AN EVALUATION OF THE EFFECTIVENESS OF THE HUMAN SECURITY
INITIATIVES FOR ORPHANS AND VULNERABLE CHILDREN IN MASHONALAND
CENTRAL PROVINCE. A CASE OF MT DARWIN DISTRICT.

BY

DAVID NYAMURERA

A DISSERTATION SUBMITTED TO THE DEPARTMENT OF PEACE AND GOVERNANCE IN
PARTIAL FULFILMENT WITH THE REQUIREMENTS FOR THE MASTER OF SCIENCE DEGREE IN
PEACE AND GOVERNANCE.

2013

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SCIENCE EDUCATION

DEPARTMENT OF PEACE AND GOVERNANCE.
DECLARATION

I hereby declare that the dissertation submitted in partial fulfilment of the Master of Science degree in Peace and Governance for the Department of Peace and Governance, Bindura University of Science Education, is my own original work and has not previously been submitted to any other institution of higher education.

David Nyamurera Signature.................................................................

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Year Degree to be granted: 2013.

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An evaluation of the effectiveness of the human security initiatives for Orphans and Vulnerable Children in Mashonaland central province. A case of Mt Darwin District.

Submitted by Nyamurera David, in partial fulfilment of the Master of Science degree in Peace and Governance.

Supervisor: ...........................................................................................................................................

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Date: 20 December 2013.
Abstract

Zimbabwe had a sharp rise of the problem of Orphans and Vulnerable Children (OVC) in the mid-1980s mainly due to the HIV and AIDS pandemic. By 2012 the country had recorded an estimated figure of 1.6 million orphans and vulnerable children. By the close of the year 2012, Mashonaland central province had a record of 180 308 and Mt Darwin district had 17 500 OVC. Being guided by the Millennium Development Goals (2000), most countries around the globe, including Zimbabwe, have implemented various interventions to address the human security needs for OVC. The NAP for OVC programme which is designed using the decentralised governance system was meant to address the needs of OVC so as to avert aggression and violence emanating from their clamour for human security requirements. However these programmes have always been lacking effective, efficiency, relevance, impact and sustainability evaluation hence the need to evaluate the effectiveness of human security initiatives for OVC in Mt Darwin district. The Grounded Theory method, as a qualitative research paradigm was used in this research. The study employed a case study qualitative design of Mt Darwin district which was conveniently selected. A convenient sample of fifty participants, OVC and guardians was also selected from the members of the decentralised Child Protection Committees (CPC) and the two wards of Mt Darwin district. The in-depth interview schedule, documentary analysis and the FGD Guide were used as data collection tools for the study. The study participants from both the interviews and Focus Group Discussions have revealed that although the decentralised CPC system is known, especially at national, provincial and district levels, the system is weak at community levels. The results from this study also revealed that there is lack of capacity among the local people in managing their own affairs with regards to OVC care in relation to human security in general. This has led to lack of community participation and engagement, and therefore the programme remains unsustainable. The study revealed that communities have traditional cultures of caring for orphans and vulnerable children which include family set ups. These family networks, which are not integrated to the national programmes, are still strong in rural communities and they prescribe how and what to be done, when it comes to OVC care interventions and traditional leaders are key figures in this process. This lack of linkage brings with it coordination challenges that result in duplication of service provision and beneficiary selection. The programme has limited capacity, funding, support and periodic monitoring to promote community ownership. The programme heavily depends on the concept of community volunteerism, not considering the fact that financial support is also required at community level and therefore it’s important to provide incentives to enhance community participation. The programme lacks baseline information as evidence for implementation hence it is difficult to measure or evaluate its effectiveness. In conclusion, the study managed to establish the perceptions of the participating officials and community members in the decentralized CPCs system. The study also managed to identify the gaps related to coordination, management, baseline evidence and antecedents related to active community participation, particularly the women and children. The findings also included the resource and institutional gaps that exist in the Department of Social Services (DSS) and training needs for the community. The study recommended for the Government to mobilize additional resources, strengthening coordination and management of the programs and further studies in baseline assessment and program evaluation.

Key words: Human security, needs, OVC, governance, decentralization, aggression and violence.
Dedication

I dedicate this dissertation to my dear wife, Jerinah Nyamurera and my three sons; Runyararo, Kunaishe and Kudzwaisha. These four were real pillars during the course of the production of this dissertation. Without their unwavering support, it was going to be a mammoth task to accomplish this assignment.
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Last but not the least I would like to thank the Almighty GOD for providing me with wisdom, health and ability to undertake this dissertation.
# Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>AMTO</td>
<td>Assisted Medical Treatment Order</td>
</tr>
<tr>
<td>ART</td>
<td>Anti-retro-viral Therapy</td>
</tr>
<tr>
<td>AUAIAD</td>
<td>Australian AID</td>
</tr>
<tr>
<td>BCF</td>
<td>Behaviour Change Facilitator</td>
</tr>
<tr>
<td>BEAM</td>
<td>Basic Education Assistance Module</td>
</tr>
<tr>
<td>CBD</td>
<td>Central Business District</td>
</tr>
<tr>
<td>CBOs</td>
<td>Community Based Organisations</td>
</tr>
<tr>
<td>CCCT</td>
<td>Community based Capital Cash Transfer</td>
</tr>
<tr>
<td>CCSP</td>
<td>Community Capacity Support Programme</td>
</tr>
<tr>
<td>CPCs</td>
<td>Child Protection Committees</td>
</tr>
<tr>
<td>CSPCs</td>
<td>Child Social Protection Committees</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>DSS</td>
<td>Department of social services</td>
</tr>
<tr>
<td>DSSO</td>
<td>District Social Services Officer</td>
</tr>
<tr>
<td>EC</td>
<td>European Commission</td>
</tr>
<tr>
<td>Epi-Info</td>
<td>Epidemiological Information Package</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Agency</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Joint Programme on AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session for Children</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VHW</td>
<td>Village Health Worker</td>
</tr>
<tr>
<td>ZDHS</td>
<td>Zimbabwe Demographic Health Survey</td>
</tr>
<tr>
<td>ZNASP 2</td>
<td>Zimbabwe National HIV and AIDS Strategic Plan 2</td>
</tr>
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CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter presents a background to the problem of human security focusing on orphans and vulnerable children in relation to structural violence and the Zimbabwe National Action Plan for Orphans and Vulnerable Children (2003), bringing out the pros and cons of this multi-sectorial decentralized approach. The chapter also reports on the statement of the problem, conceptual framework of the study, study purpose, specific objectives and the research questions, justification, assumptions, limitations and delimitation of the study. The chapter concludes with the definitions of key terms in the study.

1.2 Background

1.2.1 Human security focusing on Orphans and Vulnerable Children

According to the UNDP annual report (2010), more than 2000 children die daily the world over, due to exposure to harsh conditions of living, diarrhoea and other communicable diseases. Marking the new century in 2000, the United Nations member states agreed on a new chapter of human history that stated Millennium Development Goals. This was a clear endeavour of shifting from state security only to human security (MDGs progress, 2010). The vision that pushed this initiative is the reduction of poverty, hunger and disease, greater access to health care and education, a world in which women and men have equal opportunities and conservation of natural resources for future generations.

Since its inception in October 1945, after the World War 2, the Unite Nations has, among other humanitarian issues, been mandated to provide policies and guide lines to children welfare laws at global and nation states levels that direct human security and child
protection in all communities globally. This mandate is achieved through the United Nations Convention on the Rights of the Child. The United Nations General Assembly Special Session for Children (UNGASS) adopted this convention and was signed in 1989 initially by 193 countries.

Zimbabwe is not spared from the problem of orphans and vulnerable children, with the figure currently standing at an estimate of 1.6 million, Mashonaland central province having 180,308 orphans and Mt Darwin district with 17,500. A number of OVC care interventions have been implemented in the country since 1980 and these have actually been intensified with the advent of HIV and AIDS epidemic (Jackson H. 2002). This researcher used the structural violence part of the violence triangle as suggested by Galtung (1969), to evaluate the effectiveness of human security initiatives for orphans and vulnerable children in Mt Darwin district.

1.2.2 The Global, Regional and National Commitments on Child Protection

The Global commitment on child protection is mainly supported by the CRC, at regional, SADC level; Zimbabwe is a signatory to the African Charter on the rights and welfare of the child. In Zimbabwe, being guided by these commitments, the Government came up with the Children’s act, the National Orphan care policy and the National AIDS Council act as statutes directly designed to address problems and issues that relate to orphans and vulnerable children.

According to the UNAIDS, HIV estimates (2012), the advent of HIV has brought an estimated 36 million infected people to communities and claimed 22 million lives globally. In Sub-Saharan Africa region, which is the worst affected, with approximately 870,000 new
infections in 2012, had a total of 23.5 million people living with HIV and AIDS (UNAIDS, HIV Estimates report 2012). During the year 2010, there was an estimation of 61,461 new infections with a projected increase in the annual new infections to 65,215 in 2015. In 2010, an estimated figure of 71,299 people died due to AIDS related illnesses with a projected decrease to about 51,808 deaths in 2015, mainly due to the availability of the Anti-retroviral treatment. The UNAIDS, 2012 annual report has estimated the figure of children orphaned by AIDS and living in the region in the same year at 19 million. The report goes further to mention that in Sub-Saharan Africa, Zimbabwe has the third largest proportion of orphaned children from the Republic of South Africa and Mozambique, with an estimate of 1.6 million orphans and vulnerable children, of which 62% of them are due to HIV and AIDS. With an HIV prevalence rate of 15% in Zimbabwe, AIDS has left an estimated 1.3 million orphans as at December 2012.

**Funding for the OVC Social safety net programmes**

The National Action Plan for Orphans and Vulnerable Children (NAP for OVC 1), having budgeted USD470.1 million, during the period 2005 to 2010, only received USD85 million in 2008, mainly from various international donors. The NAP for OVC 2 (2011 to 2015) has a total projection of USD336.3 million, segmented per strategic pillar as follows; Family economic strengthening -30%; Access to basic services -48%; Child protection -17% and Programme coordination and management – 4%. NAP for OVC Phase II; 2011-2015 (2012).

Despite the fact that the programme is getting all these millions of dollars to respond to human security issues for children from all these sources, the problem remains a threat to the general population. Apart from the donor support, the government also established an AIDS levy and continue to mobilise funds from the Ministry of Finance, which are all
channelled towards the same cause, but yet no one has evidence to show that the decentralised multi-sectorial approach (Child Protection Committees) is the real answer to the plight of OVC. The shift from the individual partner and centralised approach to the decentralised multi-sectorial approach was after realising that there were gaps in coordination, lack of political support, limited personnel to support the programme, poor linkages between the national, provincial and district levels, and non – cooperation by some NGOs in the programme. Although coordination and management of the OVC programme is essential, there is need to justify the effectiveness of the approach and to measure the quality outcomes of the services being provided, hence the need to conduct this study to evaluate the effectiveness of human security initiatives (decentralised multi-sectorial approach) for OVC care in Mt Darwin district.

**Mashonaland Central Province Demographic Information**

Mashonaland central province is one of the ten administrative provinces in Zimbabwe. The province has a total population of approximately 1 139 940, according to the preliminary 2012 National Census report. The province, with eight administrative districts and 232 wards, has an estimate of 180 308 Orphans and vulnerable children (National AIDS Council, 2012 Annual report). According to the National AIDS Council 2013, second quarter report, the province has a total of 110 381 people living with HIV (PLHIV) and of these, 55 732 are currently on Anti-retro viral Therapy (ART) which started in the province in 2004. According to the Department of Social Services (Province), the province has functional Child Protection Committees at all levels up to community level.

According to the Zimbabwe Census report, 2012, Mt Darwin district has a population of 212 190 people. Has a total of 17 500 orphans and vulnerable children. The district which is sub
divided into 40 administrative wards, each with a Child protection committee, chaired by the ward councillor, is also heavily burdened by the problem of orphans, with the worst affected wards having an average of 400 orphans and the least affected having 150 orphans, (National AIDS Council annual report; 2012).

Figure 1: Orphans and vulnerable children in Zimbabwe-2005/6

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC</td>
<td>Orphaned Child</td>
</tr>
<tr>
<td>SP3/12</td>
<td>Children with a very sick parent for at least 3 months in past 12 months</td>
</tr>
<tr>
<td>NPS3/12</td>
<td>Children living in a HH where at least 1 adult (non-parent) has been very sick for 3 months in the past 12 months</td>
</tr>
<tr>
<td>CLHH</td>
<td>Children living in a HH where at least 1 adult died in the past 12 months and had been sick for 3 months in past 12 months.</td>
</tr>
<tr>
<td>CLSPL</td>
<td>Children who 've a very sick parent or live in a HH where an adult has been sick or died in the past 12 months</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphaned and vulnerable children</td>
</tr>
</tbody>
</table>
Since the inception of the National Action Plan for OVC programme in Mashonaland central province, there has been an erratic participation of the members of the Child Protection Committee members in all the decentralised levels of the governance structure. On average, 30% of the members were active in human security issues of OVC in Mt Darwin district, and this participation included regular attendance of CPC meetings. Zimbabwe Census report, 2012.

Figure 2: Mt Darwin district map.
1.3 Statement of the Problem

Zimbabwe, just like other African countries had a sharp rise of the problem of Orphans and Vulnerable Children (OVC) in the mid-1980s mainly due to the HIV and AIDS pandemic. By 2012 the country had recorded an estimated figure of 1.6 million orphans and vulnerable children. Being guided by the Millennium Development Goals (2000), most countries around the globe, including Zimbabwe, have implemented various interventions to address the human security needs for OVC. (Zimbabwe Human Development Report, 2004).

The documentary review data in the Department of Social Services revealed that by 2000, although Zimbabwe had a well-defined legislative and policy framework to support children, lack of resources has prevented full implementation of key national policies and legislation. There was therefore an urgent need to mobilize resources for full implementation of policies and legislation fulfilling the rights of children. Chitiyo et al (2008)

Chitiyo et al (2008) further highlighted that during the year 2003, after the National stakeholder conference, the Government put in place a comprehensive multi-sectorial strategy to guide the various stakeholders in their participation in the response to the child protection issues. The NAP for OVC 1, having budgeted USD470.1 million, during the period 2005 to 2010, only received USD85 million in 2008, mainly from International donors. Therefore, despite the efforts by the Government of Zimbabwe to address the human security needs for OVC, these children’s standards of living remains poor.

1.4 Assumptions of the study

This study assumes that the human security (provision of adequate food and proper nutrition, security, shelter, birth registration and identity, health and hygiene and child protection from physical harm and abuse) and good governance systems are not adequately
being provided, hence leading to serious problems like early unwanted pregnancies and marriages, child labour, crimes (including political violence) and dropping out of school. The study, in addition, also assumes that the decentralised institutional child protection systems are not strong enough to be able to effectively handle the problems and issues that affect their orphans and vulnerable children.

1.5 Aim of the study.
The aim of this study is to evaluate the effectiveness of human security initiatives for orphans and vulnerable children being implemented and coordinated by the decentralised Child Protection Committees in Mt Darwin district of Mashonaland central province.

Study Objectives.
1. To examine the operational framework of the National Action Plan for Orphans and Vulnerable Children programme.
2. To analyse the effectiveness of the National Action Plan for OVC set standards to achieve human security for children.
3. To examine the level of community participation in the National Action Plan for Orphans and Vulnerable children programme.
4. To assess the strengths and weaknesses of the National Action Plan for Orphans and Vulnerable Children since its inception in 2003.

