



Copyright 2007 David Snyder

Support To Replicable, Innovative, Village/community-level Efforts for Orphans and Other Vulnerable Children: End-of-Project Report

Revised and re-submitted September 2008

Acknowledgements

CRS Zimbabwe would like to thank USAID/Zimbabwe for the opportunity to take on this landmark project and, over five challenging, important years, to be able learn about and share its findings on the needs of orphans and vulnerable children and how best to meet these needs. CRS gives special thanks to Tonya Himelfarb, the project's Cognizant Technical Officer at USAID, and who provided critical guidance and support. Rose Marie Depp from USAID offered valuable feedback on this end-of-project report. CRS Zimbabwe was fortunate to leverage funding support for STRIVE from Sida and UNICEF, and greatly appreciates the contributions of these two organizations.

STRIVE had one director and two Chiefs of Party during its lifetime, and the success of the project is a result of their leadership and dedication to the needs of children. The director was Backson Muchini and the Chiefs of Party were Kirk Felsman and Heather Benoy.

As always, CRS Zimbabwe greatly appreciates the work of its partner organizations and the communities they serve. These organizations and community members displayed amazing innovation and persistence in the face of many challenges. Their selfless commitment to strengthening care and support of orphans and vulnerable children is an inspiration.

This report was prepared by Carolyn Fanelli and Tendai Gatsi of CRS Zimbabwe using reports and documents written by STRIVE staff since the project's inception. Washington Masikati and Mildred Mushunje of CRS Zimbabwe provided meaningful input during the document review process.

Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-retroviral Therapy
CBO	Community-Based Organization
CPS	Child Protection Society
CRS	Catholic Relief Services
FOST	Farm Orphan Support Trust
HIV	Human Immuno-Deficiency Virus
IS&L	Internal Savings and Lending
JFFS	Junior Farmer Field School
NAP	National Action Plan
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PSS	Psychosocial Support
RAAAP	Rapid Assessment, Analysis and Action Planning Process
RFA	Request for Applications
Sida	Swedish International Development Cooperation Agency
SNAP	School Nutrition Assistance Program
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Program on HIV/AIDS
UOC	Uzumba Orphan Care
USAID	United States Agency for International Development
WPO	Working Party of Officials

Executive Summary

This STRIVE End-of-Project Report provides an overview of the STRIVE project, details its achievements and impact, highlights its operations research findings and lessons learned, and presents insights into the current challenges orphans and vulnerable children (OVC), as well as their current and future needs.

Project Overview

By the late 1990s, infant, child and maternal mortality were rising in Zimbabwe, primary school completion rates had begun to fall, and inflation had emerged as a serious economic challenge. Approximately 1,200 people were dying every week from AIDS-related illnesses.¹ In 1999, the Zimbabwe's National AIDS Control Program estimated that 670,000 children would be maternal or double orphans due to AIDS by 2000 and that the number of orphans in Zimbabwe would peak at 1.1 million in 2005.

In response to this looming crisis, the U.S. Agency for International Development (USAID) invited proposals for a pilot project to support sustained and replicable community programs that assist children affected by HIV. Following a competitive process, USAID awarded the grant to Catholic Relief Services (CRS) for a project entitled “Support To Replicable, Innovative Village/community-level Efforts” (STRIVE). In December 2001, CRS signed a Cooperative Agreement with USAID worth \$2.49 million over two-and-a-half years. CRS matched the USAID grant with almost \$1 million of its own private funds.

The goal of STRIVE Phase 1 was to improve the care and support offered to children and youth affected by HIV and AIDS in Zimbabwe. Its three objectives were to:

- Support and develop appropriate, effective, and sustainable community-based approaches to supporting children affected by HIV and AIDS through participatory learning and action,
- Improve the organizational capacity of at least eight local organizations, so that they are able to deliver high quality care, support, and prevention activities for children and their families, and
- Increase access to quality education for children, with a special focus on girls.

During STRIVE Phase 1, CRS supported 16 organizations that worked with communities to carry out appropriate, effective, and sustainable community-based interventions for OVC in psychosocial support, food security, education assistance and economic strengthening. Capacity-building and gender were cross-cutting interventions, and, from the beginning, STRIVE had a rigorous operations research mandate aimed at identifying proven models of care and support for OVC.

In May 2003, a team comprised of representatives from USAID, CRS, the government and other OVC projects in the region conducted a mid-term review of STRIVE. Overall, the review team “was deeply impressed by the STRIVE project, which it believes is an extremely important means of testing the assumptions underlying many child-centered interventions.”² It provided important recommendations, including the need to strengthen STRIVE management; integrate the project's technical intervention areas; better adapt to the operating environment; and contribute to developing an adequate large-scale, national response.

¹ USAID/Zimbabwe. 2001. Request for Applications No. 690-01-002: Zimbabwe HIV/AIDS Orphans and Vulnerable Children.

² CRS Zimbabwe. 2003. *STRIVE Mid-Term Review Recommendations and Plan of Action*.

In line with the review findings, CRS engaged partners and other stakeholders in assessing the evolving humanitarian crisis in Zimbabwe, giving particular attention to the effects of hyperinflation on partners' staffing and program implementation, and developing innovative solutions, such as more frequent disbursements to partners. At the same time, CRS took concrete steps to improve its administrative efficiency, with specific emphasis on communications, effective decision-making, and adopting more proactive planning procedures. Notable among these steps was the hiring of a seasoned, experienced Chief of Party who began reporting directly to the CRS Country Representative and was given increased decision-making authority. At the end of Phase I, CRS was able to leverage additional funding support for STRIVE from UNICEF and the Swedish International Development Cooperation Agency (Sida).

CRS developed a proposal for STRIVE Phase II that had two strategic objectives:

- 1) Improve care and support to OVC throughout Zimbabwe.
- 2) Determine proven models to care for and support OVC.

It proposed that Phase II put less emphasis on capacity-building activities and forge stronger linkages with a broader range of organizations, from partners at the community level to like-minded organizations in the international research and policy arena. For example, STRIVE anticipated active involvement with the Working Party of Officials for the draft National Action Plan (NAP) for OVC. In Phase II, STRIVE maintained its four primary intervention areas, but with increased focus on child protection, gender and children with disabilities.

In September 2005, USAID approved a grant of \$3.9 million for Phase II. STRIVE was able to use its Sida funding to add five new partners to the project, two of whom worked with children living with disabilities. In September 2006, USAID increased the total grant by \$600,000 due to the availability of additional funding for HIV programs and the recognition that the project could absorb more resources. CRS committed a new total cost share of more than \$2 million.

In October 2006, upon the request of USAID/Zimbabwe, the Global Health Tech Project conducted a final assessment of STRIVE. Among the review team's recommendations were that donors and partners in OVC programming should mainstream psychosocial support (PSS) in all OVC activities; experiment with a strategy to provide more direct financial support to community OVC initiatives; and increase community awareness of policy and legislation on child rights, welfare and protection.

CRS took quick steps to address recommendations from the evaluation. For instance, it piloted a Small Funds Initiative in an effort to get resources to communities with minimum bureaucracy and conducted a Training of Trainers with partner staff in PSS. STRIVE also crafted child rights posters in English, Shona and Ndebele that present the UN Convention on the Rights of the Child using child-friendly language and engaging graphics.

USAID granted CRS a no-cost extension from 31 September 2007 to 31 December 2007, meaning that the STRIVE project officially concluded at the end of 2007. At the time STRIVE ended, it had a total of 16 local partners, 11 of whom had received funding since the project's inception. Over the project's lifetime, it had supported a total of 21 NGOs.

Achievements and impact

STRIVE and its partners reached more than 105,000 children, both directly and indirectly, during Phase I, and a cumulative total of 214,216 children during Phase II. Thus, the cumulative number of children that STRIVE had reached by the end of the project was 319,216. This means that STRIVE exceeded its 2007 cumulative target of 210,000 beneficiaries by approximately 53%.

STRIVE was the largest project serving OVC in Zimbabwe for most of the project period. Due to the large scope of the project and its explicit operation research mandate, there are numerous examples of how learning from STRIVE has been used to inform other OVC programs. Most significantly, STRIVE played a leading role in the development, launch and dissemination of Zimbabwe's NAP for OVC. To promote child participation in the NAP, CRS helped develop a child-friendly version of the plan that was published as an official Ministry document in 2006.

In its final year, STRIVE led two initiatives that are have the potential to produce lasting impact in Zimbabwe and beyond. First, building upon efforts by UNICEF and the Ministry of Education, Sport and Culture, STRIVE piloted a child-friendly schools initiative. Second, STRIVE co-facilitated workshops across Zimbabwe aimed at developing quality standards for OVC programming.

Operations research and lessons learned

STRIVE played a leading role in a number of important operations research studies. In collaboration with Futures Group International, it carried out the Rapid Assessment, Analysis and Action Planning Process (RAAAP) in Zimbabwe – an initiative led by UNICEF, UNAIDS, USAID and the World Food Program to catalyze a scale-up of national OVC responses in countries most affected by HIV. STRIVE, in collaboration with the Elizabeth Glaser Pediatric AIDS Foundation and the Ministry of Health and Child Welfare, also undertook an important situational analysis on children living with HIV in Zimbabwe, which has been used to inform the recent national scale-up of pediatric antiretroviral therapy.

STRIVE's project design revolved around a rigorous operations research agenda that enabled the project to assess the impact, cost effectiveness, replicability and quality of its community-based OVC interventions. STRIVE used operations research to answer the following questions: What is the impact of each intervention?; How cost effective is each intervention in comparison with others?; How replicable is each pilot intervention and what elements are unique to each pilot site?; and What is the quality of care being provided by various interventions?

As part of its ongoing effort to disseminate operations research, sound practices and lessons learned to national OVC stakeholders and international audiences, CRS and its partners presented at a wide range of conferences and wrote a number of well-received articles. CRS staff members and staff from STRIVE partner organizations documented many sound and promising practices and lessons learned in STRIVE's four main intervention areas, as well as in the monitoring, evaluation and documentation of OVC programs. One of the most important sound practices documented was block grants and resource exchanges – education assistance strategies that enabled groups of OVC to attend school in exchange for providing the school with a set amount of money or specific material resource. Disseminated sound practices were replicated by STRIVE partners, as well as by other organizations in Zimbabwe.

Challenges and future needs

There were several ongoing challenges throughout the project period in regards to the operating environment, and these challenges show no signs of going away. Hyperinflation – although mitigated by the favorable exchange rate CRS was able to attain for its partners and the move to monthly disbursements – presented challenges as the cost of items rose almost weekly. Partner staff salaries continued to be eroded by inflation, which led to staff turnover throughout the project as staff moved to “greener pastures.” Fuel shortages, which occurred regularly throughout the project period, also challenged project implementation, especially at

the partner level, as shortages restricted staff members' ability to visit communities and monitor activities.

In June 2007, CRS undertook a detailed assessment of OVC needs and programming capacity in four geographic areas not served by STRIVE. It found that food insecurity was widespread, with many OVC reporting that they had gone days without food. Sexual abuse and physical abuse, usually by relatives, were on the increase. Child-headed households were common, as were children without shelter or clothes. Obtaining birth certificates for OVC was difficult. All these factors leave children more vulnerable to HIV infection, and the challenges facing OVC are exacerbated for children living with disabilities. The overall picture in these non-STRIVE areas was one of well-meaning grassroots organizations and scattered, small-scale and incomplete OVC service provision due to the critical lack of financial resources, and, in some cases, lack of capacity.

The assessment also indicated that increasing numbers of children are dropping out of school or not regularly attending school due to lack of food, the need to care for ill household members, and/or an inability to pay school fees. In addition, significant numbers of children cannot continue their education at secondary school since there are few projects that support education assistance at this level. There is a growing need to support education past primary school. There is also need to develop and support innovative, community-based strategies for supporting out-of-school adolescents. CRS, through the Program of Support for OVC (a new funding mechanism co-managed by UNICEF and the Ministry of Public Service, Labor and Social Welfare), has a project specifically targeted at this group of children that is identifying promising practices and lessons learned – such efforts need to be scaled up nationwide. A modified version of STRIVE is also continuing with support from the Program of Support. It aims to reach 51,000 children, cumulatively, by the end of 2010.

While STRIVE, the Program of Support and other OVC service providers are making progress in meeting children's needs and reaching underserved areas of Zimbabwe, there remain a number of service gaps and OVC needs far outstrip the current level of service delivery. STRIVE showed how OVC services can be effectively organized into a package that includes education assistance, PSS, economic strengthening, and food security. This model of addressing the needs of children with a targeted package of services should be continued.

The Program of Support is providing a means through which Zimbabwe can respond to OVC needs in a coordinated and consolidated way. However, there is also room for additional stakeholders to support OVC programming and more funds are required. CRS is working hard to mobilize new resources for its OVC programming in Zimbabwe and will continue to build upon the many success of STRIVE, in the hopes of ensuring that all children in Zimbabwe have the opportunity to grow, develop and fulfill their great potential.

Table of Contents

1.0	Project Overview	1
1.1	Background.....	1
1.2	STRIVE Phase 1: goals, objectives, implementation strategy and partners.....	2
1.3	Changes in the operating environment.....	7
1.4	Mid-term evaluation and programming response.....	8
1.5	STRIVE Phase II.....	10
1.6	Final Evaluation	11
1.7	Final Year of STRIVE	12
2.0	Achievements and Impact	14
2.1	Project targets and results.....	14
2.2	Reasons for non-achievement of select targets	15
2.3	National and regional impact of STRIVE.....	15
3.0	Operations Research and Lessons Learned	18
3.1	Targeted Studies.....	18
3.1.1	Rapid Assessment, Analysis and Action Planning Process	18
3.1.2	Children living with HIV.....	18
3.1.3	Impact of PSS programs	18
3.1.4	Coping strategies.....	19
3.1.5	OVC and reproductive health	19
3.1.6	Other articles and presentations.....	20
3.2	Findings from four operations research questions	20
3.2.1	What is the impact of each intervention?	20
3.2.2	How cost effective is each intervention?	22
3.2.3	How replicable is each pilot intervention?.....	23
3.2.4	What is the quality of care being provided by various interventions?	24
3.3	Highlights of sound practices and lessons learned	25
3.3.1	Child Protection and Psychosocial Support	25
3.3.2	Economic Strengthening.....	27
3.3.3	Education Assistance	28
3.3.4	Food Security	28
3.3.5	Monitoring, Evaluation and Documentation	29
4.0	Challenges and Future Needs.....	30
	References.....	32
	Annex 1: Map of STRIVE operating areas.....	34
	Annex 2: Bibliography of articles, presentations and publications	35
	Annex 3: Report from STRIVE Lessons Learned Workshop	41

1.0 Project Overview

This STRIVE End-of-Project Report provides an overview of the STRIVE project from its inception, details its achievements and impact, highlights its operations research findings and lessons learned, and presents insights into the current challenges OVC face, as well as their current and future needs.

