



ZIMBABWE

**NATIONAL PLAN OF ACTION  
FOR ORPHANS AND  
OTHER VULNERABLE CHILDREN**

**ZIMBABWE**

June 2004

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BEAM	Basic Education Assistance Module
CBO	Community Based Organisation
CPC	Child Protection Committee
CPS	Child Protection Society
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CSO	Central Statistical Office
DCPC	District Child Protection Committees
DHS	Demographic Health Survey
DSS	Department of Social Services
FACT	Family AIDS Caring Trust
FBO	Faith Based Organisation
GoZ	Government of Zimbabwe
HIV	Human Immuno-deficiency Virus
IEC	Information, Education, and Communication
ILO	International Labour Organisation
LAs	Local Authorities
M&E	Monitoring and Evaluation
MoESC	Ministry of Education, Sports and Culture
MoFED	Ministry of Finance and Economic Development
MoHA	Ministry of Home Affairs
MoHCW	Ministry of Health and Child Welfare
MoJLPA	Ministry of Justice, Legal, and Parliamentary Affairs
MoLGPWNH	Ministry of Local Government, Public Works, and National Housing
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
MoYDGECC	Ministry of Youth Development, Gender and Employment Creation
NAC	National AIDS Commission/Council
NANGO	National Association of Non-Governmental Organisations
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/AIDS
PMP	Performance Monitoring Plan
RAAAP	Rapid Assessment, Analysis and Action Planning
RDC	Rural District Council
RDDC	Rural District Development Committee
RRU	Relief and Recovery Unit
SCN-Z	Save the Children, Norway in Zimbabwe
SC-UK	Save the Children, United Kingdom
SIDA	Swedish International Development Agency
SSACC	Social Service Action Committee of the Cabinet
UN	United Nations
UNAIDS	United Nations Global Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Village AIDS Council/Committee
WAC	Ward AIDS Council/Committee
WCPC	Ward Child Protection Committee
WPO	Working Party of Officials

## EXECUTIVE SUMMARY

An estimated 761,000 children in Zimbabwe have lost one or both parents to HIV/AIDS. Projections suggest that by the year 2005, there will be approximately 1.1 million children under the age of 15 who will have been orphaned due to AIDS. In response to this crisis, the Government of Zimbabwe has endorsed the urgent need for coordinated, expanded interventions to strengthen existing work being undertaken by government ministries, non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs) and United Nations (UN) agencies. With support from the Social Services Action Committee of the Cabinet (SSACC), a national stakeholders' conference was held in Harare in June 2003 to widen the consultative process and secure broad-based support for a National Plan of Action (NPA) for Orphans and other Vulnerable Children (OVC).

The conference was preceded by a review of policies, legislation, and OVC programmes in place. Findings from the review were disseminated to stakeholders at the conference. The review established that:

- Although Zimbabwe has a well-defined legislative and policy framework to support children, lack of resources has prevented full implementation of key national policies. There is an urgent need to mobilize and coordinate resources for full implementation of national policies benefiting children.
- The wide scale lack of birth certificates prevents children from accessing education, health services, their inheritance, and other basic benefits guaranteed in the Constitution.
- A survey conducted in Harare, Bulawayo, Mutare, and surrounding areas revealed over 200 organizations providing services to children, and suggests that many more efforts exist throughout the country. It is clear that communities have responded to the escalating numbers of orphans with local initiatives and resources, although their activities lack in coordination, resulting in fragmented impact.
- The majority of programmes have established links with government ministries, particularly the Department of Social Services (DSS), as well as other NGOs and CBOs. These links can be further strengthened to enhance positive coordination and communication between all sectors.

The NPA for OVC was developed with the participation of children as key stakeholders at the National Stakeholders' Conference in June 2003. The conference rolled out recommendations culminating in this NPA for OVC, which seeks to ensure that OVC are able to access education, food, health services, birth registration, and be protected from abuse and exploitation through coordinated efforts by government and civil society with the full participation of children.

The vision of the NPA for OVC is to reach out to all orphans and other vulnerable children in Zimbabwe with basic services that will positively impact on their lives. By December 2005, the goal is to develop a national institutional capacity to identify all orphans and other vulnerable children and to have reached out with service provision to at least 25% of OVC.

The vision and goal will be achieved through the following objectives:

- Strengthen the existing coordination structures for OVC programmes and increase resource mobilisation by December 2005;
- Increase child participation where appropriate in all issues that concern them from community to national level, considering their evolving capacities;

- Increase the percentage of children with birth certificates by at least 25% by December 2005;
- Increase new school enrolment of OVC by at least 25% by December 2005, while ensuring retention of OVC in primary and secondary schools;
- Increase access to food, health services, and water and sanitation for all OVC by December 2005;
- Increase education on nutrition, health, and hygiene for all OVC by December 2005; and
- Reduce the number of children who live outside of a family environment by at least 25% by December 2005 (this includes children living without adult guidance, children living on the streets, and children in institutions).

The NPA for OVC objectives will be achieved through the following strategies, which emphasize identifying, mobilizing, and coordinating existing resources from all sectors:

- Establishment of a National Secretariat for the NPA for OVC (the Secretariat) that will work through Provincial and District Secretariats and Child Protection Committees (CPCs) and together with local authorities, to coordinate and monitor implementation of this plan;
- Education and advocacy on the implementation of existing legislation and policies in the best interests of the child;
- Strengthening community based initiatives and social safety nets;
- Strengthening the rights-based approach to programming, where the family, community, local authorities, civil society, and the state are viewed as duty bearers, and must commit to upholding children's rights;
- Mobilising domestic and international resources; and
- Communicating with local stakeholders and other counterparts, regional and international.

This NPA for OVC covers an initial time frame of three to five years, incorporating the UNGASS goals for 2005, and therefore attempts to address the basic and urgent needs of vulnerable children. Although the NPA for OVC proposes to identify and maximise the use of local resources through coordinated, multi-sectoral efforts, additional resources will be mobilised to support the Secretariat and meet unmet needs identified by Child Protection Committees in their local workplans.

## **1.0 INTRODUCTION**

### **1.1 Background information**

HIV/AIDS has infected an estimated 36 million people and claimed 22 million lives globally. By region, Sub-Saharan Africa is the worst affected, with approximately 3.5 million new infections in 2001, bringing to 28.5 million the total number of people living with HIV/AIDS. The estimated number of children orphaned by AIDS and living in the region is 11 million, highlighting the need for an urgent response to provide care and protection for this vulnerable group. This has led to a number of global and national commitments, such as those developed by the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS and this National Plan of Action (NPA) for Orphans and other Vulnerable Children (OVC).

With an HIV prevalence rate of 24.6% in Zimbabwe, AIDS has left an estimated 761,000 orphans in its wake.<sup>1</sup> Although efforts by government and civil society are underway to address the growing orphan crisis, responses have not been easy due to Zimbabwe's difficult socio-economic environment. Parents, who are usually the breadwinners, continue to lose their regular income as they fall ill with HIV/AIDS and eventually die. In addition, the extended family, once the safety net for vulnerable children, is fast disintegrating because of poverty, high rates of unemployment, hyperinflation, urbanisation, and the HIV/AIDS epidemic.

The NPA for OVC will intensify the implementation of the national legislation and policies pertinent to children, in particular the Children's Protection and Adoption Act [Chapter 5:06] and the Zimbabwe National Orphan Care Policy of 1999. While the Act provides legal protection for children who fall through the social safety nets, the Policy puts in place a mechanism for coordination, which is the overall responsibility of government to provide minimum standards and guidelines for civil society, the community and all other duty bearers to monitor and respond to the situation of children.

Zimbabwe has made steady progress in its commitment to addressing the orphan crisis since the UNGASS declaration in June 2001. A broad-based, multi-sectoral consultative approach has been adopted, which includes key government ministries, UN and bilateral donor agencies, international and national non-governmental organisations (NGOs) and civil society, all actively seeking to effectively address the plight of orphans and other vulnerable children in Zimbabwe.

Activities at national and regional level have contributed to fulfilling Zimbabwe's commitment to the UNGASS Declaration of Commitment with a view to the development of a National Plan of Action for Orphans and other Vulnerable Children.

This document is in line with the UNGASS goals 65, 66 and 67 which directly target orphans and other vulnerable children, urging member states to develop national policies and strategies that build and strengthen the ability of governments, communities, and families to support orphans and children infected and affected by HIV/AIDS by the year 2003, and to implement these policies and strategies by the year 2005.

### **1.2 Definition of Orphans and other Vulnerable Children**

The definition of a child in this document is any person below the age of 18 years. Orphans

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<sup>1</sup> Zimbabwe National HIV/AIDS Estimates, 2003 (Ministry of Health and Child Welfare, Centres for Disease Control, and UNAIDS: 2003)

are those children 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.<sup>2</sup>

*Vulnerable children include the following:*

- *Children with one parent deceased (in particular the mother)*
- *Children with disabilities*
- *Children affected and/or infected by HIV and AIDS*
- *Abused children (sexually, physically, and emotionally)*
- *Working children*
- *Destitute children*
- *Abandoned children*
- *Children living on the streets*
- *Married children*
- *Neglected children*
- *Children in remote areas*
- *Children with chronically ill parent(s)*
- *Child parents*
- *Children in conflict with the law*

As a result of the socio-economic situation and the HIV/AIDS epidemic, all children in Zimbabwe are potentially vulnerable. There are many ways of defining and evaluating vulnerability. However, this document acknowledges that communities themselves best define vulnerability. They know which children are vulnerable using their own indices of vulnerability and prioritize accordingly.

The outcome of a 1998 (UNICEF) and 2000 (USAID) situational analysis on OVC identified children orphaned and made vulnerable because of HIV/AIDS as the most vulnerable population in Zimbabwe. These children are subjected to a wide range of social and economic difficulties: psycho-social distress, grief, stigma, discrimination, isolation, economic deprivation, loss of educational opportunity, burdensome domestic responsibilities, and fear for their own future.

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<sup>2</sup> It has to be noted that UNAIDS defines 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, including in Section 2.1.



## 2.0 SITUATION OF OVC IN ZIMBABWE

### 2.1 The HIV/AIDS situation

Zimbabwe, which is at the epicentre of the HIV/AIDS pandemic, is experiencing some of the worst effects of HIV/AIDS in the world:

• Zimbabweans infected with HIV	1,820,000
• Percentage of adults (15-49 years) who are HIV positive	24.6%
• Estimated number of children (0-14 years) living with HIV/AIDS at end of 2003	165,000
• Estimated number of new HIV infections during 2003	206,000
• Estimated number of new AIDS cases during 2003	174,000
• Annual HIV+ births	39,720
• Weekly estimated number of deaths due to AIDS	3,290
• Life expectancy has fallen from 61 years to	39 years
• Expected number of orphans due to AIDS by 2005	1,140,000
• Children with disabilities	150,000
• Children living on/off the streets	12,000
• Percentage of children (10-14 years) who are working	26%
• Children living in institutions	5,000

Estimates drawn from: Report on the Global HIV/AIDS Epidemic (UNAIDS: July 2002); Children on the Brink (UNICEF, UNAIDS, USAID: 2002); Children in Especially Difficult Circumstances in Zimbabwe (UNICEF: 1998), A Situation Analysis of Orphans and other Vulnerable Children and Adolescents in Zimbabwe (UNICEF: 2001), Zimbabwe 1999 National Labour Survey: Country Report (MoP/SLSW, with the CSO and ILO), DSS; Zimbabwe National HIV/AIDS Estimates, 2003 (MoHCW, Centres for Disease Control, and UNAIDS: 2003)

### 2.2 Impact of HIV/AIDS on Orphans and other Vulnerable Children

Zimbabwe, along with Zambia, Malawi, Lesotho, and Rwanda, has the world's highest proportion of orphaned children. December 2001 estimates by UNAIDS suggest that in these five countries, 17-18% of all children under the age of 15 have lost one or both parents. In Zimbabwe, this amounts to just over 1 million orphans, out of a total population of around 5.8 million children.