1.6 Research Questions
This study seeks to answer the following questions among others;

- What are the operational frameworks of the National Action Plan for Orphans and vulnerable children programme to achieve human security among children?
• How effective are the decentralised human security (CPCs) institutional structures of the programme?

• What is the level of participation of Orphans and Vulnerable Children and their adults in NAP for OVC programme?

• What are the strengths and weaknesses of the NAP for OVC programme in Mt Darwin district?

1.7 Justification of the Study

The human security issues for orphans and vulnerable children has heavily impacted on the government and the communities who, in most of the time live in poverty and low income to sustain themselves for basic survival. The communities, who include the leadership, guardians and relatives, have not been able to provide enough food, decent shelter, clothing, basic education, and water and sanitation services to OVC in their areas. This has basically led to problems like early marriages, child labour, and increase in crimes and engaging in political violence by young adult men. These have been experienced in all provinces and districts including Mashonaland central and Mt Darwin district.

Since 2003, Zimbabwe has been implementing the decentralised institutional framework on child welfare initiatives in order to coordinate and manage the multi-sectorial participation on human security for these vulnerable children. The main focus of this thesis is to evaluate the effectiveness of human security initiatives for OVC in Mt Darwin district.

This dissertation is being carried out in partial fulfilment with the requirements for the Master of Science Degree in Peace and Governance offered by the Department of Peace and Governance at Bindura University of Science Education. The research will also give the
researcher an opportunity to put into practice, theoretical elements mastered during his studies at Bindura University of Science Education. The research will be of much value to the University as it will be used as literature reference by other scholars who will be researching in the same line of study. The Government will benefit from the research as it will highlight areas that need attention as far as NAP for OVC is concerned. Recommendations will also be made which will be taken into consideration by the policy makers. Finally, if adopted by the policy makers, the research will go a long way in alleviating poverty and improve the standard of living in OVC.

1.8 Delimitation of the study
In order to satisfy the objectives of this study, study participants were drawn from Mashonaland central province decentralised CPCs. Study participants from CPCs included senior level officials from civil society organisations, churches, NAC, key government ministries and community level leaders. These formed part of the key informants through the in-depth interviews. In Mt Darwin district two wards participated in the study and these are, wards 24 (Matope) and 34 (Kamutsenzere). Matope ward is in the southern part of the district, while Kamutsenzere ward in in the northern part – Zambezi valley area, of the district. A representative sample of members of the CPCs at province, district, ward and community levels were included in the study as participants. Focus Group Discussions were held with two groups of OVC and guardians, one from each ward. Documentary review was done at all levels from community to province levels.

1.9 Limitations of the study
The researcher experienced inadequate time as a limitation since he is on full time employment. However this limitation was overcome by working hard after hours and also during weekends and holidays. Another limiting factor was on financial, material, human
and transport resources to use during data collection and preparation of the report. Lack of constant and reliable internet services against limited time was another limiting factor, which affected adequacy in literature review. The researcher however used the commercial internet facility provided in the Bindura CBD and Bindura University library. As for human resources and transport, the researcher did the data collection at all levels of the study by himself using public transport.

1.10 Definition of terms

Governance

According to UNDP Human Development Report (2011) Governance is a neutral concept comprising mechanisms, processes, relationships and institutions through which citizens and groups articulate their interests, exercise their rights and obligations and mediate their differences. Governance is usually qualified to good and bad governance. Good governance entails the allocation and management of resources to respond to collective problems and it is characterised by the principles of participation, transparency, accountability, rule of law, effectiveness, equity and strategic vision. Bad governance is actually the opposite of good governance.

Decentralisation

According to Wekwete (2006), decentralisation is widely taken as a strategy of governance, with a gradual process of reform that addresses a range of administrative, social, political, fiscal and land issues. The intention being that of transferring power and resources to a level of government that is closer, better understood and more easily influenced. The main aim is to enhance the level of participation of civic actors in local governance and the entire development process.
**Human Security**

United Nations Secretary General (2001) has described Human Security as human centred approach which is not purely military, political or state centred. Human security rather encompasses economic development, social justice, environmental protection, public health issues, respect for human rights and the rule of law. This definition implies that human security is people centred, universal, interconnected and multidimensional in nature that is people should live in peace and security within their communities and countries, enjoying with no discrimination of all forms.

**Multi-sectorial**

Ishrat and Renuka (2002) defined Multi-sectorial Approach as responses to humanitarian issues like HIV and AIDS, child protection and other development initiatives by functional or sectorial ministries and agencies. These responses can either be intra sectorial or inter-sectorial.

**1.11 Summary**

This chapter presented the background of the problem researched in relation to human security for orphans and vulnerable children. The purpose of the study, objectives and significance of the study were discussed. The most important terms used in the study are defined and in chapter two focus in on literature related to the study.
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction
This chapter broadly discusses relevant literature to this study. More specific literature that relates to the human security conceptual framework in view of the benchmarks set by the United Nations, SADC region and Zimbabwe as a country. The theoretical framework that guided this study was also discussed, followed by the empirical studies that have been done by other researchers and have similar characteristics with this research. Critiques of these researches are highlighted, with the research gaps also being mentioned and discussed. The chapter concludes with a summary.

2.2 Conceptual Framework
2.2.1 Human Security

Academics, social scientists and peace practitioners have noted that there is no single definition of human security, but rather a new concept aimed at analysing the world of humanity, in view of conflict, violence, displacement due to natural disasters and other upheavals, infectious diseases like HIV and economic and cultural issues.

UNDP (1994) has described human security as a special approach to achieve human development which is people centred, universal, interconnected and multidimensional in nature. This implies that all people should live in peace and security within their communities and countries, and should enjoy, without discrimination, all rights and obligations which include; human, political, social, economic and cultural rights.

According to Tadjbakhsh (2005), the term security refers to, “the absence of insecurity and threats among the people, and to be secure is to be free from both fear, (physical, sexual,
psychological abuse, violence, persecution or death) and want (of gainful employment, food, health and shelter). Tadjbakhsh (2005), therefore defines the concept of human security as a social phenomenon that deals with the capacity to identify threats, to avoid them when possible and to mitigate their effects when they occur. Human security broadly means assisting victims to cope with the consequences of the widespread insecurity caused by armed conflict, human rights violations, massive under development, infections like HIV, cholera, malaria and Tuberculosis, and non-infectious conditions like diabetes, hypertension and cancer.

2.2.2 Orphans and vulnerable children

The Zimbabwe National Orphan Care Policy (1996) cited in the National Action Plan for OVC 1 (2003) defines an orphan as any child aged 0 -18 years whose parents have died. Vulnerable children have been described as those children living with a diversity of psycho-social and physical challenges.

According to a study by Skinner et al (2006), cited in Armstrong (2012) in Zimbabwe, Botswana and South Africa, a vulnerable child is someone who has limited rights and basic needs, even if they have both parents but the child may be compromised in other ways. They also echoed that an orphan is a child who has lost either one or both parents and experience problems that are centred around three core areas;

1. Material problems; including access to money, food, clothing, shelter, health care and education.

2. Emotional problems; including experiences of caring, love, support, space to grieve and containment of emotions.
3. Social problems; lack of a supportive peer group of role models to follow, stigma or lack of guidance in difficulty situations, and risks in the immediate environment.

2.2.3 Human Security and Millennium Development Goals

This study is hinged on the United Nations Brahimi report (2000), and the Millennium Development Goals as the conceptual framework. The Brahimi report focuses on; the short comings in the existing systems of the world of governance, frank and realistic recommendations for change, political and strategic issues, and operational and organisational issues. The Millennium Development Goals (MDGs) are therefore hinged on these four strong pillars from the Brahimi report. The MDGs are aimed at encouraging development by improving social and economic conditions in the world’s poorest countries and are key to human security initiatives around the globe. The MDGs are derived from earlier international development targets and were officially established at the Millennium Summit in 2000, where all world leaders present adopted the United Nations Millennium declaration from which the following eight goals were formulated and promoted; Eradicate extreme poverty and hunger, Achieve universal primary education, Promote gender equality and empower women, Reduce child mortality rate, Improve maternal health, Combat HIV and AIDS, Malaria and other diseases, Ensure environmental sustainability and Develop a global partnership for development.

During the 2008 High level event on the MDGs, the United Nations Secretary General Ban Ki-Moon said, “Eradicating extreme poverty continues to be one of the main challenges of our time, and is a major concern of the international community. Ending this scourge will require the combined efforts of all; governments, civil society organisations and the private sector, in the context of a stronger and more effective global partnership for development.
The MDGs set time bound targets, by which progress in reducing income poverty, hunger, diseases, lack of adequate shelter and exclusion – while promoting gender equality, health, education and environmental sustainability can be measured. They also embody basic human rights – the rights of each person on the planet to health, education, shelter and security. The goals are ambitious, but feasible and together with the comprehensive United Nations development agenda, set the course for the world’s efforts to alleviate extreme poverty by 2015.”

This statement from the UN Secretary General (2008) is a summary and link point of all the eight MDGs with emphasis on the MDG number one. The improvement of the economy at micro-family level will go a long way in reducing maternal and child mortality, key diseases like HIV, Malaria, TB and others, improve on the gender equality and universal provision of basic education. All these have positive impacts on environmental sustainability and development of a global partnership which will enhance development. (UNICEF, 2007)

Alkire (2002) asserts that the objective of human security is to create political, economic socio-cultural and environmental conditions in which people can live knowing that their important rights and freedoms are secure. This actually means firstly, being protected from the chronic threats of hunger, diseases and oppression, and secondly being safe guarded from sudden and potentially harmful interference in the normal course of life such as that caused by civil wars and other conflicts.

Human security is therefore viewed not just from the view of providing protection from threats to basic rights and freedoms, but also from the angle of empowerment – with a view of developing the human potential and the involvement of all citizens in decision making. (Alkire, 2002).
2.2.4 Human security and the Human Development Index

According to a UNDP (2008) report the Human Development Index (HDI), which is derived from the concept of human development that emphasises three essential choices for people; 1) to lead a long and healthy life; 2) to acquire knowledge and; 3) to have access to resources needed for a decent standard of living. Longevity is captured by life expectancy at birth, taken as the average number of years a newly born child is expected to survive. Knowledge is measured by two stock variables, adult literacy (2/3 of the weight) and average years of schooling (1/3) and it captures the level of human capital. The income variable comprises the log of the income levels. The HDI ranges from zero to one, with an outcome of 0.000 to 0.500 in the low human development category 0.501 to 0.800 in the medium human development category and 0.801 to 1.00 in the high human development category.

Zimbabwe is at present restructuring her economy after almost a decade of hyperinflation characterised by a cash currency crisis and deepening and widening poverty. Unemployment among youth is over 80%. The population below the Food Poverty Line (FPL) increased from 29% in 1995 to 58% by 2003. The proportion of the population below the Total Consumption Poverty Line (TCPL) rose from 55% in 1995 to 72% in 2003. This situation is markedly worse in rural areas where 71% of the people were below the TCPL compared to the urban areas which had 61% in 2003. Female and child headed households had a higher incidence of poverty at 68% compared to male-headed households at 60%. Zimbabwe with a Human Development Index (HDI) of 0.410 is in the low human development category and this affects provision of care services to orphans and vulnerable children as a human security initiative,(Zimbabwe Human Development Report, 2004).
2.2.5 Resources for Human security programmes for children

According to Chitiyo et al (2008), the documentary review data in the Department of Social Services revealed that by 2000, although Zimbabwe had a well-defined legislative and policy framework to support children, lack of resources has prevented full implementation of key national policies and legislation. There was therefore an urgent need to mobilize resources for full implementation of policies and legislation fulfilling the rights of children.

Chitiyo et al (2008) further reviewed that in 2003, more than 300 stakeholders converged at the; “Children at the Centre”, National Conference to discuss the current situation by then, and the necessary action to be taken to improve the plight of OVC in the country. The documentary review also revealed that in light of the individual partner approach which was prevailing that time, it was imperative for the country to take a stock of what had been achieved, the weaknesses of the approach by then and strategize to enhance a more coordinated multi-sectorial decentralised system approach. The aim of the conference was therefore to engage stakeholders to draft a National Action Plan for OVC in Zimbabwe.

Major outcomes of the conference included the formulation of the first draft of the NAP for OVC document and selection of civil society members for the Working Party of Officials to guide implementation of the plan. During the same year, 2003, after the National stakeholder conference, the Government put in place a comprehensive multi-sectorial strategy to guide the various stakeholders in their participation in the response to the child protection issues. The NAP for OVC 1, having budgeted USD470.1 million, during the period 2005 to 2010, only received USD85 million in 2008, mainly from International donors.

According to the Ministry of Health and child care (2012), under NAP 1 funding was disbursed through NGOs, rather than government systems, and this support included CPCs
trainings, operational costs and incentives for members, and these were concentrated at ward level, leaving a capacity gap at village level (Ministry of Labour and social services, 2012). The NAP for OVC,2(2011-2015) has a total projection of USD336.3 million, segmented per strategic pillar as follows; Family economic strengthening-30%, Access to basic services-48%, Child protection-17% and Programme coordination and management 4%.

2.3 Theoretical Framework
“A theory provides us with a perspective, which is simply a way of looking at the world.” (Mooney et al, 2007). Schutt (2004), further asserts that a theory is a logical set of propositions about empirical reality, that are interrelated. Theories help people to explain and predict the social world in which they live. The significance of this definition to this study was that it was developed on the basis of an established theory which informed the researcher about the issues relating to decentralised governance systems, and human security particularly for orphans and vulnerable children.

Figure 3: Galtung’s theory (1969) on conflict, violence and peace

Direct, structural and cultural violence
2.3.1 Direct violence

Direct violence is that act that cause physical hurt and to the extreme killing someone, or directly preventing a person from doing something vitally important. Direct violence is about doing something that directly affects someone else in a violent manner. These types of violence include; rape, war, beatings, verbal abuse and killing.

2.3.2 Structural violence

According to Sunypress (2007), this is institutional, indirect violence (structural violence), which is usually hard to see and is often embedded in the system itself. A society which has a structure recognizing and encouraging men to work and participate actively in society, but not the rights of women to do the same, is practicing structural violence. Galtung, (1969) argues that direct violence is usually the result of structural violence. In human security, the issue of poverty, social service delivery systems and other policies, increases the risk of vulnerability of OVC to catch up with the problem. Indirect or structural violence has also been experienced in war torn societies like in Rwanda, Sudan and Ethiopia, where the child soldiers, in their teens and adolescent stages of life are paid through having sex with girls who are actually forced by the systems into such acts.

2.3.3 Cultural violence

According to Sunypress (2007), this is a way of thinking that justifies both direct and structural violence. In both macro and micro conflict, social Darwinism is famous example of a culturally violent way of thinking, since it considers that in the context of the survival of the fittest, it is only natural to have wars and violent conflicts periodically in order to eliminate the weakest. The best remedy for this kind of thinking, which is still wide spread
today, is education and awareness. Cultural violence also include practices like genital mutilation, mandatory circumcision, girl pledging, dressing, scarification, religious beliefs, use of dead bodies at ramson, slavery and human trafficking.

Galtung says, “we end direct violence by changing conflict behaviour and we end structural violence by removing structural contradictions and injustices in our societies (here issues of hegemony, power and authority also come into play), and cultural violence can be addressed by changing people’s attitudes through continuous education and awareness.” Structural violence is therefore described as violence that results in harm but is not caused by a clearly identified actor, and positive peace is actually the absence of this structural violence. In structural violence the consequences cannot be traced to concrete persons as actors or perpetrators of such violence. It is however built into the social structure and only shows up as unequal power and resultantly as unequal life chances (Galtung, 1969; 170-171). This set up is closely linked to the aspect of culture, systems of governance that can be used to justify or legitimise the structural violence and the human needs of young people who are in the category of Orphans and Vulnerable children. In this study these cultural aspects and the decentralised CPCs governance systems have also been explored in view of the human security for OVC in Mt Darwin district.

