVC dropped out of school in 2003

All of the above data shows that there is a real need to address the ways that external organisations can support and protect very young children affected by HIV and AIDS. As a result FOST commissioned a study to look at what is already happening, where the gaps are and what FOST can do to building on enhance responses and fill the gaps.

The study was conducted to assist FOST to identify ways to enhance the capacity of farming communities to create a supportive and enabling environment for orphaned and vulnerable children, boys and girls, aged 0-8 years.

1.4 The Farm Orphan Support Trust

[5] FOST Baseline Survey

[6] FOST Baseline Survey

1.4.1 Background to FOST

The Farm Orphan Support Trust of Zimbabwe (FOST) is a registered Private Voluntary Organisation (P.V.O. 3/97). The organization was formally launched in March 1996 with the support of the Ministry of Social Welfare. FOST was tasked to work with the Ministry in developing a farm model of community care. It was established as a non-profit and welfare organization which solicits and facilitates support for children in especially difficult circumstances, particularly orphans, on commercial farms in Zimbabwe. It seeks to avoid costly and culturally undesirable institutional care, by keeping children in their communities of origin.

The overall aim is to proactively increase the capacities of the farming communities to respond to the orphan crisis and ensure that systems are in place to protect and care for the most vulnerable individuals. It is based on the belief that orphaned children have the best opportunity for development within a family, remaining in their family groups without sibling separation, in an environment that is familiar and where they have opportunity to learn their culture first hand.

FOST was one of the very first 'community based' responses to the orphan crisis and the first private sector response in the country. It was launched into an environment of prolonged denial about the existence and extent of HIV AND AIDS, and thus the size of the impending calamity, and at the time when children affected by HIV AND AIDS were hardly on the national agenda. The efficiency of the extended family, in responding to orphaned children, was such that the extent of the problem was sufficiently concealed from the general public and so the necessity, and urgency, to respond was perceived not to be a priority. There was still the widely held belief that children, who might fall through the safety net of the extended family, could be institutionalized. Few realized just how impractical this solution would be, given the magnitude of the impending crisis.

Changing attitudes is a lengthy process, particularly in an environment of prolonged denial. For many, the idea of fostering non-related children required a paradigm shift, but with cultural sensitivity, including dialogue with traditional leaders, community problem solving and most of all, "success stores" of childcare. Furthermore, there was a danger of 'dumping' additional loads onto the already over-burdened communities. Thus there was need to build cohesion and acceptance and above all a sense of commitment.

1.4.2 Objectives of FOST

The objectives of FOST [7] were set to include the following:

- **Establish an integrated national programme** – to support and advocate for orphans and children in need on commercial farms. This involves networking with all the relevant stakeholders in this field.
- **Sensitization and awareness creation** amongst farmers, farmers' wives, farm worker communities, policy makers, traditional leaders and other NGOs stressing the extent of the crisis and the necessity for all to respond.
- **Facilitation of the establishment of 'foster care' schemes on farms** – identifying the need; using existing farm structures, facilitate awareness amongst the communities, training caregivers, establishing monitoring channels; promoting "community projects" and disseminating information on models of care to farmers and farming communities.

[7] FOST Brochure

- **Registration of orphaned children.** Registration is essential to identify the size of the problem, areas of need, levels of support necessary and assistance with relative tracing.
- **Training programmes** – FOST facilitates the training of partners in relevant topics such as PSS, Child Protection, legal education, in inheritance, wills, etc
- **Fund raising and disbursement** - the strategy is to target both national and international donors to support initiatives that benefit children affected by Aids (CABA) and their caregivers.
- **Emergency response** – FOST has been, and remains, essentially a development organization. Up until the current economic and social situation, its programmes were focused specifically on building the capacity of the community to respond to the orphan crisis. In response to the emergency situation facing many farm worker communities FOST has developed the following short-term interventions:
    - **Education**: FOST aims to enable orphaned children to remain in school through partnerships with DACs, BEAM and other funders. FOST is also sourcing funding to pay the fees of children not covered by these programmes and attempting to source funding for skills training for orphaned youth.
    - **Supplementary feeding**: The programme being implemented by FOST is intended to be a short-term feeding programme for vulnerable children to prevent malnutrition and starvation. The main focus of this programme is pre-school and primary aged children in farm communities.
    - **Mental health – Safety Net:** The trauma that orphaned children experience through losing a parent or caregiver is compounded by the stigmatization and abuse they sometimes experience and the fears and uncertainties they have about their future. By training key adults in farm communities psycho-social support skills it is hoped that they can recognize and respond to traumatized children in their communities.
    - **Peer Counselors/Youth Programme:** FOST is developing a network of young people aged 16-25 years old who act as peer educators and mentors for younger children. Many of these young people are also orphans who have gone through the trauma of losing parents and are able to support younger children through the bereavement process, giving them hope for the future.
    - **Home Based Care:** FOST believes that the best way to mitigate the orphan situation is to prevent the early death of parents and caregivers and, where this is not possible, to make the death of parents as dignified and comfortable as possible so that children are not further traumatized. FOST has, therefore, started a pilot HBC programme aimed at equipping Community Health Workers and volunteers to support the care of terminally ill people in their homes. This is combined with nutrition support for the household and PSS for the children in the household.

Chapter 2 – Objective, Methods and Tools of the Evaluation

2.1 Objectives

The overall aim of the study was to understand the current situation of OVC aged 0-8 years on Zimbabwe's farm communities. The study looks at the situation of OVC from the point of view of the communities, stakeholders and the children themselves, with the understanding that the perceptions of these will strengthen and improve strategies which aim to address the needs of communities dealing with OVC.

The objectives of the study were to:

a) to understand the perceptions of families and communities regarding the problems of supporting OVC aged 0 – 8 years;

b) investigate the coping and adaptive community support strategies or mechanisms employed by both farm worker and former farm worker communities,

c) assess the perceptions of communities on the effectiveness of the assistance or interventions they receive; and

d) identify ways to build the capacity of the community to implement, monitor and evaluate the interventions.

2.2 Context of the Evaluation

The last three years have seen considerable, progressive and increasing social upheaval in the country. Conditions of poverty, unemployment, displacement, lack of law and order and food insecurity have all impacted severely on the lives of the target communities. The impact of the HIV and AIDS crisis has hit at a time when public resources are at their lowest and per capita expenditure on welfare programmes has declined significantly. Children, especially the very young OVC, remain the most vulnerable group in situations of upheaval and insecurity and apart from their obvious physical needs, their emotional and psychological insecurities increase exponentially in such an environment. Furthermore, many responses, be they internal and/or external, have tended to concentrate on school going children with the very young children, below 8 years of age, being unintentionally ignored.

2.3 Methods and tools used

Qualitative participatory rural appraisal (PRA) tools were used to capture perceptions and views of the community, stakeholders and children. In addition, a variety of techniques including literature searches and reviews, observation, interviews, and stakeholder consultations were used. PRA tools enabled the evaluators to collect both quantitative and qualitative data, discuss openly with primary stakeholders of the FOST programme and cross-check findings. The target groups were orphaned children, caregivers, and other organizations involved with child welfare in the farming communities. Tools or methods of data collection used included:

a) **Focus group discussions** (FGDs) were held to obtain information on the needs and living conditions of OVC; coping strategies adopted by OVC and the communities, impact of

current land distribution exercise and economic conditions on farm workers and OVC, indication/s of both external and internal assistance given to farm communities that have an impact on OVC, etc. These meetings included OVC (going and not going to school – separated), child-headed families, caregivers, farm health workers, Farm Health Workers, youth groups, and major stakeholders.

Seventy FGDs with key informants (33 with children, 29 with community members and 12 with primary stakeholders and community based organizations (CBOs) discussed the following:

- definition of vulnerable households and OVC – this was done to ensure that all participants are aware of the target group being studied;
- coping and adaptive strategies which OVC, households keeping OVC and communities adopt in the face of the problems;
- the role of the various external organization assisting the community
- community perceptions on the strategies identified above; and
- solicited solutions to the problems.

The informants included:

- **Stakeholders:** Representative from Ministry of Health and Child Welfare; Ministry of Youth, Gender and Employment Creation; Department of Social Welfare, Ministry of Education and Culture; District Administrator's Office, Rural District Council, Farm Community Trust of Zimbabwe and SOS Children's village, UNICEF, SIDA, Ministry of Home Affairs, REPSSI, FOST.
- **Community groups:** women only, men only, mixed sex, youth, grand parents, and breastfeeding mothers.
- **Children groups**: 0-5, 5-8 years and 9-15 years. Children of 9-15 years of age were included because they play with children in the target group (0-8 years).

b) **Semi-structured interviews** (SSIs) with informants drawn from FGD groups and different categories of community members. Interviews were held with school heads, teachers, youth leaders, farmers, caregivers, Farm Health Workers, NGO representatives, children heading families, etc. They provided information on how the current situation on farm communities is affecting OVC and also gave their judgments about external support to community initiatives.

SSIs generated information on the actual lifestyles of the orphans, that is:

- orphans' access to food, shelter, health, clothing, education, sanitation, and so on;
- the way the different key informants (i.e. community leaders, social workers, teachers, orphans themselves, etc,) perceive the problems they face.

c) **Observation and ranking of activities**. The research team observed the general conditions of children who attended the workshops, noting any exceptional phenotypic and/or behavioural changes. The needs, perceptions, aspirations and expectations of OVC were then ranked by the participants – sometimes participants voted to facilitate the ranking. (See Table 1 for details)

d) **Sampling**. The two provinces in which FOST operates were selected for this rapid assessment. A total of fourteen workshops were conducted, seven in

Mashonaland Central and the same number in Manicaland (see Table 1 below for attendance figures for each workshop.) A total of 458 people participated in the 15 workshops, and approximately 50% of the participants were children (See Appendix 1[8]).

District	Children		Community		Stakeholder		Total
	Number	FGDs (grps)	Number	FGDs (grps)	Number	FGDs (grps)	
Mvurwi	40	6	30	5			70
Glendale	33	5	33	5			66
Bindura	24	4	42	6	17	4	83
Mutare	47	6	24	5			71
Headlands	35	6	26	4			61
Rusape	41	6	24	4	13	4	78
Harare					29	4	29
TOTAL	220	33	179	29	59	12	458
Percent	48%		39%		13%		

Table 1: Number of participants at each Workshop

Making participation work

For children and young people to be genuinely involved in FGDs and SSIs, it was essential that their participation was carried out in a way that enables them to fully understand the subject in question and to feel comfortable in giving their views.

Principles for effective participation employed during the study

- **Grouping of children**

Children were grouped in ages that encouraged free discussion and minimized domination by older children i.e., three groups were constituted, thus 0-5, 6-8 and 9-15 years. The older group of OVC, 9-15 years old was included because the children in this group interact with the younger children on a daily basis – they are friend, act as "mentors" and are often the main caregivers for the very young children.

- **Use of appropriate methods and allowing enough time for discussion**

Many children and young people (particularly those with disabilities) lack confidence in expressing their views. It was therefore important to allow time for children to develop their understanding of choice and to become comfortable and relaxed with the person facilitating their involvement. Trained youth and experienced social workers facilitated the group work of children. These were trained by and through FOST and are based in the communities under study.