The HIV/AIDS epidemic is resulting in increasing numbers of OVC and child-headed households, and is creating strains for extended families, particularly grandparents, and communities, who are desperate for resources and support to deal with ever-increasing demands. However, studies also note the existence of the many community-based initiatives supporting OVC, which identify and monitor vulnerable children through visits, creating community foster homes, providing material and psychosocial support, and disseminating information on HIV/AIDS prevention.

Increasingly, the Government of Zimbabwe (GoZ), NGOs, and the international community (donors) recognize that approaching community initiatives collectively results in significant gains for OVC. Escalating numbers of OVC mean that line ministries, local organisations and communities need to expand coverage with service provision and care and that local efforts need to be coordinated to maximize resources and avoid duplication of effort.

### 2.3 Urgent issues for Zimbabwe

The National Plan of Action for OVC for Zimbabwe seeks to prioritize and address the urgent issues facing OVC, their families, and communities. Although recent review of programmes

servicing OVC revealed that communities and community-based organizations have responded to the plight of OVC with a proliferation of local initiatives, lack of coordination means that impact is fragmented and existing resources cannot be utilized to their full benefit for children. This is especially evident in the current socio-economic situation that has resulted in alarming increases in children with basic survival needs of food and health services unmet.

National policies and laws establishing the legal infrastructure for the coordination of OVC programmes and services have not been fully implemented for lack of financial, material, and human resources. In the absence of full implementation and enforcement of policies and legislation that protect children's rights, OVC service providers report an alarming increase in cases of child abuse. In addition, the widespread lack of birth certificates prevents children from accessing basic services and rights. Furthermore, children, particularly OVC, lack the possibility to participate in decisions that affect their lives. Nowhere is the lack of children's participation more evident than in the legal and policy issues that affect them. Lastly, the extent of the orphan problem and the new phenomenon of households headed by children and grandparents were not anticipated when the laws were framed, and therefore gaps and contradictions are evident.

Legal issues pertinent to children in Zimbabwe are subject to a dual legal system, comprising customary law and legislation found in the Constitution and statutes. The existence of these two systems in the absence of a provision in the Constitution of non-discrimination on age and sex and derogations of the non-discrimination principle on matters related to customary and family law can result in situations where one system can contradict the other or discriminate against children. Existing legislation is often fragmented, generally requiring access to legal advocacy to ensure that the law is carried out in the best interests of the child.

The challenge, therefore, is to advocate and provide resources for immediate full implementation of existing laws and policies. Secondly, there is a need to review legislation and policy in light of the current situation, the gaps and contradictions and in the best interests of the child.

## 3.0 CURRENT RESPONSES TO THE SITUATION OF OVC

### 3.1 Global commitments

#### 3.1.1 *Convention on the Rights of the Child*

Zimbabwe is a signatory to the Convention on the Rights of the Child (CRC), the most comprehensive international document pertaining to the rights of children.<sup>3</sup>

The CRC defines a child as any person under the age of 18, and sets out a wide range of political, civil, cultural, economic and social rights for children. The Committee on the Rights of the Child has identified the following articles as general principles that are basic to implementation of all rights contained in the CRC:

- Non-discrimination (article 2)
- Best interests of the child (article 3)
- Right to life, survival and development (article 6)
- Respect for the views of the child (article 12)

The CRC highlights the need for special care for children, including legal and other rights before and after birth and throughout childhood. It places special emphasis on the role of the family in caring for children. The CRC stresses 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.

The following rights of the child set out in the CRC are particularly, but not exclusively, relevant to the NPA for OVC in Zimbabwe:

*Article 2 – 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.

*Article 3 – 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.

*Article 6 – Survival and development:* Every child has the inherent right to life and the State has an obligation to ensure the child's survival and development.

*Article 7 – Name and nationality:* The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.

*Article 12 – 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.

*Article 18 – Parental responsibilities:* Parents have joint primary responsibility for raising the child and the State shall support them in this.

*Article 19 – Sexual and physical abuse:* Children should be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment

<sup>3</sup> Zimbabwe ratified the CRC in 1992.

or exploitation, including sexual abuse.

*Article 20 – Protection of a child without family:* The State is obliged to provide special protection for a child deprived of the family environment and to ensure that appropriate family care or institutional placement is available.

*Article 24 – 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.

*Article 28 – Education:* All children have the right to education, and this right should be achieved progressively and on the basis of equal opportunity. It is the State's duty to ensure that primary education is free and compulsory.

The CRC came into force in September 1990. This was followed by the first World Summit for Children in the same year. The summit was the first major global action for the implementation of the CRC.

### **3.1.2 United Nations General Assembly Special Session on HIV/AIDS**

In an effort to set common targets that effectively respond to HIV/AIDS and alleviate its impact, the international community adopted a Declaration of Commitment at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), held in June 2001 in New York, USA. Zimbabwe is a signatory to the UNGASS Declaration of Commitment on HIV/AIDS. Goals 65, 66 and 67 directly target children who are orphaned and made vulnerable by HIV/AIDS:

- 65. *By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans, girls and boys infected and affected by HIV/AIDS, including providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;***
- 65. *Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS;***
- 66. *Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effective national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa.***

### **3.1.3 2002 World Summit for Children**

The U.N. General Assembly Special Session on Children held in May 2002 was a follow up to the 1990 World Summit for Children. Recommendations of this meeting are documented in 'A World Fit for Children'. Together with other world leaders, the Government of Zimbabwe signed this declaration, committing itself to a time-bound (2002-2010) set of specific goals for children and young people and to a basic framework for getting there. It

sets targets for 2010 to measure progress towards reaching the Millennium Development Goals by 2015.<sup>4</sup>

In the World Fit for Children summit, world leaders agreed to address outstanding issues and jointly create a child-friendly environment – a time of play and learning, with love and respect, a place where boys and girls can cherish moments, protect and promote their rights without discrimination, a place in which they feel safe and can grow up healthily, blessed with peace and dignity.

## **3.2 Regional commitments**

### **3.2.1 African Charter on the Rights and Welfare of the Child**

Zimbabwe is a signatory to the African Charter on the Rights and Welfare of the Child, the first regional child rights treaty, which came into force in 1999.<sup>5</sup>

The Charter defines a child as every human being below the age of 18 years and like the CRC covers civil, political, economic, social and cultural rights. The Preamble recognises that the child occupies a unique and privileged position in the African society, but also notes with concern the critical situation of most African children. Furthermore, the Charter puts special emphasis on the protection against harmful social and cultural practices and the responsibility of children towards parents and the wider community. It also stresses the importance of the family as the natural unit and basis of society and, like the CRC, emphasises the responsibility of the parents for the upbringing and development of the child.

### **3.2.2 Regional Workshop on Children Affected by HIV/AIDS**

In November 2002, Zimbabwe, along with other countries in eastern and southern Africa, convened at the Regional Workshop on Children Affected by HIV/AIDS in Windhoek, Namibia, to measure progress towards fulfilment of the UNGASS goals. This workshop enabled the Zimbabwean delegation to review national progress, learn from different country experiences, determine if there are successful scaling up programmes, identify key action points (based on lessons learnt during the workshop), and formulate a plan to secure further commitment to action in Zimbabwe.

The Zimbabwean delegation committed the nation to:

- i. Advocate for greater political commitment to support for OVC
- ii. Conduct a situational analysis of OVC programming in Zimbabwe
- iii. Conduct a national stakeholders' consultative conference
- iv. Develop a national plan of action for orphans and other vulnerable children

## **3.3 National commitments**

### **3.3.1 National Programme of Action for Children**

As signatory to the CRC, Zimbabwe pledged at the 1990 World Summit for Children to develop a National Programme of Action for Children (NPAC) guided by principles established in the World Summit Declaration within a Zimbabwean context. The NPAC, developed in 1992, aims to consolidate and strengthen the commitment and mobilisation of

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<sup>4</sup> At the Millennium Summit of September 2000, Zimbabwe was among 189 Heads of State and Governments that agreed to the Millennium Declaration, which establishes common development goals, including universal primary education for all girls and boys, eradication of extreme hunger and poverty, and halting and beginning to reverse the spread of HIV/AIDS.

<sup>5</sup> Zimbabwe ratified the African Charter in 1995.

resources for children as an integral part of Zimbabwe's national plans and policies. This NPA for OVC complements and supports the principles of the NPAC.

### **3.3.2 Policies and legislation supporting children**

Zimbabwe has two key national policies and a legal framework that support children. Legislation pertinent to children includes the Children's Protection and Adoption Act and its Amendment, the Guardianship of Minors Act, the Maintenance Act, and the Child Abduction Act. Many other statutes are also relevant to OVC, such as those pertaining to birth, death, and marriage registration, legal age of consent and majority, sexual offences and inheritance.

National policies include the National Orphan Care Policy and the National AIDS Policy, both adopted in 1999. These policies were developed using a broad-based consultative approach, reflect Zimbabwe's strengths in traditional ways of doing things, and promote collaboration between government and civil society. These policies also establish the government infrastructure to implement and coordinate services and benefits provided in the policies.

The Children's Protection and Adoption Act and the Zimbabwe National Orphan Care Policy further provide the following issues:

- The Children's Protection and Adoption Act provides categories of children who need care as including those who(se) are destitute or have been abandoned, parents are dead or cannot be traced, parents do not or are unfit to exercise proper care over them, parents/guardians who give them up in settlement of disputes or for cultural beliefs and those denied proper health care.
- The Zimbabwe National Orphan Care Policy identifies opportunities inherent in the country's legislative framework, the cultural tradition of caring and the collaborative approach, which exists between government and the civic society in the care and protection for children. It established a partnership between government ministries and private voluntary organisations, the community, faith based organisations, traditional institutions and non-governmental organisations (both national and international). The partners collaborate in monitoring the situation of children, they network, advocate on children's behalf and respond to their needs under consortiums now known as Child Protection Committees established at all levels starting from the village to the national level. It recognises the traditional leaders' role in the care of orphans and the support of their programmes such as the Zunde raMambo/Insimu yeNkosi and Dura raMambo/Isiphala seNkosi.

The NPA for OVC seeks to support the existing legislative and policy framework and the coordination structures by, among other strategies, mobilising human, material and financial resources.

### **3.3.3 Government programmes supporting OVC**

Government has adopted a decentralised approach to care and support for vulnerable children, with programmes coordinated by the local authorities through the Child Protection Committees at district, provincial, and national levels.

Programmes targeting OVC include:

- *The Basic Education Assistance Module (BEAM)*, through which a tuition fee, levy, and examination-fee assistance is provided to vulnerable children.

- Government assists vulnerable families with basic living costs through programmes such as *Public Works Fund – Cash Transfers to Vulnerable Groups*, *Public Assistance Fund*, *Drought Relief*, and *Assisted Medical Treatment Order*.
- A 3% tax levy supports the *National HIV/AIDS Policy*. The National AIDS Council administers the National AIDS Trust Fund that supports programmes for persons living with HIV/AIDS, including OVC.
- *The National Strategy on Children in Difficult Circumstances*, through which the government provides resources to local authorities, which work with all stakeholders to reach out to children in difficult circumstances in the community setting.
- *OVC programmes* are implemented in partnership with community-based organisations (CBOs), faith-based organisations (FBOs), and NGOs. In the past few years many new CBO and FBO initiatives providing care and support to OVC have been started. Many of these initiatives receive support from international NGOs working specifically on OVC in Zimbabwe, mostly in the context of HIV/AIDS.