2.3.4 Human Needs Theory – Unfulfilled Needs, Human Security and Violence – John Burton

According to Burton (1990), all human beings have basic needs. Parts of the needs are physical, e.g. need for food, water and shelter. Psychological needs, as defined by Burton, are universal and non-negotiable, and should be primarily addressed as a basis for negotiating for peace and groom young people with no or minimal violence in any given
society. Burton goes further to say these needs are not in order of hierarchy but rather people seek for them at some time as they travel the journey of life. These needs are security of safety; meaning both stability and freedom from fear, identity; a sense of self in relation to the outside world, recognition of one’s identity and recognition from others. Family, community and personal development, which includes a dimension of personal fulfilment – the need for one to reach potential in all areas of life, is the characteristic of human needs. Commonly these needs are naturally fulfilled through the community, policies, public goods and services provided by the state. According to Doucey (2011), if these needs are not fulfilled because the state or community has failed to properly address them, or that people feel these needs are not met or perceives a threat to these needs, the society, community or country can groom a grieved young population and this can lead to emergency of violence. This goes far beyond the issue of greed and grievances, as explained in Coullier’s greed and grievance theory by Coullier, since it is a matter of survival and therefore people will go to great lengths to satisfy them.

Needs fulfilment is heavily related to the psychological dimension of conflicts, especially analysing the weight of fear in escalating violence. Fear, according to Doucey (ibid), is defined as an unpleasant emotion caused by the threat of danger, pain or harm. Fear is a natural and common feeling that allows people to identify potential danger. Fear can evolve into an unhealthy or pathological situation, which lead to exaggerated and violent behaviour. Orphans and vulnerable children with psychological needs not met can end up in violent behaviour.

Therefore collective fears which are fuelled by the denial of basic needs can lead to violent reactions, as an ultimate attempt of people to secure the essentials of life and trying to put
corrective measures to perceived injustices or systems. These violent actions are reinforced by massive mobilisation and in the case of young adults having unmet physical and psychological needs, they in their numbers perceive violence as legitimate as they try to emancipate themselves from the perceived bondage. Human security, transparency, accountability and liberal model of Governance are the study guiding concepts. The research was informed by Human needs theory, and the micro and macro theories of decentralisation. Burton (1990) page 96 argues further to say, “if the inherent aggressiveness is the causal factor of conflict then we have to live with conflict and only policing organisations and deterrent strategies will be used”. Therefore this means we cannot get to the source of the conflict problem, hence conflict resolution becomes irrelevant since the source is known and cannot be altered. The second notion that Burton brings forward is that if conflicts are due to emergence of inappropriate social/ governance institutions and social norms then conflict resolution and prevention is possible by removing these, that is the institutions and social norms would be adjusted to the needs of persons. Maslow, Rosenberg and Max-Neef years follow the same notion as Burton in their views of the human needs theory. Linked to the Human needs theory are the theories of decentralisation, which include accountability, transparency and the liberal model of governance.

**Empirical Review**

The researcher reviewed literature on studies done relating to the experiences and mental health of orphans to provide baseline information on the real problems that the orphans meet, to then enable the study to track on the effectiveness of the NAP for OVC achievements in Mt Darwin. Literature on operational framework for NAP for OVC, its
effectiveness, achievements, strengths and challenges was also reviewed. The searches were mainly assisted by three recent studies on similar topics and these are; Ministry of Labour and Social Services (Department of social services)-2012, Armstrong et al (2012) and Tamasane (2011).

2.4 The Orphan hood experience and their Mental Health

In a study by Harms et al (2010) on youth orphaned after the death of their parents, in Uganda, it was revealed that experiences of youth who have lost parents to HIV and AIDS epidemic are a complex phenomenon in view of human security. A qualitative descriptive study was conducted to develop a culturally acceptable and comprehensive description of the experiences of orphan hood among Ugandan youth. A purposeful sample of 13 youth who had lost one or both parents to HIV and AIDS and were affiliated with a non-governmental organisation providing support to orphans were interviewed.

Several losses were associated with the death of a parent including lost social capital, educational opportunities and monetary assets. Unique findings revealed that youths experienced culturally specific stigma and conflict which was distinctly related to their orphan status. Exploitation within extended cultural family systems was also reported. Results from this study suggest that there is a pressing need to identify and provide culturally appropriate services for these Ugandan youth prior to and after the loss of parents. Governments should therefore come up with solid and effective policies in order to try and alleviate the challenges of OVC, hence the researcher’s study on the evaluation of the effectiveness of the human security initiatives for orphans and vulnerable children in Mashonaland Central Province.
According to Lata and Verma (2013), in a study on mental health of orphans, it was found that death of parents introduces a major change in the life of a child. This change may involve moving from a middle or upper class urban home to a poor rural relatives’ home, separating from siblings, forced to live own and constituting child –headed families. All these changes easily affect not only the physical but also the psychological well-being of a child. Harms et al (2010) suggest that possible factors such as socio-economic status, abuse, social support, family disruption and stigma pose psychological difficulties on orphans. Economic burden is increased due to illness and deaths causing orphans to suffer from food insecurity, stigma, bullying, shelter, material goods, and in-access to health services and withdrawal from school. Therefore the orphans severely experience negative emotions like anxiety, high emotional and psychological distress (Nyamukapa et al, 2010), hopelessness, loneliness, frustration (Mbozi et al, 2006; Lin et al, 2010), depression and post-traumatic stress symptoms (Cluver and Gardner 2006).

Behavioural problems like peer conduct problems; delinquency, antisocial behaviour and low self-esteem are experienced, including withdrawal, guilty, fear and poor school functioning and academic performances. Orphans living with grandparents in community and orphanages had better mental health and psychological wellbeing than children living with non-relatives and kinship care (Hong et al; Zhao et al, 2010).

In a study on the impact of the introduction of free education in Lesotho, a World Bank research team (2005) found out that the economic or wealth status of the child affected their participation in education regardless of social status as orphan or non-orphan. Nyamukapa et al (2003), in their study in eastern Zimbabwe documented the catastrophic impact of the death of the mother on children’s access to education in comparison to the
death of the father or of both parents with in a household. These observations were also affirmed in a research by Nyamukapa and Gregson (2005) where it was observed that maternal orphans, rather than paternal or double orphans continued to have lower school enrolment rates. The research concluded that the low primary school completion among maternal orphans must result from the lack of support from fathers and step mothers, as well as other less prominent factors like household composition and/or economic status.

Also in a small in-depth analysis of 20 children between 10 and 14 years old, Chitiyo (2008) concluded that, “a concoction of challenges like anxiety, grief, trauma, depression, stigma and discrimination makes OVC’s educational needs exceptional.” The author therefore recommended for special curriculum for OVC to be developed with an emphasis on life skills and practical skills for daily living. The researcher concurs with this recommendation for special curriculum. If properly drafted and implemented, it will be able to address the special needs of OVC.

2.5 Operational Framework of NAP for OVC programme

Cross-cutting issues and themes emerging from documentary 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, and the urgent need for coordination of resources and programmes at all levels, (Chitiyo, 2011).

According to Ishrat and Renuka (2002), decentralised multi-sectorial approach is not a choice but a necessity due to the wide ranging impact of HIV and AIDS on OVC that makes a broad multi-sectorial approach an imperative. The advantages, as to Ishrat and Renuka
(ibid) are that, the decentralised multi-sectorial approach ensures that there is community involvement in planning and that programmes reach the poor communities. They further comment that different sectors and the economy are all impacted on human security issues that includes HIV and AIDS, and OVC (who form part of the future generation of the country and community) hence the need for a multi-sectorial approach.

UNICEF (2003) reports that, it is now three decades since the advent of HIV pandemic, which is the main contributor of the problem of OVC. Since then most governments, including Zimbabwe, have teamed up with other countries on the globe to intervene as government and civil society at individual partner level, which was then followed by the establishment and implementation of the NAP for OVC programmes in many countries. A range of social safety nets for vulnerable adult communities and children have been implemented to promote human security initiatives and to minimize consequences of human insecurity on individual orphans and vulnerable children and adults, families and communities. While many interventions have been shown, individually, to be effective, it is still not clear what mix of interventions is most appropriate and most cost effective in different socio-economic and socio-cultural settings.

This therefore means that the war against the plight of OVC needed national efforts as opposed to individual organisation efforts. It is not a winner take all battle, there will be no winner if people continue to be exposed to harsh conditions which have adverse effects in their future and the future of their families, communities and country (ZDHS, 2003). It is therefore against this background that the current study seeks to conduct an evaluation of the effectiveness of the human security initiatives for OVC, which includes the decentralised multi-sectorial response to OVC care which Zimbabwe adopted since 2003.
In a desk top Lesotho situation analysis review study conducted by Tamasane (2011), it has been revealed that due to the regional and international pressures, protection of OVC in Lesotho has received the highest attention. The government of Lesotho has signed or ratified a number of international and regional treaties or charters on the protection of OVC. However the country’s legislative framework does not provide for the protection of OVC. This is because most legislation is old and therefore out dated.

This scenario results in too many diversity of services (educational, nutrition, cash transfer, shelter and health related support) being offered to OVC by government ministries, donor organisations, development partners, Non-Governmental Organisations, Faith Based Organisations, Community Based Organisations and sporadically by individual members of communities. There is no mechanism to establish who is doing what and where, there is also no effective coordination of OVC services despite the existence of a database of service providers in the country. There is also no policy provision to guide NGO/FBO/CBO programmes. Finally there is no coordination body to see to it that services provided are of a required standard and are ethical in approach and content – hence duplication of services.

The uncoordinated services include educational support, food parcels, access to health services, aid for income-generating projects and financial assistance in the form of grants. However the reach and impact of these services cannot be ascertained due to the limitations discussed above. The services provided to OVC then, are biased overwhelmingly to material assistance only with very small psychological and emotional support.
2.5.1 Effectiveness of NAP for OVC programme - Strengths and challenges.

Measuring success in interventions and evidence of effectiveness has been a challenge over the years. Richter et al (2008), points out that in many instances a lack of evidence underpinning the development and implementation of interventions compromised any assessment of their effectiveness. Overall, there is weak evidence to support programming, with only a small minority of studies having sufficient research methodology work to support the conclusions. Schenk (2007), page 46 in focusing specifically on evidence of effectiveness for community-based programmes, also noted that;

“existing evidence on the evaluation of community programmes addressing the circumstances of children and families affected by HIV is undermined by variable methodologies and inconsistent data quality.”

The implication of these studies is that most community based care programmes for children lack baseline information, which will, at the end of the programme enable programmers to evaluate its effectiveness and impact. However the below related studies have been sourced by the researcher and they form the empirical base for this research.

2.5.2 Achievements and Strengths of community based welfare activities for OVC (NAP for OVC).

The wide scale of lack of birth certificates among Orphans and vulnerable children prevents them from accessing education, health services, their inheritance and other basic benefits. A success story reported by UNICEF (2013) was from Brazil’s birth registration and identity programme. According to the report’s baseline information, Brazil’s birth registration rates in poor states have been historically low. However the rates have increased substantially
since the adoption of a comprehensive National Plan of action in 2001 and a revised strategy in 2007, complimented by public funding, political commitment and monetary incentives for maternity wards to register the new born. The interesting message from this review information, as it relates to this study is the collaboration between multi-sectorial and socio-cultural approaches.

According to the same report, a case study in Kenya established the same, out of the Kenya children act; a comprehensive child protection system was developed. In view of the enabling environment of political will, improved coordination and management of National OVC care initiatives, the reviews done by UNICEF (ibid) on child protection systems and activities in Indonesia and Kenya revealed strong integration, planning and decentralised multi-sectorial approach that enhances the investment approach taping the national resources and equitably distributing them in line with the priorities as set by the national action plans for the Orphans and Vulnerable Children initiatives.

Another review study by UNICEF (2011), from the Democratic Republic of Congo, was in line with empowerment of boys and girls in matters relating to their welfare and health. The DRC, with support from UNICEF, have introduced child friendly spaces which provide safe places for children to play and access psychosocial services in emergencies and concentrate on empowerment- building the capacities of staff, promoting girls participation and incorporating more gender-targeted activities. Both girls and boys have reported feeling more confident and empowered as a result of their participation. This initiative in DRC is important in that it promotes, significantly, to active participation of young people through enabling environment and empowerment activities.
According to the Ministry of social services’ process and impact evaluation of the BEAM programme in Zimbabwe (2012), the BEAM programme is a success. On BEAM beneficiaries, particularly OVC, there are barriers that affect children’s access to education and the study participants reported early marriages and child labour as barriers affecting children’s access to schools. The report asserts that BEAM is a highly relevant and necessary intervention, particularly in the poorest quartile of schools in terms of school income per learner.

The BEAM community selection committees are generally perceived to have been well constituted, with the selection criteria and prioritisation of beneficiaries perceived to be appropriate, however there is need to capacitate and strengthen the participation of children and teachers in the process. (Ministry of labour and social services, 2012)

2.5.3 Challenges of implementing effective community based welfare activities for OVC (NAP for OVC).

The study by Nyawasha and Chipunza,(2012) assessed the different psychological and empowerment interventions offered and provided to OVC in Mabvuku and Tafara in Harare, Zimbabwe. A qualitative design was adopted with the aim of documenting and capturing the views and narratives of participants. Data was collected through FGDs and personal interviews with 30 children who were purposively sampled. The results of the study show that despite the growing number of OVC in Zimbabwe, very few interventions have been designed and initiated to meet the psychological and empowerment needs of OVC. Most of the interventions and programmes in existence are mainly centred on meeting the material and day to day needs of these children.
Ministry of social services – DSS, Zimbabwe (2010), carried out an Institutional Capacity Assessment for the operations of the DSS, which was conducted by external consultancy. The DSS Institutional capacity Assessment revealed some operational challenges that the DSS is currently experiencing, which include the wide range of its statutory and administrative responsibilities and the paucity of the resources which the DSS can deploy to meet the challenges and discharge those challenges. Staff shortage was another important challenge cited in the report, and these included professional Social welfare officers, mainly due to the high staff turnover. Shortage of equipment, computers, and vehicles has hampered effective service delivery by the DSS. According to the report there is a high level of dependence on the good will of NGOs to make such resources available, so that key statutory functions can be discharged, resulting in small expanse coverage across the whole country.

Nina (2004), in a case study on decentralization in Kenya, noted that while there are multiple challenges in decentralized governance on HIV and OVC care in Kenya, there are two particular issues which needed to be addressed to deal with these problems. These were given as (i) unclear mandates for the local government authorities in HIV and OVC care services, (ii) parallel systems of administration and planning and lack of effective coordination between local authorities and civil society as well as community level planning. The third challenge is lack of access to funds for HIV and OVC care activities, by the beneficiary community. The case study by Nina (ibid) has shown that local authorities in Kenya are like in Zimbabwe, they fall under ministry of local government, and these do not have mandates but functions. Parallel systems of administration and lack of effective
coordination between local authorities and civil society was one of the key challenges elaborated in the Kenya case study.

2.5.4 Community Engagement and Participation

According to the Ministry of labour and social services’ rapid assessment of CPCs in Zimbabwe (2012), local communities play a significant role in protecting their women and vulnerable children. In Zimbabwe, communities place value on the child protection committees (CPCs), which are multi-sectorial in nature and dates back to 1999. The report, however also alludes to the fact that the CPCs’ effectiveness in addressing children’s individual needs is limited and there is little understanding of these community based initiatives for OVC welfare by the local communities.