- **Methods used allowed children to express their views freely without being 'put on the spot'**

Children and young people are not always confident about giving their opinions so methods were designed to encourage their participation without making anyone feel forced to contribute. The group work was preceded by group activities, like singing, reciting poems for the school going children, games and playing with dolls for the very young children. While

[8] Appendix 1: Disaggregated data on participants at meetings and FGDs

children were busy playing with dolls or engaged in interesting activity or eating sweets and oranges, the facilitators solicited for responses to pre-set questions to find out responses on nutrition, health, shelter, stimulation, affection, education, etc. The main questions were:

- What are your problems?
- Which problems are most important?
- What assistance are you currently receiving, from the community, Government and external organizations?
- What are your wishes and expectations from the community, Government and external organization?
- Who cares for you?

Figure 1: Sophia Kutama, FOST Field Worker, Manicaland facilitating discussion with young children at Karori School, Headlands during one of the FGDs.

Chapter 3 – Conceptual/Analytical Framework

3.1 Child Rights

Documents containing the rights of the child are the United Nations Convention on the Rights of the Child, which was adopted by the UN General Assembly in 1989 and the African Charter on human and peoples' rights. Zimbabwe ratified both documents, and is therefore bound by its principles[9]. The Convention defines a child as any person under 18 years of age, and sets out a wide range of political, civil, cultural, economic and social rights of children. It is based upon four broad principles which guide us in all matters affecting the child:

- protection;
- participation;
- survival and development, and,
- non-discrimination.

It also reaffirms the fact that children need special care, including legal and other protections before birth and throughout childhood, and places special emphasis on the role of the family in caring for children. These conventions stress the responsibilities of the family to provide guidance and direction to the child, and sees the responsibility of the state as supporting the family in this role, rather than usurping this role, as far as possible.

For the purposes of this analysis, the following rights of the child set out in the Conventions are of particular importance:

(a) Non-discrimination

All rights apply to all children without exception, and the State must protect children from any form of discrimination. The State must not violate any right, and must take positive action to promote the rights of the child.

(b) Best interests of the child

All actions concerning children should take full account of their best interests. The State is to provide adequate care when parents or others responsible fail to do so.

(c) Survival and development

The State must recognise an inherent right to life, and it must ensure the child's survival and development.

(d) The child's opinion

A child has a right to express an opinion, and to have that opinion considered in any matter affecting the child.

(e) Protection of children without families

The State must provide special protection for children deprived of their family environment and ensure that appropriate alternative family care or institutional placement is made available to them, taking into account the child's cultural background.

[9] Zimbabwe ratified the African Charter on 20 May, 1986. The State's approval of the Charter was confirmed by a written agreement. The agreement must be followed, and is binding on the State.

(f) Adoption
Shall only be carried out in the best interests of the child, with all necessary safeguards for a given child and authorisation by competent authorities

(g) Health and Health Services
Children have a right to the highest level of health possible which includes a right to health and medical services, with special emphasis on primary and preventive health care, public health education and the diminution of infant mortality.

(h) Social Security
Children have a right to benefit from social security

(i) Standard of Living
Children have a right to benefit from an adequate standard of living. Parents have primary responsibility to provide for their children and the State must ensure that this responsibility is fulfilled.

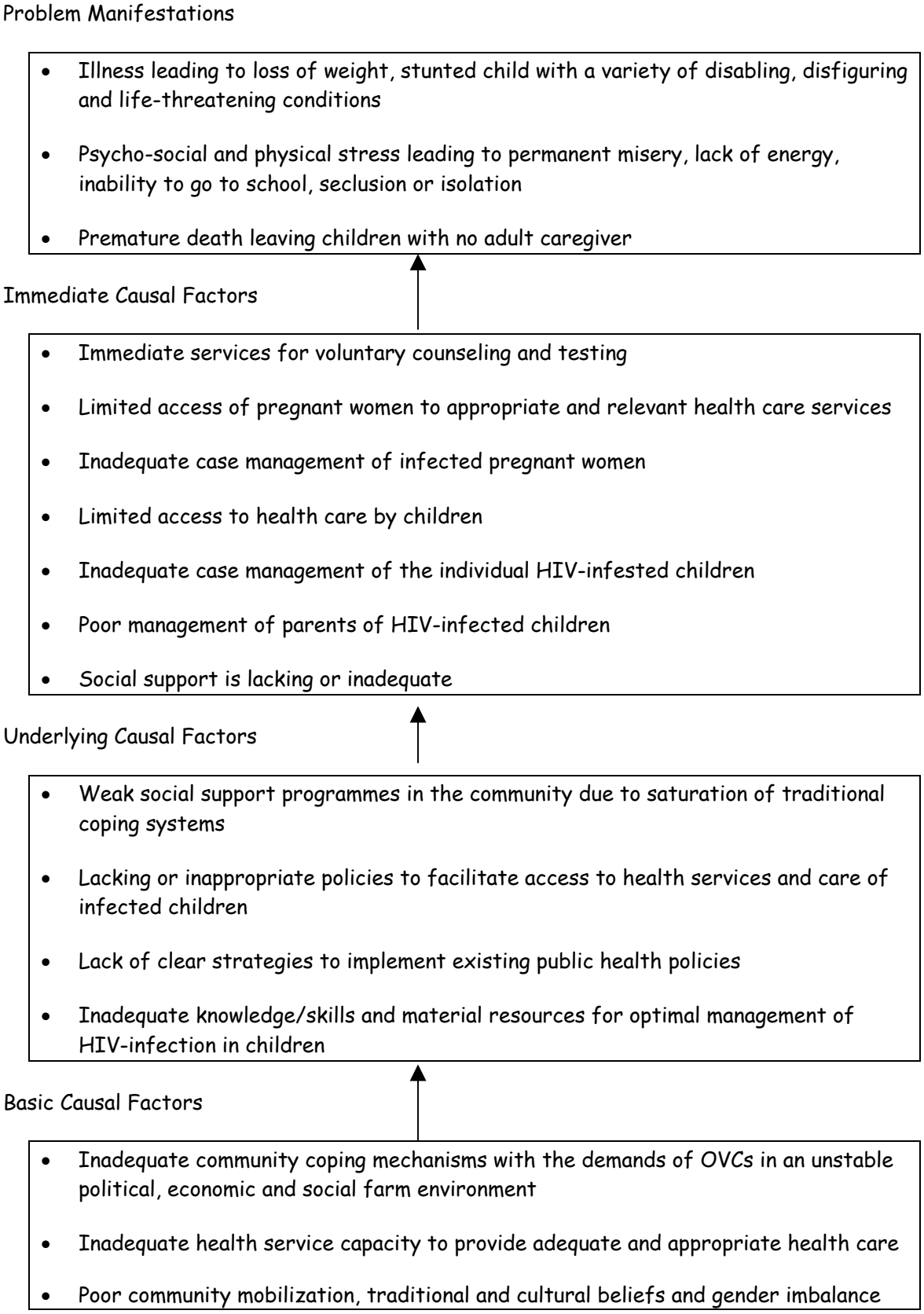
(j) Education
A child has a right to education, which should be directed at developing the child's personality and talents, preparing the child for an active life as an adult, fostering respect for basic human rights and developing respect for the child's own cultural and national values and those of others.

Although there have been significant macro-level developments in Zimbabwe these have yet to be translated into concrete improvements in the lives of children in the farming and former farming communities, twenty-four years after independence.

3.2 Causal factors in the problems of children affected by HIV infection

Orphans are due to one or both parents dying. OVC is a child who in respondents' eyes is not yet able, because of tender age, to support her/himself economically. The causal factors are summarised in Figure 1.

Figure 1: Causal Factors in the Problems of Children affected by HIV-Infection
(adapted from Woelk, 2001)



3.3 Characteristics of vulnerable households

In order to put into their proper context and fully grasp the main issues of this study, a brief discussion of households caring for OVC was conducted. The fourteen mapping exercises and the group discussions which followed generated some useful information about households caring for OVC.

Table 2 shows the categories of people caring for orphans in the respondent group. The largest category of people who care for orphans is that of grand parents (51.7%), followed by mothers in the case of half orphans (20.1%) then uncles (12.2%), siblings of the orphans - mainly CHHs (10.5%) and lastly single male parents (5.5%). It was noted that many spouses, especially males, die, leaving orphans and consequently many of their widows remarry as second or third wives and continue to care for their children from the first marriage.

Table 2: Category of people keeping orphans.

Category keeping orphans	%orphans kept
Grand parents	51.7
Mothers	20.1
Uncles	12.2
Child-headed	10.5
Single male parent	5.5

Figure 2: Some of the grand parents who attended the Old Mutare Workshop.

Chapter 4 - Results and Analysis

4.1 Most Common Problems of OVC

Group discussions listed, ranked and discussed 12 different problems. Some of these were mentioned and discussed at length by almost all the groups, others by only a few according to the priorities identified by each group. One issue that was very clear is that there was poor access to information on activities of other communities and NGOs, and Government policies by all participants. This could be viewed as a major constraint to developing effective community-based responses to the problems faced by OVC.

The ranking exercises were done by all participants, in their respective groups. Being poor communities, most of the problems were reported to be experienced by the whole community, i.e. including non-orphans and non-orphan guardians. The main question the various groups were asked was the problems faced when supporting OVC aged 0-8 years. The ranking exercises were complemented by personal testimonies and case studies with the orphans themselves, their guardians and staff from institutions which assist them.

Table 3: Problems of OVC ranked per site

Problem	Mvurwi	Glendale	Bindura	Mutare	Headlands	Rusape	Mean
Inadequate food	1	1	2	2	1	1	**1**
Lack of love - exclusion	2	2	1	1	2	2	**2**
Poor access to health care	3	3	3	3	4	3	**3**
Shelter	5	6	5	5	3	5	**4**
Clothing and sch. uniforms	4	5	4	4	9	6	**5**
Unaffordable education	7	4	8	9	5	4	**6**
Lack of protection	8	7	6	6	8	7	**7**
Lack of guidance	6	10	7	7	7	8	**8**
Birth certificates	9	8	11	8	6	10	**9**
Bedding and blankets	11	9	10	10	10	9	**10**
Time to play	12	11	9	11	11	11	**11**
Money	10	12	12	12	12	12	**12**

Table 3 shows that inadequate food, lack of love, poor access to health care, shelter, clothing and unaffordability of education were identified as priority problems in all the study sites – these results are also summarized in Appendix 2[10], 3[11] and 4[12].

4.1.1 Inadequate food

Most of the households in the study communities are poor and hence have problems in accessing food, shelter, clothing and health and educational services.

Description of the Problem

Inadequate food supply was identified as the biggest and most acute problem that OVC aged 0-8 years and their guardians or caregivers experience. In the study areas, the problem of food is mainly described in terms of low production of maize, the staple food, due to several factors which include lack of appropriate technologies and inputs, and

[10] Appendix 2: Views and comments from OVCs.
[11] Appendix 3: Views and comments from community members and caregivers.
[12] Views and comments from stakeholders.

drought in some seasons. The high costs of fertilizers led to most OVC households failing to purchase this commodity resulting in inadequate food production to feed the growing household due to the absorption of orphaned children. It was noted that, on farms still run by established commercial farmers and successful A2 farmers, food rations are generally given. However, in some areas the new farmers are either unaware of the plight of OVC or it is not yet a major priority for them. As a result, hunger was reported as a problem for most households which care for the OVC.

In the case of very young children, under 8 years old, it was noted that a major problem for suckling children whose mother had passed away, and therefore being cared for by a substitute mother, is lack of milk and nutritious supplements. Fortified porridge is available for older children but for those under one year old, this is not an option.

It was reported that many orphans are cared for by old, very poor caregivers who often cannot afford what ordinary households give their children.