### **3.3.4 Greater political commitment to support OVC**

Following the regional workshop in Namibia in 2002, an OVC Working Group worked to expand the consultative process leading to an action plan that will meet the urgent needs of OVC in Zimbabwe. With support of the Social Services Action Committee of the Cabinet (SSACC), the OVC Working Group coordinated a National Stakeholders' Conference held in June 2003 (see 3.3.7) to widen the consultative process and secure broad-based support for a National Plan of Action.

The SSACC also established a Working Party of Officials (WPO) for OVC, co-chaired by the Permanent Secretaries from the Ministries of Public Service, Labour, and Social Welfare and Health and Child Welfare, to oversee and expedite development and implementation of the NPA for OVC.

### **3.3.5 Review of OVC programming in Zimbabwe**

A review of existing policies, legislation, and OVC programmes was conducted in preparation for the National Stakeholders' Conference. The review established that:

- Although Zimbabwe has a well-defined legislative and policy framework to support children, lack of resources has prevented full implementation of key national policies and legislation. There is an urgent need to mobilize resources for full implementation of policies and legislation fulfilling the rights of children.
- The wide scale lack of birth certificates prevents children from accessing education, health services, their inheritance, and other basic benefits.
- An emerging and urgent issue reported by service providers is an increase in cases of child abuse.
- A survey conducted in Harare, Bulawayo, Mutare, and surrounding areas revealed over 200 organizations providing services to children, and suggests that many more efforts exist throughout the country. It is clear that Zimbabwe communities have responded to the escalating numbers of orphans with local initiatives and resources, although their activities lack in coordination, resulting in fragmented impact.
- The majority of programmes have established links with government ministries, particularly the Department of Social Services (DSS), as well as other NGOs and CBOs. These links can be further strengthened to enhance positive coordination and communication between all sectors.

Cross-cutting issues and themes emerging from the review include the need for children to participate in decisions which affect their lives, the important role communities are playing and the need to ensure that interventions do not undermine, but support existing initiatives, the need to strengthen and expand efforts to protect children from abuse and exploitation, and the urgent need for coordination of resources and programmes at all levels.

### **3.3.6 *Strengthening and expanding OVC programmes***

In addition to the GoZ's current responses to the situation of OVC that are listed above, the review of current OVC programmes undertaken in preparation for the National Stakeholders' Conference indicates that Zimbabwe has already expanded its response to OVC through community initiatives that are supported by many stakeholders. Programmes for OVC focus on psychosocial and material support and educational and humanitarian assistance. Other programmes include children's rights, behaviour change, youth programmes, life skills training, caregiver training, HIV/AIDS information and health care.

Links between organisations implementing OVC programmes and government ministries can be further strengthened to enhance positive coordination and communication between all sectors. In response to the OVC crisis, the government has endorsed the urgent need for coordinated, expanded interventions to strengthen existing work being undertaken by government ministries, NGOs, CBOs, and FBOs. The Working Party of Officials for OVC is tasked by the SSACC to expedite and oversee this process.

### **3.3.7 *National Stakeholders' Consultative Conference***

More than 300 stakeholders converged at the "Children at the Centre" Conference in Harare from 9-12 June 2003. Stakeholders included 50 children and 250 representatives from government ministries, local authorities, non-governmental organisations (NGOs), faith-based organisations (FBOs), community-based organisations (CBOs), research institutes, UN agencies and the international donor community. The theme of the conference "Children at the Centre: Our Joy Today, Our Hope Tomorrow – Action Now", was proposed by the children themselves. The aim of the conference was to engage stakeholders to draft a National Plan of Action for OVC in Zimbabwe.

Major outcomes of the conference included the formulation of this draft NPA for OVC and selection of civil society members for the Working Party of Officials to guide implementation of the NPA for OVC.



## **4.0 THE NATIONAL PLAN OF ACTION FOR OVC**

### **4.1 Development of the National Plan of Action for OVC**

The NPA for OVC was developed with the participation of children as key stakeholders at the National Stakeholders' Conference in June 2003. The conference rolled out recommendations that culminated in this Plan of Action, which seeks to ensure that OVC are able to access education, food, health services, birth registration, and are protected from abuse and exploitation through coordinated efforts by government and civil society, with the full participation of children.

### **4.2 Vision and goal**

The vision and goal of the NPA for OVC are:

**Vision:** To reach out to all orphans and other vulnerable children in Zimbabwe with basic services that will positively impact on their lives.

**Goal:** By December 2005, to develop a national institutional capacity to identify all orphans and other vulnerable children and to have reached out with service provision to at least 25% of OVC in Zimbabwe.

### **4.3 Objectives**

The vision and goal will be achieved through the following objectives<sup>6</sup>:

- Strengthen the existing coordination structures for OVC programmes and increase resource mobilisation by December 2005;
- Increase child participation as appropriate in all issues that concern them from community to national level, considering their evolving capacities;
- Increase the percentage of children with birth certificates by at least 25% by December 2005;
- Increase new school enrolment of OVC by at least 25% by December 2005, while ensuring retention of OVC in primary and secondary schools;
- Increase access to food, health services and water and sanitation for all OVC by December 2005;
- Increase education on nutrition, health, and hygiene for all OVC by December 2005; and
- Reduce the number of children who live outside of a family environment by at least 25% by December 2005 (this includes children living without adult guidance, children living on the streets, and children in institutions).

### **4.4 Strategies**

Objectives will be achieved through the following strategies, which emphasize identifying, mobilizing, and coordinating existing resources from all sectors:

- Establishment of a National Secretariat for the NPA for OVC (the Secretariat) that will work through Provincial and District Secretariats and Child Protection Committees (CPCs) and together with local authorities, to coordinate and monitor implementation of this plan;

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<sup>6</sup> District targets for each objective will continue to be refined and monitored by the OVC Secretariat and Child Protection Committees using a participatory approach that involves local community stakeholders.

- Education and advocacy on the implementation of existing legislation and policies in the best interests of the child;
- Strengthening community based initiatives and social safety nets;
- Strengthening the rights-based approach to programming, where the family, community, local authorities, civil society, and the state are viewed as duty bearers, and must commit to upholding children's rights;
- Mobilising domestic and international resources; and
- Communicating with local stakeholders and other counterparts, regional and international.

#### **4.5 Guiding principles**

The NPA for OVC prioritises the participation of children, the role of the community, and coordination as cross-cutting issues that need to be addressed for OVC programming in Zimbabwe.

The implementation of the NPA for OVC is guided by the following principles:

- The recognition that children have the capacity, as well as the right, to participate in decisions that affect them;
- Gender equity, or equal attention paid to the roles of girls and boys;
- The recognition that children are resilient and have great capacity for self-reliance;
- Observance of non-discrimination in the provision of essential services to children;
- Building upon existing community structures, and paying attention to family ties and traditional capital;
- Effectively coordinating human, material, and financial resources at all levels will maximize local resources and minimize or avoid duplication of efforts; and
- Prevention of HIV/AIDS should be integrated in all programmes, strategies, and approaches.

#### **4.6 Legal and policy recommendations**

Stakeholders generally agree on the need to overhaul legislation pertinent to children according to an approach based on children's rights. However, this is a protracted process and the NPA for OVC should prioritize closing gaps in legislation that render children more vulnerable and outlawing practices harmful to children. Efforts to change the law should not take precedence over advocacy efforts to enforce existing laws in the best interests of the child. Simultaneously, existing policies that promote children's rights need to be fully implemented and their principles applied, evaluated, and amended, if need be, by institutions serving children.

## 5.0 NPA FOR OVC INSTITUTIONAL STRUCTURE

### 5.1 Coordination and support

The NPA for OVC requires the provision of a Secretariat, comprising dedicated personnel at national, provincial, and district levels to support the full implementation of multi-sectoral Child Protection Committees, responsible for coordinating and monitoring service provision to children. The Plan calls for existing resources from all stakeholders to be identified and coordinated through the development of local plans of action by the Child Protection Committees, with support from the Secretariat. The following are the NPA for OVC key institutional players:

INSTITUTIONAL KEY PLAYERS	ROLE	SECRETARIAT SERVICES
<b>Cabinet of the Republic of Zimbabwe</b> Members of Parliament and the Executive	Approve policies and commit the state	Cabinet
<b>Social Services Action Committee of the Cabinet (SSACC)</b> Cabinet ministers of children's line ministries, with representatives of rural and urban councils association and National AIDS Council	National coordination mechanism and monitoring of programmes	MoPSLSW
<b>Working Party of Officials (WPO)</b> - 7 government line ministries (MoPSLSW, MoHCW, MoJLPA, MoYDGE, MoFED, MoLGPWNH, MoESC) - 1 repr. National AIDS Council - 1 repr. UN system (UNICEF) - 2 repr. Local NGOs/CBOs (CPS and FACT) - 3 repr. International PVOs/NGOs (CRS, Futures, and SCN-Z) - 2 repr. FBOs - 1 repr. Zimbabwe Red Cross Society - 2 repr. donors (SIDA and USAID) - 1 repr. national umbrella/regional organization (NANGO) - 1 repr. private sector (Anglo American) - 3 child representatives	Resource mobilisation, implementation, supervision, policy formulation, and technical back stopping	MoPSLSW (National Secretariat)
<b>Provincial Child Protection Committees (PCPCs)</b> Coordinated by Provincial Social Services Office, reporting to Provincial Development Committees, chaired by Provincial Administrators. Representatives from line ministries, NGOs, FBOs, private sector, local authorities (LAs), child representatives	Implementation, coordination, and monitoring and evaluation	Department of Social Services (DSS) (Provincial Secretariat)
<b>District Child Protection Committees (DCPC)</b> Coordinated by District Social Services offices, working with LAs, reporting to the RDDCs, chaired by the District Administrators (58 RDCs and 27 Urban Councils). Representatives from line ministries, LAs, NGOs, FBOs, CBOs, traditional leaders, child representatives	Activity coordination, planning, budgeting supervision, and monitoring and evaluation	Local Authorities with support from DSS (District Secretariat)
<b>Community Level Child Protection Committees</b> Coordinated by the Ward/Village Development Committees/Assemblies chaired by councillors; Village Development Committees chaired by Village Heads; Representatives from community, traditional leaders and healers, extension workers for the government and NGOs, churches, CBOs, child representatives	Activity coordination and OVC identification, implementation, and monitoring	Ward/Village Development Committees appointed

## **5.2 Implementation**

The National Secretariat in the Ministry of Public Service, Labour, and Social Welfare, along with key Ministries and other stakeholders, will audit the capacity of existing personnel and resources at provincial and district levels to undertake coordination and monitoring responsibilities. The audit will identify which existing personnel can be dedicated to serve on the Secretariat at provincial and district levels, and where additional human resources are needed to fully implement the NPA for OVC. The Secretariat will support the formation or strengthening of existing multi-sectoral Child Protection Committees (CPCs) at provincial and district levels. The priorities for the delivery structure are capacity development at all levels starting at national level and then cascading down. This will include a rights-based approach to programming and community-centred capacity development. The CPCs, supported by the Secretariat, are responsible for guiding and coordinating implementation of this NPA for OVC.