1.1 Background

By the late 1990s, infant, child and maternal mortality were rising in Zimbabwe and primary school completion rates had begun to fall. Inflation had emerged as a serious economic challenge, and the government's real per capita spending on health, basic education, agriculture, and social welfare was on the decrease.³ An estimated 1.8 million Zimbabweans were living with HIV and 1,200 people were dying every week from AIDS-related illnesses.⁴

In 1999, the Zimbabwe's National AIDS Control Program estimated 670,000 children would be maternal or double orphans due to AIDS by 2000 and that the number of orphans in Zimbabwe would peak at 1.1 million in 2005. To respond to this looming crisis, in January 2000 the U.S. Agency for International Development (USAID) commissioned a background paper on children affected by HIV and AIDS in Zimbabwe. The paper's primary aim was to provide a foundation for possible interventions by USAID, such as increased support for community responses to children and families affected by the epidemic.⁵

The background paper recommended more than a dozen principles for designing and implementing a program to support Zimbabwe's children. These included facilitating the initiation of community-based responses to children and families affected by HIV where they did not already exist; strengthening the capacity of existing community-based responses; directing services and activities to children according to their need, not their status as orphans; and encouraging activities that involved youth as part of the solution. The paper said that approximately 100 community-based organizations (CBOs) had already been established in Zimbabwe to assist children affected by HIV.

Meanwhile, USAID approved a new Country Strategic Plan for Zimbabwe for the years 2000-2005. Whereas USAID had previously focused on advancing behavior change interventions, this strategy included the strategic objective "HIV/AIDS crisis mitigated" and the intermediate result "enhanced capacity at the regional and local levels in Zimbabwe to support community responses to children affected by HIV/AIDS."

Informed by this strategy and background paper, USAID issued a Request for Applications (RFA) in March 2001, inviting organizations to submit proposals for a pilot project to support sustained and replicable community programs that assist children affected by HIV.⁶ The RFA asked for a two-phased program with a midterm review that would determine whether project objectives were being achieved and whether Phase II could be "scaled-up"

³ USAID/Zimbabwe. 2000. Background Paper on Children Affected by AIDS in Zimbabwe.

⁴ USAID/Zimbabwe. 2001. Request for Applications No. 690-01-002: Zimbabwe HIV/AIDS Orphans and Vulnerable Children.

⁵ USAID/Zimbabwe. 2000. Background Paper on Children Affected by AIDS in Zimbabwe.

⁶ While the RFA initially targeted "children affected by HIV/AIDS" or "CABA," the current global preference is to use the term "orphans and vulnerable children." Both USAID and CRS adopted this new term during the life of the STRIVE project. In order to ensure consistency in this report, OVC is used instead of CABA except when providing direct quotes from historical documents.

based on replicable models from Phase I. Following a competitive process, USAID awarded the grant to Catholic Relief Services (CRS) for a project entitled “Support To Replicable, Innovative Village/community-level Efforts” (STRIVE).

CRS was founded in 1943 by the United States Conference of Catholic Bishops to assist the poor and disadvantaged outside of the U.S. Today, CRS is one of the world’s largest private voluntary organizations, working in 98 countries with a staff of more than 4,000. CRS’ programs are developed in coordination with, and implemented by, local partner organizations, including religious and secular non-government organizations (NGOs), CBOs, and host country governments. The agency capitalizes on its strategic position as a faith-based organization to effectively and efficiently deliver services, while at the same time assisting people on the basis of need, not creed, ethnicity or nationality. The CRS Mission Statement and Guiding Principles underscore the agency’s commitment to alleviating human suffering, promoting the development of people, and fostering charity and justice around the world. A key part of fulfilling this mandate is serving people infected and affected by HIV and AIDS. Since 1989, the agency has supported more than 300 HIV and AIDS projects in 40 countries in Africa, Asia, and Latin America. CRS began its work in Zimbabwe in 1989 and currently serves more than one million beneficiaries a year in the country.

Four strengths of CRS’ proposal to USAID were that CRS had:

- Existing partner relationships, thus enabling fast project start-up;
- Partners already familiar with CRS financial and management policies;
- A solid understanding of the Zimbabwean context; and
- Experts on staff in country, regional, and home offices to assist with programming and systems structuring and to provide technical advice.⁷

In December 2001, CRS signed a Cooperative Agreement with USAID for implementation of STRIVE. Under this agreement, USAID agreed to provide \$2.49 million in funding to implement a two-and-a-half year pilot project ending in June 2004. The pilot project was aimed at testing innovative interventions that would allow resources to reach children at risk quickly and efficiently and would help determine what basket of support would best meet the needs of large numbers of children at risk in Zimbabwe. CRS matched the USAID grant with almost \$1 million of its own private funds.

1.2 STRIVE Phase 1: goals, objectives, implementation strategy and partners

The goal of STRIVE Phase 1 (December 2001-June 2004) was to improve the care and support offered to children and youth affected by HIV and AIDS in Zimbabwe. Its three objectives were to:

- Support and develop appropriate, effective, and sustainable community-based approaches to supporting children affected by HIV and AIDS through participatory learning and action,
- Improve the organizational capacity of at least eight local organizations, so that they are able to deliver high quality care, support, and prevention activities for children and their families, and
- Increase access to quality education for children, with a special focus on girls.

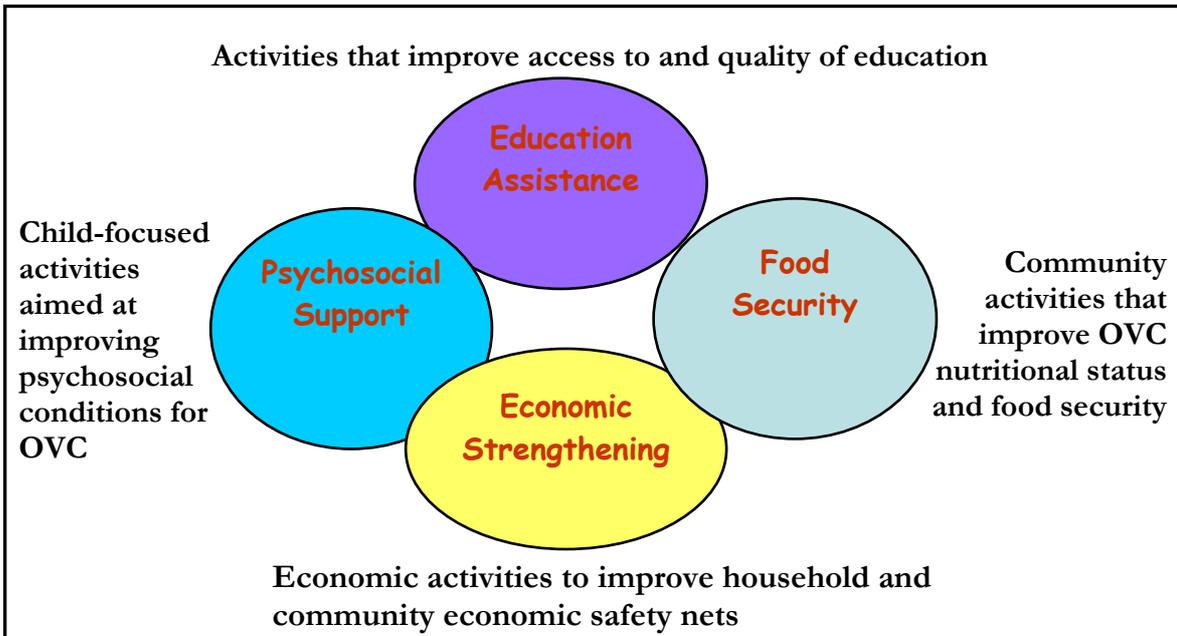
The primary beneficiaries of the project were to be OVC, including children heading households and children with disabilities, with other children benefiting indirectly through

⁷ Report on the Mid-Term Review of the STRIVE Project. 2003.

community- and school-wide activities. Community members supporting OVC also benefited indirectly through activities such as the creation of community nutrition gardens.

STRIVE’s implementation strategy was to support NGOs and CBOs that work with communities to carry out appropriate, effective, and sustainable community-based interventions for OVC in psychosocial support, food security, education assistance and economic strengthening.

Figure 1: STRIVE Phase I Intervention Areas



Psychosocial support (PSS) interventions alleviated the psychological distress OVC frequently experience as a result of the loss of loved ones, food insecurity, reduced access to education, and stigmatization. STRIVE-supported initiatives provided basic counseling, therapeutic recreational activities like music and drama, life skills and vocational skills education, Kids’ Clubs, and both residential and community “camping.”

Food security initiatives enhanced the access of OVC and their families to adequate, reliable sources of nutrition. STRIVE advanced community-based activities such as community fields and gardens, school supplementary feeding programs, seed vouchers and fairs, and the promotion of drought-tolerant, low-maintenance, nutritionally-valuable crops.

Education assistance improved children’s access to quality education. STRIVE initiatives included block grants to schools in exchange for the enrollment of a set number of OVC, resource exchanges (in which STRIVE purchased material items for schools in exchange for the enrolment of OVC),⁸ direct assistance scholarships, after-school programs, and support and training for teachers.

⁸ A block grant is a lump sum payment given to a school, which can then use the money to purchase materials, refurbish classrooms, strengthen infrastructure, etc. In return, the school agrees to enroll a pre-determined number of OVC who are exempted from paying fees for an agreed-upon time period. Local community members serve on committees to select the children who are to directly benefit from the intervention. Resource exchange works in the same way, except that STRIVE purchases the resource requested by the school instead of providing money to the school for it to make the purchase.

Economic strengthening recognized that children’s wellbeing depends upon the resilience of household and community economic safety nets, both of which are weakened by the impact of HIV and AIDS. This intervention was designed to strengthen safety nets through activities such as micro-enterprise services, internal saving and lending (IS&L), and community resource mobilization. In early 2003, CRS contracted CARE International to pilot a self-managed IS&L model with three STRIVE partners. With technical support from CARE, these partners facilitated the organization of groups and provided these groups with the necessary training to initiate and manage IS&L activities.

Table 1: Examples of Activities within STRIVE Interventions

<p>Education assistance – Example: Resource exchange The STRIVE partner buys resources, such as furniture, that benefit an entire school in exchange for the school waiving school fees for a certain number of OVC.</p> <p>Economic strengthening – Example: Internal savings and lending (IS&L) STRIVE partners foster community IS&L groups, including child-led groups, which strengthen community economic safety nets, enabling communities to better support OVC.</p> <p>Food Security – Example: Nutrition gardens STRIVE partners work with community members to establish these low-labor gardens, whose produce improves the nutrition of children and their families.</p> <p>Psychosocial support – Example: Memory books STRIVE partners work with children and their parents, who are living with HIV and AIDS, to chronicle family history and cultural knowledge. This process also helps prepare children for their parents’ possible death, and is one component of PSS.</p> <p><i>Adapted from the CRS Zimbabwe 2005 Annual Program Summary of Activities.</i></p>
--

Some activities contributed to the success of more than one intervention. For example, strengthening economic safety nets through IS&L increased income, which then enabled households to purchase inputs for community gardens. At the same time, community gardening and IS&L brought community members together, creating opportunities for them to discuss the challenges facing OVC and identify solutions that would improve children’s food security or educational opportunities, and/or help relieve their psychosocial distress.

STRIVE believed that community mobilization was a key success factor in mitigating the impact of HIV and AIDS on children over the long-term and that building the capacity of partners would enhance the scale of community initiatives and the number of children they could reach. For this reason, capacity-building was a cross-cutting intervention during Phase I. Another cross-cutting intervention was gender. STRIVE recognized that equal participation of men and women is essential for addressing children’s issues and that its project activities must respond to the special needs of both girls and boys. Capacity-building and gender activities included participatory self-assessments, gender audits, and forums for implementing partners to meet and share ideas.

Integrating STRIVE and other CRS projects: School Nutrition Assistance Program (SNAP)

Through partner reporting in Phase I, STRIVE realized that many children benefiting from education assistance were failing to attend school due to family pressures for them to work or seek out food. Other students were unable to concentrate on their studies due to hunger. During the 2003-4 lean season, STRIVE responded by working with the CRS food security department to initiate SNAP within 11 STRIVE-supported schools in Bulawayo, Norton and Chegutu. SNAP provided supplementary feeding to approximately 12,500 children, improving their school attendance and nutritional status. Nearly 150 community members volunteered to serve as cooks for the program.

From the beginning, STRIVE had a rigorous operations research mandate aimed at identifying proven models of care and support for OVC. When examining partners' pilot interventions, STRIVE operation research asked the following four questions:

- What is the impact of each intervention?
- How cost effective is each intervention in comparison with others?
- How replicable is each pilot intervention?
- What is the quality of care provided by the various interventions?

The findings from STRIVE operations research will be discussed in more detail in Section 3.

Through a competitive process, STRIVE selected its first eight implementing partners in the second quarter of the project (1 April 2002 to 30 June 2002). In the next quarter, project agreements were signed, and funding disbursed. The first eight STRIVE implementing partners, their grant amount for the pilot period, their proposed number of beneficiaries, interventions, and areas of operation are shown in Table 2 below.

Table 2: STRIVE Pilot Sub-grantees

Organization	USD Grant	Proposed Number of Beneficiaries	Interventions	Area of Operation
Sibambene AIDS Program of the Archdiocese of Bulawayo	\$182,978	5,000	<ul style="list-style-type: none"> ▪ Education assistance ▪ Food security ▪ Psychosocial support 	Bulawayo Urban
Batsiranai	\$148,575	7,450	<ul style="list-style-type: none"> ▪ Education Assistance ▪ Food security ▪ Economic strengthening 	Buhera South
Bethany Project	\$169,085	8,200	<ul style="list-style-type: none"> ▪ Education assistance ▪ Food security ▪ Psychosocial support 	Zvishavane District
Catholic Development Commission of the Diocese of Chinhoyi	\$189,851	6,000	<ul style="list-style-type: none"> ▪ Education assistance ▪ Psychosocial support ▪ Food security 	Murombedzi District
Diocese of Mutare Community Care Program	\$195,120	4,682	<ul style="list-style-type: none"> ▪ Education assistance ▪ Economic strengthening ▪ Psychosocial support 	Makoni District
Masiye Camp	\$186,475	8,000	<ul style="list-style-type: none"> ▪ Psychosocial support 	Bulawayo Urban and Rural
Rural Unity for Development Organization	\$183,176	3,000	<ul style="list-style-type: none"> ▪ Education assistance ▪ Economic strengthening ▪ Food security 	Gutu District
Tsungirirai	\$147,208	2,800	<ul style="list-style-type: none"> ▪ Education assistance ▪ Psychosocial support ▪ Food security 	Norton Urban and Rural

At the same time, CRS and USAID agreed that, due to the escalating number of OVC, it was necessary to expand the project to include additional partners, even before the pilot had been

completed. Thus, in the project’s fourth quarter, eight additional NGOs and CBOs became STRIVE implementing partners. These NGOs included three international NGOs – Intermediate Technology Development Group (now called Practical Action), Save the Children UK and Africare – because USAID and CRS were looking for partners with high existing capacity who could accelerate programming.