2.5.5 Rationale for community Engagement in Social Protection

According to the Ministry of labour and social services report on CPCs rapid assessment (2012), the reasons why communities engage in social protection are many. These include insufficient capacity and resources from the central government systems, knowledge of local circumstances and the potential to strengthen existing local systems and in some cases generating buy-in, credibility and equitable implementation of social protection programmes. Sharp et al (2006) echoed the same in their assessment of Ethiopian social protection programmes, where they established that involvement of communities in Productive Safety Nets Programme (PSNP) was reported to have increased community’s acceptance of the programme.

Sharp et al (ibid) further assert that the PSNP programme in Ethiopia was built from the Food Security Taskforces (FSTFs) which existed through the Disaster Prevention
Committees. The communities can select beneficiaries considering household assets, income and support from relatives or community. This Ethiopian approach matches the idea that local poverty descriptions can bring forward better localised specific indications than those estimates from central level. According to Skovdal et al (2011), the Kenya’s community capacity support Programme (CCSP) has been supporting communities to implement their own projects through the Community-based capital cash Transfers (CCCT). The programme clearly recognises existing coping strategies and the role of communities in social protection. The specific roles of communities in OVC care, according to the Ministry of labour and social services’ report on rapid assessment of CPCs in Zimbabwe are three; 1) identification of recipients for cash or in-kind benefits, 2) monitoring the delivery of those provisions and/or 3) engage in some part of the delivery. Community engagement can also be used to mould and strengthen existing community based strategies like the extended family caring systems and Zunde ra Mambo in Zimbabwe.

2.5.6 Composition of Child Protection Committees

The Rapid Assessment report on CPCs asserts that community members get involved in child protection activities through the already established development committees. The elections are done using the local government system of governance establishment and this is similar to the systems that exist in Ethiopia, Malawi and the BEAM community selection committee in Zimbabwe. Programmes usually provides specific selection criteria for membership and this includes among other components; representation of special groups and social categories, e. g. PLHIV. Key political leaders and traditional chiefs assume the overseeing role as mediation in the event of conflicts.
In Ethiopia, according to Farrington et al (2007), the approach is slightly different from the one above and they use a double fold approach, were they combine the administrative and community based selection approach at district and sub-district levels. An example is that at woreda (district) level, FSTFs are appointed, comprising administrators, technical staff from line departments and in some cases representatives of NGOs and at kebele (sub-district) level, FSTFs are led by local government representatives and also include elected community members, while at community level, the FSTFs are entirely comprised of community members, (Farrington et al, 2007).

In terms of gender, evaluations of different programmes reveal that gender is not balanced. In an evaluation of Mchinji-Malawi social cash transfer pilot, Miller et al (2008), it was found out that there were twice as many male members as compared to their female counterparts in 43% of the Community social protection Committees (CSPCs). This is echoed in an Ethiopian study by Farrington et al (2007) where it was noted that despite the requirement of female members in all levels of FSTFs, few women were actually found to be members and very few were found to be in leadership positions. The existence of a gender imbalance within committees can be associated with the wider issues of inequality and elite systems within communities.

**Child Participation**

According to the Rapid assessment report, child participation does not exist in community based social protection committees. Farrington et al, ibid, asserts that in Ethiopia’s FSTFs, with a youth representative sit, it’s actually the opposite and no one represents them. Similarly, in Kenya’s CCSP, children and youth are found to be in these committees but their activeness and meaningful or just to satisfy the statutory requirements is another issue. In
these Kenyan programmes the youth and child members of the community-based programme management committees reported to have been left out in the process of planning, implementation and monitoring of child/social protection programmes.

**Elite Capture**

According to Ministry of Labour and social services-DSS (2012), elite capture denotes that the influential people at local level actually benefiting from the provisions of the child protection programmes at the expense of those for which the provisions are intended, and in Zimbabwe this has often been cited as a challenge with in the participatory development, child protection programmes included. This has been affirmed in a Malawian evaluation study by Miller et al (2010), which found out that in elections there is minimal competition since the most vocal or aggressive community members self-appoint themselves into the Community social Protection Committees (CSPCs), possibly because word had spread about the advantages of serving in the CSPCs, like bicycles, allowances etc. This continue to happen against an operations manual, the village heads and head men would be seen to include themselves and ensuring that other CSPCs members become their deputies.

Miller et al (ibid) further assert that, while the programme had accountability mechanisms build in, in which communities were to validate proposed programme participants, wide community engagement in this process wasn’t automatic and they recommended that more efforts need to be made to mobilise communities to perform this role. In addition, the Malawi programme, inclusion errors were lack of clarity around the targeting concepts among CSPC members, largely due to favouritism showed by CSPC members and village level politics. In their Safety nets programme study in Ethiopia, Sharp et al (2006), the elite capture was also found to be in terms of local political elite. The study found out that in
Ethiopia, as the PSNP largely uses existing local government systems, some incidences of political use of the targeting system have been reported.

**Social Relationships**

According to the Ministry of Labour and social services-DSS (2012) rapid assessment report, as much as the community based programmes have been cited as important in strengthening social cohesion in view of social/child protection, this approach has been seen to contribute to the opposite, leading to issues of jealousy, suspicion and resentment within the community and even trigger conflict. In their Cambodia, India and Ethiopia study, Farrington et al (2007) affirms that in Ethiopia FSTF members reported to be under pressure from people lobbying for inclusion and in some cases the tension broke into physical violence. In a study conducted in Malawi by Riemenschneider and MacAuslan (2011), widespread unease about the involvement of the headmen, as favouritism was stated. Thus they concluded that while the programme strengthens the headmen’s position, it may foster resentment against him.

According to Skovdal et al (2011) evaluation study conducted in Kenya, the participatory process of CCSP provided communities with the confidence of their knowledge, power and control to address some of the challenges to good quality care and support of orphaned children. However, despite this success, the evaluation also reported that communities faced difficulties and limitations in the process. Many of the difficulties experienced were due to the diverse make-up of the communities, with friction frequently occurring as access to power differed significantly within the communities. The evaluation concluded that the difficulties experienced in the programme reflect well-documented warnings that
participatory programmes are vulnerable to the power relations that characterize geographical communities.

**Financial resources and cost in community based programmes**

According to Ministry of Labour and social services-DSS (2012) rapid assessment of CPCs in Zimbabwe, community based groups involved in child protection in Zimbabwe are doing that on voluntary, but to a larger extent some costs have to be incurred. Costs arises from significant time that needs to be invested in proper trainings, community awareness and education, and guidance provided by government workers. This is emphasised by Coady, Grosh and Hoddinot (2004:73) when they said,

“An important administrative task and cost of community-based methods (one that is not always given enough emphasis) is that involved in working with many thousands of individuals who are not dedicated to the programme. Few or none will start out knowledgeable about the programme and its workings; some may not be sympathetic. They may not have the same incentives to learn about or follow programme rules that a dedicated staff member would and will have many constraints on their time that a dedicated staff member would not.”

This means that programmers should emphasise in training and awareness of communities if they are to successfully engage community members into child care programmes. According to a study, by Sharp et al (2006), community engagement in child/social protection goes with costs. Some critics argue that in community based methods, costs are merely transferred to be borne by individual community members rather than by the
administration of the programme. (Ministry of Labour and social services-DSS, 2012, Harare, Zimbabwe)

**2.6 Critique of literature review**

Some studies mentioned above that includes; Skovdal et al (2011), Miller et al (2010) and Ferrington et al (2007) used qualitative designs, targeting the beneficiary children and lacked the members of the decentralised CPCs. In terms of geographical coverage quite a few studies have been conducted on assessment of actual needs of OVC before an intervention has been introduced. This scenario has brought with it some challenges on effective evaluation of the interventions, resulting in most support covering material needs to very few children in need on the expense of other support services like psychosocial support. The literature reviewed also lacks evidence of the link between province, district, ward and community structures; hence there is no integration of service provision to satisfy coordination and management of the NAP for OVC programme. Assessment studies on capacity of the community to effectively implement OVC care programmes have not been done. Most interventions had one single capacity building activity before the programme starts and this has proved to be inadequate. Policy makers and programme people talk of voluntary work by the community and yet to the communities themselves this does not exist. They need some kind of incentives, to enable them to push forward the agenda for OVC care. The studies so far lack information on the status position of the communities regarding voluntary work. Another area that lacks evidence is the integration of community (cultural based) initiatives and the national OVC care programmes to achieve real human security among this category of the community.
2.7 Research Gap
Following the above, there is need to conduct more quantitative research with the children and guardians themselves as participants in the country so as to understand their experiences and what they are receiving in a much clearer mode than the current. If effective outcome evaluation is to be achieved, a baseline assessment should be conducted, so as to direct implementers and enable a meaningful measurement of the intervention results. According to some studies on the evaluation of the BEAM programme, by the Ministry of Labour and social services, this area is progressing well, with the targeted or identified beneficiaries accessing the education support. However there is need to have a much closer analysis of other needs of the child and how they are being satisfied before it can be concluded that the BEAM programme was a success. Evaluation of the OVC care programmes at community level and the viability of governance structures at a much larger scale is necessary and hence this researcher embarked on this study as a case study in Mt Darwin district.

2.8 Summary
This chapter reviewed literature on the human security for OVC care approaches and management. The reviewed literature included the description of the human security and OVC as important concepts in this study. Conceptual framework, in view of MDGs and the Human Development Index was discussed to provide to the study a conceptual direction required. The theoretical framework of violence, human needs theory and decentralisation/liberal theory, as they relate to the study were also discussed. The chapter concludes with review of related empirical studies, following the study objectives, critique of this literature and the research gaps that have been observed. The following chapter dwells on the research methodology.
CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction
This chapter focuses on the methodology, paradigm, study design, study population, sampling procedure and ethical consideration done during the carrying out of the study. The study which focused on the evaluation of the effectiveness of the human security initiatives for orphans and vulnerable children in Mashonaland central province. Data gathering instruments were based on the central concepts from the Conceptual framework (UN Brahimi report on Millennium Development Goals, 2000) as discussed in chapter two. The selection of the two wards in Mt Darwin district was purposeful as that the study wanted to include participants coming from wards with the highest prevalence of orphans and vulnerable children (National AIDS Council, 2010 Annual report). The Research Paradigm

In the late 1970s, Taylor (1977) advocated for four alternative approaches to social work research, and among them are the qualitative research methods. Taylor noted complementarity on the two, quantitative and qualitative approaches. Taylor then defined qualitative research as descriptive or narrative use of data and none or minimal use of statistical data and this type of inquiry can use a variety of data collection tools which includes discussions and observations. This research study used the qualitative research paradigm.

According to Neuman (2007:42), qualitative study is interpretive in nature and believes that experiences and actions are the ones that bring about meanings, hence the study involved participants who have been in the human security and child protection interventions at
provincial, district, ward and community levels since as early as 2003 up to 2012. The study used an interview guide with both open and closed questions, which provided guidance to participants to express themselves freely. Qualitative data was in the form of narrative, example is the in-depth interviews. Qualitative research assisted to capture fluid processes and accurate social reality from the explanations made during the Focus Group Discussions. Study participants provided data naturally and spontaneously. The study has been retrospective in approach. The qualitative concept aims to understand the perspective of human security and child protection interventions through sustained contacts with programme managers in the settings where they conduct OVC intervention business. The approach allowed the researcher to enter the world of human security for OVC programmes at country, regional and global levels.

Qualitative research uses qualitative approaches and there are four major ones, which are; ethnography, phenomenology, field research and the Grounded theory. A qualitative approach is a general way of thinking about conducting qualitative research. It describes, explicitly (clear, leaving no doubts) or implicitly (having an understanding of what is expressed) the purpose of the qualitative research, the role of the researcher, the various stages of the research and the method of data analysis, (Trochim, 2006). In this study the qualitative approaches were used.

The Grounded Theory

According to Schutt (2004), a theory is a logically set of interrelated propositions about empirical reality. Harrington (2005), has defined social theory as the study of scientific ways of thinking about social life.
According to Wacker (1998) The Grounded Theory method was developed in the 1960s by two American sociologists, Barney Glaser and Anselm Strauss. According to Glaser and Strauss (1967) the aim of the grounded theory (GTR) is to generate a theory. The GTR has four key components which are; fitness, relevance, workability and modifiability. In this research, the researcher used the human needs theory to allow emergence of a new theory that meets the four key criteria of fitness, relevance, workability and modifiability. The theory was derived from data acquired through field work; in-depth interviews, documentary reviews and focus group discussions. Systematic data analysis, which started immediately after data gathering, was done through identifying categories and connecting them using triangulation (Creswell, 1998).

3.1 The Case Study Design

Wood and Ross-Kerr (2006:113), Polit and Beck (2006:55) and Lo Biondo-Wood and Haber (2006:202) defined a research design as the overall plan that the investigator use to obtain answers to the research questions. It is a set of instructions that guide the investigator as to how to collect the required data and how to analyse data in order to answer specific questions. The research design suggests what observations to make, how to make them and what to make them for, (Wood and Ross-Kerr, 2006:115; Gerrish and Lacey 2006: 20). This ultimately depends on the research concept within which the research is conducted. This study employed a case study qualitative design in order to explore real life phenomenon of human security and child participation in decentralised governance matters in Mt Darwin district of Mashonaland central province. The selection was basically purposeful in that the study wanted to include participants who have been in the NAP for OVC programme for more than five years. The other reason was to satisfy the Child Protection Committees, decentralised community structures logistical arrangements.
Dean R Hess (2004) emphasises that the retrospective study uses existing data that have been recorded for reasons other than research and that retrospective data are quickly gleaned from existing records to answer a question. For the reason that retrospective study can help to focus the study questions, clarify the hypothesis, determine an appropriate sample size, and identify feasibility issues for a prospective study, hence this study opted for qualitative approach. As indicated earlier, the researcher opted for a qualitative case study design to better understand the human security initiatives and the decentralised coordination and management of the NAP for OVC programme activities in Mt Darwin district.

3.2 Population
According to Borg and Gall (1989) a research population is the larger pool of cases from which a sample is drawn, this pool has one or more characteristics in common that are of interest to the researcher. The implication of this explanation is that the research differs depending on the purpose of the study that is being undertaken. In this study the targeted research population are the OVC and guardians of Kamutsenzere and Matope wards in Mt Darwin district and the members of the decentralised Child Protection Committees that is provincial, district, ward and community levels.

Sampling design and sample size
Sampling refers to the process of selecting a portion of the population to represent the entire population (Brink 2006:124; Neuman 2007; Wiersma and Jurs 2009:82). For the qualitative phase of the research, the sampling design used was non-random or non-probability sampling, involving convenience sampling, where participants were conveniently chosen from the DSS, other government ministries, the civil society, Traditional leaders and NAC district official. In non-random sampling elements in the population do not have equal
chance to participate in the study (Wiersma and Jurs 2009: 342; Neuman 2007:141). In this sampling method statistical data was provided by participants and the findings could be generalised for the entire population. The sample size for the in-depth interviews was determined by data saturation. Data saturation refers to a situation where by during the process of data collection, a sense of closure is reached because there is no new information, since people from the CPCs were generally providing more or less same information but expressing themselves differently (Wiersma and Jurs 2009;246; LoBiondo-Wood and Haber 2006: 156; Polit and Beck 2006:59). Ultimately fifteen interviews were conducted, with participants drawn and representing the CPC members at the four decentralised levels mentioned above.