Ill-treatment of orphans compounds their problems, especially those related to food. This was reported as being manifested by the very little food that there is in the household, which is often not shared with the orphan. For example, one orphan reported being sent to collect firewood; in his absence, the food in the household was given out to the non-orphan children.

Coping Strategies

The coping strategies used by the communities and households in the study to address the issue of food insecurity were:

- Reducing the number of meals per day was the most commonly adopted mechanism aimed at coping with inadequate food supplies. Families reported resorting to eating just one meal (the evening one) a day. However, priority is given to the very young (less than two years of age) who were fed first before anyone else.

- Cutting back on the quantity of food eaten by each member of the family, "to make it go round." Three to five children sharing a plate was reported at almost all sites, except Mutare. The participants at Mutare were reasonably catered for by either extended family members or external organizations that provided adequate supplementary feeding.

- Herbal inducement of milk production by grand mothers to suckle an orphaned (grand) child. This is an old tradition and is not widespread. It was reported at Glendale, Bindura and Headlands community workshops.

- Able bodied household members, including orphans, working in neighbouring farms in order to raise money to buy food.

- At a farm in Mashonaland Central, community members were reported to be selling sugar and firewood in order to raise money to buy maize. Scarce commodities like sugar are bought from town and reweighed into small packs for re-sale.

- Extended vegetable gardens and other community nutrition projects, such as chickens and rabbits at pre-schools, tended by children and mothers/caregivers were noted. From these all vulnerable children in the community are fed at least one meal a day.

- The establishment of a Welfare Fund into which every household pays an agreed amount, which is later distributed by the Farm VIDCO[13] to the fostering families is still being done on farms still run by large scale farmers.

- The provision of a piece of land by the farmer (often with seed and fertilizer), the community tends and harvests the crop for the children, this practice is no-longer as prevalent as before the land distribution process. It was reported that most new farmers do not have the mechanisms and/or are unable to assist OVC.

- The farmer makes land/s available for crop gleaning for the children and the community does the gleaning on behalf of the children.

4.1.2 Lack of love – exclusion and discrimination against orphans

This covers what is often called psycho-social support (PSS). PSS involves activities and actions by caregivers and communities that make vulnerable children feel valued, cared for and loved.

Description of the Problem

Many orphaned children in the study reported the feeling of being excluded or ridiculed as something that really pained them most, this feeling was especially strong amongst orphans over 5 years of age. This issue was described in several forms, namely:

- Worry and sadness orphans experience - "kushungurudzwa" (unfavourable manner orphans are kept)
- absence of love on the part of guardians/caregivers
- outright discrimination

Discrimination against, or lack of love, for orphans was reported as being manifested in several ways:

- frequently being sent (by guardians) to carry out unpleasant chores – the chores were different from one area to the next, e.g., being required to do errands after school while non-orphans will be at home doing homework.
- little access to food, education, clothing and bedding and other household resources
- orphans constantly harassed or permanently anxious about the future

Stigmatisation from local community and from relatives is a major concern especially for orphaned children. This, according to the participants in the study, is manifested in several ways:

- Laughed at because of poverty – this is especially with girls over 5 years of age.
  – they could not go and play with other children because they will laugh at their tattered clothes. This was reported at 2 of the 15 workshops.
- Allegations of being cursed by the dead parent/s and being infected by AIDS resulting in children of the same age refusing to associate with them.

[13] Farm Village Development Committees that spearheaded village development on farms.

Coping Strategies

- Extended families looking after orphaned children. There was a strong feeling that if siblings remain together they will be in a stronger position to respond to situations of stigma, hopelessness and vulnerability.
- Material support provided by neighbours and other community members.
- Spiritual support and counseling given by local pastor, or youth-to-youth.
- Advocating on behalf of children - such as on issues of school fees, legal issues, sexual and physical exploitation by the community and the police.

4.1.3 Poor access to health care

Description of the Problem

The majority of the OVC and their caregivers or guardians in the study reported that they cannot afford to access health services because of the high user costs. This issue was consistently ranked third by all sites (with the exception of Headlands). This is despite the very clear Government policy on exempting those who cannot genuinely pay user costs for health services in Government health facilities. One factor that was noted is that some rural health facilities do not charge for actual services but do charge a levy to access the centre which is used to pay for security guards, maintenance, etc, this hidden cost is equally prohibitive to poor people.

The large distances to health centres was also reported to be a problem – due to the high cost of transport in farming areas, lack of public transport, vehicle and fuel shortages, many people reported walking up to 20 km to clinics or other health facilities.

A number of stakeholders also noted that many poor households in poor communities do not use health centres because they are poorly resourced and even if they are seen by a health worker there is unlikely to be any resources for treatment.

Coping Strategies

Five different coping strategies were identified by the study participants, namely:

- Traditional medicine and healers

OVC end up experimenting with herbs and drinking traditional medicine, moreover, caregivers who care for OVC would rather provide traditional medicine than take them to the clinic. In some cases, traditional healers treat and then ask the patient (OVC) to work for them in payment – GET TREATED NOW AND PAY LATER.

- Buying medicines from grocery shops

Buying chloroquine, cafemol and panadol from farm shop or tuck shops. Expiry dates and correct dosages of drugs bought from grocery shops are generally not known and not taken into account when taking such medicines. This jeopardises the healing process and the whole health status of patients.

- Just do nothing when ill

Many OVC and their caregivers or guardians do not do anything when ill. Some guardians take the ill orphans for healing sessions at local church (vapositori) wait for an external force to act and take no direct action themselves. This can lead to recovery but also to death.

- Borrowing money from neighbours and relatives

Borrowing money from friends to ensure that the ill go to the clinic, but sometimes there is nowhere to borrow hence the sick are not taken to hospital.

- Farm health worker (FHW)

Where still available, ill OVC are taken to the Farm Health Worker for attention. However most of these FHW do not have adequate medication and transport and generally a situation of helplessness was noted in the study respondents.

4.1.4 Shelter

Description of the Problem

Farm villages usually comprise a core of permanent workers, many of whom may have been born on the farm and lived there all their lives. The numbers of inhabitants may swell at peak times, when the demand for seasonal labour increases and many of the casual labourers are single women. These women are often from broken marriages, widows, and single mothers, whose circumstances have forced them onto the job market as the sole breadwinner. They move from farm to farm, district to district, in search of employment, supplementing income whenever and however, even through casual sex. Accommodation is usually tied to their employment and this contributes to their apparent lack of motivation in community issues, like assisting OVC, contributing to building community facilities.

It was noted that the current prevailing situation in farms is one of: NO WORK – NO HOUSE. This means that the OVC (especially those less than 8 years of age) in particular those who have lost both parents, lose their housing soon after the death of the last remaining working parent. Where children are allowed to remain in the farm village, it was noted that they were given the poorest housing not wanted by working households.

Coping Strategies

- The former large-scale farmers used to provide the materials necessary for the construction of additional accommodation for orphaned children and the community assisted in the construction, but this has since stopped due to lack of awareness on the plight of OVC and social issues being reported as a lower priority for the new farmers.
- Construction of temporary shelters of grass or pole and dugga or old plastic sheeting and card board. The old plastic sheeting from greenhouses pose a serious hazard to the health of the OVC since they are usually impregnated with chemicals.
- In some cases, OVC staying with relatives, friends and church leaders.

4.1.5 Clothing and School Uniforms

Description of the Problem

The problem of clothing characterized, mainly defined as having 'few' dirty and/or tattered clothes, was not perceived as such a major problem as food or health by OVC, their guardians, and other participants. In most cases during the ranking exercises it was either ranked fourth or fifth, (except for Headlands where it was ranked ninth and Rusape sixth).

This may be because there are other organizations supporting the OVC with clothing or that most children in poor farm communities are poorly clothed and hence OVC are not conspicuously worse off than other children. In addition, this may be an example of where adult perceptions and those of children differ and that adult assumptions about what very young children require is different from the children themselves.

Coping Strategies

The proliferation of dealers in second hand clothes has eased the burden of clothing in general. A FGD comprising women caregivers at Mvurwi compared bedding and clothing and noted that blankets were more expensive than clothes. Second hand inexpensive clothes are readily available in most areas, including clothing for very young children.

Other strategies adopted to mitigate the problem of clothing are:

- Wearing the same, often tattered, clothes over and over. Caregivers for orphans who can access soap, wash the clothes every so often.
- Mending and repairing the same clothes over and over again.
- Orphan guardians and their children donating old clothes to orphans; and
- Exchange of food items for clothes.

4.1.6 Education

Description of the Problem

It was reported that school fees are often unaffordable, especially for OVC aged above 6 years. Focus group discussions, which followed mapping exercises, and in some cases the maps themselves, indicated that many orphans in the early years of schooling, do not go to school. Children said that discrimination against orphans also takes place once they are at school. The study found that most of the OVC dropping out of school are those from poor families. The children said they feel frustrated especially if they are being chased from school. In fact, they say that it is this that makes them realise that they are orphans and even makes them remember their parents. This dampens their morale at school.

At all workshops, except Rusape and Bindura stakeholder workshop, there was no mention of the advantages of pre-schools, suggesting that the participants were unaware of the benefits of pre-schools. The benefits of ECEC were amplified by a representative of the Ministry of Education, Sports and Culture at the Rusape Stakeholders Workshop.

Coping Strategies

- Dropping out of school altogether. This is the most often adopted course of action because the inability to pay levies.
- Taking girls from the immediate family out of school, to accommodate boys orphaned from close relatives – this was only reported during a FGD at Mvurwi.
- Another strategy is to sell the little that the household grows in order to educate some, if not all, of the children.

4.1.7 Protection and guidance

Children without parents or living in very vulnerable households are less likely to grow up in a protected environment where they are guided and protected by a caring adult.

Child sexual abuse may be defined as the use of children for sexual gratification. Effects of abuse include the occurrence of sexually transmitted diseases and, HIV and AIDS, pregnancy, injury to the genitalia, child marriage, psychosomatic disturbances, emotional/behavioural problems, poor school performance and drop-out.

Description of the Problem

The FGDs recognised that physical and sexual child abuse was taking place, even with the very young children and found that it was useful to work with existing government structures to protect children and identify and prosecute offenders. Sexual child abuse is a very sensitive subject and hence participants were not free to discuss this subject in detail.

Coping Strategies

- The Ward Child Protection Committee and the community linking up with local Social Welfare officers and the Police.
- The local pastor and community elders providing counseling to children when appropriate. The participants emphasised the importance to consider more than the simple material needs of children, especially the girl child
- Encouraging OVC to attend church and to be involved in social community activities. This was specifically mentioned at Mutare where non-orphans were encouraging orphan friends to go to church.

4.1.8 Birth certificates

Historically, many farm workers (at least 15% of farm workers) are from neighbouring countries, predominantly Malawi and Mozambique, and have married locally, raised families. Second, third and even fourth generations now exist on some farms. Furthermore, few have been able to formalise their status and, together with their children, remain "foreigners" – both in the eyes of Government and their peers. Children of the farm workers, whether they are of permanent workers or of single mothers, are particularly at risk. Absence of traceable extended families, dislocation from familiar totem groups, marginalisation from society and of multi-ethnic backgrounds increases their vulnerability.