Table 3: STRIVE Scale-up Partners

Organization	USD Grant	Proposed Number of Beneficiaries	Intervention Area	Area of Operation
Intermediate Technology Development Group (<i>now called Practical Action</i>)	\$45,807	6,000	<ul style="list-style-type: none"> ▪ Psychosocial support ▪ Economic strengthening ▪ Food security 	Chimanimani District
Farm Orphan Support Trust	\$88,070	17,000	<ul style="list-style-type: none"> ▪ Educational assistance ▪ Psychosocial support 	Farm worker communities in Makoni District
Child Protection Society	\$83,223	20,000	<ul style="list-style-type: none"> ▪ Educational assistance ▪ Psychosocial support 	Harare high-density suburbs of Kambuzuma, Highfield, Rugare and Westwood
Save the Children UK	\$649,347	7,000	<ul style="list-style-type: none"> ▪ Educational assistance ▪ Psychosocial support 	Binga, Nyamiyami, Makonde and Zvimba districts
Scripture Union	\$100,665	12,000	<ul style="list-style-type: none"> ▪ Psychosocial support. 	Chitungwiza and Makoni districts
Africare	\$140,351	25,275	<ul style="list-style-type: none"> ▪ Economic strengthening ▪ Psychosocial support ▪ Educational Assistance 	Chimanimani District
Bekezela Home-Based Care	\$65,462	1,000	<ul style="list-style-type: none"> ▪ Psychosocial support ▪ Education Assistance ▪ Food Security 	Bubi District.
Uzumba Orphan Care	\$71,069	8,910	<ul style="list-style-type: none"> ▪ Psychosocial support ▪ Education Assistance ▪ Food Security 	Uzumba Maramba Pfungwe District

STRIVE conducted a baseline study in July 2002⁹ and assisted partners to conduct more detailed baseline studies in their operating areas. Using both quantitative and qualitative research methods, the baseline study assessed the psychosocial wellbeing and socioeconomic situation of OVC and identified how caregivers perceive and respond to the needs of OVC. It surveyed a wide variety of urban and rural stakeholders and included a comparison group of children not identified as “affected by AIDS.”

⁹ Dube, L. 2003. *Baseline Survey for the Support to Replicable Innovative Village Level Efforts (STRIVE) for children affected by HIV/AIDS.*

The baseline study found that although many people were willing to support OVC, there was a lack of action due to economic constraints. The community remained the primary safety net for children, but traditional systems were being modified as a result of the death of able-bodied adults due to AIDS-related diseases. The extended family was increasingly unable to offer its traditional level of care and support to OVC. The baseline encouraged building community capacity to respond to OVC's needs.

After the mid-term review, described in more detail below, CRS spent the final year of Phase I addressing the review's recommendations. In addition, as part of its effort to advocate for the needs of children and promote child participation, CRS commissioned and produced a documentary entitled "The Children They Are Left With." This short film is narrated by members of a child-headed household that received support from a STRIVE partner, Bethany Trust. The film was shown widely in Zimbabwe, including a screening at the 2005 Zimbabwe International Film Festival.

In anticipation of the need for bridging funds between the end of Phase I and the start of Phase II, CRS leveraged funds from an additional donor – the Swedish International Development Cooperation Agency (Sida).



Children watch "The Children They Are Left With" at a special screening during the 2005 Zimbabwe International Film Festival. After the screening, members of the child-headed household that helped make the CRS-produced film answered questions from the audience.

Photo by Mark W. Adams for CRS Zimbabwe

1.3 Changes in the operating environment

During STRIVE Phase 1, from December 2001 to June 2004, the operating environment in Zimbabwe continued to deteriorate. Food security declined, health indicators became more dire, inflation increased, fuel shortages became commonplace, and new statistics emerged demonstrating how the number of OVC had increased – and would continue to increase for at least the next decade. This section details select developments.

In 2004, the government's National Action Plan for Orphans and Other Vulnerable Children estimated that approximately 318,000 Zimbabwean children were living in child-headed households, up from 50,000 in 2002. In 2002, USAID, the United Nations Children's Fund (UNICEF), and the Joint United Nations Program on HIV/AIDS (UNAIDS) published the third edition of their series "Children on the Brink," which presented and analyzed statistics on children orphaned by HIV and AIDS from 88 countries. It said that, by 2010, 21% of children in Zimbabwe would be orphans, even if HIV prevalence declined, because of the time lag between HIV infection and AIDS-related death. The report also provided statistics showing that, in 1995, 53% of orphans in Zimbabwe were orphaned due to AIDS. That percentage had reached 77% by 2001 and was projected to rise to 96 and then 99% in 2005 and 2010, respectively.¹⁰

¹⁰ USAID, UNICEF, UNAIDS. 2002. Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies.

Food security was negatively impacted by a drought in 2003 and the decreased agricultural production that resulted from the country's land reform initiative, which had begun in 2000. Inflation, which was at 132% in 2001 when STRIVE began, reached 624% in 2004,¹¹ leading to increasing staff turnover as both CRS and its partners found it difficult to raise salaries quickly enough. Meanwhile, hundreds of thousands of professional Zimbabweans left the country for greener pastures, which meant that the pool of people available to work in government ministries, NGOs, and CBOs dwindled.

At the same time, life expectancy was on the decline. Average life expectancy had already dropped from 61 years in 1980 to 43 years in 2001; in 2006, the World Bank would announce that Zimbabwean women had the lowest life expectancy in the world – 34 years. Hyperinflation also eroded partners' budgets, meaning that, in some cases, the full complement of planned activities could not take place.

At the policy level, there were constructive national, regional and international developments during the Phase I time period. In 2001, the United Nations General Assembly Special Session on the global HIV/AIDS pandemic produced a declaration committing states to develop and implement national OVC policies and strategies. In Zimbabwe, a working group of government officials, NGOs (including CRS), and donor organizations (including USAID, UNICEF and Sida) coordinated a national stakeholders' consultative conference in June 2003 to develop a draft National Action Plan (NAP). The government adopted the final NAP document in July 2004 and officially launched the policy in September 2005.¹² CRS, through STRIVE, played an important role in the development and launch of this policy.

In May and June 2005, the Zimbabwe government carried out Operation Murambatsvina.¹³ During this Operation, which it described as an urban clean-up campaign, the government destroyed "illegal" homes and market stands in urban and peri-urban areas of the country, and encouraged the displaced to return to their rural "homes." A United Nations report, released in July 2005, estimated that 700,000 people lost their homes or livelihoods as a result of Operation Murambatsvina, and that more than 2.4 million people – almost 20% of the population – were indirectly affected. OVC were among those affected by Operation Murambatsvina, and STRIVE beneficiaries were among the displaced. The situation had particular implications for school-going children, many of whom were displaced to areas where they were not enrolled and where their school fees had not been paid. Although CRS and its partners quickly responded to the situation, an unknown number of these children either dropped out of school or missed classes for an extended period of time.

1.4 Mid-term evaluation and programming response¹⁴

A review team made up of representatives from USAID, CRS, the Government of Zimbabwe and other OVC projects in the region conducted a mid-term review of STRIVE from May 5-28, 2003. The purpose of the review was to:

- Assess the current status of the STRIVE project, measured against its original objectives, as laid out in the Cooperative Agreement,

¹¹ Wikipedia. Retrieved 18 January 2008 from http://en.wikipedia.org/wiki/Zimbabwean_dollar.

¹² For more detail on the NAP, see Fanelli, Carolyn W., Reuben Musarandega, and Lorraine Chawanda (2007). "Child Participation in Zimbabwe's National Action Plan for Orphans and Other Vulnerable Children: Progress, Challenges, and Possibilities." *Children, Youth and Environments* 17(3): 122-145. Retrieved 18 January 2008 from www.colorado.edu/journals/cye.

¹³ "Murambatsvina" translates to "Drive Out the Filth." Its official English name was Operation Restore Order.

¹⁴ Text in this section derived from *STRIVE Mid-Term Review Recommendations and Plan of Action*, June 2003.

- Assess the relevance of STRIVE in meeting the needs of children affected by HIV and AIDS and, more broadly, all children at risk, in Zimbabwe’s deteriorating environment,
- Assess and examine the capacity and ability of the STRIVE project to adjust to Zimbabwe’s rapidly changing socio-political and economic situation, and
- Make recommendations to USAID and STRIVE on better planning for future interventions, taking the operating environment and lessons learned from the ongoing project into consideration.

The mid-term review identified a number of changes in the operating environment, including the “moving target” created by the increasing number of orphans, the fact that “food shortages and nutritional deficiencies are overriding concerns in many areas of Zimbabwe,” and that traditional coping mechanisms were under strain.

Overall, the review team wrote that it “was deeply impressed by the STRIVE project, which it believes is an extremely important means of testing the assumptions underlying many child-centered interventions. The project has vitally important contributions to make in supporting the development and demonstration of effective, replicable responses that can scale up an effective, collective national response to children at risk.” The review presented seven cross-cutting recommendations for STRIVE:

1) Restore and intensify focus on original objectives. STRIVE’s principle role is not to meet the needs of Zimbabwe’s children at risk, but to determine the best ways that this can be done and to disseminate this information to key stakeholders.

2) Strengthen management. Planning has been made difficult by the lack of a clear strategic vision and weaknesses in the management systems. It is essential that STRIVE’s management be given a maximum level of decision-making and management autonomy. STRIVE needs a highly experienced Chief of Party who can provide strategic thinking and skilled management.

3) Position STRIVE as a facilitator of processes rather than a direct provider of services. STRIVE should continue to move toward sub-contracting services, rather than seeking to employ the necessary staff to deliver all services directly. This would enable STRIVE to respond more rapidly to the needs of sub-grantees and to focus on operational quality, rather than service delivery.

4) Clarify STRIVE’s operating principles and approaches. It would be better for STRIVE to adopt a lower profile as a project. Participating communities should describe their activities as “our work together” rather than as “the STRIVE project.”

5) Integrate technical intervention areas. It is essential to place the child at the center of STRIVE activities, so that each child receives support in an integrated manner. The present STRIVE structure allows for a high degree of independence between food security, education, psychosocial, and economic support interventions. As a result, a child frequently does not benefit from all of these interventions. The original intent of STRIVE was to test different, integrated baskets of support for children.

6) Adapt to the operating environment. Zimbabwe has changed significantly since STRIVE was designed. While STRIVE has taken many steps to adapt, more needs to be done and aspects of the project need to be reviewed in light of the country environment. The review team specifically noted the need to develop strategies for proactively dealing with hyperinflation, fuel shortages, staff turnover, and dwindling public services.

7) Contribute to developing an adequate large-scale, national response. As a major role player in child-focused activities in Zimbabwe, STRIVE should be prepared to adopt a higher profile in influencing and advising national policy.

In line with the STRIVE Mid-Term Review and CRS guiding principles, CRS worked diligently to make mid-course adjustments to the project. CRS engaged partners and other stakeholders in assessing the evolving humanitarian crisis in Zimbabwe, giving particular attention to the effects of hyperinflation on partners' staffing and project implementation, and developing innovative solutions, such as more frequent disbursements to partners. At the same time, CRS took concrete steps to improve administrative efficiency. It hired a seasoned, experienced Chief of Party who began reporting directly to the CRS Country Representative and was given increased decision-making authority. CRS also created the position of Compliance Manager and strengthened the gender component of the project by hiring a Senior Project Manager for Child Protection and Gender.

1.5 STRIVE Phase II

STRIVE developed a proposal for Phase II based on the mid-term review findings as well as lessons learnt during its first two-and-a-half years of programming. STRIVE Phase II had two strategic objectives:

- 1) Improve care and support to OVC throughout Zimbabwe, and
- 2) Determine proven models to care for and support OVC.

CRS proposed that Phase II would put less emphasis on capacity-building activities and would forge stronger linkages with a broader range of organizations, from community-level partners to like-minded organizations in the national and international research and policy arena. For example, STRIVE anticipated being actively involved with the Working Party of Officials to finalize and launch the NAP for OVC and working with partners to engage with newly-formed Child Protection Committees at the village, ward and district levels. In Phase II, STRIVE decided to discontinue its partnerships with international NGOs in an effort to funnel more money directly to CBO partners, whose capacity had grown during the pilot phase. Masiye Camp and Scripture Union were also not included as Phase II partners.

In Phase II, STRIVE maintained its four primary intervention areas, but with increased focus on child protection, gender, and children with disabilities. On the ground, this change was reflected in an increased focus on child participation and child rights, as STRIVE built partners capacities in these areas. In addition, STRIVE formed new partnerships with organizations that worked with disabled children. They offered targeted education assistance to children living with disabilities, and also helped caregivers better understand their children's condition so that they can provide improved care and support.

In September 2005, USAID approved a grant of \$3.9 million for Phase II, which brought its total Phase I and II STRIVE funding to \$6.54 million. Once Phase II was approved and USAID funding received, STRIVE used its Sida funding to add five additional partners to the project: Hope for a Child in Christ, Inter-Country People's Aid, Mavmabo Trust, Kapnek Trust and Nzeve Deaf Children's Center. Two of these partners, Kapnek and Nzeve, work with children living with disabilities – a specific group of OVC that had not previously been supported by STRIVE through targeted programming. Starting in 2005, CRS also leveraged funding support from UNICEF for STRIVE.

In September 2006, USAID increased the total grant by \$600,000 to \$7.1 million due to the availability of additional funding for HIV programs and the recognition that the project could

absorb more resources. CRS committed a new total cost share of more than \$2 million. USAID granted CRS a no-cost extension from 31 September 2007 to 31 December 2007 so that CRS could complete three important initiatives - child-friendly adaptations of Zimbabwe's child protection laws; a Small Funds Initiative (see text box next page); and support to Zimbabwe's effort to create quality standards for OVC programming (see text box page 15). At the time the USAID-funded STRIVE project concluded, STRIVE had a total of 16 local partners, 11 of whom had received funding since the project's inception. Over the life of STRIVE, a total of 21 NGOs were supported for some period.

1.6 Final Evaluation

In October 2006, upon the request of USAID/Zimbabwe, a three-person team from the Global Health Tech Project conducted an assessment of STRIVE that was aimed at:

- Examining the overall country context for OVC programs,
- Reviewing the lessons learned and best practices,
- Assessing the program's organizational effectiveness, and
- Making recommendations.

The evaluation report was published in December 2006.¹⁵ It found that “despite heroic community responses, the need for a more effective response is even greater today than it was in 2000.” The report provided specific recommendations to USAID regarding how best to conceptualize its next OVC program. Recommendations particular to CRS' implementation of STRIVE are described below:

Partner Capacity: Partner projects were of high quality and partners have untapped capacity. They could do more to help children, but lack the resources. While communities are aware of children's needs and have innovative solutions, they, too, lack resources.

Community Strengthening: Communities have increased awareness of the needs of OVC, but lack information to conduct holistic child development programs to maximize impact. Volunteers should be encouraged through recognition and limited assistance.

Operations Research: CRS has built the monitoring capacity of partners and added to their technical knowledge. However, partners and communities did not carry out their own action research or document traditional practices. Communities did not receive research results in user-friendly formats.

Educational Assistance: This type of assistance is highly valued but block grants could easily swallow all OVC resources. The approach is replicable, but not sustainable without continual donor inflows.

Economic Strengthening/Food and Nutrition: Communities need income, but while some activities could be scaled-up, they will not generate enough sales in the weak markets that currently characterize Zimbabwe. Food production is a possible exception.

Innovation and Flexibility: Donors can learn more from communities and partners and support their efforts.

The review team recommended that donors and partners in OVC programming should:

¹⁵ Global Health Technical Assistance Project. 2006. Final Assessment USAID/Zimbabwe Assistance to Orphans and Other Vulnerable Children through Catholic Relief Services STRIVE Program. Content in this section is excerpted from the final evaluation report.