3.3 Inclusion Criteria
Inclusion criteria, also referred to as, “eligibility criteria” are the parameters that are set by the researcher to distinguish who should participate in the study and who should not (Brink 2006: 124). The study participants comprised orphans and vulnerable children (20) and their (20), from both wards (Ward 24, Matope and ward 34, Kamutsenzere), and a total of fifteen selected members of the Child Protection Committees (CPCs) at provincial, district, ward and community levels and key stakeholders all who have been in the multi-sectorial child protection management and coordination since 2003 to 2012 and were willing to participate and share their experiences with the researcher.

Sampling Techniques and the study sample
In this study the non-probability sampling procedure (both the convenient and the purposive sampling) was employed to come up with workable sample figures of orphans and vulnerable children and guardians of these children in Mt Darwin’s conveniently
selected two wards, with the highest OVC prevalence in the district. Focus group discussions were used to collect views from the children and guardians as research participants.

In addition the researcher held in-depth interviews with members of the CPCs at community, ward, district and provincial levels as key informant participants. The selection was purposeful in that the researcher wanted to include participants at provincial, district, ward and community levels that have been in the decentralised CPCs structures since 2003 through to 2012. Reviewing of valuable historical documents with significance to OVC care programme was also done.

3.4 The Research Instruments
Chiromo (2006) defined research instruments as those tools used to collect information and data needed in order to find solutions to a problem under investigation. These tools are used to collect information for examination, consideration and used in the decision making process, so as to solve existing problems. The comprehensive evaluation framework guided the collection of data through the use of the in-depth interview guide/schedule which were designed to collect data. The instruments were in simple English and all interviews were conducted using the same language. The research instruments were developed in accordance with information obtained from the literature review and was structured according to the comprehensive evaluation framework. In this study, the interview schedules, documentary analysis, and Focus Group Discussion Guides were used in collecting data.

3.4.1 Documentary Analysis
Cohen and Manion (1988) assert that documentary sources are part of the primary sources of data in historical research. Documentary sources review entails establishing historical
data, through reading from documents that include, manuscripts, charters, laws, minutes, review reports, letters, memoranda and other official documents. All these are capable of transmitting first-hand account of events hence they are considered primary data. The data collection process started with a rigorous desk review of the primary data that is documentary analysis, whose main purpose was to understand how the human security insight issues of governance, structures, mandate, objectives, funding arrangements and programing of the NAP for OVC.

Evidence was searched globally but however, with a specific focus on information on Southern Africa and Zimbabwe. The child care and the National HIV and AIDS policies, NAP for OVC 1 and 2, ZNASP 1 and 2 of up to 2015, reports of stakeholder conferences were reviewed. These documents were systematically reviewed focusing on governance, structures, mandate, objectives, and implementation and funding arrangements. This data collection technique was important to the research because it provided vital historical information which formed the background and literature review of the study. From this initial review, theme on human security initiatives for OVC, programmes and components of these interventions in the country, province and district were identified.

**Focus Group Discussions**
The other most important method of data collection, used in this study was the Focus Group Discussion (FDG). According to Varkevisser et al (2003:174), a focus group discussion is a group discussion of 6-15 persons guided by a facilitator, during which group members talk freely and spontaneously about a certain topic. In an FGD people from similar backgrounds or experiences (e.g. mothers, young married men, OVC, guardians) are brought together to discuss a specific topic of interest to the investigator and/or the participants. This method,
according to Almedom et al (1993), is derived from market research strategies in which theories of social psychology and communication was applied and later incorporated into social sciences research methods. The FGDs were important in gauging the wide range of opinions and beliefs on the topic of inquiry in Kamutsenzere and Matope wards. The FGDs were also fundamental in exploring issues for investigation at the outset of the study and for interpreting data obtained by the interviews (triangulation). The tool was also easily modifiable to facilitate its use by using common problems about OVC, that are always talked about in the community, and being used to introduce sub topics for discussion and for stimulation/maintaining a lively discussion.

**The In-depth Interviews**

According to Almerdon (1993:65), an interview is a standard anthropological method, which involves the oral questioning of study participants. By anthropological it implies that this is a tool, which can be used to investigate social, or health related issues. A structured interview or interview schedule is one which includes a schedule of questions that are asked in the same order with the same wording and identical procedures used by every interviewer on every participant, (Treece and Treece, 1986). This type of interview was employed in order to allow the researcher to gain in-depth knowledge of the positive outcomes of the NAP for OVC programme. It also provides rich sets of information (with answers to the why question), which can be used for exploring certain issues further (Almerdon et al, 1993). Findings obtained using structured interviews are relatively easy to document (Almerdon et al, ibid). The second approach from documentary analysis incorporated in-depth interviews with senior staff in the DSS officials, government ministries, civil society organisations, traditional leaders, NAC officials as representatives of CPC members, operationalizing the NAP for OVC during the period 2003 to 2012 using the interview guide. The major thrust of
the interviews was to investigate and understand the practical management and coordination matters of the child welfare and the extent to which they managed to execute expected roles including identifying challenges encountered. A total of 15 officials were interviewed using the in-depth interview guide, which are three from provincial CPC, three from district CPC, four from the ward level CPC and five from the community level CPCs in both wards. Samples for the in-depth interviews were conveniently selected, being determined by the sample frame and the study population.

The interviews were important to the researcher because they allowed for gaining of in-depth knowledge of the operational successes and challenges of the NAP for OVC programme in Mt Darwin district. They also provided rich sets of information (with answers to the why question) which were conclusively included in the study recommendations. The findings obtained using the in-depth structured interviews were relatively easy to document (Almerdon et al, 1993).

**Achieving the Interview**

Rapport refers to the degree of understanding, trust and respect that develops between the interviewer and interviewee, (Arksey and Knight, 1999). In this study fostering trust was a continuous process throughout the interview session. No recorders were used during the interviews; instead the researcher asked permission to document the discussion. The researcher maintained eye contact and nodding which gave confidence to the study participants that the researcher was listening attentively to all responses. The significance of the study, its potential benefits and that the interviewees comments were valuable was indicated before the interview begun in order to facilitate trust and rapport in view of reliability and validity of the data that was being collected. Probing for more information
was done but in a non-directive manner. Continuous thanking of the participants was done throughout the sessions in order to maintain trust, rapport and confidence, but the researcher had to be careful not to exaggerate it.

**Pre-testing of the interview schedule**

Pre testing of the interview schedule was done considering wording and phrasing of questions. The following guide lines were used to come up with a sound interview schedule; vocabulary, ambiguity, leading questions, double barreled and assumptive questions, (Arksey and Knight, 1999). The pre testing exercise was done in ward 23 (Kandeya) in the study district and adjacent to Matope ward 24, which is one of the two study areas. Six participants were interviewed, corrections to the interview schedule were done to come up with a more comprehensive and relevant instrument.

**Effective Evaluation: Outcome and Impact**

Effective evaluation answers the questions; what outcomes are observed, what do the outcomes mean and does the programme under evaluation make a difference. In this study effective evaluation for outcomes and impact was the framework of choice. The selection of an appropriate evaluation concept for human security initiative programme is crucial because it determines the guiding viewpoint behind the real evaluation process. According to the Family Health International (2000); HIV and AIDS prevention and other developmental programmes need to be considered together to provide an overall picture of the programme. This is because no single data collection approach supply all the information necessary to improve programme performance or produce policy change. Further to this, multiple complementary evaluation approaches and various methodologies;
that is qualitative and quantitative had to be applied to address different evaluation needs. An evaluation approach that uses both quantitative and qualitative approaches is more likely to address different evaluation needs, like in this study of effectiveness in line with the operational framework of the NAP for OVC care programme, governance systems and the level of participation of the beneficiary community, and the achievements, strengths and challenges of the programme.

3.5 Validity and Reliability of Data collection instruments

According to Bless and Higson Smith (1993:130), reliability is concerned with consistency of results. Reliability therefore refers to stability, consistency, accuracy and dependability of the instrument or measurement. Seaman (1987), echoes the foregoing by saying that the data are seen to be reliable if other researchers using the same methods of investigation on the same material produce the same results and if the results are different then the measurement is unreliable. Validity refers to data that are not only reliable but also true and accurate, (Fisher et al.1998:30). This means that validity is the extent to which a measurement (instrument) measures what it purport to measure. Treece and Treece (1986:253) assert that validity refers to an instrument’s ability to actually test what it is supposed to test. Validity is linked to the research design and the data collection instruments. Research is valid when its conclusions are true. It is reliable when the findings are repeatable. In this study effort was made to ensure that the information collected is true and that the study can produce the same results when repeated. Triangulation of sources and methods was done in order to satisfy this important part of the research.
3.6 Data collection
Data collection was conducted during the period October and November 2013, as it involved documentary reviews, interviews and FGDs. Data collection method is an important characteristic in research and the present study a survey kind of data collection technique where the researcher administered an in-depth interview schedule by asking questions as they appeared on the data collection tool and recorded responses. The researcher filled out the interview schedules on behalf of the participants.

Data collection was in three approaches; desk reviews (documentary reviews), in-depth interviews and FGDs. During documentary reviews, plans and strategies were reviewed to understand the objectives, funding mechanisms, structural arrangements and the achievements made since the start of the OVC care programmes. Interviews using the in-depth interview schedule for stakeholders as key informants from the decentralised CPCs structures from province through to the community level. The main purpose of the interviews was to get an in-depth understanding of how the province operationalized the OVC care initiatives before and after the NAP for OVC decentralised system. Data was collected on predetermined days and times in the selected workplaces of the CPC members. The other phase of data collection was the FGD and all the data collection was done using English language, with some clarifications or translations into Shona were the questions needed that intervention by the researcher.

Triangulation of sources and methods

Cohen and Manion (1988:269) defined triangulation as the use of two or more methods of data collection in a study of some aspects of human behaviour or social context. By analogy, triangular techniques in the social sciences attempt to map out or explain fully the richness
and complexity of a social phenomenon by studying it from more than one standpoint, in so
doing by making use of both quantitative and qualitative data (Cohen and Manion, ibid).
This implies that triangulation can uncover a unique variance that might not have appeared
in a single method of investigation. Triangulation therefore increases confidence in the
results of a study. In this study, the triangulation between data collection methods was used
(Cohen and Manion, 1988:275). In-depth interviews and the FGDs were used to check on
the validity of the data obtained and these complimenting each other in the process.

**Data Analysis**

Data from the administered in-depth interviews were encoded and entered into the SPSS
system of analysis. Qualitative data in the Focus Group Discussions was explained and
described in detail, capturing all the sentiments that came out from the FGDs. Epi-Info was
used for data analysis and data interpretation was by factors, themes, prominent emerging
issues from the analysis. Results will be shared with the provincial stakeholders, who include
the community leaders, civil society and the government ministries and the Department of
social services. Details on the data analysis are discussed in Chapter four.

In this research, were members of the community are equal participants in planning and
implementation of the research and where the topic is a practical community concern, the
Focus Group Discussions (FGDs) were important in gauging the range of opinions and beliefs
on the topic of inquiry, that is, an evaluation of the effectiveness of human security
initiatives for OVC in Mashonaland central province, (Bless and Higson Smith 1995:113;
Almerdon et al 1993: 105). The FGD was also fundamental in exploring issues for
investigation at the outset of the study and for interpreting data obtained by the interviews
and the reviewing of important documents during the course of the study, (Almerdon et al
1993: 105). For the purposes of validation, getting different views and achieving triangulation, in-depth interviews with schools focal persons (teachers), and Focus Group Discussions were conducted with the beneficiary children and their guardians in both wards.

3.7 Ethical Considerations
Research ethics were observed during the process of carrying out this research. The research sought for permission to conduct this study from the Department of Social Services, HQ through the Provincial Social Services Officer of Mashonaland central province and permission was granted with stated guidelines and were observed by the researcher. This means that the community entry was sought and approved. Participants consent was sought, before the start of the data collection process, meaning they were not forced to participate in the study and they were assured of confidentiality on information since all research participants, both key informants and FGDs participants remained anonymous. Consent for children participants for the Focus Group Discussions was sought from their guardians and community leaders. This approach encouraged participants to open up and mention their views.

3.8 Summary
This chapter discussed the study methodology; that is the study design and the procedures of how the study was conducted namely three phases adopted by the study for data collection; a desk review, in-depth interviews with stakeholders and FGDs with community members and beneficiaries. The desk review was conducted where plans and strategies were reviewed to understand the objectives, management of the response, funding mechanisms, structural arrangements and the achievements made since the start of the HIV epidemic. Interviews with stakeholders were conducted for the purpose of validation,
getting different views on management of the response, funding, governance and challenges encountered in the OVC care response. The FGDs used as methods of data collection to triangulate the data from documents and interviews was also presented in this chapter. The next chapter (five), the focus is on data presentation and analysis.
CHAPTER FOUR
DATA PRESENTATION, DISCUSSION AND ANALYSIS

4.1 Introduction
This chapter has dealt with data presentation, analysis and interpretation. The data was gathered from the field using some in-depth interview and focus group discussions guides, and these were conducted by the researcher. Review of important documents from the programme was also part of data collection done by the researcher so as to complete the objective of triangulation. Data collected from the field was discussed and analysed under the categories that emerged from the themes, following the study objectives. This chapter will answer the main research questions, which are;

- What are the operational frameworks of the National Action Plan for Orphans and vulnerable children programme to achieve human security among children?
- How effective are the decentralised human security (CPCs) institutional structures of the programme?
- What is the level of participation of Orphans and Vulnerable Children and their adults in child protection and human security issues?
- What are the achievements, strengths and challenges of the NAP for OVC programme in Mt Darwin district?

These four questions follow the sequence of the research objectives and were discussed under the main themes that came out from the data collection process.

Nachmias and Nachmias (2008) highlighted that data analysis entails the processing of research findings based on data with the intention to extract useful information and develop conclusions. Data analysis further involves reviewing the recorded data and
synthesizing, evaluating, examining, comparing, categorizing and sorting. This involves large amounts of data from the field. The data obtained for this study was in the form of descriptive notes from the interviews and Focus Group Discussions held.

**Data Presentation**
A total of fifteen (15) participants from organisations involved in CPCs structures were interviewed as key informants. Two FGDs with children participants and the other two with guardians who care for OVC in their homes were conducted. Seventeen children and eighteen guardians participated in the two FGDs. Documentary review and analysis was characterised by an in-depth library search on the international, regional and county level planning documents that have been directing operations. The process also covered the review of national statutes, policies and strategic documents like child protection, ZNASP and NAP for OVC documents. The researcher had also an opportunity to go through the various review reports, assessments, baseline data reports and minutes of the decentralised CPCs meetings.