Description of the Problem

Proportion of children who participated in the meetings without a birth certificate was approximately 60% among orphans and approximately 40% for the rest of the population. Difficulty in acquiring birth certificates was said to be due to the failure by the guardians and the OVC to show the registration officers proof of the death of the parents and because registration centres are too far away. This was not considered a major problem for OVC aged 0-8 years because birth certificates are only required later when the children are due to write the Grade 7 examinations. This emphasizes the need to undertake awareness with communities about the importance of acquiring BCs for all children as soon as they are born.

Coping Strategies

Getting recommendations from school heads for school going OVC, with supporting letters from CBOs and NGOs, like FOST. The guardians and caregivers would then approach the Ministry of Home Affairs' mobile registration unit with the recommendations to obtain BC for OVC.

- Church leaders signing affidavits to testify and authenticate applications by OVC.
- Do without BC from Grade 1 to 7. At Grade 7 all children without BC won't be able to write public examinations.

4.1.9 Play-time and recreation

One important aspect of being a child is that opportunity to play and have fun. This is more than simple recreation, but forms part of the way that very young children learn how to operate in the world in which they live.

Farm communities often lack cohesion and though the individual families may befriend each other and work together, they seldom function as an interdependent group and initiate community projects themselves. This lack of cohesion has been worsened by the land distribution which has seen massive migration of farm workers in search of employment and survival. Where there is no reference back to village or farm or cultural elders, marriages are often not formalised and are loose unions easily dissolved, with abdicated responsibility and occasional abandonment of children.

Description of the Problem

On farms where large scale commercial farmers are still operating, Farm Health Workers are still being tasked to motivate and involve people in social programmes such as pre-schools and nutrition programmes and to liaise between the people and farm management on farm social and amenity development issues. In the past this resulted in construction of recreational or play centres for children.

The participants in the survey reported, however, that due to either lack of interest or awareness on the plight of OVC, very little work on social issues is being done in the new farming environment and often play centre facilities constructed by the former farmers are being used for other activities, like beer halls, storage sheds, etc. For example, of the eleven farms that attended the Mvurwi Community Workshop only one pre-school is operating as designed, the other ten pre-schools are now used for other purposes. This led to children playing in dirty and dangerous places, unsupervised. Generally, low priority is given at community level to very young children's development through play.

Coping Strategies

- Children playing in the houses or outside the houses
- Improvising toys, e.g., bricks for cars, homemade woolen dolls, etc
- Children swimming in ponds and rivers, unsupervised
- Climbing trees, and using tree branches as swings for the older OVC (5-8 years old)
- Grand mothers carrying the very young OVC on their backs most of the time, with very little or no time allowed for play – this has been known to delay child development.

4.1.10 Money

Issues related to money were ranked lowest by all but one area. This may be a reflection that very young children do not generally have much interaction with money, even in an affluent situation.

Description of the Problem

Some of the OVC reported being anxious and feeling left out or deprived when they see non-orphans with pocket money which they use to buy sweets and other luxuries. Hence "lack of money" is linked to feelings of marginalization and stigmatization and becomes another way that orphaned children feel different from their counterparts.

Coping Strategies

- Eating wild fruits, like Masawu. While the non-orphaned children are going to the local store to buy sweets and other "goods", the orphans will find solace by going in the forest looking for wild fruits.
- Begging from children that have access to money, be they, orphans or non-orphans.
- Doing nothing about it.

4.2 Observations on community coping mechanisms

- Some coping mechanisms are very innovative and ingenious, like homemade toys for the very young OVC, creating and managing a Committee Welfare Fund that is used to purchase food and other provisions for OVC.
- Some are tantamount to child abuse and need to be addressed through awareness raising and training, like child labour or offering very young OVC work or medication in exchange for food or health care, especially by traditional healers.
- In most areas the participants reported that OVC are no more disadvantaged than other children in the community, but the major problem is how resources are prioritized in the households. The little that is available, material or financial, is often channeled towards activities that do not benefit children, orphans or non-orphans.
- The "Road to Health" Cards are a mechanism for monitoring access to health care and can be used as a tool for awareness raising amongst caregivers as well as a way to assess access to health services.
- The upheavals around the land reform process has led to a changing social landscape and different priorities from the "owners" of the farms. This means different perception of the situation and ways to address problems, which need to be borne in mind when recommendations are made. The 'new owners' are either unaware of the plight of OVC or problems of OVC are not currently a priority.
- Where 'new owners' have maintained the social interventions of the previous owner, there are models of OVC care that can be replicated.
- Government resources are so overwhelmed by the problems of OVC that it is failing to keep pace with demand for services. This situation is further compounded by the general decline in the economy, decreasing Government investment in social services and the ever raising deaths from AIDS and HIV and AIDS related illnesses.
- Traditional community coping mechanisms are saturated and it will be unrealistic to expect them to do more for OVC, since the majority of the people are living under conditions of abject poverty and hopelessness.

Chapter 5 - Interventions

5.1 Introduction

Sustainability is important for community OVC initiatives. Informal initiatives of community members, continue and develop as a result of a shared sense of ownership and leadership, recognition and encouragement from other community members, and success in mobilising resources.

Support from local stakeholders (such as churches, business people, traditional and political leaders, health workers and agricultural development staff) is also important for sustainability. This support may be mobilised and strengthened through effective advocacy work at local and national levels.

5.2 Community interventions

CBOs and NGOs play an important role in meeting the needs of the very young OVC in Zimbabwe. There is growing understanding of good practice in OVC work for such organizations. However, the bulk of support to extended families caring for OVC is provided through the informal, day-to-day activities of community members. These 'organic' activities are often barely visible to outsiders, yet are vital for the community to cope. Relatively little is known about the nature, needs and proliferation of these 'community initiatives'.

5.2.1 Community Activities to support OVC aged 0-8 years

- Support to care givers, including extended families looking after orphaned children. The support was reported to be either financial and/or spiritual. Spiritual support and counseling mainly done by community elders, other members of the extended family and Church leaders, who visit households that care for OVC. The visits were reported to be frequent to households caring for very young OVC (under 3 years old) because the caregivers were reported to need more encouragement and emotional support.
- Youth-to-youth counseling and support, e.g., older non-orphan children playing and socializing, and sharing material resources with OVC below 8 years of age.
- OVC support integrated into home-based care for the sick.
- Gardening, for nutrition and social integration of OVC. These activities are done by caregivers and the proceeds were then used to meet the nutritional needs of the very young OVC, who are unable of engaging in such activities.
- Material support provided by neighbours and other community members. These were reported to be donations of food, clothing, toys, etc to OVC below 8 years of age
- Provision of school fees, uniforms and school supplies for school going OVC – community donations to pay school fees or buying uniforms for OVC in Grades 1 and 2. These were reported to be organized through the local church or women's club, and channeled through the Ward Children Protection Committee.
- Establishment of community play centres with basic infrastructure and toys made from locally available materials, e.g., dolls made from old clothes, and balls made out of waste paper.
- Referral services to public agencies – such as social welfare and health. This was reported to be the duty of every member of the community. If any member of the community notices or realizes that a very young OVC (under 8 years of age) was being

abused or lacking food or is ill, he/she must report to the local Church leader, community elder, FHW (if available) or the Police. However this was reported to be very ineffective in most cases because some community members were either not aware of the plight of OVC, not interested or afraid to report the incident??.

- Advocating on behalf of children - such as on issues of school fees, rent, legal issues, sexual and physical exploitation, involvement of the police.
- Assistance with 'succession planning' – such as memory books, wills and inheritances. This was being encouraged and facilitated by the Legal Resources Foundation (LRF).

It should be noted that most of these community activities are focused on material support and even the psycho-social support activities reported are aimed at the caregivers of very young children rather than the children themselves. The only intervention that may help young children to talk about their feelings was the "Memory Book" idea, which is externally facilitated.

5.2.2 Characteristics of informal community initiatives

It was noted that most of the activities taking place within communities to support very young children affected by HIV and AIDS have the following characteristics:

- They lack of formal management structures and systems[14].
- They make use of local resources.
- Are focused on responding to immediate, local needs and, hence, tend to be mainly material support.
- Are community –owned.
- Are often catalysed by charismatic local leaders, such as priests.
- Involve voluntary activities and do not involve paid staff.
- Day-to-day activities are often decided by consensus.
- Are often linked to kinship and family ties or neighbour-to-neighbour support.
- Are rarely documented.
- Are rarely evaluated formally or informally to assess effectiveness.

5.3 Interventions by external organizations

It was noted that externally initiated interventions are generally targeted for schooling-going children. Table 4 summaries the nature of interventions by external agencies in the study areas.

[14] At the time of the study there was no information about the contents of the proposed new NGO legislation. It should be noted that in its current form the legislation would have a serious effect on the ability of organised community based interventions because such interventions would need to be registered.

Table 4: Interventions by external organizations that benefit young children

Assistance	Mvurwi	Glendale	Bindura	Mutare	Headlands	Rusape
FOST						
1. School fees	X	X	X	X	X	X
2. Stationery	X	X	X	X	X	X
3. Uniforms	X	X	X	X	X	X
4. Projects		X				
5. CHHs	X	X	X	X	X	X
FCTZ						
1. Porridge	X	X	X	X	X	X
2. Food	X		X			
3. ECEC	X	X	X			
World Vision						
1. Food			X			
Hope Humana						
1. HIV AND AIDS awareness		X	X			
UNICEF						
1. Blankets			X			
2. Food			X			
Red Cross						
1. School fees			X			
2. Food			X			
3. Uniform			X			
4. Blankets			X			
Goal						
1. Porridge						X
FBOs						
1. School fees			X			
2. Clothes			X			
3. Institution				X		X
Govt						
1. School fees	X	X	X	X	X	X
2. Per capita grant to schools	X	X	X	X	X	X
3. Social welfare	X	X	X	X	X	X
4. ECEC				X	X	X

5.4 Views on the Assistance given to Orphans by Institutions

Adequacy of assistance

In view of the inadequate financial resources at the disposal of the various institutions supporting OVC the assistance given was generally considered insufficient. In several case studies, several informants expressed ignorance of institutions helping OVC in their communities.

Mode of rendering assistance

The idea of institutions isolating orphans from the rest of the families in which they live was heavily criticised. This tends to improve the quality of life of the orphans while that of the rest of the family's dependants remain the same. In turn this contributes to the deep sense of isolation and exclusion on the part of the orphans. Some informants pointed out that this only adds to the psychological problems and torment of exclusion which orphans

experience. For by being enabled to go to school, health centre or to access good clothing, the orphan is made very conspicuously different from the other children of the household.

Selection criteria and procedures of recipients of this assistance were discussed at some length. Some institutions, especially the churches, were commended for involving communities in the process. Others were condemned for the discrimination they exhibit in favour of their relatives and friends. The lack of transparency in some interventions highlights the need for community involvement at all levels.

5.5 Comment on Interventions

Interventions in HIV and AIDS for OVC in farm communities need to build on the obvious strengths of community initiatives whilst raising awareness of the rights of children, especially very young children, and strengthening capacity to offer psycho-social and materials support.

During the discussions with communities it was noted that:

- Most of the community interventions are needs driven and not based on rights. The local African tradition is that parents know what is best for their children. Adults make all decisions for their children under 8 years of age. There is a need for awareness creation on the rights of the children and involving them in decision making, even at a very young age.
- Most interventions by external organizations, including Government, are also appear to be needs driven, (eg providing supplementary feeding, blankets, clothing and school fees) Training in Human Rights Based Approaches to Programming (HRBAP) would greatly strengthen interventions and responses by these external agencies.
- It was assumed that the very young children will benefit from general interventions for children and few, if any, are targeted specifically for OVC of 0-8 years of age. Those that targeted young children tended to be quiet on HIV and AIDS.
- Institutions for orphans were roundly condemned because participants felt that they contribute to the deep sense of isolation and exclusion on the part of the orphans. For by being enabled to go to school, health centre or to access good clothing, the orphan is made very conspicuously different from the other children of the household.