- Thoroughly assess options and approaches for education programs to find more cost-effective ways to support school enrollment or redirect resources to out-of-school adolescents and/or young children.
- Mainstream PSS in all OVC activities, make greater use of existing community safety nets for PSS, and ensure quality standards in this area.
- Experiment with a Small Funds Initiative to respond to community needs more directly. Document lessons and explore ways to manage a larger fund.
- Increase community awareness of policies on child rights, welfare and protection.
- Build community, ward and district networks using some strong partners to mentor others in under-resourced areas.
- Ensure ownership by helping communities do their own action research.

1.7 Final Year of STRIVE

CRS took quick steps to address recommendations from the evaluation. It piloted a Small Funds Initiative (see text box below) in an effort to get resources to communities with minimum bureaucracy, and it conducted a Training of Trainers with partner staff in PSS. It created simplified versions of child protection laws for dissemination at the community level. STRIVE also crafted a set of children rights posters, available in English, Shona and Ndebele, that present the UN Convention on the Rights of the Child using child-friendly language and engaging graphics. Partners distributed these posters to schools.

Money to the people: The Small Funds Initiative

The Challenge: In Zimbabwe, the greatest source of care and support for OVC comes from within communities themselves. One challenge that donors and NGOs face is how to effectively and efficiently nurture and amplify these community efforts.

The Initiative: In 2007, CRS and USAID launched a pilot Small Funds Initiative. This initiative was based around a simple idea – that an effective, efficient way of advancing community efforts is to grant small amounts of money directly to community groups engaged in OVC care and support. CRS and USAID believed that these infusions of small funds – granted with minimal bureaucracy – would enable communities to respond more quickly and flexibly to the needs of OVC and their caregivers. CRS piloted the initiative with four partners, each of whom received \$5,000, an implementation guide, and training.

One of these partners was Uzumba Orphan Care (UOC), which works in the northwest district of Uzumba Marambe Pfungwe. UOC introduced the initiative at the district’s monthly community gathering, and encouraged community groups to submit short proposals if they had ideas for sustainable, innovative projects that would meet the needs of OVC. In the spirit of minimal paperwork, the proposal template fit on one page. UOC received an overwhelming response of more than 100 applications. It created a selection committee with broad stakeholder representation to identify the applicants that would receive the grants. This selection committee choose 13 community groups for funding. The groups included OVC caregivers, home-based care volunteers, OVC, and out-of-school youth. The groups are generating income through peanut-butter production, gardening, raising poultry, buying and selling stationary, and operating school “tuck shops” (stores). Most groups are supporting OVC by providing for school fees, uniforms and stationary.

The Results: Through UOC, community groups are supporting more than 170 OVC. Across all partners, CRS, through the Small funds Initiative, is helping to meet the needs of more than 650 OVC. The projects have proven to be sustainable, which means that the number of OVC who receive support will continue to grow. UOC’s director said that, “It is sustainable because the community is coming up with its own initiatives to support its own people. The community is empowered.”



Students purchase popcorn from a tuck shop established with support from the Small Funds Initiative. The shop’s profits are used to help meet the needs of OVC at the school. *Photo by Carolyn W. Fanelli/CRS Zimbabwe*

To ensure that the trainings and learning facilitated by STRIVE would be available to communities after the project closed, the STRIVE team began developing standard guidelines for implementing block grants and resource exchanges. It also developed a market linkages manual to support economic strengthening activities. The manual, which is aimed at members of IS&L groups who want to embark on income-generating ventures, was developed with the full participation of communities and was translated into Shona. To support its food security intervention, STRIVE disseminated a number of resource materials to partners, including a family nutrition guide and a manual for teachers, parents and communities on establishing and operating school gardens. In addition, STRIVE developed, with its partners, a training handout on the use of drip kits for garden irrigation.

As discussed in text boxes below and in the next section, during the final year of STRIVE, CRS piloted a Child-Friendly Schools Initiative and took leadership in developing Quality Standards for OVC Protection Care and Support for Zimbabwe. These standards are currently being finalized with support from a Sida bridging grant and CRS private funds.

The Child-Friendly Schools Initiative: Maximizing schools as centers of OVC support

STRIVE, through its partner Farm Orphan Support Trust (FOST), implemented a Child-Friendly Schools Initiative in 33 primary schools in commercial farming areas of Manicaland and Mashonaland Central Provinces. This initiative is part of CRS' effort to enhance the capacity of schools to support OVC by creating an enabling school environment that promotes children's resilience. It recognizes that OVC support requires a collective effort from students, teachers, School Management/Development Committees, community members, Ministry of Education officials and CBOs. Though still a pilot, this initiative has been welcomed by all involved.

Creating child-friendly schools is a process. It begins with stakeholder sensitization, in which children, teachers, headmasters, School Development Committee members, and education officials discuss the role of the school in child development, analyze the definition of OVC, and talk about the impact of orphanhood and vulnerability on children. Next, FOST trained each stakeholder group in child abuse, stigma and discrimination, gender, child rights, birth registration, the needs of children with disability, and child participation. Following this training, each group of participants developed a list of what they believed were the indicators of a child-friendly school. The stakeholder groups then came together to develop a consensus list of indicators. In the 33 schools that FOST was working with, stakeholders agreed that a child-friendly school:

- Accommodates children with disabilities,
- Has a child abuse response system,
- Assists children to acquire birth certificates;
- Increases HIV and AIDS awareness;
- Increases child participation and establishes Child Protection Committees;
- Reduces absenteeism;
- Provides psychosocial support;
- Is gender sensitive;
- Establishes Junior (child-led) School Development Committees; and
- Creates play areas for children.



Next, the participants selected people to make an initial assessment of each school and determine how each school matched up to the criteria. At this level, each school received a billboard announcing that it was striving to achieve child-friendly status (see photo). After a specific period, such as six months or one year, the assessment team evaluates each school to determine its progress. Children participate by writing essays on why their school should be considered a Child-Friendly School. Those schools that have met the set criteria are awarded Child-Friendly status. Individuals who have contributed to this achievement receive certificates of recognition. A school's child-friendly status is reviewed regularly.

The initiative, which CRS plans to roll out with additional partners, is making great strides in ensuring school is an environment that supports children's development and future success.

Although STRIVE is no longer USAID-funded, a modified version of the project is continuing through the Program of Support for OVC, which is described in section 2.3.

2.0 Achievements and Impact

2.1 Project targets and results

STRIVE and its partners reached more than 105,000 children, both directly and indirectly, during Phase I, surpassing its FY03 beneficiary target of 100,000.¹⁶ Fifty-four percent of children receiving educational assistance were female. STRIVE reached a cumulative total of 214,216 children during Phase II, including both direct and indirect beneficiaries. Thus, the cumulative number of children that STRIVE had reached by the end of the project was 319,216. This means that STRIVE exceeded its 2007 cumulative target of 210,000 beneficiaries by approximately 53%.

The table below highlights the cumulative number of children reached by STRIVE during the life of the project, as well as the annual number of children directly reached. It also presents the cumulative number of children reached indirectly and directly through the education assistance intervention.

Table 4: Targets v. Actual

Indicator	FY03 Target ¹⁷	FY03 Actual	FY04 Target ¹⁸	FY04 Actual	FY05 Target	FY05 Actual	FY06 Target	FY06 Actual	FY07 Target	FY07 Actual
# of children receiving care and support OVC - Cumulative	100,000	105,000	-	122,685	190,000	232,028	200,000	304,299	210,000	319,216
# of children receiving care and support OVC – Annual	100,000	105,000	-	-	30,000	25,626	30,000	20,318	25,000	21,779
# of children receiving education assistance - Cumulative	-	-	-	92,013	142,500	174,021	150,000	228,220	157,500	239,412

Double counting has been removed from all of these figures using a STRIVE-developed program analysis tool that eliminates double counting across interventions. Thus, a child was only counted once as a beneficiary, even if he or she participated in multiple interventions, such as education assistance and PSS. This innovation enabled the STRIVE project to better understand the scope of its impact.

¹⁶ Targets were changed in FY04, which is the reason why FY03 information is being quoted for the end of Phase II, rather than FY04 data.

¹⁷ This table does not include FY02 targets. STRIVE and its partners began working towards targets in FY03 because, as indicated above, money was first disbursed to partners at the end of FY02.

¹⁸ Targets were being changed during FY04, and therefore are not included.

2.2 Reasons for non-achievement of select targets

Throughout the project, 75% of STRIVE beneficiaries received education assistance. This meant that any challenges in implementing education assistance had a major impact on overall beneficiary numbers. The most significant target not reached was the annual direct beneficiary number for 2005-7. The reason for non-achievement was the effect of hyperinflation in reducing the number of children partners could support with direct school fees assistance. The move to the block grants approach enabled STRIVE to keep overall beneficiary numbers (including both direct and indirect beneficiaries) relatively steady, and the overall beneficiary targets for education assistance were met in all years. However, the number of direct beneficiaries fell because a handful of partners met delays in the transition to block grants. Even by 2007, a couple partners had not made a complete switch to block grants due, in part, to delays in signing agreements with schools. As a result, they were still supporting some children through direct school fee support. With hyperinflation, school fees skyrocketed and these partners were unable to support their targeted number of children. For example, UOC and Child Protection Society had to reduce by 50% the number of schools at which they supported students through direct school fee payment.

2.3 National and regional impact of STRIVE

STRIVE was the largest project serving OVC in Zimbabwe from its inception to the introduction of the Program of Support in February 2007 (described below). As result of the large scope of the project and its explicit operation research mandate, there are numerous examples of how learning from STRIVE has informed other OVC programs. In addition, CRS recognized the important role it could play as an advocate for the development and implementation of national policies that advanced the care and support needs of children. These advocacy efforts allowed STRIVE to have a meaningful impact at the national level in support of OVC. STRIVE also shared its experiences and insights through participation in national-level working groups, such as the Education Working Group, which is comprised of donors, NGOs, and government departments and is responsible for coordinating NGO interventions in education. During the life of STRIVE, government ministries and NGOs in

Involving children in the development of quality standards for OVC programming

In June 2007, USAID invited STRIVE to participate in a workshop aimed at beginning development of quality standards for OVC programming in Zimbabwe. CRS recommended that OVC, including children with disabilities, be invited to the first day of the workshop so that they could share their perspectives on the characteristics of a quality program. STRIVE arranged for the consultation day to take place. The children expressed some ideas that surprised adults because of their realism and practicality. For example, instead of describing the exact nutritional components of what children should eat, children gave specific examples of the meals that, to them, would represent a quality food security program. Where there was no consensus in discussions, it was always the children's views that prevailed.

After the workshop, representatives from STRIVE and the NAP Secretariat joined representatives from more than 20 other African countries at a training in Tanzania facilitated by USAID, Family Health International and the International HIV/AIDS Alliance. The goal of the workshop was to equip participants to spearhead the process of standards development in their respective countries. At this training, Zimbabwe was given an opportunity to share its early experiences, with a focus on the way children had been meaningfully involved in the process. Most other countries had not undertaken this important step, and were inspired to do so. After the Tanzania workshop, the two representatives identified a core team of four to roll out the workshops to all provinces in Zimbabwe. At each workshop, the first day was for children to prioritize the service areas that would meet their needs. These views informed the discussion of the adults over the following two days.

The approval and roll-out of the quality standards for Zimbabwe is still in progress. What is certain, however, is that the standards will reflect the views of children and, thanks to STRIVE's pioneering efforts, so will the standards of many other country throughout the continent.

Zimbabwe and the region specifically consulted with STRIVE to learn from its experiences, a sign of the projects' good reputation and the positive impact on the ground.

Most significantly, STRIVE played a leading role in the development, launch and dissemination of Zimbabwe's NAP for OVC. As a member of the Working Party of Officials (WPO), STRIVE staff members provided input into the draft NAP, chaired the monitoring and evaluation subcommittee and served on both the resource mobilization and the advocacy and communication sub-committees. To promote child participation, CRS joined its colleague in the WPO, Save the Children Norway, to develop a child-friendly version of the NAP (see text box below). The document was published as an official Ministry document in 2006. CRS printed 6,500 copies of the document, which were disseminated by the Ministry, CRS and Save the Children Norway. CRS disseminated the document to children through STRIVE partners and the partners of six other NGOs.

The Program of Support, a funding mechanism co-managed by UNICEF and the Ministry of Public Service, Labor and Social Welfare, was launched in February 2007 with the aim of furthering implementation of the NAP. Both the scope of activities supported by the Program and its monitoring system were informed by the STRIVE model. In the first round of grant-making for the Program of Support, four STRIVE partners were awarded grants – an indication not only of how STRIVE helped build these CBOs' capacity, but also a recognition of how their model of supporting children is seen to further NAP objectives.

CRS operates in Zimbabwe at the invitation of the Zimbabwe Catholic Bishops' Conference, and it works closely with this organization. As a result of ongoing discussions, the Conference has decided to create "Children's Desks" within each diocese's Catholic Development Commission in order to respond more effectively to the needs of OVC. The potential of these Desks in coordinating the local Church's efforts on behalf of OVC is substantial.

In its final year, STRIVE led two initiatives that have the potential to produce lasting impact in Zimbabwe and beyond. First, building upon efforts by UNICEF and the Ministry of Education, Sport and Culture, and working in close collaboration with partner Farm Orphan Support Trust, STRIVE piloted a child-friendly school initiative in 33 primary schools in commercial farming areas of Manicaland and Mashonaland Central Provinces. Second, STRIVE co-facilitated workshops across Zimbabwe aimed at developing quality standards for OVC programming (see text box above).

Child-friendly communications support child participation

In 2006, the Ministry of Public Service, Labor and Social Welfare published a child-friendly version of its NAP for OVC. The document was developed and designed by Save the Children Norway in Zimbabwe and CRS, through STRIVE. These three stakeholders realized that in order for children to effectively participate in the NAP, they need to know what the NAP says – and that the formally-written official version of the NAP was not the best way to introduce children to the plan. The child-friendly NAP uses simple, straight-forward language, appealing graphics and creative formatting to introduce children to the NAP and to encourage them to consider how to become involved in NAP implementation.

CRS disseminated the child-friendly NAP to all STRIVE partner organizations so that they could share it with the children they serve. One of these organizations was Mavambo Trust, which works in the Mabvuku and Tafara high-density suburbs of Harare. Mavambo introduced the child-friendly NAP to its peer counselors during their refresher training courses. The organization works with a total of 240 peer counselors and 12 teacher liaisons at 12 different schools. Each peer counseling group and school resource room now has a copy of the child-friendly NAP.

“Before, children had heard about the NAP but didn’t know exactly what it was,” said Abigail Chirinyu, a social worker with Mavambo. “For example, coordination between organizations – one of the NAP objectives – is difficult to explain to children. The child-friendly version makes the explanation simple and easy to understand.”

Mavambo has found that children are now more actively participating in NAP implementation.

“The child-friendly NAP has empowered children to be able to identify problems,” said Lamack “For example, if you look at the NAP, it talks specifically about children’s access to basic services. The peer counselors now make sure to ask whether children are having difficulty accessing these services.”

Another important role for the document is that it ensures children know they have a right to have their basic needs met, and that the government has made a national commitment to meeting these needs.