**4.2 Demographic Data of Interviewed participants**

<table>
<thead>
<tr>
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<th>F</th>
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<th>F</th>
<th>M</th>
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<th>M</th>
<th>F</th>
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<td>Age</td>
<td>45</td>
<td>39</td>
<td>35</td>
<td>29</td>
<td>41</td>
<td>44</td>
<td>36</td>
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<td>29</td>
<td>49</td>
<td>46</td>
<td>40</td>
<td>56</td>
</tr>
</tbody>
</table>

*Table 1: Distribution of Participants by age and gender*

The above table 1 shows a total of 15 participants who were interviewed using the in-depth interview schedule.
<table>
<thead>
<tr>
<th>Organisation Name</th>
<th>Post</th>
<th>Years of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm Orphan Support Trust (FOST)</td>
<td>Member</td>
<td>6</td>
</tr>
<tr>
<td>Dept Social Services District Office (DSSO)</td>
<td>Social Services Officer</td>
<td>2</td>
</tr>
<tr>
<td>Ministry of Health and child care</td>
<td>Village Health Worker (VHW)</td>
<td>6</td>
</tr>
<tr>
<td>Ministry Of Health and child care</td>
<td>Member</td>
<td>4</td>
</tr>
<tr>
<td>Faith Based Organisation (FBO – Implementing partner)</td>
<td>Member</td>
<td>8</td>
</tr>
<tr>
<td>Political leader</td>
<td>Member</td>
<td>9</td>
</tr>
<tr>
<td>Church Leader (FBO)</td>
<td>Member</td>
<td>6</td>
</tr>
<tr>
<td>Mt Darwin RDC - Local Authority</td>
<td>Member-Chairing</td>
<td>2</td>
</tr>
<tr>
<td>Department of Social Services</td>
<td>Provincial Social Services Officer</td>
<td>10</td>
</tr>
<tr>
<td>National AIDS Council – Behaviour Change Facilitator</td>
<td>Community Member</td>
<td>6</td>
</tr>
<tr>
<td>National AIDS Council</td>
<td>District AIDS Coordinator</td>
<td>4</td>
</tr>
<tr>
<td>Ministry of Primary and Secondary Education - Community</td>
<td>Head Master</td>
<td>7</td>
</tr>
<tr>
<td>Ministry of Primary and Secondary Education - District</td>
<td>Officer</td>
<td>8</td>
</tr>
<tr>
<td>Traditional leader</td>
<td>Village Head</td>
<td>7</td>
</tr>
<tr>
<td>Ministry of Primary and Secondary Education - Province</td>
<td>Officer</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 2: Distribution of participants by Organisation and years in service
The two tables above show interviewed participants, with 8 (53.3%) females and 7 (46.7%) males. The result shows that there is almost equal representation of males and females in the decentralised CPCs structures, from the province to the community/village level. The participants’ age range was 29 to 56 and the duration of service as members of the Child Protection Committees also ranging from 2 to 10 years. This information implies that the majority of participants had a lengthy experience in dealing with child care issues in the CPCS, with an average service period of 6 years.

4.3 Operational Framework for the National Action Plan for the OVC

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity development of stakeholders</td>
<td>9</td>
</tr>
<tr>
<td>Documentation and dissemination of best practices</td>
<td>7</td>
</tr>
<tr>
<td>Information management within the various sections of the DSS</td>
<td>5</td>
</tr>
<tr>
<td>Horizontal capacity building of DSS staff</td>
<td>3</td>
</tr>
<tr>
<td>Provide high level of advisory support on key components of the program e.g. Cash transfers</td>
<td>2</td>
</tr>
<tr>
<td>Capacity building of the DSS to fully take over its full functions by 2015</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 3: Operational Strategies for NAP for OVC

The participants were asked to state at least two government intervention strategies from a list of 6 priority areas of government by order, with an expected permutation of 30. The above findings in table 3 show that from the 15 participants only 26 ordered pairs of at least 2 strategies were identified with capacity development of stakeholders being identified by 9 participants and the least intervention strategy on capacity building of the DSS to fully take functions of NAP for OVC by 2015 receiving none. This finding implies that, according to the
interviewed participants, the most popular strategies are the capacity development for stakeholders, followed by the documentation and dissemination of best practices and information management by the DSS. Horizontal capacity building of DSS staff, providing advisory support on key programme components and building the capacity of the DSS itself were found to be unpopular among the participants.

<table>
<thead>
<tr>
<th>Stakeholder Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Governmental Organisations</td>
<td>11</td>
</tr>
<tr>
<td>Traditional leaders</td>
<td>11</td>
</tr>
<tr>
<td>Faith based organisations</td>
<td>10</td>
</tr>
<tr>
<td>NAC</td>
<td>9</td>
</tr>
<tr>
<td>Community</td>
<td>8</td>
</tr>
<tr>
<td>Local Authority</td>
<td>6</td>
</tr>
<tr>
<td>Department of social services</td>
<td>5</td>
</tr>
<tr>
<td>UNICEF</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 4: Major stakeholders in Human security interventions

Table 4 above shows that the majority of study participants (11) mentioned that NGOs and traditional leaders are major stakeholders, followed by 10 who mentioned FBOs, nine mentioning NAC while 8 and 6 indicated the community and local authority as important stakeholders. Five participants mentioned the Department of social services and UNICEF.
The table 5 above shows the mentioned decentralised CPCs by the interviewed study participants. According to the findings the most common CPCs were the ward and community or village CPCs. The study participants from the district ward and community level also added the district CPCs as an important coordination mechanism. The provincial level participants mentioned the technical review committee and the working part of officials as additional coordination structures. The other upper level CPCs were not common, especially the provincial and national CPCs.

The findings from the FGDs also confirm this information and the group mentioned that the leaders meet, on average once per quarter and they assumed this is the community CPC, but they also highlighted that issues discussed are not only for OVC care, they include other developmental topics. The current arrangements also lacks integration with other existing community development programmes hence people engage into a number of community structures/committees e.g. cropping or animal husbandry agriculture, youth, women and gender (which is not active any way), health centre and school development (which includes the BEAM selection committees), and this scenario brings apathy and calls for incentives,
which have not been coming for time immemorial. This is also confirmed in the DSS Institutional capacity assessment report, since the DSS lacked capacity to train CPC members throughout the decentralised system. The operational modalities of the programme have not provided support consistently.

However the group confirmed the use of the register in coming up with the beneficiary lists, for BEAM and other material provisions. The group also confirmed receiving cash from government, under the cash transfer programme. They also mentioned that some village health workers move around the villages capacitating the beneficiaries, especially the child head households, on the priority use of the cash, particularly on food, blankets, uniforms, and inputs for agriculture production at family subsistence level.

The group also highlighted that the support that normally come into their areas is material as compared to psychosocial support. When any support comes to the community the children mentioned that they benefit through their guardians or a registered member of the child headed family. The register, in some villages is kept by the village secretary on behalf of the village head, and in some, the village head maintain it himself. They also mentioned that selection and priority ranking of beneficiaries is done usually due to the fact that the provisions will be inadequate for all the identified OVC. Identification of beneficiaries is done by the village head and some other leaders in the community. “Sometimes we are not very sure how they do it, we then just hear lists of names being called at a meeting. In some instances we hear them mentioning the following as criteria used to select the beneficiaries; the guardians’ status, agricultural production, any other source of income by the guardians.”

The ward councillor writes a letter for free treatment at our local clinic, but in some cases OVC do not access this facility since the councillor stays far away from them. The children
displayed ignorance of the community/village CPC. They only assumed that the group that is led by the village head is the CPC. However they also confirmed that there are so many of these structures at that level and the village head is torn apart. Some indicated having only heard the school head talking about the CPC at the school assembly, and that he was a member of the CPC. The group also indicated that the traditional family structures are still existing and active, that is the extended (paternal or maternal) family and other relatives who includes close deceased family friends “*wana asahwira*”. The group confirmed that this arrangement is very key in supporting the OVC care, although they will also be having their own commitments in their own families and homes. The three tire system of caring of OVC (out of the six) was actually confirmed, and these are; the nuclear and extended families and the community level tire system. It was also mentioned that elder village heads are quite supportive, as compared to the young ones who need incentives to coordinate OVC care activities. The children also claimed that some leaders benefit from the material provisions that come specifically for OVC. In addition, the village secretary also needs incentives, as they travel long distances to update the village registers.

In addition, the group mentioned that, what the NAP for OVC programme has done so far is deficient of total community engagement. Community participation should entail planning together with the community, utilising the existing baseline information as evidence for intervention. Most activities that come are based on the available resources at the upper levels of the governance structures, where these structures are more active than at ward and village levels. The participation of children in their own programmes was confirmed by the group as being weak and that the material support that come into their areas are just a “piece meal.”
According to the group, people cannot stand up and look forward for sustainable provisions from external donors and government since their history informs them that the supplies are ad hoc and unpredictable. In addition there are few elite people who are in power at community level, who are vocal and dominate the distribution, and the programme has not been able to address this anomaly since its inception. The group had a consensus to say women were also not active in community structures and general meetings that are organised and held at community. Most women present themselves at these meetings but usually just listen to the men. One elder from the group qualified and summarised this by saying,

“Mumisangano iyi inonzi ndeyekomiti, madzimai ne vana vanongozouya kunoteerera chete.” (These meetings are said to be CPCs meetings, and yet women and children just come to listen with limited active participation or contribution)

<table>
<thead>
<tr>
<th>Roles Of Structures</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading in the coordination of the child protection interventions</td>
<td>10</td>
</tr>
<tr>
<td>Coordinating the implementation of the child protection intervention activities</td>
<td>10</td>
</tr>
<tr>
<td>Policy formulation</td>
<td>2</td>
</tr>
<tr>
<td>M and E for the broad human security for OVC programme</td>
<td>1</td>
</tr>
<tr>
<td>Manage the NAP for OVC funds</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 6: Roles of the coordination structures

The table 6, above, shows that the majority of the study participants (10) mentioned that the role of the coordination structures were to lead and coordinate the child protection interventions activities. Two participants mentioned policy formulation as a role of these
coordination structures while only one participant highlighted monitoring and evaluation and management of the NAP for OVC.

During the FGDs, the children displayed no knowledge of the objectives of the NAP for OVC programme. They only mentioned BEAM and provision of care to OVC as the objectives. They mentioned that they are not really familiar with this kind of a programme but only material and educational support that sometimes come into the area. They mentioned BEAM programme WFP and GMB as the most common programme areas in educational and nutritional support.

The OVC in the areas are benefitting through their carers especially the guardians and the extended family structures. The OVC that benefit from all the government and other donor support are recommended by their guardians and extended families. The group also mentioned that the village heads and chiefs play a key role in the distribution of the support that come for the OVC. The village heads also assist the distribution through generation of an OVC village registers. However the guardians group highlighted that one of the objectives of NAP for OVC is to provide support to the OVC and also to link them with existing community structures. The other objective that the group mentioned was the promotion of community engagement into the vibrant OVC support programmes for sustainability.

The guardians group also mentioned that the support that come to benefit the OVC in their areas come through the existing ward and village Child Protection Committees, although these structures are not active all the times but when outside assistance come they are somewhat visible.
4.4 The effectiveness of the NAP for OVC standards

Figure 3: Indicators/Pillars for programme monitoring

Pillars of measuring NAP for OVC

- Strengthening the household economy: 12, 37%
- Access to basic services: 10, 30%
- Programme coordination and management: 8, 24%
- Child protection: 3, 9%

A total of thirty three (33) responses came out from this measure. The figure above indicates that 37% (n= 12) of the participants mentioned that strengthening the household economy as a pillars for NAP for OVC, while 30% (n=10) mentioned access to basic services, followed by those who mentioned coordination and management with 24% and child protection with nine per cent (n=8).

Figure 4: Achievement of these standards/pillars
The Figure 5, above shows the level of achievement of the NAP for OVC programme pillars, with 92% (n=14) mentioning that the pillars were achieved, while 8% (n=1) said the programme did not achieve its set objectives. The FGDs mentioned the cash transfers, (now improved since the programme is benefiting the whole family as opposed to the previous arrangement of benefiting a single child), under strengthening the house hold economy, nutritional support, health care through AMTOs, birth registration to promote identification and accessibility of services and the BEAM as success stories, with BEAM benefiting only 30% of the targeted OVC, who only benefit from fees and all other requirements are not covered. According to the FGDs the achievement of NAP for OVC set targets is minimal. Both groups disputed the achievement and described all that is being provided as piece meal. The FGDs also confirmed that the child protection, through various safety nets were very minimal, with the majority of needy OVC being left out. They also mentioned that they have only heard about provision of shelter and psychosocial support in other areas, but for them they have not received such services. The churches that are supposed to handle this area are not doing it adequately.

<table>
<thead>
<tr>
<th>Success areas of NAPOVC programme</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEAM Success</td>
<td>7</td>
</tr>
<tr>
<td>Supplementary Food and nutrition for OVC</td>
<td>5</td>
</tr>
<tr>
<td>Cash transfers</td>
<td>4</td>
</tr>
<tr>
<td>Promoted local culture</td>
<td>3</td>
</tr>
<tr>
<td>AMTO for PLWHIV</td>
<td>3</td>
</tr>
<tr>
<td>Social service to the people not vice versa</td>
<td>3</td>
</tr>
<tr>
<td>Coordination by CPCs</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 7: Strengths of the NAP for OVC programme.

<table>
<thead>
<tr>
<th>Leadership capacitation through CPC</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoted community initiatives</td>
<td>1</td>
</tr>
<tr>
<td>Birth registration for OVC</td>
<td>1</td>
</tr>
<tr>
<td>Economy (Phase2)</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 7, above shows the strengths of the NAP for OVC programme as a way of qualifying the achievements mentioned under the pillars. Significant figures were seen under the BEAM programme (7), supplementary food and nutrition for OVC (5), and cash transfer (4).

On achievement of NAP for OVC objectives, the FGDs participants had the following to say:

The objectives are not being met because every time there are new OVC being added to the list while older ones either go for work (child labour) or are married (early child marriages) and some just drop out of school and disappear from the area. The village register has not been completed and no update in some villages.

The assistance that comes is not adequate even to meet the requirements of one child. BEAM programme only benefiting a few OVC. BEAM covers school fees and other fees only and other requirements of a child are not covered. The group estimated the number of OVC beneficiaries at 30% of the total who need the assistance in the wards. BEAM, nutritional support, Income generating projects are only piece meals which come after a very long time and usually do not cover even half of the needy OVC in the areas.

No incentives for community members who participate in meetings and other OVC and/or other community development work. The children group went further to mention that sometimes the community leaders only receive bags, a t-shirt or hat or bicycle and at times
the beneficiaries of these things are the same as they say they will be participating in all programme like, OVC, behaviour change, youth, health care work etc.

“Vakuru vedu ava vanotevera zvinhu zvavanopuwa muzvirongwa zvakasiyana siyana zvavanopinda, eeh ndokudyawo kwavo, kombudzi inofuraka painosungirirwa.” (Our leaders at community level are attracted by material benefits, to come and participate in these community activities- Yes these are opportunities for them.)

Cash transfer programme was mentioned as doing extremely well and the department of social services was applauded for the continuous support and monitoring of this important activity. However the group shared that although this programme appear to be moving well, but the community does not own it since its planned and resources allocated at national and provincial levels. They confirmed that the problem of OVC is huge and planning and implementation frameworks need to be re visited.

In addition the group mentioned that, child participation was defined as very minimal and the group commented on volunteerism as an “unworkable giant.” At least when people engage into these programmes as volunteers, they will be expecting some benefits in one way or another. They added on to say that people’s development approach is individualistic and not communal. In their views, the group said the component of psychosocial support was very weak and the programme has not moved any step on this important area, although the churches and other partners are supposed to take up this area at local level.
The study participants were also asked about community participation. The figure 6 above indicate that 53% (n=8) of them mentioned that the community was active, whilst 47% (n=7) said no. For those who said yes they mainly came from the provincial and district levels while the majority of those who said no came from the ward and community levels, and they included the VHW, councillor, FBO, teacher, nurse and district health personnel. Those who said community was active elaborated by saying the community CPCs were active in planning, implementation, monitoring of projects that include IGPs. The communities are more active in providing care as families through the extended family. As regards to the decentralised CPCs the participation is moderate. For those who said no, they cited CPCs not meeting regularly, not active, no incentives, lack of capacity and ownership, having competing interests as some of the factors that caused non-participation.
This finding was confirmed by participants in the FGDs who revealed that OVC care programme is not a community issue but a family one. When a member of an extended family dies, the surviving members’ takes control and each is given a child to take care for. This is done during the family meeting for administering the estate. They further mentioned that they work through the existing traditional systems of care, which are promoted by traditional leadership. The extended family system of care, *Zunde ra mambo* initiatives are key areas which are operationalized by the village heads, however the support does not cover all the intended beneficiaries as one of the key informants in the group said,

“*Zve Zunde ra Mambo izvi tinongoita zvekunzwa, vashoma wedu wanowana kubva kwa Mambo, vazhinji vanopuwa zvishoma zvinobva kuhurumende* (We also hear about the Zunde ra Mambo, but few of us have benefited from this arrangement, we normally benefit from donor and government nutritional support arrangements.”)