## **5.3 Monitoring and evaluation**

Using participatory methodologies, the Secretariats at all levels, together with community stakeholders, will develop local work plans that include provisions for monitoring and reporting. Secretariats and local stakeholders will obtain and disseminate baseline information that will be used to establish targets and inform the local work plans. District level Secretariats will report progress against plans on a quarterly basis to provincial Secretariats, who will in turn report quarterly to the National Secretariat, who in turn, will report to the Working Party of Officials. The WPO will submit a written report every six months to the SSACC. The National Secretariat will also publish an annual report for dissemination.

Provincial and District Secretariats will facilitate reporting to all stakeholders, and especially government line ministries at the service delivery level, in order to inform government planning and budgeting.

## **6.0 BUDGET**

### **6.1 Budget narrative**

Although this Plan proposes to identify and maximise the use of local resources through coordinated multi-sectoral efforts, additional resources will be mobilised to support the Secretariat and meet unmet needs identified in the local work plans.

The Secretariat at National level comprises five personnel. One is presently funded by Save the Children, Norway. UNICEF has committed resources for the National Coordinator and two other positions are proposed to be funded by the MoP SLSW. Additional resources will have to be identified for the fifth position (see Annex 3).

The audit will establish the need for additional financial and human resources for Provincial and District Secretariat posts. A total of 3 staff members per province will be dedicated to the Provincial Secretariats while a total of 258 posts will be dedicated at district and urban council levels. Save the Children – Norway is currently funding CPC officers in 8 districts until 2005, who can serve as the Secretariat in these districts; thereafter these councils have included these positions in their strategic plans. UNICEF will explore the funding of an additional 15 Secretariat posts. In addition, the WPO and the National Coordinator will coordinate resource mobilisation for the remaining Secretariat posts that cannot be filled with existing personnel.

NGOs already have budgets for some components of the NPA for OVC, which will be identified in the audit. A budget will be required for introductory national workshops to explain the NPA for OVC, which can be cascaded from provincial to district levels. The audit will identify other budget requirements to fully implement the Secretariat.

Although the budget reflects incomplete data on the numbers of children requiring services and resources available from existing sources, the budget figures for establishing the Secretariat, as the first phase in the NPA for OVC, are comprehensive and provide sufficient detail for decision-making regarding this activity. One of the functions of the Secretariat is to provide data on the numbers of children requiring services, as well as existing resources as this information becomes available from a variety of sources, including the results from the OVC Rapid Assessment, Analysis and Action Planning (RAAAP). Once the Secretariat at National level and the M&E strategy are operational more information will become available and the budget will be further refined.

Lastly, while this budget uses a time frame of 3-5 years, the NPA for OVC should be seen as the foundation for a long term effort, and one to which the key stakeholders, particularly the agencies represented on the WPO, are committed.

### **6.2 Budget**

Please refer to Annex 5 for detailed budgets. Budget information is presented for the National Secretariat and for a set of interventions for OVC based on current estimates of OVC and projections over the next several years. The set of interventions of providing basic services – food, education, health care, psychosocial support, financial assistance, legal protection – can serve as a baseline for resource mobilisation for the activities outlined in the NPA for OVC. Costing for the Provincial and District Secretariats will be determined by the National Secretariat personnel as part of the audit exercise. It is expected that the audit will reveal gaps in personnel available from government agencies and NGOs at these levels, and that the Secretariat and WPO will need to mobilise resources to meet these needs.

The total costs for a five year period estimated to implement the National Secretariat:  
**US\$2,121,202**

Cost to provide a basic package of services for one year to a single vulnerable child:  
**US\$106.56**

Total costs to provide a basic package of services to 25% of Zimbabwe's OVC for a five year period: **US\$165,020,311**

### **6.3 Resource mobilisation**

The budget for the NPA for OVC has been developed to identify existing resources as well as priority areas where additional resources will be needed. A critical and continuing joint function of the WPO and the Secretariat is to ensure resources are mobilised and coordinated from within the agencies represented on the WPO as well as other donors, both within and outside Zimbabwe. As more accurate information becomes available as the plan is implemented, the Secretariat, working closely with the WPO, will recommend a phased approach to both programme implementation as well as resource mobilisation.

## ANNEX 1

### PLAN OF ACTION<sup>7</sup>

#### CO-ORDINATION

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
<b>Objective: Strengthen the existing coordination structures for OVC programmes and increase resource mobilisation by December 2005</b>				
Provide Secretariat at national level in MoPSLSW	MoPSLSW, UNICEF, SCN-Z, WPO	National Secretariat & job profile in place (5 paid, full-time staff)	July 2004	Dedicated leadership oversees the NPA for OVC implementation
Identify & mobilise resources for the NPA for OVC, in particular the Secretariat and audit (prioritise existing resources and budgets)	WPO, Secretariat, UNICEF	Resources made available	Immediate and ongoing	Smooth and timely implementation of the NPA for OVC.
Audit capacity to coordinate at provincial and district levels & disseminate information on the NPA for OVC	MoPSLSW, Secretariat, UNICEF, SCN-Z, SC-UK, CRS, HIV/AIDS Alliance (& Ministries staff)	Audit report distributed	August 2004	Audit information used by Secretariat & CPCs to develop capacity, work plans, and targets at all levels.
Provide Secretariat and establish/strengthen Child Protection Committees at provincial and district levels; disseminate information on the NPA for OVC; prioritize capacity building w/available resources according to audit recommendations	National Secretariat, MoPSLSW, Provincial CPCs, local structures	Delivery structure for OVC fully staffed	July 2004	Human resources in place to implement and coordinate the NPA for OVC.
Develop workplans (including M&E plan) using participatory methodology at provincial and district levels	Secretariat and CPCs at all levels	Workplans adopted by CPCs at all levels	From August 2004	All relevant local stakeholders engaged & committed to the NPA for OVC
Implement M& E plan. Conduct baseline survey at service delivery levels; establish targets	Secretariat and CPCs at all levels	Baseline surveys conducted; targets defined for each objective.	2004	Local workplans developed
Report progress to key stakeholders	WPO, Secretariat, and CPCs at all levels	Six-monthly reports to SSACC and local CPCs.	2004 - 2005	Periodic adjustments to plan
Conduct national stakeholders' conference to review implementation status of the NPA for OVC.	WPO, Secretariat, and CPCs at all levels	Annual conferences held	November 2004 and 2005	Adjustments to plan; continued commitment from stakeholders

<sup>7</sup> The timeframe of the Plan of Action is based on the UNGASS Goals for 2005.

## CHILD PARTICIPATION

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
<b><u>Objective:</u> Increase child participation in all issues that concern them from community to national level, considering their evolving capacities</b>				
Promote children's participation at family and community level by implementing Children's Heritage projects <sup>8</sup> to inform children about their family, community, and national heritage.	CPCs, MoESC, NGOs, local schools & churches, children & youth programmes	Curriculum and interactive workbook developed, e.g., "Me, My Family, My Community, My Country, My Planet" project <sup>9</sup>	2005	Children informed about their heritage and rights; community leaders engaged in children's issues
Promote establishment of CPCs for children. Through events and processes organized by children, strengthen and expand linkages among children and youth programmes to integrate vulnerable children	CPCs, MoESC, MoPSLSW, MoYDGE, FBOs, Child Parliament, Interact Clubs in secondary schools, Youth Alive, Youth for a Child in Christ, Street Children's projects, etc.	# CPCs w/child representatives; # events organized by children that include vulnerable children	2004	CPCs with children as members; linkages between children's organisations lead to coordination of advocacy efforts by children
Support children's initiatives on economic strengthening and life skills development (including peer education in reproductive health and HIV/AIDS prevention)	CPCs, schools, churches, FBOs, CBOs, NGOs, NAC, Min. of Small and Medium Enterprises, MoYDGE	Reports from CPCs on children-led initiatives	2004 - 2005	Children's initiatives recognised and supported
Host a children's summit organized by the children themselves	WPO, Secretariat, CPCs, child leaders, children and youth programmes	Summit held, led by children	2005	Children take a lead role to define issues affecting their lives at a national platform

<sup>8</sup> Children's Heritage projects are similar in concept to the Memory Book project and contain similar information, but are designed for all children to inform them of their family, community (cultural), and national heritage, as well as their membership as global citizens. This approach helps avoid association with AIDS, and any stigma attached to Memory Books.

<sup>9</sup> The interactive workbook requires children to engage and elicit specific information from family members, community leaders and even national government officials, while informing children about their rights.



### IDENTITY / CHILD BIRTH REGISTRATION

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
<b><u>Objective:</u> Increase the percentage of children with birth certificates by at least 25% by December 2005</b>				
Obtain & disseminate baseline information on number of children without birth certificates at the district level, including identification of gate keepers & barriers to registration	District CPCs & Secretariat, DSS, RDCs, Urban Councils	Baseline information obtained for all districts & disseminated to communities	July-December 2004	Baseline information used to develop CPC workplans and set targets
Conduct coordinated advocacy campaign for birth registration at all levels	CPCs, RDCs, Urban Councils, DSS, national & local leaders, children, media, NGOs, UNICEF, Registrar General, MoHA	National campaign plan and materials developed, # radio and TV programmes; report on campaign distributed	2004 - 2005	Local and national support for birth registration for all children
Identify and lobby key decision makers & gate keepers (e.g., Registrar General's office) to streamline and expedite birth registration process	SSACC, (key Ministries), Registrar General, Secretariat, CPCs, Registrar General, MoHA	Registrar General's office recommends streamlined procedures for registration; participates in planning for birth registration campaign	2004	Streamlined registration process outlined and implemented at local & national Registrar General' offices
Conduct national birth registration campaign through active outreach in schools, hospitals, and clinics, and mobile registration.	Registrar General's Office, key Ministries, CPCs, NGOs, churches, schools, hospitals, UNICEF	Plan and resources in place; campaign conducted	2004 - 2005	25% increase in children with birth certificates

## EDUCATION

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
<p><b><u>Objective:</u> Increase new school enrolment of OVC by at least 25% by December, while ensuring retention of OVC in primary and secondary schools</b></p>				
Enumerate the number of out of school children in all districts and identify resources needed by local schools to accommodate increased enrolment and retention of vulnerable children; disseminate findings to community	District CPCs & Secretariat, MoESC, schools, DSS, RDCs, Urban Councils, UNICEF	Baseline information obtained for all districts & disseminated to communities	August 2004	Baseline information used to develop CPC workplans and set targets
Mobilise resources to support block grants to schools and skills training programmes for youth; ensure resources are mobilized for school uniforms, tuition, and books	UNICEF, international donors, NGOs, MoESC, Secretariat, CPCs, RDCs, Urban Councils, DSS, schools	Resources & guidelines in place for block grants to schools; # schools receiving block grants	2004/5	Schools with adequate resources to accommodate increased number of school children
Develop plan and conduct student enrolment campaign with all relevant stakeholders to ensure all children are enrolled	MoESC, Secretariat, CPCs, local authorities, education officers, schools, churches, community stakeholders (including law enforcement, courts), UNICEF	Plan and resources in place; campaign conducted	2004-2005	25% increase in OVC enrolling in primary and 25% attending secondary schools or skills training programmes