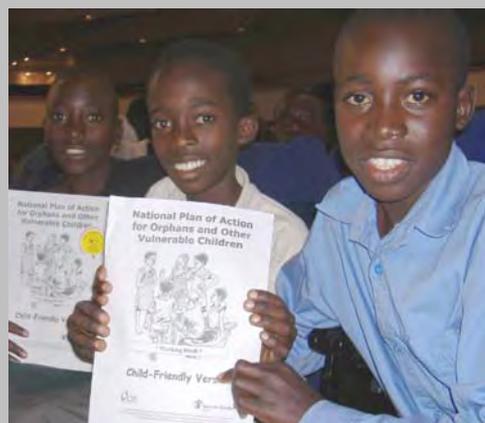
“Children now know better what they are entitled to, and they tell us,” said Lamack. “From Mavambo’s perspective, we can assist children in a more informed way.”

Although CRS and Save the Children Norway designed the child-friendly NAP with children in mind, Mavambo has also found it useful among their adult volunteers.

“We asked the volunteers what they thought of the objectives, how they are applying these objectives in the field, and if children are being helped in line with the NAP,” Lamack said. “Volunteers have had so much training on child rights and things like psychosocial support. But they didn’t know there was a document from government that covered all of these areas. Now they say their effort is part of a broader effort to help OVC.”

There is one more group of people who feel the child-friendly NAP has benefited their work – Mavambo staff.

Abigail said, “We are the ones who go out together with volunteers and local Child Protection Committee to help children become more aware of their rights, and this is easier to do using the child-friendly NAP.”



Children provide feedback on a draft version of the child-friendly NAP.

3.0 Operations Research and Lessons Learned

3.1 Targeted Studies

3.1.1 Rapid Assessment, Analysis and Action Planning Process

In 2004, UNICEF, UNAIDS, USAID and the World Food Program initiated a Rapid Assessment, Analysis and Action Planning Process (RAAAP) in seventeen countries in sub-Saharan Africa to catalyze a scale-up of national OVC responses in countries most affected by HIV. In Zimbabwe, the WFO was charged with moving the RAAAP forward, and asked CRS and Futures Group International to carry out the process. The STRIVE team played a critical role in conducting the assessment and preparing the final report. The report provided critically-needed data that was then used at the local and national level to craft programs in support of OVC.

3.1.2 Children living with HIV

Another critical study was a situation analysis of children living with HIV which STRIVE undertook in collaboration with the Elizabeth Glaser Pediatric AIDS Foundation and the Ministry of Health and Child Welfare. STRIVE participated in conceptualizing the study, conducting study research, and writing the study report. The report has been instrumental in ensuring that national stakeholders, including STRIVE partners, have an understanding of the number of children living with HIV in Zimbabwe and the challenges they face, and it has been used to inform the recent national scale-up in pediatric antiretroviral therapy.

3.1.3 Impact of PSS programs

Third, Population Council/Horizons collaborated with the Regional Psychosocial Support Initiative and STRIVE to pilot a method of assessing the impact of OVC programs on the psychosocial well-being of vulnerable youth. The study found that ongoing day-to-day stressors represent a serious challenge for PSS efforts, and that programs should address children's worry and despair, while cultivating resilience. An important role for PSS would be to link youth with trusted and reliable adults with whom they can discuss problems and relationships. Older youth benefit from tailored PSS programs that assist them in coping with increasing responsibilities, unemployment, and relationships and that link them to social support services. In comparison to their non-orphaned peers, orphaned adolescents demonstrate greater psychosocial distress – highlighting this group's need for PSS that is responsive and sensitive to the unique strains of losing a parent.

Horizons disseminated this research widely through its newsletter,¹⁹ and it has helped inform national and regional PSS programs. One change STRIVE made was to begin focusing efforts on community-based PSS that linked children to trusted and reliable adults rather than using off-site "camping" staffed by counselors the children would likely not see again. PSS is a programming area that is often hard to define, and, as a result, CBOs and NGOs sometimes

¹⁹ June 2005. *Horizons Report*.

find it difficult to argue for its importance. This study provided concrete evidence of the role it can play, while also presenting the challenges.

3.1.4 Coping strategies

In 2004, STRIVE commissioned the Institute of Education at the University of London to conduct a study²⁰ on the daily lives of OVC, their needs, their coping strategies, and their support systems. The study team employed a qualitative/rapid ethnographic methodology using household case studies, semi-structured interviews and focus group discussions.

The study found that households had a reduced ability to meet the basic needs of OVC, such as food, clothing, toiletries, school fees, and school supplies, and that OVC were experiencing social exclusion and stigmatization. Their PSS needs were rarely being met. For example, there was a lack of communication around parental death and succession planning. Adult caregivers, themselves often dealing with multiple losses, were either unable or ill-prepared to deal with children's emotional distress. Gender affected children's grief response, as orphaned children felt a greater sense of loss when their mothers died. Upon orphaning, girls were more likely than boys to assume the caregiving role in the family, often giving up their education as a result.

The study noted both positive and negative coping strategies at the household level. Positive coping strategies included adopting creative livelihoods strategies such as bartering, herding cattle for others, and recycling. School was seen as a positive space where children could "forget about their difficulties," play with friends and talk to key adults. Meanwhile, negative coping strategies greatly increased children's vulnerability, and included living on the street, getting married early, and engaging in exploitative sexual relations such as sex for food or shelter. These negative coping strategies put OVC at risk of HIV infection and caused young people to experience feelings of despair, powerlessness and fatalism. The study produced a number of recommendations, including the need to look beyond school fees and uniforms as the sole barriers to school attendance and the need for holistic programming that not only meets children's basic material needs, but also their emotional needs.

This research informed the increased focus on PSS during STRIVE Phase II. It was also presented in an article published in the January 2006 edition of the *Journal of Social Development in Africa*. CRS served as the guest editor of this publication, and all its articles were written either by STRIVE partner staff, CRS technical partners, or STRIVE staff themselves. The aim of the issue was to provide a holistic look at the OVC situation in Zimbabwe and the innovative steps being taken to address the crisis.

3.1.5 OVC and reproductive health

In 2007, Bekezela Home-Based Care, a STRIVE partner, received technical support from STRIVE to conduct a survey on the factors which affect coping and survival among children in Bubi district. This survey aimed to determine teachers' knowledge on child development issues and children's knowledge on reproductive health; to identify current child development interventions in the district; and to establish the prevalence and types of child abuse.

This survey found that parents were not actively involved in disseminating knowledge about reproductive health to children, but that teachers and friends were actively involved in this

²⁰ Wood, K., Chase, E., and Aggleton, P. (October, 2004). *Coping Strategies of Orphans and Vulnerable Children in Zimbabwe: Findings from research in six sites*. London: Thomas Coram Research Unit, Institute of Education, University of London.

process. Children displayed limited knowledge about menses, pregnancy, HIV and AIDS, and personal hygiene. The study also found that inadequate access to sanitary pads was leading to high levels of female absenteeism. Referral systems for addressing child abuse were underused, although children displayed sound knowledge of child abuse.

The survey report presented a number of recommendations for improved programming, including the development of educational materials on reproductive health, education of parents and guardians about child care and the needs of out-of-school youth, and the need to promote gender sensitivity. Finally, the report recommended comprehensive training on child development for civil servants and parents.

In response to this study and other partners' reported lessons learned, in STRIVE Phase II CRS trained all partners on use of the Auntie Stella kit, a Zimbabwe-created toolkit for talking to children about sex and relationships. Partners then trained community volunteers, who continue to use the toolkit with OVC. Feedback from partners indicates that community volunteers find the toolkit to be an effective way of prompting meaningful discussions with children.

3.1.6 Other articles and presentations

Finally, as part of its ongoing effort to disseminate operations research, sound practices and lessons learned, CRS and its partners presented at a wide range of conferences and wrote a number of well-received articles. A complete list is included as Annex 2. This broad dissemination helped to expand the reach and impact of STRIVE's learning.

3.2 Findings from four operations research questions

STRIVE's project design revolved around a rigorous operations research agenda that enabled the project to assess the impact, cost effectiveness, replicability and quality of its community-based OVC interventions. This operations research helped management to determine its policy and actions methodically and systematically.²¹ Operations research also entailed tracking and documenting the impact of the pilot interventions. Overall, STRIVE used operations research to answer the following questions:

- What is the impact of each intervention?
- How cost effective is each intervention in comparison with others?
- How replicable is each pilot intervention?
- What is the quality of care being provided by various interventions?

This section of the report presents an overview of the answers that STRIVE identified.

3.2.1 What is the impact of each intervention?

Education assistance

STRIVE used operations research to explore two models of education assistance – direct assistance (payment of school fees, uniforms and stationery) and block grants/resource exchanges, with a view of establishing which strategy was the most cost effective and the most capable of increasing OVC school enrollment. STRIVE found that block grants offer a

²¹ Jemison, K., Tinarwo, L., and Lentfer, J. 2004. *A Step Beyond M&E: Measuring Care and Support for Orphans and Vulnerable Children in Zimbabwe*.

variety of advantages over direct assistance.²² The block grant system can guarantee education assistance to a larger number of children at a lower cost – US\$16.46 to US\$8.52. In addition, with block grants the entire school community is able to benefit from the purchase of materials or the enhancement of infrastructure, while a targeted group of orphans receives education that they would have otherwise been unable to access. Because project benefits are not limited only to targeted children, direct beneficiaries are at less risk of the stigmatization that frequently accompanies direct education assistance. Furthermore, block grants require a one-time monetary disbursement, rather than ongoing payments each term, making them much easier to manage and monitor, significantly decreasing organizations’ opportunity costs. Finally, block grants generally require that communities assist in the selection of the children who directly benefit from the grant, thereby increasing community participation and ownership. By introducing block grants, partners were able to dramatically increase the number of direct and indirect education assistance beneficiaries.

One downside to the block grant approach is that absenteeism of the children served appears to slightly increase, likely because block grants do not meet OVC’s need for uniforms and stationary. In response, several STRIVE partners began catering for this OVC need while continuing to pursue the block grant approach. The most challenging aspect of implementing block grants – a challenge which also affected direct assistance – was hyperinflation. Partners sometime found that schools would agree to a block grant sum, and then revise the sum upwards after the agreement had already been signed.

Food security

STRIVE found that during drought years the rate of school absenteeism increased even though children’s school fees had been paid. Food insecurity resulted in children skipping school to search for food, while those who continued to attend class were increasingly lethargic as a result of malnourishment. In an effort to address this challenge, STRIVE collaborated with partners to provide food support to children through the SNAP program, described earlier. As a result, school absenteeism decreased markedly.

The gardens that STRIVE supported through providing inputs and technical advice successfully produced vegetables to feed children, enhancing their nutritional status. In addition, some gardens produced a surplus which caregivers were able to sell, using their profits to pay school fees for OVC in the community.

STRIVE operations research identified two primary models for increasing OVC food security through nutrition gardens. In the cooperative model, the guardians of OVC “belong” to the garden. They tend the garden (sometimes with volunteer assistance from other community members) and select representatives to serve on the food nutrition committee responsible for managing daily operations and sharing the vegetables harvest amongst members. In the individual model, each guardian owns a garden and receives technical advice on how to tend the garden from agriculture extension workers. In between these two models is the seeding model, in which community members sow nurseries in a common garden. Each member then receives his or her share of the seedlings and establishes an individual garden.

In addition to nutrition gardens, STRIVE identified another food security intervention with positive impact – Junior Farmer Field Schools. Farmer Field Schools are a proven method of promoting agricultural learning and the adoption of new and improved agricultural practices that the UN Food and Agriculture Organisation first piloted FFS in the late 1980s in

²² Kajawu, G.P. & Mwakiwa, E. (2006). *Innovative approaches to empowering OVC: CRS/ZW STRIVE education initiatives*. Journal of Social Development in Africa 21(1) 67-84.

Indonesia. Junior Farmer Field Schools (JFFS)²³ – an African adaptation of the FFS model for children – are a newer development strategy. In addition to improving children’s agricultural skills, JFFS are also used as a means of providing needed support to OVC. A recent CRS Zimbabwe evaluation of JFFS²⁴ found that the schools provide useful hands-on experience and help young people (typically age 12-18) develop an appreciation for farming as a profession. Children take an active role in determining the curriculum of the JFFS, and this participation helps children to develop analytic and decision-making skills.

Psychosocial support

STRIVE and its partners recognized that in order to adequately address the emotional vulnerability of children who suffer from high levels of stress, anxiety, grief and stigma, NGOs and CBOs must provide PSS services for children. One proven way of providing this support is through “camping” – a intervention in which children are brought together for a few days at a time to participate in group activities, receive counseling, and undertake group and individual problem-solving. During the project period, STRIVE partners pursued two types of camping – sending children to camp away from their home communities (“residential, experiential learning camps”) and “community camping,” which takes place in the communities where OVC live. In both cases, the camps were typically augmented by regular “Kids’ Club” meetings in communities.

Through operations research into the cost effectiveness and impact of these models, STRIVE determined that PSS has more of an impact when it is delivered to children in their known environment, with full community participation. Community-based PSS interventions are more cost-effective because of the opportunity for community contributions, as well as reduced expenditures for transport. In addition, communities can more easily follow-up on children’s issues that emerge from community camps as compared to residential camping.

Economic strengthening

The results from a 2005 evaluation of IS&L²⁵ indicated that the activity was producing positive social and economic impact at household and community levels, including benefits for OVC. At the time, STRIVE partners were supporting more than 300 IS&L groups. Through IS&L, parents and guardians had been empowered to provide food for OVC; acquire household assets (e.g., utensils, livestock and food); meet medical expenses for the sick, including children; and pay school-related expenses. They were relying less on donations and/or handouts. The study found that IS&L groups appear sustainable, were inexpensive to start, and are community driven. The study also noted that attrition rates vary, and that some groups may require greater follow up and support from CBOs to ensure that they continue.

3.2.2 How cost effective is each intervention?

In general, partners offering a mix of interventions (especially those offering three or four interventions) had a lower cost per child per month, particularly when one of the interventions was PSS. At the same time, however, STRIVE recognizes that comparing interventions purely based on cost obscures the fact that some interventions may have a greater impact on the child’s long-term well-being. In addition, the type of activities pursued

²³ JFFS are also known as Junior Farmer Field and Life Schools (JFFLS). JFFLS are not only an adaptation of FFS, but also an adaptation of Farmer Life Schools. At Farmer Life Schools, which are based on the learning cycle of the Farmer Field School, farmers examine the problems that threaten their livelihoods, weigh available options, and make decisions about what action they should take.

²⁴ CRS Zimbabwe Junior Farmer Field School Evaluation Report. *Draft*. 2008.

²⁵ Provident Advisory Services and Tawanda Sibanda. 2005. “CRS/Zimbabwe Evaluation Study Report of the Internal Savings & Loans Program for OVC.”

within each intervention has a direct bearing on how much it costs a partner to implement the intervention as a whole. These are areas to explore in future research.

When STRIVE collected data in 2005 from 16 STRIVE partners implementing direct education assistance and the block grant approach, the results showed that, in a hyperinflationary environment, block grants were able to retain more children in school than direct assistance. Using the same amount of resources, the number of direct and indirect beneficiaries increased by 30% and 132% respectively when partners moved from direct assistance to block grants. STRIVE concluded that the block grant model could retain more children in school more cost-effectively than direct assistance.