Chapter 6 - Recommendations

6.1 Introduction

Both the problems of vulnerable children and many of the solutions lie within the community. It is therefore important that the community is able to mobilise itself to deal with the problem, to mitigate its impact, and even to reduce the likelihood of its occurrence. The community based project as an entry point to communities so that the capacity of individuals, families and communities is enhanced to cope with the problem of OVC. Scaling up and enhancing of existing interventions is vital, however, if the response is to match the scale of the situation over the next decade.

6.2 Factors to be considered

Observations about community interventions that came from the discussion with communities are:

- The effective way to mainstream very young children is to build on and enhance existing community informal initiatives and to support them in ways that provide mechanisms for aligning with more formal interventions.
- Stakeholders should engage in awareness campaigns at all levels about early childhood:
    - Strengthen leadership structures to take responsibility in the interest of uplifting the standard of life at community level and making sure that young children are considered;
    - Existing structures at District Level should strengthen coordination and networking;
    - Existing structures at the National Level can strengthen coordination and monitor existing laws and policies.
- The DAAC should play a leading role in coordinating community efforts, education, health and social welfare activities. Legislation at national level needs to be disseminated to traditional leaders, churches, political leaders to ensure implementation of national policies at community level. Awareness creation meetings and training sessions should be initiated by ward councilors, SDCs, WAACs, etc, to ensure community ownership and minimize suspicion regarding NGOs.
- The caregivers should be made aware of the specific nutrition needs of very young children and trained to produce food for very young OVC who are unable to do so themselves.
- External organizations should build capacity within the community to be able to identify the needs of very young OVC and to link them with District Coordinating Committee, which should receive more Government support for community based initiatives.
- Any intervention must try as much as possible to ensure that siblings remain together if it is in the interest of the child. In most cases, the best people to care for very young OVC are the extended family members and local tradition is to share the children around. Hence, keeping all children from a household together may not always be possible, if children are to remain within the extended family. This may need awareness creation about the importance of avoiding sibling separation, especially for very young children, and creativity in the utilization of resources to facilitate this.

There is also a need to educate communities about the importance of talking to children, even very young children, about HIV and AIDS and about their sick or deceased parents. Cultural taboos can make this very difficult but awareness raising and emphasis the effects of excluding children from the bereavement process can influence cultural practices. Often the children themselves are the most powerful advocates in this issue.

6.3 Possible approaches to enhance community initiatives to support very young (0-8 years) OVC

- The starting point could be for the community to look within itself for solutions to the problem of OVC. This could be done through community awareness workshops to sensitise community members on the existing legislative and policy frameworks and on the situation and needs of very young OVC.
- Communities can develop mechanisms to identify very young children in need[15] and link them with the WAAC and DAAC. Funding from the National Level can then be channeled into supporting the children identified.
- Undertaking awareness-raising with the traditional and spiritual leadership in communities regarding the cultural taboos around talking to young children about illness and death.
- Training community members in psycho-social support for very young children affected by HIV and AIDS, e.g., training volunteers, youth clubs, teachers, caregivers etc
- Youth club activities could compliment the support for very young children by putting resources into use for the younger OVCs and involving them in the activities where appropriate, e,g. recreation, PSS, agricultural activities
- Support the establishment of ECEC centres in the farming communities. This would need awareness raising with new farmers and advocacy for prioritization of resources. Former centres, that have been closed down or changed function, can be revitalized and reopened.
- Existing centres that function purely for the distribution of feeding materials should be targeted for awareness raising so that these centres can become more sustainable.
- Re-establish mobile clinic services would address the problems of accessing health facilities and ensuring that all young children follow the "Road to Health" process. These used to operate effectively in the past and could be a relatively low cost option for current RDCs in farming and resettlement areas.
- Encourage children's participation in all programme activities that affect them. Where possible, children can be encouraged to organize their own activities and involve even the youngest children in the process. They will, however, need monitoring and support from youth and adults in the community and resources from other agencies.
- Farm communities have, in many cases, lost their traditional livelihood and the consequent economic stress is a major constraint in any type of community based intervention with young children. Sensitising and building the capacity of caregivers and communities to develop projects and training them in simple business skills, (like planning, budgeting, simple bookkeeping) could be a way of developing sustainable interventions to benefit very young children.
- In addition, if the whole community develops a sense of responsibility for very young children the impact of interventions will be greater and the burden on a few people will

[15] Perhaps using the "Village Register" idea but ensuring that the information is available to all stakeholders

be reduced. (Such as the production of food for the children, after identifying the needs of the community, e.g., Zunde RaMambo. External organizations could provide agriculture inputs, such as fertilizers and chemicals.)

- Economic strengthening activities would be greatly enhanced if community initiaitives were given access to land during the land redistribution process.

6.4 Guidelines for community-based responses

It was noted that community initiatives tended to be "welfarist" and needs-based rather than focusing on children's rights. As a result it is recommended that the following guidelines can be set for interventions rooted in the community aimed at supporting for very young children affected by HIV and AIDS:

- Encourage the structured involvement and participation of children at all levels including decision-making.
- Focus on all children, not just OVC, when looking at children's rights.
- Emphasise the specific requirements of very young children.
- Ensure, as far as possible, that orphaned siblings remain together.
- Encourage a situation whereby children remain in their homes or communities of origin.
- Strengthen the economic capacity of caregivers by facilitating access to skills training and other productive mechanisms.
- Improve access of vulnerable children to education, health and other mainstream services so that they have the same opportunities as other children in the community.

6.5 Community Based Pro Orphan and Vulnerable Child Policy

Discussions at community level about the national policy and legislative frameworks can lead to community action which supports OVC of all ages in a way that is not stigmatising.

- ✓ **Pro Orphan and Vulnerable Child Policy** - FOST, through its district partners, should encourage School Development Committees, Health Advisory Committees and other community based organisations with which it will interact, to develop a Policy which recognises the positive role they can play in supporting all OVC, and in particular for the very young children, e.g.,
    - The SDC exempting some children from paying levies,
    - not chasing children away from school during the year,
    - start to develop methods for supplementing any external support,
    - relaxing the age restriction of entry or by having a 'late starters class',
    - assistance with the provision of books etc,
    - setting up of informal early childhood centres in the community monitored by the school
- ✓ **Identification of Vulnerable Children -** The process of registering orphans and vulnerable children is a useful mechanism for assessing the scale of need in a particular community, for ensuring that benefits reach the right children, and for building

awareness of the scope of the problem in the community. The criteria for determining vulnerability can be community established and not imposed, but a standard format will be needed for collation sake.

The criteria for vulnerable children may vary from those who are dressed in ragged clothes and "look unhappy" or whose parents are considered to be particularly poor, to those who show symptoms of malnutrition or stunting. The village registers, being implemented through chiefs and village heads, are being developed nationally and will feed in to this process but there may be a role in a preparatory phase where communities are made aware and are equipped to participate in the process.

FOST could assist in building the capacity of relevant district and sub district staff so that they are able to facilitate, with the community, the process of determining the criteria and the application of those criteria or become part of the district team already undertaking these activities. A community based register will empower the communities to ensure that the targeting of ongoing government and non governmental programmes, such as BEAM, school bursaries, feeding scheme, is consistent with the needs identified by the community. The activity will be supported during the life of the community based project and, if beneficial, is expected to be sustained by the community.

- ✓ **Access to information.** This Situational Analysis of Very Young Children affected by HIV and AIDS, found that poor access to information is a major constraint to developing effective community-based responses to the problems faced by OVC. It was felt that exchange visits and awareness creation workshops which would facilitate sharing of knowledge and experiences would be useful in accessing and exchanging information. Government departments, especially the Ministries of Education, Sport and Culture (MoESC), Youth, Gender and Employment Creation (MoYDGEC), Justice (MoJ); Local Government, Public Works, and National Housing (MoLGPWNH), Health and Child Welfare (MoHCW), Public Service, Labour and Social Welfare (MoPSLSW), and Home Affairs (MoHA) should embark on extension awareness creation exercises to educate the OVC and the communities on legislation that affect them.
- ✓ **Community Initiatives**. FOST should continue to encourage proposals that emanate from the community, which address the problems of very young children affected by HIV and AIDS in their communities. These should be given serious support by the DAAC and might also be supported through NGOs or direct to communities. DAACs are well placed to support initiatives that genuinely derive from process rooted in the community.

  Interventions that were seen to facilitate support for very young children affected by HIV and AIDS include:
  - Training of trainers in home-based care programmes to recognise and respond to the psycho-social needs of the children in these households.
  - Training district staff as facilitators for community based OVC register (this is already started through the RDCs and facilitated by UNICEF.)
  - Establishment of community managed pre-schools or play centres
  - 'Late starters classrooms' for OVC at primary schools;
  - Financial and technical strengthening of community or school production units, like orchards, nutrition gardens, and other IGPs; (e.g., improve agricultural production by making fertilisers more accessible or introducing production

systems that use less synthetic inputs, like permaculture and organic farming for special target groups – female headed households, grandparents with orphans, child headed households;)

- ✓ **Improve access to health and education:** ensuring that all children have access to mainstream basic social services and that there is adequate funding for these services. The distribution of this funding needs to equitable and reach all vulnerable children in all communities. Adherence to regulations which exempt the very poor from paying medical and school fees may need the support of the local political leadership.

- ✓ **Simple life skills training**[16] to the OVC over 5 years of age. This would to enable them express their needs, take care of each other and make it feasible for them to generate income and acquire skills for productive adult life. It has been noted that children with skills that can contribute to the household economy are often better assimilated into extended family or foster households.

6.6 Scale-up of community OVC responses

Scale-up should not be imposed upon community responses. However, the increasing number and unprecedented needs of OVC mean that an increase in the quantity and quality of response at community level is essential.

Successful scale-up of OVC activity at community level requires that a variety of stakeholders act in appropriate and mutually supportive ways. In simple terms, what should each stakeholder do (or do more) and what should they not do (or do less)?

Donors can do much to assist the scale-up of community OVC initiatives, through being prepared to consider funding local initiatives that will not have the level of formal capacity that is usually required. This can be done by channeling support through national and international agencies that support these efforts. It is particularly supportive when donors adopt a long-term perspective and are able to commit funds for longer-term relationships - such as three or five years, rather than one-year agreements.

In providing much needed financial resources, it is essential that donors do not impose their own scale-up agenda on unprepared or unwilling partners. However, the need to reach more vulnerable children and to make sure that very young children do not fall through the gaps is imperative.

Scale-up needs to take place at each of these levels:

1. Community level

The primary response includes individuals, households and families, with support from groups such as community initiatives, congregations, CBOs and NGOs. These groups need to reach more vulnerable children and families, improve the quality of the services they provide and become more sustainable. They also need to be accountable if they are to access more resources.

In order to be able to do this, communities need to be cohesive and have collective decision-making mechanisms. In farm communities this means bring together all stakeholders to

[16] "Lifeskills" include health, hygiene, communication skills, negotiation skills etc as well as IGPs.

discuss the situation in their communities, to identify vulnerable children and map out strategies to support them. This will need support from external agencies, but offered in a way that does not "hijack" the process.