## ACCESS TO FOOD, HEALTH SERVICES, AND WATER AND SANITATION

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
<b><u>Objective:</u> Increase access to food, health services and water and sanitation for all OVC by December 2005</b>				
Obtain & disseminate baseline information on children who are not accessing food, basic health services, and water and sanitation in each district; identify gaps in food distribution, health service and water and sanitation provision to OVC; identify all locally available resources to meet the need	District CPCs & Secretariats, , key Ministries, MoHCW, MoLGPWNH, RDCs, Urban Councils, hospitals, clinics, churches, schools, local community leaders	Baseline information obtained for all districts & disseminated to communities	March 2004	Baseline information used to develop CPC workplans and set targets
Coordinate existing, and mobilize additional, resources to support food distribution, health service and water and sanitation provision to OVC and expand Medical Treatment Order programme	UN, international donors, local food distribution programmes, key Ministries, MoARD, MoWID, MoFED, Secretariat, CPCs, RDCs, Urban Councils, schools, churches, hospitals, clinics	Local task forces in place to ensure OVC access to food, health services and water and sanitation	2003/4	Effective mechanisms in place for food distribution, health service and water and sanitation provision to OVC
Strengthen and expand existing community outreach mechanisms to ensure OVC access food, health services, and water and sanitation	CPCs, Secretariat, district health officers, local food distribution programmes; local authorities, churches, hospitals, clinics, schools	# CBOs and local stakeholders conducting outreach. Coordinating and monitoring mechanism in place	2004-2005	25% increase in OVC with access to food and health services and a 25% increase in child-headed households with access to water and sanitation

## EDUCATION ON NUTRITION, HEALTH, AND HYGIENE

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
<b><u>Objective:</u> Increase education on nutrition, health, and hygiene for all OVC by December 2005</b>				
<p>Identify locally available IEC materials and curricula dealing with nutrition, health<sup>10</sup>, and hygiene and ensure these are incorporated into all existing programmes for OVC, especially school curricula; identify and remedy gaps in resources and ensure materials are attractive and appropriate for children and youths.</p> <p>Mobilize existing and additional resources to strengthen and expand local initiatives to educate children, parents, teachers and service providers to children on nutrition, health, and hygiene issues for OVC</p>	<p>District CPCs, Secretariat, MoHCW, MoESC, MoYDGEC, key Ministries, RDCs, Urban Councils, hospitals, churches, schools, local community leaders, NGOs, UN</p> <p>UN, international donors, local food distribution programmes, key Ministries, MoHCW, MoESC, MoFED, MoYDGEC, Secretariat, CPCs, RDCs, Urban Councils, DSS, schools, churches, hospitals, clinics</p>	<p>Materials identified, replicated, and in use</p> <p>Local resources coordinated; additional resources in place to support &amp; expand local programmes.</p>	<p>March 2004</p> <p>2004/5</p>	<p>Children and youth exposed to appropriate information on nutrition, health, and hygiene</p> <p>25% increase in OVC with access to education on nutrition, health, and hygiene</p>

<sup>10</sup> Health topics should prioritise reproductive health and prevention of HIV/AIDS, and children as care-givers to family members with HIV/AIDS.

## A HEALTHY FAMILY ENVIRONMENT AND PROTECTION FROM ABUSE

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
<p><b>Objective:</b> Reduce the number of children who live outside of a family environment by at least 25% by December 2005 (this includes children living without adult guidance, children living on the streets, and children in institutions)</p>				
Obtain baseline information on children in institutions, street and displaced children, and child-headed households	UNICEF, international donors, NGOs, key Ministries, MoPSLSW, MoJLPA, MoHA, MoHCW, CPCs, Secretariat, orphanages, street children's programmes, children's homes	Baseline assessment conducted, information disseminated to relevant stakeholders	2004	Information on children in institutions, street and displaced children, and child-headed households informs local workplans
Mobilize existing and additional resources to ensure adequate standards of care <sup>11</sup> by institutions caring for children outside the home and in households headed by children	UNICEF, international donors, NGOs, key Ministries, MoPSLSW, MoHCW, MoJLPA, MoFED, CPCs, Secretariat, orphanages, street children's programmes, children's homes	Resources available, capacity building for institutional / OVC programme staff in standards of care	2004 - 2005	Children's agencies with resources & capacity to meet standards of care
Mobilize existing and additional resources at all levels to strengthen and expand the Zero Tolerance Campaign against Child Abuse nationwide	UNICEF, international donors, NGOs, key Ministries, MoHA, MoPSLSW, MoHCW, MoJLPA, MoFED, MoESC, CPCs, Secretariat, RDCs, Urban Councils, child protection officers, local leadership and stakeholders, media	Campaign activities ongoing; reporting mechanism in place	2003 - 2005	Zero Tolerance Campaign against Child Abuse widened
Strengthen and expand continuing education programmes for probation officers, law enforcement personnel, officers of the courts and ZRP on the implementation and enforcement of existing laws and policies in the best interests of the child	UNICEF, international donors, NGOs, key Ministries, MoPSLSW, MoJLPA, MoHA, CPCs, Secretariat, RDCs, Urban Councils, DSS, probation officers, law enforcement and judicial officers	Workshops, seminars and appropriate training sessions held	2004 - 2005	Policies and legislation implemented in the best interests of the child

<sup>11</sup> Mainstream psychosocial support into all programmes for OVC.

## **ANNEX 2**

### **THE WORKING PARTY OF OFFICIALS**

#### **Terms of reference and membership**

The OVC WPO comprises permanent members from seven ministries as follows:

- Public Service, Labour and Social Welfare
- Health and Child Welfare
- Education, Sports and Culture
- Justice, Legal and Parliamentary Affairs
- Youth Development, Gender and Employment Creation
- Finance, and Economic Development
- Local Government, Public Works, and National Housing

and a representative from

- National AIDS Council (NAC).

The OVC WPO is chaired by the Ministry of Public Service, Labour, and Social Welfare and co-chaired by the Ministry of Health and Child Welfare. The WPO reports directly to the Social Services Action Committee of the Cabinet (SSACC).

Following the National Stakeholders' Conference in June 2003, civil society members representing NGOs, FBOs, CBOs, Zimbabwe Red Cross Society, UN, donors, the private sector and children were nominated and elected to serve on the OVC WPO, bringing the total number of members to 24. These representatives will serve in the WPO for one year.

The OVC WPO can invite new members to the committee to complement its competencies. In order to support the WPO, a Secretariat for the NPA for OVC will be established. Supervised by the WPO, the Secretariat provides services to the WPO, and is responsible for the ongoing implementation of the NPA for OVC and providing guidance and leadership in the area of OVC.

#### **Roles and responsibilities**

The OVC WPO shall:

- Lead the draft NPA for OVC towards an official NPA for OVC and mobilise political commitment for this document;
- Draft a work plan to implement the NPA for OVC for the period 2003-2005 initially;
- Cost the Plan and mobilize resources to ensure timely implementation;
- Meet regularly to discuss priority needs for the implementation of the NPA for OVC, including issues such as policy and legislation and relevant programmes by civil society stakeholders;
- Ensure close collaboration between stakeholders;
- Advocate with donors to prioritize commitment of resources to NPA for OVC activities;
- Ensure child participation in the WPO and during implementation of the NPA for OVC;
- Conduct necessary follow up meetings with stakeholders to review progress made against the NPA for OVC;
- Report directly to the SSACC on progress made against the NPA for OVC;

- Report back at the regional conference on OVC to be held in 2005;
- Advocate at national, regional, and international level for resources to implement the NPA for OVC;
- Oversee the implementation of any grants for OVC programmes; and
- Monitor the implementation of the NPA for OVC.

## **ANNEX 3**

### **TERMS OF REFERENCE FOR THE SECRETARIAT**

#### **Background**

In an effort to set common targets that effectively respond to HIV/AIDS and alleviate its impact, the United Nations, of which Zimbabwe is a member state, adopted a Declaration of Commitment at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, held in June, 2001. The UNGASS Declaration of Commitment on HIV/AIDS goals 65, 66, and 67 directly target children who are orphaned and made vulnerable by HIV/AIDS. Zimbabwe is a signatory to the Declaration of Commitment and has in place a defined legal framework and policies designed to offer an enabling and protective environment for children including Orphans and other Vulnerable Children (OVC), on which to build, in an effort to respond to the orphan crisis the country is facing.

A broad-based, multi-sectoral consultative approach has been adopted, which includes key government ministries, UN and bilateral donor agencies, international and national NGOs and civil society to collectively address the plight of OVC in the country. In this regard government has established a multi-sectoral Working Party of Officials (WPO) to develop and guide implementation of a National Plan of Action (NPA) for OVC in an effort to fulfil the UNGASS goals.

#### **Vision and objectives of the NPA for OVC**

The vision of the NPA for OVC is to reach out to all orphans and other vulnerable children in Zimbabwe with basic services that will positively impact on their lives. By December 2005, the goal is to develop a national institutional capacity to identify all orphans and other vulnerable children and to have reached out with service provision to at least 25% of OVC.

The vision and the goal will be achieved through the following objectives:

- ✓ Strengthen the existing coordination structures for OVC programmes and increase resource mobilization by December 2005;
- ✓ Increase child participation as appropriate in all issues that concern them from community to national level, considering their evolving capacities;
- ✓ Increase the percentage of children with birth certificates by at least 25% by December 2005;
- ✓ Increase new school enrolment of OVC by at least 25% by December 2005, while ensuring retention of OVC in primary and secondary schools;
- ✓ Increase access to food, health services, and water and sanitation for all OVC by December 2005;
- ✓ Increase education on nutrition, health, and hygiene for all OVC by December 2005;



- ✓ Reduce the number of children who live outside of a family environment by at least 25% by December 2005 (this includes children living without adult guidance, children living on the streets, and children in institutions).

The Working Party of Officials has proposed that a Secretariat for the NPA for OVC (the Secretariat) be put in place as a first step to develop the national institutional capacity to identify all OVC in order to reach out with service provision to at least 25% by 2005.

### **The Secretariat**

The first objective of the NPA for OVC is to strengthen the existing coordination structures for OVC programmes and increase resource mobilisation. The coordination of OVC programmes undertaken within the implementation of the Children's Protection and Adoption Act and the National Orphan Care Policy is a mandate of the Ministry of Public Service, Labour and Social Welfare. The Ministry also provides chairmanship and secretariat services for the Social Services Action Committee of the Cabinet. In line with government's decentralisation policy, social services delivery, at community level (where the children are), is coordinated by local authorities. In implementing the National Strategy on Children in Difficult Circumstances, a Government of Zimbabwe Social Protection Programme, the Ministry has started the process of strengthening the local authorities' coordination role while retaining the responsibility for professional, legal and policy guidance and provision of standards.

The Secretariat will, accordingly, be established within the Ministry at national and provincial levels to strengthen the Ministry's ability to provide leadership, guidance and maintain standards. At district level, the Secretariat will be established within District Social Services Offices working with local authorities to strengthen the actual coordination of programmes reaching out to communities. By strengthening these existing structures the NPA for OVC will ensure continuity and sustainability through building local capacities.

### **Composition of the Secretariat**

**National Secretariat:** At national level there will be at least five members of staff dedicated to the programme, who will be recruited as follows:

- ✓ National Coordinator for OVC (with strong M&E background) will be recruited on contract basis. The Coordinator will work within the Department of Social Services and report to the Secretary for Public Service, Labour and Social Welfare through the Director of the Department of Social Services. The Coordinator will provide leadership, guidance and management, play a representational role at regional and global level and be a spokesperson on OVC in Zimbabwe
- ✓ Programme Officer who will be seconded by the Ministry reporting to the Manager. The Assistant will understudy the National Coordinator for continuity purposes.
- ✓ Three members of support staff to be responsible for administration will be recruited on contract basis.