In terms of cost-effectiveness more generally, STRIVE established that while international NGOs offer vast technical expertise and excellent training skills and require less capacity-building support, community- and faith-based organizations generally deliver services to the most beneficiaries in the most cost-effective manner. It was for this reason that STRIVE did not partner with international NGOs after Phase I, but continued to network with these organizations on training, coordination and the sharing of technical knowledge.

During Phase I and II, STRIVE investigated a number of financial cost analysis options. In a study²⁶ of four STRIVE partners, partners' cost per child per month was US\$3 when taking into account only the amount of the funds which CRS had disbursed. When funds that CRS utilized for purposes related to the four partners' programming were included, the cost per child slightly increased to US\$4 per child per month. The same study investigated the cost per child per month when taking into account the economic costs of funds disbursed. These "economic costs" included donations the partners received from other organizations that were used for the project and the opportunity costs of project volunteers working without a salary. Using this analysis, the cost per child per month was US\$41.

As a result of exploring different cost analysis options, STRIVE developed a cost-effectiveness model which incorporates time spent on OVC service provision by CRS staff, partner staff and volunteers. The model was developed in late 2006, and was not implemented before the project ended.

3.2.3 How replicable is each pilot intervention?

There are three stand-out examples of activities pioneered by STRIVE partners that were replicated both by other partners within STRIVE, as well as by other organizations in the country and the region.

One STRIVE partner, Tsungirirai, developed an innovation called Station Days – a regular monitoring and evaluation activity held at a centralized location for children participating in Tsungirirai's interventions. Station Days make it possible to regularly collect accurate data on children's health and psychosocial status, while also providing a space for distributing material goods and disseminating information to children in an enjoying way. At the "entrance" of the event, each child receives a "ticket" that is used to verify his/her attendance and participation.



A child's height and weight are recorded at a Station Day.

²⁶ Benjamin, E., and Muzorewa, B.C. 2006. "Evaluation of the most effective model of consulting and comparing cost per child of different STRIVE interventions."

Children then pass through various “stations” that include height/weight measure, the “clinic” where a medical check up is performed, a “counseling room” where the child can talk about his or her home life, and an information station in which children participate in a discussion on topics ranging from personal hygiene to HIV. At the final station, children may play a game or receive a donated item such as soap or a school notebook.²⁷

The Station Day model has been adopted by two other STRIVE partners – a key indicator of its effectiveness and replicability. CRS is currently exploring how Station Days can be adapted for school settings to monitor children’s well-being and at food distribution points to disseminate HIV and AIDS information. The model is also spreading further a field through conference presentations, journal articles, and exchange visits. For example, in May 2007, CRS Lesotho invited Tsungirirai to visit the country program and offer advice on how to begin implementing Station Day activities.

Bekezela, another STRIVE partner, piloted a Girl Guide and Boy Scout program designed to help OVC learn about reproductive health issues. As noted earlier, STRIVE assisted Bekezela to conduct the baseline study for this project – a study which has been essential in demonstrating the positive impact of the program. Two additional STRIVE partners have since made plans to adopt the program.

Block grants were piloted by a few STRIVE partners during Phase I, and, based on their success and STRIVE’s operations research findings, all STRIVE partners were providing block grants by the end of Phase II.

Finally, interventions pioneered by STRIVE have been adopted by other CRS-run projects. IS&L is a case in point. Based on the experience CRS gained through implementing IS&L within STRIVE, IS&L has been rolled out to other partners and projects, including the Joint Initiative for Urban Zimbabwe, a seven-NGO collaboration that receives support from USAID. As part of the Joint Initiative, CRS is nurturing IS&L groups in three Bulawayo suburbs to strengthen the livelihoods security of vulnerable households, including households with OVC. One way CRS learned that IS&L groups can adapt to Zimbabwe’s hyperinflationary environment is for them to purchase assets with their savings instead of keeping the savings as cash.

3.2.4 What is the quality of care being provided by various interventions?

STRIVE interpreted quality of care as a situation in which communities are actively participating in care and support, children’s voices are respected, and partners are providing assistance that meets the expressed needs of children and their caregivers. In its interventions, STRIVE adopted a participatory approach to carrying out activities. A deliberate effort was made to include all key stakeholders in decision making, including children, by, for example, involving them in decisions about the allocation of land for nutrition gardens, what items to purchase with block grants, and the selection of OVC beneficiaries. During STRIVE monitoring, it emerged that communities were undertaking new initiatives to assist OVC – a demonstration of social capital that will help ensure the sustainability of OVC care and support. For instance, Tsungirirai reported that teachers were contributing to pay school fees for OVC.

²⁷ Lentfer, J., and C. Chasi. “All Aboard for ‘Station Days’”. Jan/Feb 2005. *ChildrenFirst* 9(59): 37.

“Home-brewed” OVC Support in Inkosikazi

By Edward Chigodo, Bekezela, and Carolyn W. Fanelli, CRS Zimbabwe (*First published in the STRIVE TIMES newsletter, Issue 6, August 2006*)

For Bekezela, one indicator of quality is the extent to which people are empowered to take ownership of their community’s OVC programs. No wonder the organization points to the OVC Support Committee in the village of Inkosikazi (Bubi district, Matabeleland North) as an example of quality programming.

In 2003, Bekezela helped establish an Education Assistance Committee in the village. The committee members – four men and seven women – were charged with selecting the children who would receive support through Bekezela’s education assistance intervention. To assist the committee in its task, Bekezela trained committee members on their roles and responsibilities and in project management skills.

Committee members quickly decided they wanted to play an even greater role in supporting OVC in the community. They even renamed their team the “OVC Support Committee” to reflect this broader mission. One of the committee’s first steps was to encourage a local businessman to contribute stationery to OVC who had not been able to complete their homework because they lacked paper and pencils. The committee’s next goal was to raise money to provide for 12 OVC who didn’t have uniforms. It began by requesting permission from the school authorities to sell sweets, biscuits and fruit at the school. Then, it hosted a festive fundraising gala, complete with chicken, goat meat and home-brewed beer. Bekezela staff members were among the gala’s attendees. With the funds raised from these activities, the committee bought cloth, and, drawing upon local expertise, the cloth was sewn into smart-looking uniforms. The OVC Support Committee has now identified more children in need of uniforms, and is fundraising for an over-locking machine that will assist in the sewing.



Children wear their new uniforms, thanks to the efforts of the OVC Support Committee.

Ultimately, committee members hope to empower the community to take over all OVC support efforts because, they say, “OVC belong to households and villages, not NGOs.”

3.3 Highlights of sound practices and lessons learned

Since its inception in 2001, STRIVE has aimed to identify proven models for the care and support of OVC in Zimbabwe. To this end, CRS staff members and staff members from STRIVE partner organizations have documented a number of sound and promising practices and lessons learned in STRIVE’s four main intervention areas (child protection and psychosocial support, education assistance, economic strengthening, and food security), as well as in the monitoring, evaluation and documentation of OVC programs. These sound practices and lessons learned were disseminated to STRIVE partners and national OVC stakeholders, as well as to NGOs and donors engaged in OVC work internationally.

Please see Annex 3 for a report from a STRIVE lessons learned workshop, conducted in June 2008.

3.3.1 Child Protection and Psychosocial Support

Sound Practice: Community camps are a cost-effective, useful, and relatively simple way of providing PSS support to children

Lessons learned:

- Community camps incorporate the advantages of residential life-skills camps while overcoming some of their challenges. By holding camps locally, the cost of transport, accommodation, and meals is greatly reduced. Logistically, local camps are much easier to plan and carry out than residential life skills camps.
- Community camps enable members of the community to make direct contributions, thus enhancing community ownership of the program.
- When camps are held within a familiar environment and with the participation of respected local leaders, it is easier for children to transfer the lessons learned during the camp to their daily lives.

Impact of documentation: Two STRIVE partners implement community camps.

Sound practice: Kids' Clubs provide a safe environment for children to meet and interact with each other – an essential aspect of psychosocial support.

Lessons learned:

- Kids' Clubs may be highly structured and organized, or they may be informal. They may be directed by an adult, or they may be run by the children themselves with minimal direct adult supervision. Kids' Clubs may be dedicated to one type of activity, such as agricultural training, or may include a wide variety of activities including drama, poetry, life skills training, athletics, debate, study groups, etc.
- Kids' Clubs are an ideal activity for organizations that want to provide more regular psychosocial support than camps allow, or for organizations that do not have the resources to conduct life skills camps.
- Kids' Clubs, like community camps, offer a way to stimulate participation by teachers, community leaders, and volunteers in OVC care and support.

Impact of documentation: Ten STRIVE partners implement Kids' Clubs.

Sound practice: HIV and AIDS education materials should be adapted for use by deaf children, and this adaptation should be done through a participatory process. Nzeve Deaf Children's Center used a participatory process to adapt the Auntie Stella pack (sexual and reproductive health education) for hearing-impaired children.

Lessons learned:

- Certain words in sexual and reproductive health education materials are particularly difficult to express in sign language, and may require simplification or the development of new signs.
- Vivid illustrations help hearing-impaired children grasp content more quickly.
- Sexual and reproductive health education activities should use hearing-impaired characters in their examples, role plays and scenarios.
- Using a participatory process to adapt these materials for deaf children gives children a sense of ownership over the materials and provides children with the opportunity to review the education topics multiple times for maximum retention.

Sound practice: Child-friendly communications can facilitate child participation in the national policies that affect them.

Lessons learned:

- A child-friendly communication strategy should be a key component of national policies for children in order to facilitate child participation, and children must play a central role in this information-sharing effort.
- There is no substitute for meeting directly with children to gather their feedback during the development of child-friendly policy communications. Child consultations are more productive with small groups rather than larger groups. Ensuring a wide variety of children (e.g., different ages, geographical areas and ethnic groups)

participate in the process of developing child-friendly policy communications is time-consuming, but worthwhile.

- It is important for child-friendly communications to be translated into local languages.
- One communication tool can reach multiple age groups through creative design, and this may actually encourage children of different ages to constructively work together to use the materials.

Impact of documentation: In Zimbabwe, the child-friendly NAP was disseminated to more than 6,000 children. STRIVE shared information about the process of developing Zimbabwe's child-friendly NAP with stakeholders in Tanzania, including YouthNet, as Tanzania planned to create its own child-friendly version of its NPA. At the 2007 PEPFAR Implementer's Conference, YouthNet presented on the Tanzania child-friendly NAP, and explained how it was informed by the Zimbabwe version and process of development.

Sound practice: Girl Guide and Boy Scout groups create a positive social space for providing PSS, sharing life skills, and discussing sexual and reproductive health issues with adolescent and pre-adolescent children.

Lessons learned:

- Girl Guides provides a safe and comfortable environment for girls to talk about themselves and issues that affect them.
- The use of support materials such as the Auntie Stella pack gives girls freedom to express themselves without feeling threatened.
- Early qualitative evidence suggests that adolescents who are Girl Guides have increased self-confidence and self-esteem compared to girls who are not Girl Guides.

Impact of documentation: Two additional STRIVE partners participated in exchange visits to Bekezela to learn more about the activity, and have plans to implement it.

3.3.2 Economic Strengthening

Sound practice: IS&L strengthens communities' capacity to care for and support OVC.

Lessons learned:

- However, while income-generating activities produce low returns to assets, groups appear better able to shield themselves and their communities from crises relative to non-group households as a result of the enhanced social capital and coping abilities.
- IS&L groups have a positive, indirect impact on OVC through increases in household assets, incomes and expenditures.
- IS&L is an inexpensive, community-owned and -managed activity.
- The activity, through asset-based savings, provides a cushion against inflation.
- IS&L is most effective when participants self-select for the activity. Groups composed entirely of HIV-affected households are more vulnerable and unstable than groups composed of both affected and unaffected households. Projects that target only HIV-affected households run the risk of increasing these households' stigmatization within the community.

Impact of documentation: Four STRIVE partners now implement IS&L activities.

Sound practice: Child-led internal savings and lending groups are an effective and participatory way to involve OVC in economic-strengthening activities.

Lessons learned:

- Children tend to use money borrowed from their IS&L groups to purchase school supplies such as notebooks and pencils.

- Like any organization, child-led IS&L groups sometimes require technical support. One of the key steps to facilitating child participation in IS&L groups is to ensure that teachers are trained to provide this support, as necessary.
- It is important for adults in the community to be familiar with IS&L, especially parents and guardians of OVC. Begin by fostering adult IS&L groups in the community before nurturing the creation of child-led groups.

Impact of documentation: The number of child-led IS&L groups facilitated by STRIVE has expanded to eight groups at two schools.

3.3.3 Education Assistance

Sound practice: Block grants and resource exchanges, when properly negotiated, are effective strategies for delivering education assistance in a hyper-inflationary environment, while reducing the possibility of stigmatization of beneficiaries.

Lessons learned:

- In a hyper-inflationary environment, the block grant/resource exchange strategy retains more OVC in school than direct fees payment with the same amount of money.
- Block grants/resource exchanges increase the number of indirect beneficiaries of education assistance, because the resource(s) purchased benefits the entire school.
- Because the grant or exchange benefits all children at the school, everyone is a beneficiary, thus the possibility of a select group of children being stigmatized as beneficiaries is reduced.
- More research needs to be done into the most effective strategies for undertaking negotiations with schools over the amount of the block grant or resource, and how many children's school fees this grant will cover.
- While the initial cost to implement the block grant system can be high, it can allow a child to attend school for several years without the child and his/her family worrying about what might happen if the CBO does not have funds available to support school fee payment for the next term.

Impact of Documentation: Not only do STRIVE partners implement block grants/resource exchanged, but the approach has also gained favor as a methodology among other NGOs in Zimbabwe.

Sound practice: School uniforms should be a component of education assistance.

Lessons learned:

- CRS and its partners have observed a significant added benefit of the school uniform as it relates to psychosocial support. Children receiving uniforms appear to have an increase in self esteem and exhibit a sense of belonging with their peers after having received a new uniform. Receiving a uniform helps the child to feel fit in with other children and decreases the ostracism that often accompanies the lack of a uniform.
- Children who are provided new uniforms in communities where a significant number of children do not have uniforms can be stigmatized and cast away because the new uniform sets them apart from the other children.

3.3.4 Food Security

Sound practice: Community nutrition gardens are an effective and replicable means of enhancing the food security of OVC.

Lessons learned:

- Inviting community members beyond the target group to participate in trainings increases project impact and overall community food security. STRIVE partners have found that, after holding community training sessions, community members outside the target group initiate their own nutrition gardens, which it calls “impact gardens.”
- Organizations need to consider providing gum poles or other sustainable fencing material to “impact gardens” to prevent the environmental degradation caused by using cut trees for fencing.
- The nutrition garden intervention works best if community members are first sensitized about the need to support OVC in their community – this creates motivation and community buy-in for the project. A community garden committee should manage the garden.
- The number of people who “belong” to the garden is significant; having too many people can create viability problems. Gardens with fewer members are typically more productive than gardens of the same size with more members. One STRIVE partner’s gardens average 30 members per 50 square meter plot, and they have found this number to be the most sustainable and effective.
- Although nutrition gardens encourage communities to diversify the types of vegetables they grow and eat, traditional staple vegetables such as kovo are still the most popular. More could be done to ensure the production and consumption of a wide variety of vegetables.
- It is important to network with AGRITEX (the government’s agricultural extension service) so that they can assist in identifying garden locations that have sufficient access to water and can help with project monitoring.
- The introduction of treadle pumps and/or drip kits assists in ensuring sustainable access to water.