In addition, more focus needs to be given to the specific situation of very young children. This will require:

- awareness raising and knowledge dissemination about the effects of HIV and AIDS on very young children
- imparting skills related to psycho-social support for very young children for caregivers, pre-school leaders and teachers
- identifying suitable community responses to cater for young children

2. Facilitation level

This includes local NGOs, international NGOs, religious and private organisations and Government departments and committees at provincial, district, ward and village level. These intermediary agencies need to provide more coordinated support to CBOs. In addition, they need to improve the quality of the technical and financial support they provide. Technical capacity in areas such as decision making, project planning and management, monitoring and evaluation need to be developed at community level to enable scale up of responses.

These organizations should also raise awareness about the ways that HIV and AIDS affect very young children and provide training in child rights and child protection for especially for very young children so that the community are able to come together in a cohesive way to find community based responses.

In addition, there is need for more intermediary NGOs to work in farming communities. This increase might come about by strengthening CBOs which currently implement services for OVC to assume a capacity building role and become intermediary NGOs.

3. Policy Level

This includes Government departments, national and international donors, non-governmental, religious, private and inter-governmental agencies. Political commitment is crucial because of governments' ability to use existing structures, resources and networking capabilities to promote OVC activities. Serious consideration need to be given to how communities can access funds from the National AIDS Trust Fund for community based ECEC programmes. Local structures can also be utilised to facilitate awareness raising and education in a number of policy areas that affect very young children. Advocacy, policy development and resource mobilisation are key activities in creating a conducive environment.

There is need for stakeholders at this level to promote scaling-up through the establishment of an 'enabling environment' that promotes community mobilisation, capacity building and scaling-up at community and facilitation levels.

Conclusion

The PLA tool used in this study is an important catalyst in highlighting the issues that face communities in supporting very young children affected by HIV and AIDS, and for brainstorming possible interventions.

Key insights from the study

1. There is very little awareness and even fewer specific responses at any level to the effects of HIV and AIDS on very young children.

2. Poverty is the primary problem many Zimbabwean families and children face. Communities felt that most young children, regardless of status, are vulnerable to the effects of poverty. Probing issues revealed, however, that orphaned children do often have less access to resources at household level and are frequently the lowest priority when resources become available. In addition, households where very young children are being cared for by very old caregivers or siblings tend to be among the poorest households in a community. This reveals an area that needs to be explored in more detail at community level because such misperceptions can create resentment and stigma when interventions take place.

3. Interventions to support very young children affected by HIV and AIDS must not separate them from other children because this stigmatizes them. In addition, the prevalence of HIV in Zimbabwe means all young children are affected by HIV.

4. Children identified that psycho-social support is more important to them than material support, especially for very young children. This is not suggesting that rights of children to material support should be ignored, but that a caring and nurturing environment is equally important.

5. The issues of supporting children affected by HIV and AIDS is a family and community issue and best interventions are based at household and community level. The severe pressure on communities, due to physical, financial and social insecurity, compromises their ability to respond and consequently interventions need to address the overall community capacity and should find ways to build the economic strength of the community as a whole

6. NGOs are providing valuable interventions to enhance the Government response, which is grappling to provide action proportionate to the crisis. It was found, however, that activities are scattered and uncoordinated, even at district level, as the DAACs struggle to coordinate the process.

7. There are significant gaps at policy and implementation levels, both by Governmental and other partners, regarding very young children (0-8 years). Policies such as the HIV and AIDS policy, the National plan of Action for OVC, etc, need to be sensitized to the situation and specific rights of very young children.

To conclude the study recommends three **key focuses for strategies** for realising children's rights and well-being:

- Awareness raising and advocacy in the whole community of how HIV and AIDS affects very young children to facilitate a holistic response involving all sections of the community.
- Focusing development on social and economic empowerment of the community
- Strengthening institutional capacity at all levels for promoting the rights of children and young people by building community capacity in human rights based approaches to programming
- increasing participation of children of all ages in decision-making processes.

Appendix 1

Disaggregated Data on Participants at Meetings and Focus Group Discussions

Children's Meetings

Venue	No Farms	Girls	Boys	Total	0-3yrs		4-7yrs		8-10 yrs		11+ years	
					G	B	G	B	G	B	G	B
Glendale	13	18	15	33	8	6	2	2	4	2	4	4
Mvurwi	15	23	17	40	2	2	2	4	4	3	15	8
Bindura	8	13	11	24	-	-	-	-	-	-	-	-
Mutare	11	35	12	47	-	-	-	-	-	-	-	-
Headlands	8	18	17	35	-	-	-	-	-	-	-	-
Rusape	7	19	22	41	10	5	3	2	4	7	2	8
Totals	**62**	**126**	**94**	**220**								

Community Members and Caregivers Meetings

Venue	No Farms	Female	Male	Total no. participants
Glendale	22	30	3	33
Mvurwi	11	23	7	30
Bindura	13	30	12	42
Mutare	11	14	10	24
Headlands	8	18	8	26
Rusape	7	18	6	24
Totals	**72**	**133**	**46**	**179**

Stakeholders Meetings

Venue	Total	Edn	Health	ZIMPRO	RDC/DA	DSW	NGO	Farms	Other
Bindura	17	7	1		2	1	2	2	2
Rusape	13	4		3	2	1	3		
Feedback Meeting	29	11	1	1	3	3	3	3	4
Totals	**59**	**22**	**2**	**4**	**7**	**5**	**8**	**5**	**6**

Appendix 2
Views and comments from OVCs

(0-2 years) Glendale Workshop.

Waking up:

- ✓ Normally wake up early in the morning when their elders wake up to go to work, i.e., between 05 00 and 0600 hrs

Food:

- ✓ All the under 2 years are given porridge in the morning.
- ✓ Grand mothers suckling grand children.
- ✓ Some (<10%) are given tea afterwards.
- ✓ Food is sufficient to most of them.

Play:

- ✓ They play with other children when there are in the fields.
- ✓ When they get home, they play with their brothers/sisters.
- ✓ They do play in the backyards of their houses.
- ✓ They use bottles as toys
- ✓ Their elders sometimes make plastic balls for them.

Sleep:

- ✓ They sleep on the floor, at least twice during the day, and at night
- ✓ They sleep with the caregivers at night.
- ✓ The majority (>60%) do not have enough blankets

Bathing

- ✓ They bath once a day, every evening.
- ✓ They bath with water without soaps or towel.
- ✓ Their caregivers bathe them.

OVC (2-5 years) Glendale Workshop.

Waking up:

- ✓ They wake up early in the morning in between 0500 to 0600 hrs.
- ✓ The main reason why they wake up at that time is because of the noise of the plates.
- ✓ Sometimes the tractor noise coming from outside awakens them – the tractor will be collecting workers for field work.

Food:

- ✓ The majority (>80%) eat sadza left over from the previous night.
- ✓ Some will have tea with no bread.
- ✓ Food is not sufficient to them, cases reported when orphans are assigned chores away from home and food is given to non-orphans when orphans are away.
- ✓ Most do eat on their own.

Play:

- ✓ They play with friends, their own brothers and sisters.
- ✓ They play in the backyard of their houses.
- ✓ They use bricks as toys.
- ✓ Some use their homemade plastic balls at times – the balls are made out of old plastic paper and tied together with string.

Sleep:

- ✓ One sleep in a day
- ✓ Most sleep on the floors.
- ✓ Blankets are not enough in cold weather.

- ✓ Some have 1 blanket that they will use to sleep on and cover themselves.

Bathing:

- ✓ They only bath once in the evenings
- ✓ Some do have bathrooms while others do not.
- ✓ Some take their bath in the nearest rivers
- ✓ Not enough toiletries to use when bathing, i.e., no soap or lotion

OVC (5-8years) Glendale Workshop.

Wake up:

- ✓ Wake up very early in the morning at around 0300 – 0500 hrs.
- ✓ Their guardians do wake them up to go and fetch some water.
- ✓ Some to go and work in the fields.
- ✓ To go to school for some since they walk over long distances.
- ✓ To do the household duties before they go to either school or work.

Food:

- ✓ Eat sadza and some relish left from the previous night.
- ✓ Less than 30% eat porridge in the morning.
- ✓ Others do not take any food (<50%) in the morning.
- ✓ To most of them food is not sufficient.
- ✓ There is competition when eating, with more than 3 to 4 children sharing a plate.

Play:

- ✓ They play with their own friends.
- ✓ There is not enough time to play for them to.
- ✓ They do make their own toys since they cannot afford to buy same from the shops.
- ✓ A very limited time for them since most of time they go to school or work.

Sleep:

- ✓ They sleep once a day at night only.
- ✓ Most sleep on the floor.
- ✓ Their blankets are not enough since they share with at least three children per blanket.
- ✓ Their bedding is uncomfortable.

Bathing:

- ✓ They only bath once at night before they go to bed.
- ✓ They do bath on their own.
- ✓ They do not apply any lotion afterwards but motor grease instead.
- ✓ Some do bath in the nearest rivers.

OVC (0-4years) Headlands Workshop.

Wake up:

- ✓ They wake up very early in the morning, normally between 0500 and 0600 hours.
- ✓ Reasons for waking up were cited as: guardians when preparing to go to work, uncomfortable bedding, owls making noise and sometimes hunger.

Food

- ✓ Their early morning food is porridge (15%), tea (5%) and sadza and (80%) relish from the previous night.
- ✓ Some do no eat on their own but fed by the elder siblings or caregivers.
- ✓ Food is sufficient to them.

Play

- ✓ They play with other children, but in most cases they will be with the family members.
- ✓ Their brothers make homemade toys for them, using plastic bottles/ balls and bricks.

- ✓ They will be playing in the fields while caregivers will be working in the fields.

Sleep

- ✓ Sleep as many times as possible.
- ✓ Most do sleep on the floors with their siblings.

Bathing

- ✓ They bath once in the evenings.
- ✓ The siblings make them bath.
- ✓ Some have bathrooms.

OVC (5-8years) Headlands Workshop.

Wake up:

- ✓ They wake up early morning, between 0500 and 0600 hours.
- ✓ The owls make a lot of noise at those hours for them.
- ✓ Some of them are awaken by their guardians to get ready for the fields/ farms.
- ✓ The noises of the plates and people already walking outside their houses.

Food:

- ✓ Early morning food is sadza left from the previous night.
- ✓ Some do have tea (< 10%).
- ✓ They can eat on their own.
- ✓ Food is not enough for most of them.

Play:

- ✓ They play with other children in addition to own brothers and sisters.
- ✓ They normally play in the backyard of their houses.
- ✓ They use empty bottles and some use homemade plastic balls as toys.

Sleep:

- ✓ One sleep in a day at night although they would have to have more hours to sleep.
- ✓ Few have beds to sleep on (<5%) whereas the rest sleep on floors.
- ✓ They sleep on their own.
- ✓ The blankets are not enough, especially in cold weather.

Bathing:

- ✓ They only bath once in the evening.
- ✓ The majority (>90%) do not have bathrooms so they bathe in the nearest rivers.

OVC (0-5 years) Mutare Workshop.

Waking up:

- ✓ They wake up between 0500 and 0700 hours.
- ✓ Due to noise and hunger.
- ✓ Being ready to go to the field together with everyone else.

Play

- ✓ They play with or siblings, i.e., brothers and sisters.
- ✓ But one said he was being isolated because of being an orphan
- ✓ They do not have toys.
- ✓ No appropriate play centres.