**Provincial Secretariat:** An audit of capacities will be undertaken to establish where new recruits will be required. There will be at least two staff members dedicated to the programme per province. They will be recruited as follows:

- ❖ Provincial Manager, seconded from the Department of Social Services who reports to the Provincial Social Services Officer.
- ❖ Two support staff for administration will be put in place by the Ministry.

The Provincial Secretariat will report to the National Secretariat.

**District Secretariat:** An audit of capacities will be undertaken to establish where new recruits will be required. There will be three staff members dedicated to the programme per district (including both rural and urban areas). They will be recruited as follows:

1. District Programme Manager seconded from the Department of Social Services.
2. District Programme Officer recruited on contract basis or seconded by local Authorities.
3. Two support staff seconded by the Department of Social Services and the local authorities.

The District Secretariat will report to the Provincial Secretariat.

**Secretariat staff complement:** The total number of staff dedicated to the programme will be as follows:

• National Level x 1 x 4	=	4
• Provincial level x 10 x 1	=	10
• District level (rural and urban) x 86 x 2	=	172

Conditions of employment for the new recruits will be consistent with possibility of absorbing them under normal government and local authority structures.

#### **Terms of reference for the Secretariat**

The primary purpose for providing the Secretariat for the NPA for OVC is to develop institutional capacity of the existing structures for the sustainability of OVC programme coordination and to provide leadership in the area of OVC. The Secretariat will be responsible for the management, coordination and provision of secretariat services to the entire activities for the implementation of the NPA for OVC. Key responsibilities for the Secretariat include:

- ✓ In partnership with stakeholders, develop, put in place and coordinate the implementation strategy for the NPA for OVC, which will see it cascading from national, provincial, and district to community levels. Cascading means that the District Secretariat will coordinate with and report to the Provincial Secretariat, which will in turn coordinate with and report to the National Secretariat. Reporting and communication will also move down from the National to Provincial to District Secretariats in the same manner
- ✓ Organise and supervise the audit of capacity to coordinate OVC interventions at provincial and district level
- ✓ Organise the dissemination of information on the NPA for OVC to all levels
- ✓ Initiate, monitor and provide support to the establishment of Child Protection Committees down to community levels (ward and village levels)
- ✓ Establish and maintain an effective communication strategy for data collection, analysis and dissemination of information at all levels during the implementation of the NPA for OVC
- ✓ Generate timely progress reports on the situation of OVC, assessing the impact of programmes by stakeholders and ensuring submission of same by the WPO through the Ministry to the Social Services Action Committee of Cabinet on quarterly basis
- ✓ Manage and house a data-base of information on OVC provided by all sources, verify, interpret this information, communicating findings and trends to all stakeholders, including the media and counterparts, both regional and international
- ✓ Facilitate identification of local resources and mobilization of other resources for implementing the NPA for OVC
- ✓ Play a representational role in the region as well as at global level
- ✓ Be a spokesperson for OVC throughout Zimbabwe

### **Time frame**

The NPA for OVC covers an initial time frame of three to five (3-5) years. Staff contracts will be renewed on a yearly basis. Considering that the effects of HIV/AIDS are well ahead of intervention programmes and community initiatives, the time frame is too short for the impact to be consolidated. It is the responsibility of the WPO and the Secretariat to ensure that the institutional structures and the community are meaningfully strengthened to continue thereafter.

## **ANNEX 4**

### **MONITORING AND EVALUATION STRATEGY**

#### **Introduction**

The Monitoring and Evaluation (M&E) Strategy for the National Plan of Action (NPA) for Orphans and other Vulnerable Children (OVC) for Zimbabwe will help to reveal the interventions that have the greatest impact on the rights and well being of children. Monitoring and evaluation tracks not only what is being done in a project, but also whether or not it is making a difference. Operations research goes a step beyond M&E providing a distinctive approach to analysing scientific data with which to predict and compare the outcomes of alternative decisions, strategies or controls for programming.

The M&E Strategy for the NPA for OVC will be positioned such that it helps to educate child assistance organisations so that they are fully capable of conducting independent monitoring and analysis in order to foster continued learning and development within their projects. Using data from the monitoring and evaluation activities as well as other research initiatives, national organizing bodies may be better positioned to share lessons learned that would promote sound programming initiatives. To that end the M&E agenda proposed under the NPA for OVC will be better positioned to examine and analyse the impact, cost-effectiveness, and quality of care being provided in order to predict and compare outcomes for future programming and to identify those geographic regions most in need of both physical and technical assistance.

Through regular monitoring visits, field surveys/assessments and reporting by provincial child protection committees, district child protection committees and ward committees, the monitoring and evaluation system will generate ongoing data showing progress on project indicators and variables. The “best” practices and other lessons learned will form a major guide for assisting not only the increasing numbers of people in need of assistance but will increase knowledge about the quality and impact of services being provided. The major thrust of this system will be to scale up activities to meet the scope of HIV/AIDS impact on children, youth, people living with HIV and AIDS (PLWHA), their families and communities.

For purposes of effective M&E, the NPA for OVC proposes that the National Secretariat Programme Manager, along with outsourced M&E specialists, lead the M&E agenda. The agenda will include carrying out special studies and assessments that will further the learning environment created by the comprehensive national M&E system. The National Secretariat Programme Manager will coordinate M&E activities through Provincial and District Secretariats. In each district and province, one of the Secretariat staff will have an allocated level of effort dedicated to M&E.

#### **M&E strategy objectives**

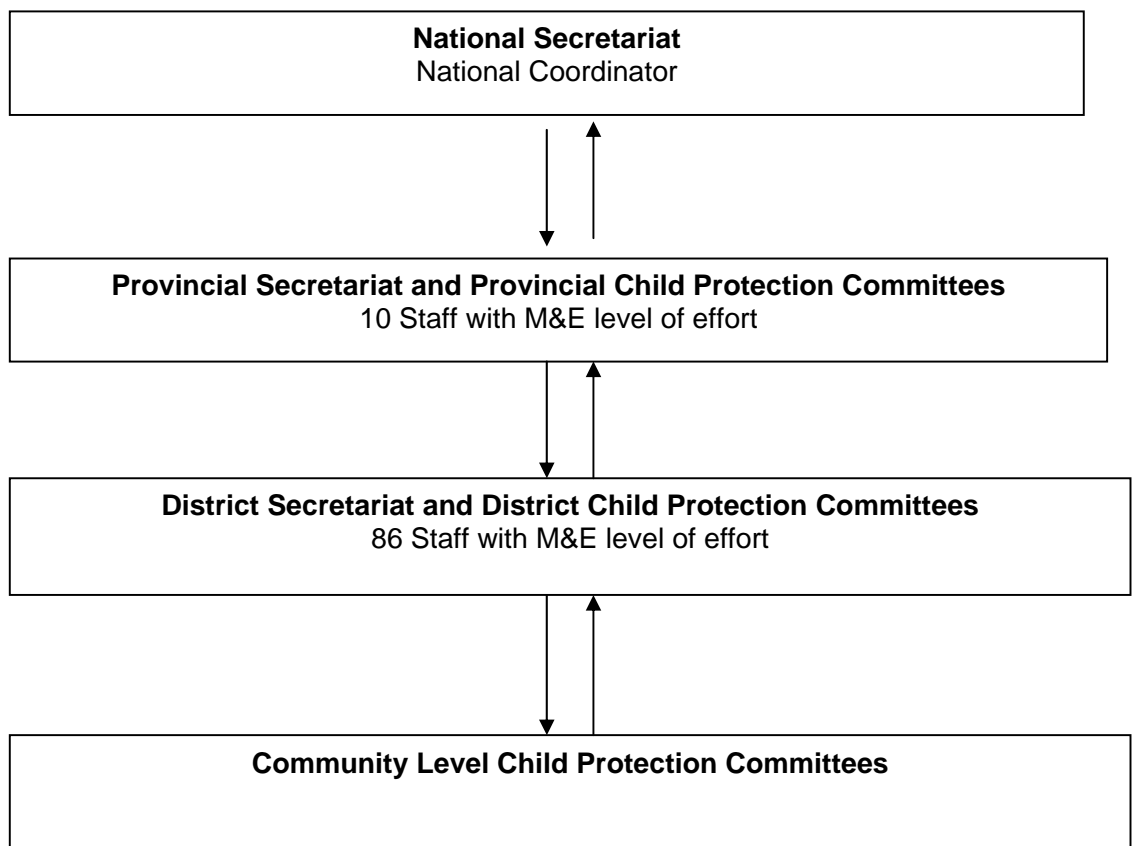
- To generate accurate information that will be used to assess the impact of OVC programmes, in Zimbabwe and internationally
- To provide sound data and findings for the Secretariat, enabling it to report to Government and thereby inform policy decisions
- To share findings with OVC stakeholders locally, and with counterparts regionally and internationally
- To coordinate planning, monitoring, evaluating, and disseminating of OVC programming

- To ensure coordination with and use of existing government information systems, including NAC and Central Statistical Office (CSO)

**M&E team**

- M&E activities will be coordinated at four levels: national, provincial, district, and ward/village (Refer to Figure 1 below)
- In order to effectively monitor and evaluate OVC programmes in Zimbabwe a team comprising the National Secretariat Programme Manager, one staff of the Secretariat at each province seconded to M&E and one staff of the Secretariat at each district seconded to M&E will be put in place (job descriptions to be developed for each member of the M&E team)
- Information from the ward/village will be collected and submitted to the district by existing government structures, such as Child Protection Committees
- At each level, the M&E team will work closely with existing government structures, such as the National AIDS Council (NAC), to collect and analyse data

**Figure 1: NPA for OVC M&E team structure**



## **M&E activities**

### ***Situational analysis***

- Situation analyses, as regards to HIV prevalence rate, number of orphans, number of orphans accessing basic care in Zimbabwe, will be compiled for use as baseline data and for benchmarks by the M&E team. Such information is readily available in existing documents. Rapid Assessment, Analysis and Action Planning findings (RAAAP), Demographic Health Survey (DHS), UNICEF Situation Analysis, ZimVac and other existing materials will form the basis of an initial baseline that will help to inform benchmarks to measure Zimbabwe's progress towards UNGASS goals.

### ***Monitoring***

- The National Secretariat will provide the basis for continued and comprehensive review of progress as well as data to assess progress and quality towards meeting our stated objectives. Regular site visits and meetings at province, district and ward levels will provide both quantitative and qualitative assessment of progress, as will random community based interviews with key informants. These monitoring visits will also be used to monitor the impact of the interventions on the community and existing networks for potential negative effects on community involvement. Annual reviews and special studies on specific topics will be commissioned by the Secretariat.
- The Provincial Secretariats will also undertake monitoring activities related to province, district and ward services, using a combination of staff activity reports, monthly tallies of materials distributed, health facility records, village registers, evaluations of training sessions, site visits, spot checks that solicit feedback from the community, and regular meetings with community organisations to analyse progress in carrying out activities.
- Selected components of the Demographic Health Survey, such as home visits made, school enrolment rates, and child well being, will be tracked across all provinces by the Secretariats in order to compare the efficacy of different interventions.
- Routine monitoring visits will be undertaken by the district to their respective wards to verify data and track OVC programme activities.
- Existing ward and village level government structures will also carry out monitoring visits and meetings to assess the progress of OVC programming in their respective constituencies. Reports on these M&E activities will be submitted to the district.