Impact of documentation: Six STRIVE partners implement nutrition gardens.

3.3.5 Monitoring, Evaluation and Documentation

Sound practice: OVC programs must have a way of eliminating double counting from their beneficiary totals.

Lessons learned:

- Eliminating double-counting ensures that a program is not over-reporting beneficiaries and is accurately depicting the breadth of services it offers to children.
- Evaluating beneficiary numbers with double counting eliminating helps program managers have a better understanding of the holistic reach of programming.

Impact of documentation: STRIVE’s double-counting tool has been shared with many other NGOs and OVC stakeholders in Zimbabwe and beyond. It has been adapted for use in the monitoring plan of the NAP for OVC.

Sound practice: Data collection day events – when combined with other, fun activities for children – can make collecting data on OVC’s health and psychosocial status, a reliable, consistent, child-friendly process.

Lessons learned:

- Data collection day events give organizations an opportunity to disseminate important informational and education materials to children.
- The response from children participating in Station Days has been overwhelmingly positive. This activity makes data collection interesting and fun for kids.
- Station days include community members to assist in the activities, which helps to sensitize communities on the importance of listening to children.

- It is important for organizations to follow-up on any concerns or problems that children share with them on Station Days.
- Data collection day events are an important way that NGOs and CBOs can adapt conventional M&E and research methodologies and tools for the specific ages, interests and situations of the children they serve.

Impact of documentation: Three STRIVE partners use “Station Days.”

4.0 Challenges and Future Needs

There were several ongoing challenges throughout the project period in regards to the operating environment, and these challenges show no signs of going away. Hyperinflation, although mitigated by the favorable exchange rate CRS was able to attain for its partners and the move to monthly disbursements, still presented challenges as the costs of items rose almost weekly. Hyperinflation was a particular large challenge for direct school fees payment. With the move to block grants, the impact was lessened somewhat. Partner staff salaries continued to be eroded by inflation, which led to staff turnover throughout the project as staff moved to “greener pastures.”

Fuel shortages, which occurred regularly throughout the project period, also challenged project implementation, especially at the partner level, as shortages restricted staff members’ ability to visit communities and monitor activities. CRS addressed this issue during the project by providing fuel coupons to partners. However, sometimes fuel was unavailable even at the petrol stations that accept fuel coupons.

At the programming level, the economic strengthening intervention faced the challenge of short-term funding. The intervention was supported by USAID during Phase I, but was not supported by USAID during Phase II. Thus, there was a gap in funding, during which time partners were unable to monitor the IS&L groups they had helped to form. Funding was restored with Sida support in 2005. The funding continued to be short-term, however, which made planning difficult and created obstacles for the continuity of project activities. In addition, the existence of weak markets made it difficult for IS&L groups to consistently realize positive gains from their income-generating activities.

The current and emerging needs for OVC in Zimbabwe are great. In June 2007, CRS undertook detailed assessment of OVC programming capacity in four areas not then served by STRIVE.²⁸ The mapping exercise included data collection and wide-ranging key informant interviews. The assessment found that food insecurity was widespread, and many OVC reported having gone for days without food. Some stepmothers reported giving food only to their biological children. Increasing numbers of OVC were dropping out of school. Sexual abuse and physical abuse, usually by relatives, were on the increase. Child-headed households were abundant, as were children without shelter or clothes. Challenges in obtaining birth registrations, which facilitate school entry and examination as well as access to services, were compounded by the difficulties that OVC face in presenting the required parent’s death certificate. All these factors also leave children more vulnerable to HIV infection, with children living with disabilities especially at risk. The overall picture in these non-STRIVE areas was one of well-meaning grassroots organizational structures and scattered, small-scale,

²⁸ Decentralized STRIVE Model – Mapping Exercise Composite Report, Backson Muchini, July 2007

and incomplete OVC service provision due to a critical lack of financial resources and, in some cases, lack of capacity.

The assessment also indicated that increasing numbers of children are dropping out of school or not regularly attending school due to lack of food, the need to care for ill household members and/or an inability to pay school fees. In addition, significant numbers of children cannot continue their education at secondary school since there are few projects that support education assistance at this level. There is a growing need to support education past primary school. There is also need to develop and support innovative, community-based strategies for supporting out-of-school adolescents. CRS, through the Program of Support for OVC, has a project specifically targeted at this group of children that is identifying promising practices and lessons learned – such efforts need to be scaled up nationwide.

While STRIVE, the Program of Support and other OVC service providers are making progress in meeting the needs of OVC and reaching underserved areas of Zimbabwe, there remain a number of service gaps and OVC needs far outstrip the current level of service delivery. STRIVE showed how OVC services can be effectively categorized into a holistic package that includes education assistance, PSS, life skills, economic strengthening, health and referral services, HIV prevention, and child protection. This model of holistic service provision should be continued.

The Program of Support is providing a means through which the country can respond to OVC needs in a coordinated and consolidated way. As noted earlier, a modified version of STRIVE is continuing with support from this program. It aims to reach 51,000 children, cumulatively, by the end of 2010. However, there is also room for additional stakeholders to support OVC and more funds are required. CRS is working hard to mobilize new resources for its OVC programming in Zimbabwe and will continue to build upon the many success of STRIVE, all in the hopes of ensuring the OVC in Zimbabwe have the opportunity to grow, develop and fulfill their great potential.

References

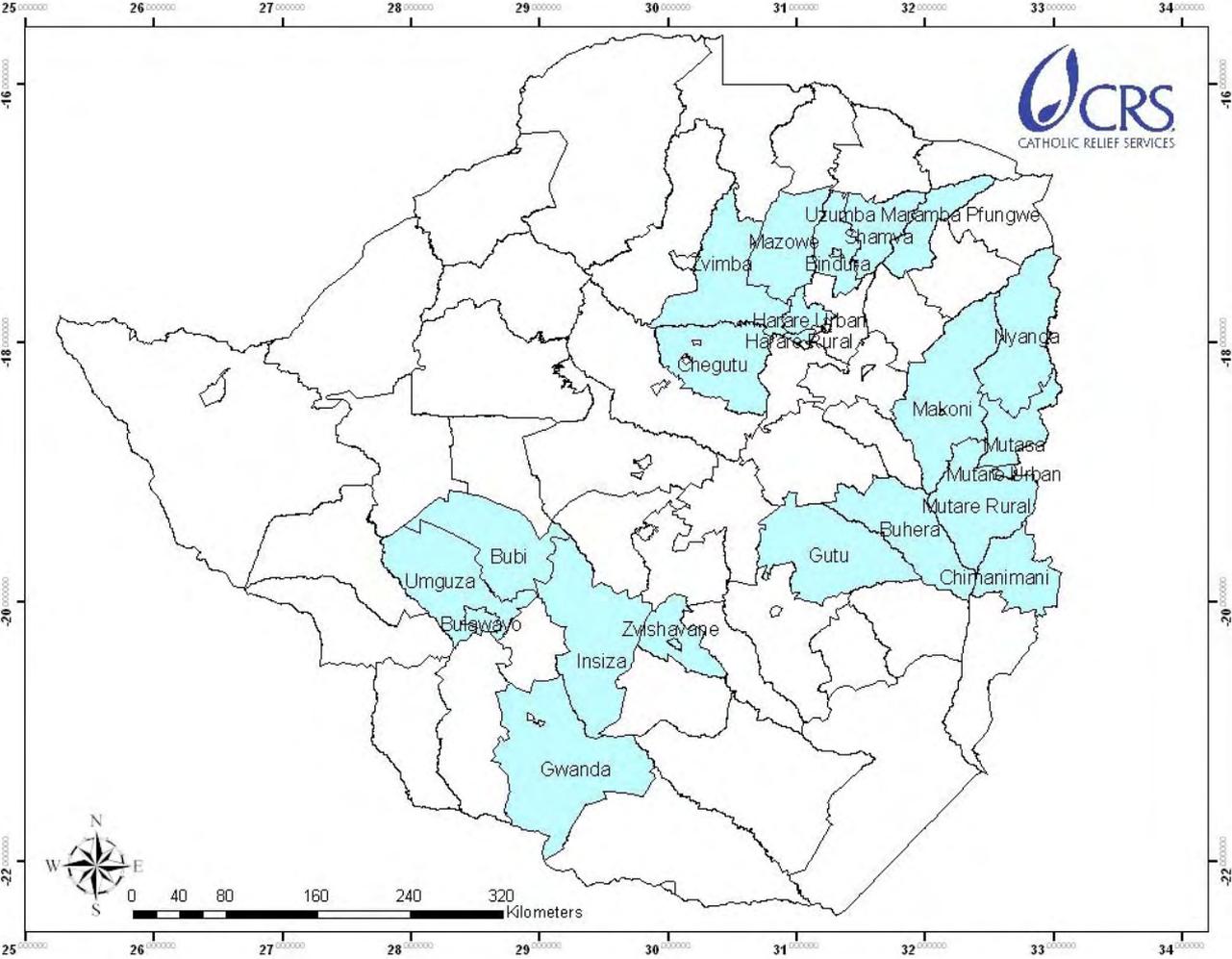
- Benjamin. E. & B.C. Muzorewa. 2006. "Evaluation of the most effective model of calculating and comparing cost per child of different STRIVE interventions." Unpublished.
- CRS Zimbabwe. 2003. STRIVE Quarterly Project Performance Report, July-September 2003.
- CRS Zimbabwe. 2003. STRIVE Mid-Term Review Recommendations and Plan of Action.
- CRS Zimbabwe. 2005. 2005 Annual Program Summary of Activities. Harare: CRS.
- CRS Zimbabwe. 2008. Junior Farmer Field School Evaluation Report. *Draft*.
- Dube, L. 2003. Baseline Survey for the Support to Replicable Innovative Village Level Efforts (STRIVE) for children affected by HIV/AIDS. Unpublished.
- Fanelli, Carolyn W., Reuben Musarandega, and Lorraine Chawanda. 2007. "Child Participation in Zimbabwe's National Action Plan for Orphans and Other Vulnerable Children: Progress, Challenges, and Possibilities." *Children, Youth and Environments* 17(3): 122-145. Retrieved 18 January 2008 from www.colorado.edu/journals/cye.
- Global Health Technical Assistance Project. 2006. Final Assessment USAID/Zimbabwe Assistance to Orphans and Other Vulnerable Children through Catholic Relief Services STRIVE Program.
- Jemison, K., L. Tinarwo, and J. Lentfer. 2004. A Step Beyond M&E: Measuring Care and Support for Orphans and Vulnerable Children in Zimbabwe. Harare: CRS.
- Kajawu, G.P. & E. Mwakiwa. 2006. Innovative approaches to empowering OVC: CRS/ZW STRIVE education initiatives. *Journal of Social Development in Africa* 21(1) 67-84.
- Lentfer, J., & C. Chasi. "All Aboard for 'Station Days'". Jan/Feb 2005. *ChildrenFirst* 9(59): 37.
- Muchini, Backson. 2007. Decentralized STRIVE Model – Mapping Exercise Composite Report. Unpublished.
- Population Council. 2005. Horizons Report: Operations Research in HIV/AIDS. *Psychosocial Support for Children*. June 2005.
- Provident Advisory Services and Tawanda Sibanda. 2005. CRS/Zimbabwe Evaluation Study Report of the Internal Savings & Loans Program for OVC.
- USAID/Zimbabwe. 2000. Background Paper on Children Affected by AIDS in Zimbabwe.
- USAID/Zimbabwe. 2001. Request for Applications No. 690-01-002: Zimbabwe HIV/AIDS Orphans and Vulnerable Children.
- USAID, UNICEF, UNAIDS. 2002. Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies.

Wikipedia. 2008. Zimbabwe Dollar. Retrieved 18 January 2008 from http://en.wikipedia.org/wiki/Zimbabwean_dollar.

Wood, K., Chase, E., and Aggleton, P. (October, 2004). *Coping Strategies of Orphans and Vulnerable Children in Zimbabwe: Findings from research in six sites*. London: Thomas Coram Research Unit, Institute of Education, University of London.

Annex 1: Map of STRIVE operating areas

This map depicts the areas in which STRIVE operated during the project period.



Annex 2: Bibliography of articles, presentations and publications

Since its inception in 2001, STRIVE has aimed to identify proven models for the care and support of OVC in Zimbabwe. To this end, CRS Zimbabwe staff members and staff members from STRIVE partner organizations have produced articles, publications and presentations documenting the project's promising practices, lessons learned, program innovations, and operations research. In addition, STRIVE and partner staff members have contributed to the publications of other organizations.

CRS has submitted (electronically or in hard copy) published and written works developed under the award to the USAID Development Experience Clearinghouse. All submitted publications are marked by a double asterisk **.

I. Articles published by CRS/Zimbabwe and partner staff members

Listed in chronological order.

Fanelli, Carolyn W., Reuben Musarandega, and Lorraine Chawanda. 2007. "Child Participation in Zimbabwe's National Action Plan for Orphans and Other Vulnerable Children: Progress, Challenges, and Possibilities." *Children, Youth and Environments* 17(3): 122-145. Retrieved [23 January 2008] from <http://www.colorado.edu/journals/cye>.**

Flackson D. (Nzeve), Foster, L. (Nzeve) and J. Foster (University of East Anglia, School of Development Studies). 2006. "A Voiceless Community – HIV/AIDS and Zimbabwe's Deaf Youth". Presentation at a Regional Conference on Youth, Children and HIV/AIDS entitled "Young People's Development and the Millennium Development Goals on HIV/AIDS in East and Southern Africa: Sharing Lessons and Experiences". 20-25 November, 2006, Mangochi, Malawi.

Mushunje, M. and C. Fanelli. 2006. "Child-friendly Communications: A Critical Step in Facilitating Child Participation in National HIV/AIDS Policies". XVI International AIDS Society Conference, 13-18 August, 2006. Abstract published on IAS 2006 Web site and conference CD-ROM.**

CRS/Zimbabwe's STRIVE project collaborated with the University of Zimbabwe School of Social Work on a Special Edition of the *Journal of Social Development in Africa* on Orphans and Other Vulnerable Children. STRIVE solicited articles, and then the journal editor – who is from the School of Social Work – selected the final journal articles from this pool. Several CRS/Zimbabwe and partner staff members were among the authors:

- Chase, E., Wood, K., and P. Aggleton. 2006. "Is this 'Coping'? Survival Strategies of Orphans, Vulnerable Children and Young People in Zimbabwe. *Journal of Social Development in Africa* 21(1)** (Note: Research funded by STRIVE.)
- Felsman, J. Kirk. 2006. "Orphans and Other Vulnerable Children in Zimbabwe: A Commentary". *Journal of Social Development in Africa* 21(1): 6-11.**
- Mushunje, Mildred. 2006. "Child Protection in Zimbabwe: Yesterday, Today and Tomorrow". *Journal of Social Development in Africa* 21(1): 12-34.**
- Kajawu, Gift and Emmanuel Mwakiwa. 2006. "Innovative Approaches to Empowering Orphans and Other Vulnerable Children (OVC): CRS/ZW STRIVE Education Initiatives". *Journal of Social Development in Africa* 21(1): 67-84.**

- Powell, Greg. 2006. “Children in Institutional Care: Lessons from Zimbabwe’s Experience”. *Journal of Social Development in Africa* 21(1): 130-136.**

Fanelli, Carolyn W. 2006. “Documentary Film Embraces Child Participation; Educates and Advocates for the Needs of Child-Headed Households”. *art’ishake* Winter 2006 1: 19-21.**

Fanelli, Carolyn. November 2005. “HIV/AIDS Prevention: ‘Taking a Holistic Approach’ – Lessons from CRS STRIVE”. Sida’s “Eyes on AIDS” newsletter 3: 2.