Bathing

- ✓ They bath once, at most twice a day when there is less farm work for the caregivers
- ✓ They use plain water without any soap and toiletries.
- ✓ They go to the nearest bathing rooms.

- ✓ The majority (>60%) take their bathe by the rivers assisted by caregivers and close relatives.

Sleep
- ✓ They sleep about 2-3 times a day on the floor and in the field where the caregivers will be working.
- ✓ Few OVC (<5%) have beds in their homes.
- ✓ The majority (>60%) reported that blankets are not enough, especially during winter.

Education
- ✓ No enough pre-schools.
- ✓ No one to educate these kids.
- ✓ Only a few (<2%) of them do attend crèche.

Food
- ✓ They eat sadza, vegetables, tea, sweatpotatoes in the morning.
- ✓ The older children (>2 years of age) compete for food – 3 to 5 siblings sharing a plate.

OVC (5-8 years) Mutare Workshop.

Morning
- ✓ They generally wake up as early as 0500 hours to do household chores.

Afternoon
- ✓ There are a lot of activities to be carried out by OVC and they are constantly busy, while the non-orphans are allocated lighter work, i.e., non-orphans could be allocated duties to clean plates while the orphans walk long distances to fetch water.
- ✓ Only eat once at most twice daily.

Food
- ✓ They normally eat sadza, porridge, tea, sweetpotatoes, pumpkins, meal rice and long to have rice, chicken, beans, potatoes, meat, cooking oil.

Health status-
- ✓ They experience a lot of diseases e.g. malaria, chickenpox, bilharzia headache, tonsillitis.

Shelter / families
- ✓ The majority (>95%) stay with their grandparents.
- ✓ Some (approximately 1%) are from the childheaded families, and the remainder stay with friends.
- ✓ In most cases the houses for CHH are inadequate, dirty and very uncomfortable, some made of old plastic sheeting and cardboard boxes.

OVC (0-5 years) who attended the Mvurwi Workshop.

Waking up:
- ✓ Waken up between 0500 and 0700 hours by care-givers preparing to go to work and sometimes it is the noise of people talking outside
- ✓ Uncomfortable bedding e.g wet nappies/blankets

Early Morning Food:
- ✓ Porridge at times (at least twice a week) if there is sugar
- ✓ Majority (>95%) eat sadza left from the previous night
- ✓ Fed by the caregivers.
- ✓ No competition for food.

NB Most of them do not have lunch since the adults will be at work/school

Play time

- ✓ Play with siblings and no brother or sister in the home spends of the time on mother's or caregiver' or grand parent's back, if not asleep.
- ✓ Sometimes play on their own within the homestead
- ✓ They play with homemade toys (dolls & balls)

Current Assistance:

- ✓ Very little from the community
- ✓ FOST: education assistance for older OVC, uniforms, fees, stationery,
- ✓ FCTZ: supplementary feeding, mainly porridge, cooking-oil,
- ✓ BEAM: school-fees
- ✓ UNICEF: school fees and porridge

Bathing

- ✓ Depends on the caregiver: if they work, the children bath once in the evenings and maybe rarely twice during the weekends.
- ✓ Majority use the motor greases as lotions
- ✓ Majority (>80%) of the over 2 years of age travel long distances to fetch water

OVC (5-8 years) who attended the Mvurwi Workshop.

Waking up

- ✓ Generally early in the morning approximately 0500 hours to:
    - To fetch water
    - To go to the school
    - During the weekend to do household chores

Food

- ✓ During they morning they have enough food e;g sadza, mangai, meal rice and some porridge supplied at school.
- ✓ In the afternoon: only 2 of the participants out of the 40, do not eat lunch because of unavailability of relish or eat sadza in salt solution.
- ✓ Supper: is supplied to the majority but only one of them does not get enough of it due to competition when eating.

Expectations

- ✓ From Community
    - Affection,
    - Food, and
    - Shelter
- ✓ From Government
    - Schools, and
    - School fees – free schooling
- ✓ From External Organisations
    - Food,
    - Clothing,
    - Toys, and
    - School fees

OVC (0-4 years) who attended the Rusape Workshop.

Waking up:

- ✓ They wake up early morning (between 0500 and 0600 hours) when caregivers are preparing to go to work.

- ✓ Sometimes woken up by uncomfortable bedding and/or tractor sounds coming from outside – tractors will be collecting workers for the day's duties.

Food

- ✓ The majority (>90%) eat sadza left from the last dinner, with very few (<1%) having tea.
- ✓ A few (<5%) do not eat anything in the morning.
- ✓ Most of them are fed by the caregivers.

Play

- ✓ Normally play with their family members.
- ✓ They play using homemade toys, e.g., balls made out of waste plastic paper
- ✓ The very young (<2 years) normally play indoor when at home.

Sleep

- ✓ They sleep at least twice a day, if in the field, they sleep on the floor under shady trees.
- ✓ Blankets are not enough for them.

Bathing

- ✓ They only bath once a day during week days, in the evenings.
- ✓ They bath twice during weekends, in the morning and in the evening.

OVC (0-4) who attended the Bindura Workshop

Waking up:

- ✓ They wake up early in the morning (approximately 0500 hours) so that they can get ready to go to the fields with their caregivers.

Play:

- ✓ Play with brothers and sisters and rarely with neighbours' children since some neighbouring little boys and girls do isolate them/do not want to play with them.
- ✓ They do not have toys to play with.
- ✓ Sometimes they use plastic homemade balls made by their older siblings.

Bathing:

- ✓ Once a day in the evenings.
- ✓ Their elder siblings fetch water for them from nearest river.
- ✓ They bathe in water without soaps, then apply motor grease as lotion.

Education:

- ✓ Inadequate pre-schools.
- ✓ They do not go to school because of their age.

Sleep:

- ✓ They sleep on the floor, under trees and bushes at least 2-3 times a day, whilst their caregivers are busy in the field.
- ✓ Do not have enough blankets especially in winter.

Food:

- ✓ All eat porridge in the morning- this porridge is provided by external organizations.
- ✓ Sometimes fed sadza and relish left from the previous night, as mid-morning food.
- ✓ No competition when they are eating.
- ✓ Assisted to eat by caregivers.

OVC (5-8 years) who attended the Bindura Workshop.

Waking up:

- ✓ They wake up early in the morning between 0500 and 0600 hours since they go to the fields with caregivers, and to allow the rooms they will be sleeping in to be cleaned.

- ✓ Sometimes noise of other workers as they prepare to go to work or due to uncomfortable bedding.

Play:

- ✓ They have friends to play with.
- ✓ They use bricks as car-toys
- ✓ Some do play hide and seek.

Bathing:

- ✓ They take a bath once or twice a day. The spend a lot of time (3 to 4 hours a day) swimming in the nearest rivers.
- ✓ They do not use bathing soaps
- ✓ They apply motor grease all over their bodies after bathing.

Sleep:

- ✓ They sleep on the floor, mostly in the kitchen, once a day, in the evenings.
- ✓ They do not have enough blankets - they can share one blanket amongst 3-5 children, including older siblings.

Food:

- ✓ Main food is sadza and vegetables, and sometimes potatoes, tea, and sweet potatoes.
- ✓ Maize and potatoes gleaned from the farmer's field after harvest.
- ✓ Their food is not sufficient – 3 to 5 children sharing a plate.
- ✓ Sometimes caregivers given money from the Welfare Fund to buy food.

Appendix 3

Views and comments from community members and caregivers

Headlands Workshop – Group 1

Definition: OVC are children who does not have either parent or both parents have died. Some say if the parent is disabled, blind, mad is also an orphan.
Some have parents who ran away from them due to different circumstances can be regarded to be them to. Can also have guardian suffering from the HIV/ AIDS.

Problems faced by OVC

1. Insufficient food
2. No breast milk if the suckling mother dies.
3. No one to cook for them in the afternoon.
4. Poor clothing
5. Poor medical facilities, and very long distances to clinics. This is further worsened by the bad roads and fuel shortages.

Assistance they are getting from the community

1. The community providing food and shelter.
2. Allowing OVC to borrow money from them to travel to the nearest clinic for treatment.
3. Grand mothers suckling grand children.
4. Buying second-hand clothing for OVC.
5. FOST provided sewing machines, paying of school fees, buying them uniforms and school shoes.

Anticipated assistance

1. The community should to fundraise for the kids in order for them to have some money to start their own projects.
2. The community should OVC get birth certificates.
3. The Government should implement a policy of free medication for orphans.
4. External organizations to donate school exercise and text books for school-going OVC
5. Provision of different medicines to the responsible farm health worker for the OVC

Headlands Workshop – Group 2

Orphan: It is a child who has lost one of parent or both.

Problems faced by the orphans

1. Poor clothing.
2. Lack of sufficient food.
3. Abuse from the relatives.
4. Less/ no assistance when sick. Where FHW still exist, medication is not enough and they do not have transport. The mobile clinics that used to be run by the RDC is no-longer operational.

Assistance that they get

1. The community provides sadza and shelter at times.
2. Grand mothers suckling grand children.
3. The government does not give any help to them.

4. Buying second-hand clothing for OVC.
5. GOAL assists by giving children some food.
6. FOST provides school uniforms, entertainment either drama club, poems and soccer, payment of fees and giving out blankets.

Expectations
1. Community people should be united in order to help OVC.
2. The government should build more schools nearby farms to avoid long distances.
3. The Government should improve transport and communication systems.
4. The external organizations should increase donations.

Community members and caregivers who attended the Rusape Workshop – Group 1

Definition of an orphan

An orphan is a child who has lost parents one or both of his/her parents.

Problems faced by these orphans
1. Insufficient food
2. No money for school fees.
3. Lack of education
4. Poor clothing

Assistance from the community

The community assists only with food.

Assistance from the government
1. The government assisted by allowing the NGO's to assist OVC.
2. Paying school fees.
3. Medication in hospitals.

External organisation

FOST: it provides school uniforms, fees, medicine,

Expectations
1. The government should implement FREE education for orphans.
2. Building of more schools.
3. More hospitals and clinics to be built
4. External organizations should increase the provision of food .
5. Clothing / blankets for warmth.
6. Capital to start their own projects
7. Donating sewing machines, knitting machines, e.g., for income generating projects

Rusape Workshop – Group 2

Definition of an orphan

An orphan is a child who lost both parents.

Problems faced by orphans
1. Poor clothing.
2. Uncomfortable Shelter
3. Lack of food

4. No blankets and jerseys for warmth
5. Poor medical facilities

Assistance from the community
1. Guiding them to avoid bad behaviour.
2. Giving them mealie-meal and the relish.
3. Teaching them to practice hygienic methods
4. Taking them to hospitals when they are sick

Government assistance
Creating an enabling operating environment for external organizations to assist OVC.

Assistance from external organisation
FCTZ: supplementary feeding (porridge) in schools
FOST: providing different kinds of medication, uniforms, school fees, blankets.

Expectations
1. The community to provide land to OVC caregivers to produce food.
2. Teaching them how to start projects.
3. The government should give free medication when ill.
4. Building of more schools nearby.
5. The NGO's should keep on supporting the vulnerable children.

Community members and caregivers who attended the Mutare Workshop – Group 1

Definition of an Orphan
An orphan is a child who has lost one /both of his parents.

Problems faced by the orphans
1. Shortages of food.
2. Poor clothing
3. No money for school fees.
4. No Education
5. Birth Certificates

Assistance from the community
1. It is very rare to assist since they do not afford themselves a normal life.
2. They might just represent them during the issuing of Birth Certificate.
3. Some adopt (<1%) that they become their own children.