### ***Data collection***

- Data on indicators stated in the Performance Monitoring Plan (PMP – see below) will be collected at the four levels. The National Secretariat Programme Manager will be responsible for collecting and analysing data from provinces annually.
- Similarly Provincial Secretariat staff with allocated M&E level of effort will be responsible for collecting and analysing data from districts quarterly.

- District level data will be collected and analysed quarterly, whilst ward level data will be done monthly.
- All levels will collect data on indicators stated in the PMP.

### ***M&E system***

- Information will be collected and analysed through a Monitoring Information System, which will be developed by an identified consulting firm. The National Coordinator and the National Secretariat Programme Manager will be responsible for engaging the consulting firm. The consulting firm will take leadership in developing M&E tools at all levels. The firm will also be responsible for developing a database, which will include all the tools. The database will be able to retain data at all the four levels.
- All survey data will be broken down by gender, age groups and, if possible, a proxy for socio-economic status. The Secretariat will also share with communities the results of the surveys as a way to judge the success of the community activities and as a means to deepen the communities' analysis of problems faced by families, children, and communities.

### ***Reporting***

- Reports on the progress of OVC programmes will be at three levels. The National Secretariat Programme Manager will submit an annual narrative along with all data to the central database from which a national report will be derived. S/he will also compile these reports and submit an overall programme report, along with any other reports that may be requested.
- Provincial and District Secretariats will produce quarterly reports.

### ***Dissemination***

- The results and findings of OVC programmes will be shared with key stakeholders. The National Secretariat Programme Manager will develop a database of key stakeholders. The Directory of Services will provide the initial database. The Programme Manager will further link up with the Relief and Recovery Unit (RRU), which is establishing a database on organisations and their humanitarian response. The database will comprise of government ministries and other agencies working in the country, regionally and worldwide. The first and primary means of distribution of information will be through reports, meetings, workshops and international conferences.

### ***Operations research plan***

- The impact of the interventions will be tracked and documented through operations research. The NPA for OVC will encourage community participation in the key aspects of the research process. The use of participatory methods in operations research activities will ensure that communities themselves identify problems and come up with more effective ways of addressing these problems. The operations research process involves the collection and analysis of information, before and during implementation of interventions, in order to assess and document the overall impact of different interventions. The impact of these interventions will be judged by

the quality of strategies as well as the efficacy of the interventions. Information derived through the M&E system and operations research will be used for advocacy, community mobilization around children, resource mobilisation, and policy formulation and review.

***Performance Monitoring Plan***

- The Performance Monitoring Plan (PMP) will be used to measure the project results. Indicators enshrined in the PMP assess the material and psycho-social well-being of OVC, the strength of community safety nets, the capacity and quality of services being provided for OVC, access to support services, and levels of school enrolment, and retention. These will guide in assessing the impact initiatives in enhancing local capacities and assisting children in need. Impact assessments will help the Secretariat to identify best practices.
- The performance monitoring plan will be based on internationally recognized indicators as developed by UNICEF and UNAIDS to measure progress towards UNGASS goals 65, 66 and 67.



**NPA for OVC M&E Performance Monitoring Plan (PMP)**

	Data collection						Data Analysis		
	Vision: All vulnerable children in Zimbabwe reached with basic services that will positively impact on the quality of their lives	Indicator	Source of information	Who is to collect data	Tools and methods	Frequency/ When	Frequency	Who will be involved	Dissemination by who
<b>National level</b>		<ul style="list-style-type: none"> <li>OVC programmes policy index* score</li> <li>Proportion of* OVC receiving basic services</li> </ul>	Provincial quarterly reports, key informants, NAC research reports	National Secretariat	Reports, questionnaires	Quarterly	Quarterly	National Secretariat	National Secretariat
	<b>Goal:</b> By December 2005, 25% of OVC are reached	<ul style="list-style-type: none"> <li>% of OVC reached</li> </ul>	Provincial quarterly reports, key informants, NAC	National Secretariat	Surveys, reports, M&E tools	Quarterly	Quarterly	National Secretariat	National Secretariat
	<b>Objectives:</b> Community based responses strengthened and mobilised by December 2005	<ul style="list-style-type: none"> <li>Children outside of family care*</li> <li>External support for households with OVC*</li> <li>Orphans living with siblings</li> </ul>	Provincial quarterly reports, key informants, NAC	National Secretariat	Surveys, reports, M&E tools	Quarterly	Quarterly	National Secretariat	National Secretariat
	Child participation in all activities that concern them from community to national level increased	<ul style="list-style-type: none"> <li># of child representation in policy decision making boards at national level</li> </ul>	Provincial quarterly reports, key informants, NAC	National Secretariat	Surveys, reports, M&E tools	Quarterly	Quarterly	National Secretariat	National Secretariat

<b>National level</b>	Percentage of children with birth certificates increased by at least 25%	<ul style="list-style-type: none"> <li>• % of children with birth certificates</li> </ul>	Provincial quarterly reports, key informants, NAC	National Secretariat	Surveys, reports, M&E tools	Quarterly	Quarterly	National Secretariat	National Secretariat
	Increased new enrolment of OVC by at least 25% while ensuring retention of OVC	<ul style="list-style-type: none"> <li>• OVC school attendance ratio in primary and secondary schools *</li> </ul>	Provincial quarterly reports, key informants, NAC	National Secretariat	Surveys, reports, M&E tools	Quarterly	Quarterly	National Secretariat	National Secretariat
	Number of children who live outside families reduced by 25%	<ul style="list-style-type: none"> <li>• Children outside of family care*</li> </ul>	Provincial quarterly reports, key informants, NAC	National Secretariat	Surveys, reports, M&E tools	Quarterly	Quarterly	National Secretariat	National Secretariat

<b>National level</b>	Access to essential services for OVC ensured	<ul style="list-style-type: none"> <li>• Orphan school attendance ratio (10-14)*</li> <li>• Proportion of OVC that receive psychosocial support*</li> <li>• % of OVC with access to health services</li> <li>• Birth registration*</li> <li>• % of OVC with access to clean waters</li> <li>• % of OVC with toilet facilities.</li> </ul>	Provincial quarterly reports, key informants, NAC	National Secretariat	Surveys, reports, M&E tools	Quarterly	Quarterly	National Secretariat	National Secretariat
	Awareness on the rights of OVC raised	<ul style="list-style-type: none"> <li>• % of children who are orphans*</li> <li>• Stigma and discrimination*</li> <li>• Reported cases of child abuse and exploitation (child labour)</li> </ul>	Provincial quarterly reports, key informants, NAC	National Secretariat	Surveys, reports, M&E tools	Quarterly	Quarterly	National Secretariat	National Secretariat

	Capacity of families to protect and care for OVC strengthened	<ul style="list-style-type: none"> <li>• Basic material needs*</li> <li>• Malnutrition – underweight prevalence*</li> <li>• Sex before the age of 15*</li> </ul>	Provincial quarterly reports, key informants, NAC	National Secretariat	Surveys, reports, M&E tools	Quarterly	Quarterly	National Secretariat	National Secretariat
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	Data collection						Data Analysis		
		Indicator	Source of information	Who is to collect data	Tools and methods	Frequency/ When	Frequency	Who will be involved	Dissemination by who
<b>Provincial level</b>	All vulnerable children in Zimbabwe reached with basic services that will positively impact on their lives	<ul style="list-style-type: none"> <li>Proportion of OVC receiving basic services*</li> </ul>	NGOs, schools, census surveys, household surveys	Provincial Secretariats	M&E tools, key informants, questionnaires	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats
	By December 2005, 25% of OVC in Zimbabwe are reached	<ul style="list-style-type: none"> <li>% of OVC reached</li> </ul>	NGOs, schools, census surveys, household surveys	Provincial Secretariats	M&E tools, key informants, questionnaires	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats
	Community based responses strengthened and mobilised by December 2005	<ul style="list-style-type: none"> <li>Children outside of family care*</li> <li>External support for households with OVC</li> </ul>	NGOs, PCPC, key informants	Provincial Secretariats	M&E tools, key informants, questionnaires	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats
	Child participation in all activities that concern them from community to national level increased	<ul style="list-style-type: none"> <li># of child representation in policy decision making boards at national level</li> </ul>	PCPC	Provincial Secretariats	M&E tools, key informants, questionnaires	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats

<b>Provincial level</b>	Percentage of children with birth certificates increased by 25%	<ul style="list-style-type: none"> <li>% of children with birth certificates</li> </ul>	Census surveys, PCPC	Provincial Secretariats	M&E tools, key informants, questionnaires	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats
	Increased new enrolment of OVC by at least 25% while ensuring retention of OVC	<ul style="list-style-type: none"> <li>OVC school attendance ratio in primary and secondary schools</li> </ul>	NGOs, schools, census surveys, household surveys	Provincial Secretariats	M&E tools, key informants, questionnaires	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats
	Number of children who live outside families reduced by 25%	<ul style="list-style-type: none"> <li>Children outside of family care</li> </ul>	NGOs, PCPC, key informants	Provincial Secretariats	M&E tools, key informants, questionnaires, surveys	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats

<b>Provincial level</b>	Access to essential services for OVC ensured	<ul style="list-style-type: none"> <li>• Orphan school attendance ratio*</li> <li>• Proportion of OVC that receive psychosocial support*</li> <li>• % of OVC with access to health services</li> <li>• Birth registration*</li> <li>• % of OVC with access to clean waters</li> <li>• % of OVC with toilet facilities</li> </ul>	<p>Provincial education offices, census surveys</p> <p>Schools, NGOs, key informants</p> <p>Provincial administrators office, key informants</p> <p>PCPC, quarterly reports</p>	Provincial Secretariats	M&E tools, questionnaires, surveys	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats
	Awareness on the rights of OVC raised	<ul style="list-style-type: none"> <li>• % of children who are orphans*</li> <li>• Stigma and discrimination*</li> <li>• Reported cases of child abuse and exploitation (child labour)</li> </ul>	<p>Programme reports</p> <p>Police records, hospitals, clinics</p>	Provincial Secretariats	M&E tools, surveys	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats

	Capacity of families to protect and care for OVC strengthened	<ul style="list-style-type: none"> <li>• Basic material needs*</li> <li>• Malnutrition – underweight prevalence*</li> <li>• Sex before the age of 15*</li> </ul>	Reports, NGOs	Provincial Secretariats	Surveys, key informants	Quarterly	Quarterly	Provincial Secretariats	Provincial Secretariats
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	Data collection					Data Analysis			
		Indicator	Source of information	Who is to collect data	Tools and methods	Frequency /When	Frequency	Who will be involved	Dissemination by who
<b>District level</b>	All vulnerable children in Zimbabwe reached with basic services that will positively impact on their lives	<ul style="list-style-type: none"> <li>NPA for OVC policy index score*</li> <li>Proportion of OVC receiving basic services</li> </ul>	Reports, key informants, WACs, WCPC	District Secretariat	M&E tools, surveys	Quarterly	Quarterly	District Secretariat	District Secretariat
	By December 2005, 25% of OVC in Zimbabwe are reached	<ul style="list-style-type: none"> <li>% of OVC reached</li> </ul>	Reports, key informants, WACs, WCPC	District Secretariat	Surveys, PAC reports, M&E tools	Quarterly	Quarterly	District Secretariat	District Secretariat
	Community based responses strengthened and mobilised by December 2005	<ul style="list-style-type: none"> <li>Children outside of family care*</li> <li>External support for households with OVC</li> </ul>	Reports, key informants, WACs, WCPC	District Secretariat	Surveys, PAC reports, M&E tools	Quarterly	Quarterly	District Secretariat	District Secretariat
	Child participation in all activities that concern them from community to national level increased	<ul style="list-style-type: none"> <li># of child representation in policy decision making boards at national level</li> </ul>	Reports, key informants, WACs, WCPC	District Secretariat	Surveys, PAC reports, M&E tools	Quarterly	Quarterly	District Secretariat	District Secretariat