The programme has not been active in encouraging people to remain active in the decentralised community structures, the CPCs. Women and children participation were reported as poor. On the top table are the men, women come only to listen and ask very few questions. Children are not part of such meetings. According to the group, incentives were emphasised, if ever the government wants the full participation of community members, this means communities are not empowered to own the programme.

The group also mentioned that community leaders like village heads, councillors try to assist by convening meetings and maintaining registers, where they also call for incentives. Most planned meetings are either aborted or never take off the ground due to lack of a quorum.
since the issue of volunteering is no longer a priority. These meetings at times end up being done by just two or three men. Adults have competing interests- they normally prioritise their own individual family commitments as opposed to the community issues.

4.5 Strengths and challenges of the NAP for OVC

Major strengths of the Multi-sectorial approach

Major achievements of the multi-sectorial approach were also assessed under three categories; mitigation, political commitment and programme coordination and management. Under mitigation category, the interviewed participants identified BEAM as a major achievement of the multi-sectorial approach, followed by AMTO for PLHIV and the least was cash transfer. For political commitment, 13 participants mentioned that there was full commitment by politicians, and under programme coordination and management, 53% (n=8) mentioned that at least some coordination are done while the other 47% (7) said no.

Challenges of the decentralized multi-sectorial child protection approach

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parallel systems of planning and implementation</td>
<td>10</td>
</tr>
<tr>
<td>Unclear mandate</td>
<td>9</td>
</tr>
<tr>
<td>Lack of coordination between government, civil society, local authority and community</td>
<td>6</td>
</tr>
<tr>
<td>Resource constrains</td>
<td>4</td>
</tr>
<tr>
<td>Too many structures</td>
<td>2</td>
</tr>
</tbody>
</table>
Resource based planning not community based

| Resource based planning not | 1 |
| Community based |

Table 8: Challenges of the decentralized multi-sectorial child protection approach

The study also assessed the participants’ knowledge of the challenges that are associated with the decentralized multi-sectorial child protection approach. The majority (10, 9 and 6) of the responses were recorded on the parallel systems of planning and implementation, unclear mandate and lack of coordination respectively. This is confirmed by the FGDs which revealed that operational plans at all the levels of coordination were lacking. Comprehensive and consistent operations of the coordination structures are also weak, leading to the fragmented material support to few OVC by NGOs and some FBOs. The local authorities have no clear mandates to implement OVC care programmes, but do have plans that are designed and implemented by the civil society that operates in their areas, and they come to report what they would have done, achieved or not achieved. Setting of targets is in the hands of the programmers, basing on the resources available and not the real needs of the OVC.

Suggestions on the Identified challenges experienced in the human security programmes

The majority of the study participants (n=8) suggested for incentives to be provided to ward and community level members of the decentralised CPCs. Strengthening support and supervision, increasing funding and harmonising community development structures were also mentioned as important to improve on the NAP for OVC programme. Community capacity strengthening and planning received low scores. However the findings from the FGDs emphasised on the community trainings, advocacy with community leaders and constant monitoring of projects by the responsible government department/ministry, so as
to promote community empowerment and programme ownership as one of the participants from the guardians group said,

“Vanhu vanoda kudzidziswa, uye kuti mutaure ne vatungamiriri vemuno, kwete kuuya kamwe moti mazvipedza moswera muchingokwira nekudzika murikurara uko. Kana vanhu vadzidziswa vanotora chirongwa kuita chavo.” (There is need for community education, you also need to discuss with local community leadership, and not to come just for a single visit and you think you are done, it’s a process and if community members are educated they take ownership of the programme.)

The FGDs also echoed the interview findings on the involvement of women and children and their active participation in the programme and that the government should empower the communities to address gender imbalances that exist through trainings and awareness. According to the group this will strengthen traditional community OVC care initiatives and integrate them into the national community development programmes that include OVC care.

The FGDs have also confirmed this finding by mentioning strengthening of external support, coordination, training of communities and monitoring of projects. This finding is echoed by the results of the BEAM process and impact evaluation and the Rapid assessment of CPCs in Zimbabwe which emphasised on the same initiatives to enhance NAP for OVC programme implementation with full community participation. The rapid assessment of CPCs in Zimbabwe (2012) also highlighted that programme costs at community level are inevitable and these have to be supported, and not only to talk about community volunteerism, which has been disputed in this study. The findings have also been echoed by an evaluation study in Kenya by Skovdal et al () which revealed that the participatory process of CCSP
empowered communities to take full control of their programmes and address emerging challenges

4.6 Discussion and Analysis
Coordination of resources and programmes at all levels

The study participants from both the interviews and Focus Group Discussions have revealed that although the decentralised CPC system is known, especially at national, provincial and district levels, the system is weak at community levels. This scenario was analysed using the views from Galtung’s triangle of violence and conflict theory. The institutional system, which is structural in nature, not observed but well accepted, has caused the participants in the upper tiers of the decentralised CPCs to view the status quo as functional and should be maintained. In the structures of governance CPCs are existing and functional and yet with the local beneficiary communities, these structures do not exist. This phenomenon is well linked to the issue of cultural violence, (Galtung, 1969). Cultural violence is an acceptable way of thinking that justifies both direct and structural violence, whilst it is not observed, just like the structural violence.

The study also used the MDGs as a conceptual framework and according to the Brahimi report, in view of the concept of human security and the Millennium Development Goals, the world of governance should redress the following issues, at micro and macro levels; Recommendations for change should be realistic and frank, political and strategic issues and, operational and organisational issues. This implies that in all conventions and conferences that human security and development issues are discussed, participants should strive to come up with realistic recommendations that are discussed with openness. On political and strategic issues, good governance and sound strategies should prevail while
these should the operational levels consider transparency and accountability issues as they implement programmes at community level.

The implication of this finding is that the lower level officials and members of the decentralised CPCs are familiar with the structures at their levels while they are not familiar with the provincial and national structures. As highlighted by the FGDs, there are no regular meaningful CPCs held, instead when people convene community meetings they include on the agenda other developmental issues, and these will not be systematic to confirm integration of various issues. This is mainly to satisfy the question of time as adults do not have enough time, due to competing interests, (Knowles, 1988). The study results also mean that the communities lack that knowledge of the decentralised multi-sectorial system of coordination and management of these activities. Political and strategic issues, as suggested in the Brahimi report are central to the development of the decentralised CPCs. Capacity building was therefore important continuously so as to achieve the desired set goals. The ministry of local government, the local authorities and traditional leaders are key in redressing the bottlenecks that affect coordination of resources and programme at all levels. It is therefore important for the DSS to convene meetings at all levels so as to promote integration of child care intervention activities with other wider developmental initiatives.

Another implication of this finding is that, although the BEAM was identified as an achievement, it lacked some important components to make the programme wholesome. The mention of political commitment, especially at local community level is not matching with the functions and success of the decentralised coordination system. This is also confirmed by the results of the FGDs in which it was found out that coordination of NAP for
OVC activities was weak almost at all levels, with the ward and community levels most affected, mainly due to lack of training and awareness, incentives and poor social relations which sometimes result in conflicts, (Farrington, 2008 and Ministry of labour and social services, 2012). The finding also echoes the issues raised in the Brahimi report which discussed the frank and realistic recommendations for change at national, provincial and district levels, so as to have a new view to the prevailing structures.

This finding also implies that the NAP for OVC programme lacks well-coordinated integrated plans at local level that are drawn from the overall National programme plan, with statutory obligations directed to Local Authorities on having home grown mandates to direct the operations of the civil society organisations. The finding is authenticated by a Nina (2004) study in Kenya which revealed unclear mandates in local authorities but having functions only. In the same study by Nina (ibid) it was also established that lack of effective coordination between local authorities, civil society organisations and communities affected the programme. Lack of access to funds for the HIV and OVC care programmes were also revealed as an important challenge. Another study by Richter (2008) also revealed that lack of evidence in the form of baseline information affects planning and therefore effectiveness of the programme cannot be evaluated. This is authenticated by the third component of the Brahimi report which discusses organisation and operation issues, particularly the issues to do with evidence based planning and active multi-sectorial implementation, monitoring and evaluation.

The other implication from this finding is that the DSS need to scale up on support and supervision and also mobilisation of additional resources to cover incentives, if the community are to own the programme since they also highlighted that as adults they have
competing interests (Knowles, 1998). The other implication is on harmonisation of development structures by the local authority, since the various structures at community level have affected the smooth functioning of the CPCs as they compete with, WAACs, WADCO, Women and gender, and youth committees.

**Capacity building of local communities on the decentralised governance and OVC care system to enhance their empowerment, ownership and participation.**

The results from this study also revealed that there is lack of capacity among the local people in managing their own affairs with regards to OVC care in relation to human security in general. This area is analysed in accordance with the human needs theory by Burton (1990), who states that all human beings have basic needs, categorised as; physical, psychological needs, which Burton goes further to describe as universal and non-negotiable and should be primarily be addressed as a basis for negotiating for peace and groom young people with no or minimal violence. According to the Human Development Index cited in UNDP (2008) one of the three essential needs is to acquire knowledge. Combining human security, human needs and the human development index, the research findings have revealed a gap in terms of capacity of the local community to be able to perform to the expectations of the national programme, which leads to lack of ownership and active participation.

Although the majority of the officials interviewed perceived that the programme was a success, they did not mention any explanation to their responses. The finding echoes the results of the Outcome assessment of the Programme of support for the NAP for OVC (2010), which stated that coordination of stakeholders at national level was very good, with sound programme capacity building and output monitoring systems established. However
triangulation of this information by FGDs revealed that coordination at local ward and
community was still weak. The group further highlighted that although training was done
years back, there is need for another training, to cater for new players since there has been
many people who have moved out.

The finding also revealed that the majority of the study participants knew the pillars that
anchor the NAP for OVC programme, however with a few having the knowledge that child
protection is an important pillar of the programme. The study finding is further supported
by the fact that most participants gave explanations on each of the pillars that they
mentioned. The other implication is that the study participants could not link these pillars
with the function of the monitoring and evaluation. This is confirmed by the FGDs
conducted with the OVC and guardians in this study in which it was revealed that
strengthening of CPCs through training, coordination and management was weak, since
most trainings were done during the initial stages of the programme. The FGDs also
suggested strengthening of the CPCs through coordination. This shows that capacity building
of the participating stakeholders in the decentralised CPCs was minimal. The finding echoes
the results from the Rapid Assessment of the CPCs in Zimbabwe, done by the Ministry of
labour and social services (2012).

Another implication from the finding is that few interviewed participants knew that the
decentralised coordination structures’ roles also include management and monitoring and
evaluation of the programme. However the majority of the study participants knew the
pillars of programme management which are also used for programme monitoring and
evaluation, and management (Figure 4). This is confirmed by the findings from the FGDs and
is akin to the ZDHS (2003) results which highlighted that OVC care need national efforts as
opposed to the individual organisation efforts. Another Lesotho study by Tamasani (2011) also revealed that there were too many uncoordinated diversity of OVC care activities and are not owned by the communities.

**Participation of women and children in decisions that affect their lives**

The findings from this study have shown that the interviewed officials who participate in the decentralised CPCs perceived that the community was actively participating. The finding show that at least half of the participants believed that the community was actively participating in NAP for OVC programme, while the other half was not in agreement. In addition, those interviewed participants who work more closely with the community had finer information about their participation and they mentioned that they were not actively participating. This finding is akin to the results of the Rapid Assessment of the CPCs in Zimbabwe, in which they revealed that there is no child participation in the decentralised CPCs.

The Rapid Assessment report (ibid) also confirms this finding with the information that community leaders place themselves at strategic positions following the local government system of governance and therefore actually benefit from the provisions of the child protection programme at the expense of the actual intended beneficiaries. This is affirmed by Miller (2010) s Malawi study in which favouritism and corruption tendencies were cited as the major ills of the programme. The report goes further to reveal that communities are not engaged because they do not to continue working on voluntary basis, they also need incentives to motivate them. In the study done by Farrington in Cambodia, India and Ethiopia, it was also affirmed that there was no relations which participation of children in
FSTFs, and the situation was further compounded by undesirable social resulted in tensions and conflicts.

The overall implication of this finding is that with the weak community participation that currently prevails, community ownership if the national programme initiatives do not exist.

The other implication is that the dichotomy that exist between nationally initiated programmes and the traditional initiatives of OVC care and support through community leaders and the extended families will continue and this will always affect the efficiency, effectiveness, relevance, the overall impact and sustenance of the desired programme.

**The important cultural role of communities in OVC care**

The study revealed that communities have traditional cultures of caring for orphans and vulnerable children which include family set ups. These family networks are still strong in rural communities like Mt Darwin and they prescribe how and what to be done, when it comes to OVC care interventions. Traditional leaders also play a pivotal role in enforcing these practices. The communities are more active in providing care as families through the extended family. The study also revealed that these traditional systems of care for OVC are not integrated with the national government initiatives like the NAP for OVC programme. This lack of linkage brings with it coordination challenges that result in duplication of service provision and beneficiary selection.

From the study findings, it has been observed that the NGOs, traditional leaders, the Church organisations and National AIDS Council are key stakeholders in human security interventions in the province. This is confirmed by the results of the DSS Institutional capacity assessment report (2010), which reported challenges with staff and other
resources like transport to reach out on OVC programmes, hence the most common stakeholders at implementation level in the community were NGOs and traditional leaders who promoted the role of the extended family and *Zunde ra Mambo* in caring for the OVC. This finding is also akin to the FGD results that have echoed the role of traditional leadership and family ties in child care, particularly in the rural areas. People behave according to the influence of the environment that surrounds them, and therefore the culture of respecting human needs for young people, particularly OVC is fundamental and if these initiatives are well linked and conflicts can be reduced. The DSS should develop some sound mechanisms that ensure collaboration and integration of these activities. In view of the Brahimi report component of organisation and operation issues, the DSS should consistently support and monitor community stakeholder activities at all stages of the programme so as to activate their full participation.

4.7 Evidence based OVC care interventions, monitoring and evaluation

The study findings revealed that the baseline information available at community level includes numbers of OVC, the few that are materially benefiting from the sporadic care initiatives. The information at community level is deficient of information relating to other needs of the OVC and resources that are available at community level. An evaluation of a programme can measure its effectiveness, efficiency, relevance, impact and its sustenance. For these to be successfully measured, a strong baseline data should be available. This information forms the basis for planning, implementation and monitoring for progress, against the set objectives and targets. Measuring success in interventions and evidence of effectiveness has been a challenge over the years. During the initial problem identification, the researcher found out that this information was not available. This has been echoed in the results of a study by Richter et al (2008), who pointed out that in many instances a lack
of evidence underpinning the development and implementation of interventions compromised any assessment of their effectiveness. Overall, there is weak evidence to support programming, with only a small minority of studies having sufficient research methodology work to support the conclusions.