Government assistance
1. BEAM which is responsible for the payment of fees.
2. Medication for free to orphans.
3. Immunisation

Assistance by External Organisations
- ✓ FOST- uniforms, stationery, blankets,
- ✓ FCTZ- supplementary feeding.

Expectations

- ✓ The government should keep on allowing the NGO's to donate.
- ✓ The NGO's should provide capital to start project.

Mutare Workshop – Group 2

Definition of OVC

An orphan is a child who does not have parents and a vulnerable child is a child living under poverty.

Problems faced by the orphans

1. No money to buy food.
2. Shortage of blankets since there is a lot of death.
3. Cannot afford to pay school fees.
4. They receive less money after working in the farms.
5. The amount charged when they go to hospitals is to high.
6. Poor shelter
7. Poor clothing

Assistance from the community

1. Providing 'piece' of jobs for them.
2. Sometime provide food
3. Guiding (some counseling) them when they lose control

Government assistance

1. Paying school fees through the BEAM programme.
2. Seeds for gardening projects and machines for sewing, i.e., to assist caregivers fend for OVC.

External organisations assistance

1. Money to pay school fees.
2. Supplementary feeding in schools.
3. Providing some food stuff like beans, cooking oil, maize meal, uniforms and school shoes.
4. Medication
5. Blankets, and clothing

Expectations

From community; people should be in a position to identify all the orphans without any favouratism.

From Government – building of pre-school and primary schools, it should improve transport and communication facilities.

From External organizations: payment of fees in time, provision of body building (nutritious) foods.

Problems of OVC of (0-8) years

1. Lack of love/ affection
2. Inadequate food
3. Inappropriate and uncomfortable shelter
4. Inadequate health facilities and medication
5. Inadequate clothes

6. Difficulty in acquiring Birth Certificate
7. Lack of money to pay school fees and levies

Inadequate and poorly furnished pre-schools

Community members and caregivers who attended the Mvurwi Workshop – Mixed Group

Defining the vulnerable households;

1. There is insufficient food in their homes,
2. No educational facilities,
3. Lack of medical facilities,
4. These kids are misguided;
5. Sometimes there are isolated by the society,

Community assistance to OVC;

1. Neighbouring people assist with food eg. Porridge,
2. Donating clothes, blankets and food.
3. Organising fundraising activities.
4. Affection in terms of providing love and consultation.
5. Payment of school fees.
6. Making sure that there are well monitored always.

Government assistance;

1. Immunisation and monitoring weight gains, following the Road to Health Cards
2. Some tablets are given freely, for headaches, and other minor ailments

Assistance from external organisations

FOST: Payment of school fees, providing school uniforms, blankets

BEAM: Payment of school fees but in half,

FCTZ: Supplementary feeding.

Expectations from the community

1. Awareness raising in the community about the plight OVC.
2. The community should develop love on their own people.
3. Teaching the orphans about the religion.
4. Discourage institutionalization of OVC.
5. Providing them with ideas of making a better living, e.g., *gardening*

Expectations from the government

1. OVC to receive free medication.
2. Free education for the OVC.
3. Assisting them to acquire Birth Certificates.

Expectations from the NGO's

1. Providing supplementary feeding in community centres.
2. Providing capital to start some projects.
3. Building them descent shelters

Mvurwi group:breast-feeding mothers/guardians

Problems of orphans from (0-2years)

1. Lack of milk,

2. Insufficient body-building foods
3. Poor clothing
4. Enough support
5. Poor hygienic methods due to lack of *soaps,water* etc
6. Most children suffer from malnutrition,
7. Variety of diseases i.e., kwashiorkor, bilharzias
8. Lack of motherly /parental love.

Expectations from the community to assist OVC (0-2years)

1. Sourcing different kinds of milk for suckling OVC.
2. Produce peanut butter for them.
3. Producing natural juices eg, *maheu*
4. Giving them clothing
5. Fruits required for their health practices
6. Taking them to clinic/hospital if there are sick
7. Providing soaps, towels etc.

Expectations from Government for the very young (0-2 years) OVC

1. Free medical facilities.
2. Donating milk products.
3. Build institutions meant for the little orphans
4. Building pre-schools for OVC.

Expectations from external organizations for the very young (0-2 years) OVC

1. Donating milk products for the kids
2. Giving the kids clothing and blankets.
3. Building houses for them.
4. Donating toys for them.

Youth-group Mvurwi

Problems faced by the orphans of the ages (5-8years):

1. The orphans are being raped,
2. No shelter
3. Lack of guidance
4. No Birth Certificates
5. Food shortages
6. Lack of happiness

Expectations from Community:

1. Taking the rape victims to the police and help to find the criminals.
2. Taking them to church.
3. Representing them when acquiring birth-certificates.
4. Guidance and counseling.
6. Sympathise with their needs.

Expectation from Government assistance

1. Allowing the external organisations to assist OVC
2. Getting certificates without any complication
3. Providing school stationery

4. Building of schools in the farming area

Expectation from External Organisations assistance
1. Building of pre-schools and play centres
2. Provide capital to start their own projects
3. Donating school uniforms, fees, food, stationery

Community members and caregivers who attended the Bindura Workshop – Group 1

Definition of orphan

An orphan is a child who has lost one or both parents.

Problems faced by these orphans
1. No money to buy food.
2. No money for school fees
3. They receive less money after working in the fields.
4. No shelter
5. Poor clothing
6. No money for buying utensils for CHH.

Assistance from the community
1. Giving them piece jobs.
2. Food bought using the Welfare Fund
3. Guiding them when they lose control.
4. Giving them advice when they are in trouble/ in need.

Assistance from Government
1. BEAM: paying of school fees.
2. MoHCW: medication for the sick for free.

Assistance from external organisations
1. FOST: money for school fees.
2. FCTZ : supplementary feeding (porridge) in schools.
3. RED CROSS: food, blankets, paying fees for selected children.

Problems of orphans of(0-8) yrs
1. Love/ affection
2. Food
3. Shelter
4. Health
5. Clothes
6. Birth Certificates
7. School fees
8. Building of school

Expectations

Community: contribute clothes to the OVC.

Government: building more schools in farms and new resettlements.

External Organisation: school fees, clothing, blankets, providing nutritious supplementary feeding.

Community members and caregivers who attended the Bindura Workshop – Group 2

Definition of OVC

A child who has lost one or both parents.

Problems that they face

1. Food shortages
2. Poor clothing
3. Poor medical facilities
4. No money to pay for the school fees.

Assistance from the community

1. They are giving piece jobs that they earn money at the end of the day.
2. They are given second hand clothes to wear.
3. Donation of the food staff

Assistance from the government

1. Payment of school fees through BEAM.
2. By allowing the NGOs to donate food to them.

Appendix 4
Views and comments from stakeholders

Rusape Workshop – Group 1

Definition of vulnerable households

These are households which lack basic needs or fail to obtain or provide basics to young children, e.g., food, shelter, health, education, clothes, etc.

Orphan

An orphan is a child who has lost both parents – a child is not an orphan if the surviving parent is capable of providing the child with basic requirements for normal growth and development, like food, clothes, provision of medicines, access to education, etc

Assistance from the community

- ✓ They provide shelter, food, health, education, e.tc
- ✓ Guidance and counseling
- ✓ Care, love support

Assistance from Government

- ✓ Formal foster parenting, free medical treatment, institutionalization organized by Department of Social Welfare.
- ✓ Education assistance through BEAM, per capita grants, building schools, by the MoESC.
- ✓ Immunization, monitoring of weight gains, provision of clinics, free medication for 0-5 years, training of Farm Health Workers through the MoHCW.
- ✓ Early childhood care programmes run by the MoESC.
- ✓ Attending to child abuse cases by the MoHA.

Assistance from external organisation

- ✓ FOST: stationery, uniforms, block grant, PSS training.
- ✓ FCTZ: supplementary feeding (porridge).
- ✓ FACT: AIDS Awareness
- ✓ GOAL: supplementary feeding (porridge).

Expectation from the Government

- ✓ Provision of more clinics, play centres, furnishing schools, paying salaries for ECEC Coordinators
- ✓ Provision of land to caregivers to produce food for OVC.

Expectations from the community

- ✓ Initiate income generating projects/ activities like gardening, small stock rearing.
- ✓ Support skills training, e.g., the Nyamera skills training center.

Expectations from external organisations

- ✓ Funding of the community initiated projects.
- ✓ Training to empower community.

Needs of orphans of the age 0-8 years

1. Food
2. Affection
3. Health
6. School fees
7. Birth certificate
8. Education

4. Clothes
5. Protection
9. Recreation
10. Shelter

Stakeholders from Bindura Workshop – Group 1

Definition: An orphan is a child who has lost one/both of the parents.
Vulnerable Child: It is a child who is disadvantaged and also open to abuse, and suffers from inadequate supply of basic requirements for normal growth and development.
Vulnerable Household: It is a household which has little or nothing to survive on.

Problems faced by these orphans

- ✓ Lack of parental love.
- ✓ Lack of nutritious food
- ✓ Inadequate clothes and blankets to warm their bodies
- ✓ Security
- ✓ Uncomfortable shelter
- ✓ Child labour
- ✓ Verbal and physical abuse
- ✓ Deprived of the right to education
- ✓ Early marriages

Open to abuse of any form e.g., sexual abuse.

Assistance from the community

- ✓ They report cases of abuse to the police.
- ✓ Assistance in food supply.
- ✓ Sometimes assist in food supplies.
- ✓ Sometimes assist in school fees and stationery
- ✓ Donation of second hand clothes

Assistance from Government

- ✓ The BEAM funding in school fees.
- ✓ Social Welfare facilities
- ✓ Per Capita Grants

Assistance from the external organisations

FOST: payment of school fees, stationery, uniforms, self help projects.
RED CROSS: school fees, uniforms, food, blankets,
FCTZ: porridge, food, ECEC
WORLD VISION: food in Bindura
UNICEF: blankets , food, self-help projects

Needs of OVC (0-8 years)

1. Love/affection
2. Food
3. Clothes
4. Birth certificates
5. Awareness of programmes
6. Self-esteem
7. Play
8. Shelter
9. Security
10. Medical care

Expectations from community

1. Adoption of orphans
2. Build shelter for them
3. Come up with projects to help them.

Stakeholders who attended the Bindura Workshop – Group 2

Definition of an orphan

A child who has lost one or both parents

Problems faced by these orphans

1. Rushing in to early marriages
2. Poverty
3. Hunger
4. Poor Clothing
5. No sufficient shelter

Assistance from community

1. Represent them when taking acquiring birth certificates.
2. Assist with shelter
3. They are given food bought by money from Welfare Fund.

Government assistance

1. Department of Social Welfare: institutionalisation
2. MoHCW: Immunisation, treatment of minor ailments, health education, supplementary feeding, admitting sick to hospitals, AIDS prevention.
3. MoHA: Awareness campaigning on child abuse, arresting the victims.

Assistance from external organisation

FOST: stationery, school fees, uniforms, self-help projects.
RED CROSS; school fees, uniforms, food, blankets
FCTZ: porridge, food, ECEC
WORLD VISION: food, Bindura
UNICEF: blankets, food, other projects

Needs of OVC (0-8 years)

1. Food
2. Education
3. Love/affection
4. Clothes
5. Birth certificates
6. Awareness of programmes
7. Self-esteem
8. Play
9. Guidance
10. Security
11. Medical care

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