<b>District level</b>	Percentage of children with birth certificates increased by at least 25%	<ul style="list-style-type: none"> <li>• % of children with birth certificates*</li> </ul>	Reports, key informants, WACs, WCPC	District Secretariat	Surveys, PAC reports, M&E tools	Quarterly	Quarterly	District Secretariat	District Secretariat
	Increased new enrolment of OVC by at least 25% while ensuring retention of OVC	<ul style="list-style-type: none"> <li>• OVC school attendance ratio in primary and secondary schools*</li> </ul>	Reports, key informants, WACs, WCPC	District Secretariat	Surveys, PAC reports, M&E tools	Quarterly	Quarterly	District Secretariat	District Secretariat
	Number of children who live outside families reduced by 25%	<ul style="list-style-type: none"> <li>• Children outside of family care*</li> </ul>	Reports, key informants, WACs, WCPC	District Secretariat	Surveys, PAC reports, M&E tools	Quarterly	Quarterly	District Secretariat	District Secretariat

<b>District level</b>	Access to essential services for OVC ensured	<ul style="list-style-type: none"> <li>Orphan school attendance ratio*</li> <li>Proportion of OVC that receive psychosocial support*</li> <li>% of OVC with access to health services</li> <li>Birth registration*</li> <li>% of OVC with access to clean waters</li> <li>% of OVC with toilet facilities</li> </ul>	<p>District education offices, census surveys</p> <p>Schools and NGOs, key informants</p> <p>District administrators office, key informants</p> <p>NGO reports</p>	District Secretariat	M&E tools, questionnaires	Quarterly	Quarterly	District Secretariat	District Secretariat
	Awareness on the rights of OVC raised	<ul style="list-style-type: none"> <li>% of children who are orphans*</li> <li>Stigma and discrimination*</li> <li>Reported cases of child abuse and exploitation (child labour)</li> </ul>	<p>Programme reports</p> <p>Police records, hospitals, clinics</p>	District Secretariat	<p>M&amp;E tools</p> <p>Surveys</p>	Quarterly	Quarterly	District Secretariat	District Secretariat

	Capacity of families to protect and care for OVC strengthened	<ul style="list-style-type: none"> <li>• Basic material needs*</li> <li>• Malnutrition – underweight prevalence*</li> <li>• Sex before the age of 15*</li> </ul>	district administrators office	District Secretariat	Surveys, key informants	Quarterly	Quarterly	District Secretariat	District Secretariat
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	Data collection						Data Analysis		
		Indicator	Source of information	Who is to collect data	Tools and methods	Frequency /When	Frequency	Who will be involved	Dissemination by who
Ward level	All vulnerable children in Zimbabwe reached with basic services that will positively impact on their lives	<ul style="list-style-type: none"> <li>NPA for OVC policy index score*</li> <li>Proportion of OVC receiving basic services*</li> </ul>	Reports, VACs	WAC	Surveys, reports, M&E tools	Monthly	Monthly	WAC	WAC
	By December 2005, 25% of OVC in Zimbabwe are reached	<ul style="list-style-type: none"> <li>% of OVC reached</li> </ul>	Reports, VACs	WAC	Surveys, reports, M&E tools	Monthly	Monthly	WAC	WAC
	Community based responses strengthened and mobilised by December 2005	<ul style="list-style-type: none"> <li>Children outside of family care*</li> <li>External support for households with OVC</li> </ul>	Reports, VACs	WAC	Surveys, reports, M&E tools	Monthly	Monthly	WAC	WAC
	Child participation in all activities that concern them from community to national level increased	<ul style="list-style-type: none"> <li># of child representation in policy decision making boards at national level</li> </ul>	Reports, VACs	WAC	Surveys, reports, M&E tools	Monthly	Monthly	WAC	WAC

<b>Ward level</b>	Percentage of children with birth certificates increased by at least 25%	<ul style="list-style-type: none"> <li>• % of children with birth certificates*</li> </ul>	Reports, VACs, school registers.	WAC	Surveys, reports, M&E tools	Monthly	Monthly	WAC	WAC
	Increased new enrolment of OVC by at least 25% while ensuring retention	<ul style="list-style-type: none"> <li>• OVC school attendance ratio in primary and secondary schools *</li> </ul>	Reports, VACs, school registers	WAC	Surveys, reports, M&E tools	Monthly	Monthly	WAC	WAC
	Number of children who live outside families reduced by 25%	<ul style="list-style-type: none"> <li>• Children outside of family care*</li> </ul>	Reports, VACs	WAC	Surveys, reports, M&E tools	Monthly	Monthly	WAC	WAC

Ward level	Access to essential services for OVC ensured	<ul style="list-style-type: none"> <li>Orphan school attendance ratio*</li> <li>Proportion of OVC that receive psychosocial support</li> <li>% of OVC with access to health services</li> <li>Birth registration*</li> <li>% of OVC with access to clean waters</li> <li>% of OVC with toilet facilities</li> </ul>	<p>Schools, NGOs</p> <p>Schools and NGOs, key informants</p> <p>Parents, schools, OVC</p> <p>Communities, key informants</p> <p>Communities, key informants</p>	WAC	Surveys, M&E tools	Monthly	Monthly	WAC	WAC
	Awareness on the rights of OVC raised	<ul style="list-style-type: none"> <li>% of children who are orphans*</li> <li>Stigma and discrimination*</li> <li>Reported cases of child abuse and exploitation (child labour)</li> </ul>	<p>Reports</p> <p>Police records, hospitals, clinics</p>	WAC	Surveys, M&E tools	Monthly	Monthly	WAC	WAC

	Capacity of families to protect and care for OVC strengthened	<ul style="list-style-type: none"> <li>• Basic material needs*</li> <li>• Malnutrition – underweight prevalence*</li> <li>• Sex before the age of 15*</li> </ul>	NGOs, communities	WAC	Surveys, M&E tools	Monthly	Monthly	WAC	WAC
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**N.B.\* National Level Core Indicator**



## **ANNEX 5**

### **BUDGET**

#### **Cover note to the budget estimate of the NPA for OVC**

The budget estimate for the NPA for OVC is initially for a three to five year period although it is envisaged that financial resource requirements and operations for the NPA for OVC will go beyond this period. This has been based on the premise that in 2003 an estimated 1.14 million children in Zimbabwe have lost one or both parents whilst projections suggest that by the year 2008 there will be approximately 1.22 million children who have been orphaned.

The total budget estimate for the initial five years is **US\$167,141,513** (US\$2,121,202 for the National Secretariat and US\$165,020,311 for Interventions) with the three-year total being **US\$98,541,135** (US\$1,222,044.00 for the National Secretariat and US\$97,319,091 for Interventions). The budget estimate is, however, meant to be a guiding tool, which is subject to change from one operational year to another, considering the hyper-inflationary environment in Zimbabwe and the financial resource requirements and perceived needs of the ever-increasing number of orphans and other vulnerable children. The unpredictable hyper-inflationary environment necessitates constant budget reviews to ensure that the negative impacts are contained and to enable the goal of reaching at least 25% of Zimbabwe's most vulnerable children by 2005 (UNGASS Goals) to be attained.

## Costing for the National Secretariat

### **Key assumptions and notes to the budget summary**

The key parameters in the assumptions for Costing of the National Secretariat are constant over the life of the analysis.

<b>Timeframe for the analysis:</b>	3 – 5 Years
<b>Reference year for unit costs:</b>	2004
<b>Currency:</b>	US Dollars
<b>Expected Annual Inflation rate for US\$:</b>	5% (assumed to remain constant over the life of the analysis)

The estimated three-year budget total is US\$1,222,044.00 (Donor contribution – US\$1,119,481.00 or 91.04% and Ministry of Public Service, Labour and Social Welfare (Ministry) contribution – US\$102,564.00 or 8.96%). The projected five year budget is US\$2,121,202.00 (Donor contribution – US\$1,931,071.00 or 91.04% and Ministry contribution – US\$190,131.00 or 8.96%). The Ministry will second to the National Secretariat a Programme Assistant and Driver on a full time basis.

The Ministry will also provide office space, office furniture and waiver occupancy expenses during the five-year implementation of the NPA for OVC. Monitoring and evaluation system will be outsourced to external consultants/firms.

The bulk of the resources have been allocated to Project Support/Activities/Short Term Technical Assistance (53.40%) and Direct Salaries, Wages and Benefits (20.45%).

The Non Expendable Equipment/Capital Assets will be purchased in the first year of operation to enable speedy implementation of the project.

It is envisaged that the National Secretariat programming support activities will be channelled through existing structures for the National Aids Council (NAC), local Non-Governmental Organisations/Faith Based Organisations/Community Based Organisations, Bilateral Organisations such as USAID and SIDA, International Non-Governmental Organisations such as CRS and Save the Children (Norway), and UN agencies like UNICEF, effectively lowering the cost of services.

## Costing of interventions

The key parameters in the assumptions for Costing of the National Secretariat also apply to the costing of the interventions and are constant over the life of the analysis.

In the costing exercise we assume that the project life is 5 years and each year the interventions increase at the rate of 1.72% of the orphans and this percentage remains constant over the project life. The actual target is subject to the availability of funds.

Table 1.1 Number of all orphans<sup>12</sup>

	2004	2005	2006	2007	2008
Year 1	1,140,000	1,140,000	1,140,000	1,140,000	1,140,000
Year 2		19,608	19,608	19,608	19,608
Year 3			19,945	19,945	19,945
Year 4				20,288	20,288
Year 5					20,637
<b>Total</b>	<b>1,140,000</b>	<b>1,159,608</b>	<b>1,179,553</b>	<b>1,199,842</b>	<b>1,220,479</b>

The orphan figures are based on the estimates of 1.14 million orphans in 2003 and 1.22 million in 2008 based on *The HIV/AIDS Epidemic in Zimbabwe*, National Aids Council and Ministry of Health & Child Welfare Report, April 2004. For simplicity, it has been assumed that the new entrants offset graduations annually.

The table below shows the average intervention costs per child based on collected data from local non-governmental organisations, faith based organisations and international organisations for the year ended 2003.

Table 1.2 Average intervention costs per child

Intervention	Average 2003 Cost/Child/Month (US\$)	Average 2003 Cost/Child/Year (US\$)	Average Cost/Child/Year (Adjusted for Inflation)
Food	0.33	3.96	11.88
Education	1.04	12.48	37.44
Health	0.20	2.40	7.20
Psychosocial Support	0.59	7.08	21.24
Financial Assistance	0.17	2.04	6.12
Legal/Protection	0.42	5.04	15.12
Other – Capacity Building	0.21	2.52	7.56

<sup>12</sup> The definition of an orphan used in these statistics is any child under the age of 18 years who has lost one or both parents.

- Figures based on cost per intervention plus additional factor of 3 associated with inflation for 2004.
- Legal/Protection – no figures could be obtained, therefore based on average cost of the other interventions.
- Health – does not include anti-retroviral medication or basic medication children might need.
- Psychosocial Support – Includes figures obtained from organisations with psychosocial support as their only intervention. Includes kids clubs and life skills camps.

The duration of most of the social interventions is one year. Some programmes will be for three years.

In the table below the costs for each of the seven interventions are summarised.