According to Galtung’s theory of violence and Burton’s human needs theory, the young men and women become aggressive and violent if their expected needs are not met. It is therefore important to have a micro-level analysis of the OVC diversity of needs, their wide experiences and mental health, (Harms et al, 2010). These experiences silently propel the onset of several struggles that includes; poverty, lost educational opportunities, living with the extended family systems marked by difficulties, exploitation within their homes and culturally specific forms of stigma related to their orphan status, making them double vulnerable and therefore engage in violent behaviour.

These findings call for serious consideration of the issues raised by the Brahimi report during the crafting of ways and means to achieve the Millennium Development Goals. The issues to do with recommendations for frank and realistic change, and this is important to the DSS in that all that will be implemented will be having enough evidence and hence promote impact and sustainability of the programme.

4.8 Summary
This chapter discussed the data presentation, discussion and analysis. Data presentation followed the research questions from the study objectives, with data from the in-depth interviews being triangulated with information obtained from Focus Group Discussions. This was followed by the discussion which was characterised by the interpretation of the findings and linkage with the conceptual and theoretical frameworks, and empirical studies of similar nature.
CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction
This final chapter draws together the main conclusions from the case study, discusses the strengths of the decentralised Child Protection Committees (CPCs) structural mechanism for the care of OVC and makes general recommendations on which approach that is appropriate to improve on the care of OVC. This case study in Mt Darwin district illustrated on the gaps between the individual partner approach and the actual multi-sectorial approach, and how this impacts on implementation and policy response at national level, which includes funding, strategic frameworks, and capacity strengthening of various systems of the programme of human security focusing on OVC care. Indeed, the mix of the approaches to OVC care is workable if well branded with a properly managed decentralised multi-sectorial system. Once this is achieved there could be some positive steps towards achieving the four most important pillars of OVC care and these are; strengthening household economy, child protection, access to basic services, with programme coordination and management included. In order to achieve a holistic and consolidated approach to solving the current challenges associated with coordination and management of the OVC care, a comprehensive and collaborative response to the OVC problem, that wholesomely addresses all the human security concerns of the OVC needs to be implemented at national, provincial, district, ward and community levels.
5.2 Summary of findings

5.2.1 Operational Framework for the National Action Plan for the OVC.

Zimbabwe has operationalized the decentralised CPCs approach policy with challenges in lack of baseline information, community ownership, support and monitoring of the programme. Documentation and dissemination of best practices was found to be key in the operationalization of the NAP for OVC. However this documentation is only for a few material supports, which includes cash transfers that the government, through the DSS, NGOs and FBOs are spearheading. Coordination and management function of the decentralised CPCs mechanism is weak. Traditional leaders, NGOs and government ministries and departments are active in the NAP for OVC programme in relation to the overall human security initiatives.

5.2 The effectiveness of the NAP for OVC standards.
Knowledge of key pillars of the NAP for OVC programme was high among the study participants and community members as reflected by FGDs. However the key informant participants did not link these pillars with the monitoring and evaluation function which implies that there is need to build the capacity of communities on the programme planning, implementation and monitoring and evaluation. The study also revealed that the programme is a success especially in the provision of educational support through BEAM and strengthening household economy through cash transfers by government. Child protection through various other safety nets is minimal and is covering few OVC.
5.2.3 Community Participation in Child Protection issues.
The study revealed that the community engagement is minimal since the most important areas of involvement that were mentioned only included the provision of care by the extended families. Child Protection Committees at community level are not active because there are no incentives and they lack capacity and ownership with a lot of competing interests of adult participants. Women and children are not active participants in the Child Protection Committees at ward and community level. Local Authorities lack clear programme mandates to support the government initiatives of NAP for OVC. Setting of targets is in the hands of programmers basing mainly on the resources available and not the real needs of OVC, since there is lack of evidence of the status of the problem.

5.2.4 Strengths and challenges of the NAP for OVC.
Strengths

The NAP for OVC achieved the policy implementation by way of introducing the programme to the decentralised system of governance. Safety nets activities have been implemented in various communities and these include; BEAM, cash transfers and health care support. Advocacy for political support was done and the programme has enjoyed this support at national, provincial, district, ward and community levels.

Challenges

There is weak coordination, monitoring and evaluation. The programme has limited capacity, funding, support and periodic monitoring to promote community ownership. The programme lacks baseline information as evidence for implementation hence it is difficult to measure or evaluate its effectiveness. The programme heavily depends on the concept of community volunteerism, not considering the fact that financial support is also required at
community level and therefore it’s important to provide incentives to enhance community participation. Planning takes the top-down approach and is deficient of important baseline information to enable reasonable targeting. The programme lacks community participation and engagement, and therefore issues to do with sustainability remain cloud.

5.3 Conclusions
This study was set with the objectives of evaluating the effectiveness of human security initiatives for orphans and vulnerable children being implemented by the decentralized Child Protection Committees in Mt Darwin district of Mashonaland central province.

In view of this and the findings revealed in the study, the following conclusions are drawn;

Achievements and major research findings
The study managed to establish the perceptions of the participating officials and community members in the decentralized CPCs system. The study found out that the way these participants view the programme is different. The study also managed to identify the gaps related to coordination, management, baseline evidence and antecedents related to active community participation, particularly the women and children. The findings also included the resource and institutional gaps that exist in the DSS, although there is an indication that the situation is improving as compared to the previous years. The study also identified some training needs for the wider community and the leadership who participate in CPCs, so as to promote harmonization and active participation.

Relevance of theoretical and conceptual frameworks
The systematic and sequential presentation of the theoretical and conceptual frameworks enabled the researcher to identify the gaps on the programme. The theoretical analysis of the works by Galtung (ibid) and Burton (ibid) led to the development of operational themes, that have significance to the grounded theory and these have sound relevance to the
improvement of the programme in future. The theories of violence and needs were correlated to the MDGs and the issues raised in the Brahimi report (ibid), which are all geared towards the achievement of the human security objectives being guided by the human development that emphasises three essential choices for people; 1) to lead a long and healthy life; 2) to acquire knowledge and; 3) to have access to resources needed for a decent standard of living.

**Research design and Methodology**

The research employed the qualitative research paradigm which used the grounded theory to identify gaps and important themes relating to the NAP for OVC programme in Mt Darwin district. The study then used a case study qualitative design in order to explore real life phenomenon of human security and child participation in decentralised governance matters in Mt Darwin district of Mashonaland central province. The selection was basically purposeful in that the study wanted to include participants who have been in the NAP for OVC programme for more than five years. The other reason was because of logistical arrangements. The qualitative research design, used in this study was quiet effective as it enabled the researcher to explore real life issues relating to the NAP for OVC programme, as it runs at community level. The in-depth interviews with CPCs members at ward and community level and the FGD participants expressed themselves clearly on the strengths and challenges affecting the programme.

For the qualitative phase of the research, the sampling design used was non-random or non-probability sampling, involving convenience sampling, where participants were conveniently chosen from the DSS, other government ministries, the civil society, Traditional leaders and NAC district official. In non-random sampling elements in the population do not have equal chance to participate in the study (Wiersma and Jurs 2009: 342; Neuman 2007:141). In this
sampling method statistical data was provided by participants and the findings could be
generalised for the entire population. The sample size for the in-depth interviews was
determined by data saturation. Data saturation refers to a situation where by during the
process of data collection, a sense of closure is reached because there is no new
information, since people from the CPCs were generally providing more or less same
information but expressing themselves differently (Wiersma and Jurs 2009;246; LoBiondo-
Wood and Haber 2006: 156; Polit and Beck 2006:59). Ultimately fifteen interviews were
conducted, with participants drawn and representing the CPC members at the four
decentralised levels mentioned above.

The study inclusion criteria included orphans and vulnerable children (20) and their (20),
from both wards (Ward 24, Matope and ward 34, Kamutsenzere), and a total of fifteen
selected members of the Child Protection Committees (CPCs) at provincial, district, ward
and community levels and key stakeholders all who have been in the multi- sectorial child
protection management and coordination since 2003 to 2012 and were willing to participate
and share their experiences with the researcher.

In this study, the interview schedules, documentary analysis, and Focus Group Discussion
Guides were used in collecting data. Pre testing of the interview schedule was done
considering wording and phrasing of questions. The following guide lines were used to come
up with a sound interview schedule; vocabulary, ambiguity, leading questions, double
barrelled and assumptive questions, (Arksey and Knight, 1999). The pre testing exercise was
done in ward 23 (Kandeya) in the study district and adjacent to Matope ward 24, which is
one of the two study areas. Six participants were interviewed, corrections to the interview
schedule were done to come up with a more comprehensive and relevant instrument.
5.4 Recommendations

The following recommendations were based on the findings of this study;

There is need for a Rapid Assessment Procedure (RAP) study at a much bigger scale, covering the whole country or individual provinces, to establish the baseline information for the OVC and their needs. This RAP can be initiated by the DSS.

There is need for the Government, through the DSS to mobilise more resources and provide to the districts and provinces to enable them to implement according to their plans. The mobilisation can be done through advocacy and lobbying with legislators and Ministry of finance, and bilateral donors.

Government, through the Department of social services, to strengthen coordination and management systems at all levels through a consistent system of activities like CPC and core group meetings, scaling up support and monitoring of projects, with a robust plan which is known by the CPCs members at all levels so as to promote active participation and community ownership. The schedule for a particular period like a year should be shared with all partners and the stakeholders. Coordination and management of these programmes can also be strengthened through the promotion of integration with key governance systems like Ministry of local government, local authorities and church organisations so as to harmonise the numerous uncoordinated development structures that now exist at community level.

The DSS need to strengthen and promote community trainings and awareness of the programme. These adult education activities should be well planned with the participation of the beneficiaries using the established baseline or real training needs identified. The trainings and awareness programmes should be well time tabled
considering the wholesome characteristics of adults as learners, their priorities and other commitments.

Proposals for further research on the effectiveness, relevance and efficiency of the NAP for OVC, from DSS are recommended at a much broader scale that includes quantitative and qualitative methods.
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Appendices

Appendix 1: INTERVIEW GUIDE FOR KEY INFORMANTS.

Interview Schedule

Demographic Information of participants

<table>
<thead>
<tr>
<th>Organisation</th>
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<td>Location</td>
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<td>Age</td>
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<tr>
<td>Sex</td>
<td>Male</td>
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How many years have you been in the child care work? \( Year \)  

Position held in the Child Protection Committee.  

1. What strategies did the government put in place to operationalize the National Action Plan for Orphans and Vulnerable Children (mention at least two).

   i. Capacity development of stakeholders  
   ii. Horizontal capacity building and mentoring of DSS staff  
   iii. Providing high level of advisory support on key components of the programme, e.g. cash transfers.  
   iv. Documentation and dissemination of best practices  
   v. Information management within the various sections of the DSS  
   vi. Capacity building of the DSS to fully take over its full function by 2015  

   Other (specify)

2. Who were the major stakeholders in the human security interventions for orphans and vulnerable children? (Mention at least two).

   I. Department of social services  
   II. Non-Governmental Organisations
3. What were the coordination mechanisms that were put in place to achieve the human security interventions for OVC during the period 2003 to 2012?

   I. Ward and community CPCs
   II. Provincial and National CPCs
   III. Provincial core group
   IV. National core group

   Other (specify): ………………………………………………………………………

4. What were the roles of these structure (mention at least two)

   I. Leading in the coordination of the child protection interventions
   II. Coordinating the implementation of the child protection intervention activities
   III. Policy formulation
   IV. M and E for the broad human security for OVC programme
   V. Manage the NAP for OVC funds

   Other (specify): ……………………………………………………………………….

5. State and explain the indicators (pillars) that you have been using to measure the progress of the NAP for OVC programme.

<table>
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<tr>
<th>Researcher Guide:</th>
<th>Tick</th>
<th>Explanation</th>
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<tr>
<td>Strengthening the household economy</td>
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<td>Child protection</td>
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<td>Access to basic services</td>
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6. Were these standards met? Explain your response.

   Yes  No

Explanation:

-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------

7. What were the strengths of the NAP for OVC programme since its inception in 2003?

   Strength Identified:

   ………………………………………………………………………………………….
   ………………………………………………………………………………………….

8. Is the community actively participating in the NAP for OVC programme in terms of planning, implementation and monitoring of projects?

   Yes  No

   Explain your response.

   ………………………………………………………………………………………---
   ………………………………………………………………………………………---

9. In your opinion, what were the major achievements made with the multi-sectorial approach in the areas of;

   i. Mitigation (2003-2012):
   ………………………………………………………………………………………---

   Political Commitment
   ………………………………………………………………………………………---

   Coordination and Management (bringing partners and stakeholders together to promote, Monitoring and Evaluation during the period, 2003-2012

   ………………………………………………………………………………………---
10. What do you think were the factors that contributed to the achievements? *(Mention at least two).*

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<tbody>
<tr>
<td>I.</td>
<td>Funding</td>
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<tr>
<td>II.</td>
<td>Good decentralised structures</td>
</tr>
<tr>
<td>II.</td>
<td>Government support and political will.</td>
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Other challenges: ..............................................................................................................

11. What would you say are the challenges of the decentralised multi-sectorial child protection approach? (at least two)

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<tbody>
<tr>
<td>I.</td>
<td>Unclear mandate</td>
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<tr>
<td>II.</td>
<td>Parallel systems of planning and implementation</td>
</tr>
<tr>
<td>III.</td>
<td>Lack of coordination between government, civil society, local authority and community</td>
</tr>
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Other (specify): ..............................................................................................................

12. Suggest ways that the province, district and community can do to contain the challenges that relate to human security for OVC, as you mentioned above.

Suggestions:
..............................................................................................................

*End!!!*
Appendix 2: Focus Group Discussion Guide for Orphans and Vulnerable Children and Guardians

Introduction to the topic of human security, rapport creation and reassurance of confidentiality of the contents of the discussions.

1. Enumerate and explain the ingredients of human security as stipulated in the National Action Plan for OVC.
   (*Facilitator Guide: Food and nutrition support, shelter and care, protection, health care, psychosocial support, education and vocational training and economic strengthening.*)

2. Explain how the OVC here in Mt Darwin are benefiting from these arrangements.

3. To the best of your knowledge, what are the objectives of the National Action Plan for OVC in line with human security?

4. What are the operational modalities in place to achieve these objectives?

5. Can you say the objectives have been met over the years of implementation? Explain your response.

6. To what extent are you as guardians and/or OVC, engaging the rest of the community members to actively participate in the NAP for OVC programme. Explain your response.
Appendix 3: Letter of Approval

DEPARTMENT OF SOCIAL SERVICES
P.O. Box CY 429
Causeway
Zimbabwe

Official communications should Not be addressed to individuals

Telephone: Harare 703711/790721-4
Telegraphic Address: WELMIN
Fax: 796080/790543/703 714

SW 12/5

19 November 2013

David Nyamurera
National AIDS Council
P.O Box 153
Bindura

RE: AUTHORITY TO CONDUCT AN ACADEMIC RESEARCH ON CHILD PROTECTION IN MT DARWIN

Receipt of your letter of 31 October 2013 in connection with the above is acknowledged.

Please be advised that authority is hereby granted for you to carry out your research study entitled “The effectiveness of child protection initiatives pertinent to the NAP for OVC in Mount Darwin District.”

The permission is hereby granted STRICTLY on the condition that the research is for academic purposes only in pursuit of your Masters of Science in Peace and Governance Studies and not for publicity.

As the study has a bearing on our mandate with regard to child care, it would be appreciated if a copy of your research output document would be availed to us.

S.G Mhishi
DIRECTOR OF SOCIAL SERVICES

c.c. A/ Provincial Social Welfare Officer
Mashonaland Central
c.c District Social Welfare Officer
Mt Darwin