Fanelli, Carolyn. 2005. “‘We Are Now Stepping on Top of Money’: Children in Zimbabwe Learn, Save, Succeed with Internal Savings and Lending (IS&L) Groups”. *Global Envision*. [<http://www.globalenvision.org/library/10/838/>].**

Clarke, Alison (Horizons Program) in conjunction with members of the research team - Laelia Gilborn, formerly of Horizons/Population Council; Linda Dube, Jonathan Brakarsh, Mark Kluckow, and Tricia Smith of REPSSI; Leslie Snider of REPSSI and Tulane University; Kyle Jemison of CRS/Zimbabwe STRIVE; and Louis Apicella of Horizons/Population Council. June 2005. “Providing Psychosocial Support to AIDS-affected Children: Operations research informs programs in Zimbabwe and Rwanda”. *Horizons Report*.

Lentfer, J., and C. Chasi. “All Aboard for ‘Station Days’”. Jan/Feb 2005. *ChildrenFirst* 9(59): 37.**

Jemison, K., L. Tinarwo, J. Lentfer. Nov/Dec 2004. “Evaluating Care in the Age of HIV/AIDS”. *ChildrenFirst* 8(58): 60-62.**

Jemison, K., L. Tinarwo and J. Lentfer. 22 November 2004. “A Step Beyond M&E: Measuring Care And Support For Orphans And Vulnerable Children in Zimbabwe”. *Monday Developments* 22(21): 5, 9.**

II. Public presentations by CRS/Zimbabwe and partner staff members

Listed in chronological order.

Fanelli, C., J. Smith and L. Malunga. 2006. “Zimbabwe’s Child-Friendly National Plan of Action for Orphans and Other Vulnerable Children: Adding Value by Facilitating Child Participation”. Presented at the 2006 World Congress on Communication for Development.**

Mushunje, M. 2006. “Providing Support for the Girl Child through Girl Guides: Psychosocial Support and Addressing Reproductive Health and HIV Prevention with Pre-Adolescent and Adolescent Girls in Zimbabwe”. Presented at PEPFAR Implementer’s Conference. 12-15 June 2006, Durban, South Africa.**

Zheke, H. 2006. “Securing Africa’s Future: Linking Food, Nutrition and OVC Programming”. Panel presentation at the Africa Forum on the Dual Epidemics of HIV/AIDS and Food Insecurity. 8-12 May, Lusaka, Zambia.

Tinarwo, L. T. Gatsi, and S. Kudhande. 2006. “Assessing the Impact and Cost-effectiveness of Education Assistance to OVC in Zimbabwe”. Presented at the conference “OVC Research: Moving to Action in Zimbabwe”. 26-27 April 2006, Harare, Zimbabwe.

Masikati, W. and M. Mushunje. 2006. "The Impact of Internal Savings and Lending Schemes on OVC: Evaluating Experiences with Communities in Makoni, Buhera and Gutu Districts and Opportunities for Out of School Youths". Presented at the conference "OVC Research: Moving to Action in Zimbabwe". 26-27 April 2006, Harare, Zimbabwe.

Fanelli, C., Dhlembeu, N. (Ministry of Public Service, Labor and Social Welfare), and L. Malunga (Save the Children Norway). "Sharing Good Practice: The Development of Zimbabwe's Child-Friendly National Plan of Action for Orphans and Other Vulnerable Children". Oral presentation by N. Dhlembeu at the Children In Distress Network (CINDI) Conference. 3 –7 April 2006, Pietermaritzburg, South Africa.**

Fanelli, Carolyn. 2005. "OVC Participation in Documentary Projects: Giving Due Consideration to Methodology and Ethics". Poster Presentation. International Conference on AIDS and STIs in Africa (ICASA), Abuja, Nigeria, 5-9 December 2005.**

Masikati, Washington. 2005. "Supporting Orphans and Other Vulnerable Children by Strengthening Household Economic Safety Nets". Oral Presentation. ICASA., 5-9 December 2005, Abuja, Nigeria.

Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) Discussion Forum, 28 September 2005. Harare, Zimbabwe. Discussion of CRS/Zimbabwe STRIVE-produced film "The Children They Are Left With" featuring Mildred Mushunje and Tomaida Banda as facilitators. Discussion forum report can be found at:
<http://www.saf aids.org.zw/viewinfo.cfm?id=210&linkid=5&siteid=1>.

Masikati, Washington. June 2005. "CRS Zimbabwe: IS&L/Economic Strengthening for OVC". Presentation at the Henry Kaizer Foundation Center in Washington, DC, for Family Health International. 9 June 2005.

Tinarwo, L. 2005. "HIV and AIDS and Child-Headed Households: A Comparative Analysis of the Impact of HIV and AIDS on Child-Headed Households and Other Categories of Orphans and Vulnerable Children". CHILDHOODS 2005 "Children and Youth in Emerging and Transforming Societies" Conference. 29 June-3 July 2005, Oslo, Norway.

Childwatch International Research Network's Symposium on Child Research in Southern Africa. 8-10 October 2004, Lusaka, Zambia.

- o "Using Research Protocols to Uphold Ethics in Data Collection with Children".
- o "A Costing Comparison of OVC Organizations".
- o "The Block Grant Innovation: A Cost-Effective Approach to Reaching More Children".
- o Chasi, C. "The Station Day Innovation: Data Collection Made Fun".
- o Vudzijena, A. "Using a Simple and Structured Model to Understand and Address the Psychosocial Needs of Marginalised Children in Southern Africa".

Jemison, K., Tinarwo, L. and J. Lentfer. 2004. "Supporting Economic Empowerment in a Hyperinflationary Environment: Mitigating the Impact of AIDS and Food Insecurity in Zimbabwe". XV International AIDS Conference. 11-16 July 2004, Bangkok, Thailand.

Jemison, K., Gunderson, C., and T. Kelly. 2004. "Supporting a Holistic Approach: Using a Mix of Interventions to Assist Orphans and Vulnerable Children". XV International AIDS Conference. 11-16 July 2004, Bangkok, Thailand.

Zimbabwe Ministry of Health and Child Welfare National HIV and AIDS Conference, 15-18 June 2004.

- Chakanyuka, C., G. Woelk, M. Tshimanga, D. Jones, W. Nyamayaro, Tsungirirai. “Impact of the Tsungirirai Orphan Programme on Child Outcomes”.
- Jemison, K., J. Lentfer and A. Jani. “Costing Comparison of OVC Organizations”
- Jemison, K., J. Mafara, M. Moyo. “The Case for Community-Based Psychosocial Support Interventions”.
- Tinarwo, L., E. Mwakiwa, G. Kajawu. “The Block Grant Innovation: A Cost-Effective Approach to Reaching More Children”.
- Lentfer, J., J. Mucheri, P. Somerai and C. Chasi. “The Station Day Innovation: Data Collection Made Fun”.
- Makufa, C. on behalf of Nation Plan of Action for OVC Working Party of Officials. “Results of the Rapid Assessment, Action Planning Process (RAAPP) in Zimbabwe”.
- Makufa, C. and Bethany Project. “Across Rivers or Mountains: Voices from a Child-Headed Household in Zimbabwe”.
- Matinhure, N. and C. Chipere. “Challenges and Incentives for Adults when Considering Taking in Children Orphaned by AIDS”.
- Mukwena, D., B. Bhebhe, R. Masarandega. “The Child Protection Society Programme”.
- Vukdzijena, A. “DOMCCP-STRIVE’s Systematic and Organised Effort to Mitigate the Psychosocial Effects of HIV/AIDS in Manicaland, GowaKowa area”.

Tinarwo, L. 2003. “A Holistic Approach to OVC Programming in Zimbabwe: STRIVE Experiences”. SAfAIDS Discussion Forum, Harare, Zimbabwe, November 2003.

Muchini, B. “The STRIVE Project: Supporting USAID in its Objectives”. Pre-ICASA Conference Session on OVC, Nairobi, Kenya, September 2003.

Jemison, K. and L. Tinarwo. 2003. “A Step Beyond M&E – Measuring Care and Support for Orphans And Vulnerable Children in Zimbabwe: The Case of STRIVE”. Poster presentation. ICASA, Nairobi, Kenya, September 2003.

Mucheri, Justin (STRIVE partner). “Strengthening Community Capacity to Care and Support Orphans and Vulnerable Children”. ICASA, Nairobi, Kenya, September 2003.

Stecker, C. and K. Jemison. “On STRIVE’s Participatory Mid-Term Review”. ICASA, Nairobi, Kenya, September 2003.

Walker, Lynn (STRIVE partner). “Orphan-headed Households on Commercial Farms in Zimbabwe”. ICASA, Nairobi, Kenya, September 2003.

Jemison, K. and J. Lentfer. “Costing Comparison of OVC Organizations”. 2nd African Conference on Social Aspects of HIV/AIDS Research, 9-12 May 2003.

III. STRIVE reporting, strategy statements and publications

Reporting

STRIVE Annual Reports: 2006**, 2005, 2004**, 2003**, 2002

STRIVE Quarterly Reports

July 2007 – September 2007
April 2007 – June 2007
January 2007 – March 2007
October 2006 – December 2006
July 2006 – September 2006
April 2006 – June 2006
January 2006 – March 2006
October 2005 – December 2005
July 2005 – September 2005
April 2005 – June 2005
January 2005 – March 2005
October 2004 – December 2004
July 2004 – September 2004
April 2004 – June 2004
January 2004 – March 2004
October 2003 – December 2003
July 2003 – September 2003
April 2003 – June 2003
January 2003 – March 2003
October 2002 – December 2002
July 2002 – September 2002
April 2002 – June 2002
December 2001 – March 2002

STRIVE Partner Highlights, Supplement to the Quarterly Report

October-December 2003
July-September 2003

STRIVE. 2004. “Turning the Tide: Lessons Learned, Sound Practice and Corrective Action in OVC Programming: Phase 1 Summary Report”. Harare: CRS/Zimbabwe.**

McDermott, P. et al. 2003. “Report on the Mid-Term Review of the STRIVE Project.”**

Mhloyi et al. July 2002. Baseline Survey for the STRIVE project.

Strategy statements

STRIVE Child Protection and Gender Strategy. 2006.

STRIVE Economic Strengthening Strategy. 2006.

STRIVE Education Assistance Strategy. 2006.

STRIVE Food Security and Agriculture Strategy. 2006.

Jemison, K., L. Tinarwo, and J. Lentfer. September 2003. “The STRIVE Project Operations Research Agenda and Strategy”. Harare: CRS/Zimbabwe.

Publications

Ministry of Health and Child Welfare, with technical support from STRIVE (draft). 2008 (anticipated). *Minimum Quality Standards for OVC Programming in Zimbabwe: An Implementer’s Guide*. Harare: Ministry of Health and Child Welfare. (Note: Will be sent to the Development Experience Clearinghouse once published.)

Anyona, N. and C. Mashayamombe. 2007. "An Assessment of the Small Funds Initiative". Harare: CRS Zimbabwe.**

Rokpa Support Network. 2007. "Study into Succession Planning and Identification and Preparation of Stand-By Guardians by Parents of Children with Disabilities". (study funded by STRIVE).**

Elizabeth Glaser Pediatric AIDS Foundation and CRS/Zimbabwe. 2006. "Clinical and Community Provision of Care and Treatment for Children Living with HIV and AIDS in Zimbabwe: Implications for Policy and Strategy Development." In collaboration with Ministry of Health and Child Welfare.**

Gilborn, L., Apicella, L., Brakarsh J., Dube, L., Jemison, K. (STRIVE), Kluckow, M., Smith, T., and Snider, L. Orphans and Vulnerable Youth in Bulawayo, Zimbabwe: An Exploratory Study of Psychosocial Well-being and Psychosocial Support Programs.**

CRS. January 2003. "Drip Irrigation Assessment Report Covering RUDO and Batsirana". Unpublished.

STRIVE TIMES Newsletter

Issue No. 6, August 2006, Quality and Impact in Programming

Issue No. 5, December 2005, Children's Voices

Issue No. 4, December 2004, Volunteerism

Issue No. 3, January 2004, Right to Identity

Issue No. 2, September 2003, Children's Rights

Issue No. 1, Sept-Dec 2002, Introductory Issue

National Plan of Action for Orphans and Other Vulnerable Children: Child-Friendly Version. April 2006. Harare: Ministry of Public Service, Labor and Social Welfare. (Note: Financial and technical support for this publication provided by CRS/Zimbabwe STRIVE and Save the Children Norway).**

"Evaluation Study Report of the Internal Savings & Loans Program for OVC". September 2005. Written by Provident Advisory Services and Tawanda Sibanda for CRS/Zimbabwe STRIVE.**

"The Children They Are Left With". 2004. 14 minutes. Documentary film produced by CRS/Zimbabwe STRIVE and directed by Peter Jordan in collaboration with four members of a child-headed household.**

The filmed has been screened at numerous venues including:

- o Africa Forum 2006: The Dual Epidemics of HIV/AIDS and Food Insecurity, 8-12 May 2006, Lusaka, Zambia.
- o Golden Lion Film Festival, Manzini, Swaziland, 15-22 October 2005.
- o Zimbabwe International Film Festival, 26 August-4 September 2005, Harare. (Screening at Children's Fun Day accompanied by Q&A session with four child filmmakers.)
- o 2004 National HIV/AIDS Conference, Harare, Zimbabwe

McGarry, M, J. Lentfer, K. Jemison, J. Mafara, E. Mwakiwa and L. Tinarwo. May 2004. "Stop Guessing: A Guide to Monitoring and Evaluation for Organizations Working with Children Affected by HIV/AIDS". Harare: CRS/Zimbabwe.**

Annex 3: Report from STRIVE Lessons Learned Workshop

CRS held a lessons learned workshop on July 22-23, 2008, to discuss in detail the lessons learned over the course of the five-year STRIVE project. The workshop was attended by 14 CRS and partner staff, as well as two representatives from the new USAID OVC grantee – World Education. The workshop was co-facilitated by CRS and USAID.

The workshop focused on the lessons learned that had emanated from the project's four operations research questions:

- What is the impact of each intervention?
- How cost effective is each intervention in comparison with others?
- How replicable is each pilot intervention?
- What is the quality of care being provided by various interventions?

Participants explored these four questions for each STRIVE intervention area (education assistance, psychosocial support, economic strengthening, food security, and child protection and gender), for STRIVE's no-cost extension activities, and in the areas of M&E and management. In addition, at the end of the two days, participants identified some general lessons learned from the entire project.

Accordingly, this report presents the results of the workshop by summarizing the lessons learned from each intervention, from the no-cost extension activities, from M&E and from management. It also lists some higher-level, more general lessons learned. This workshop report adds to the lessons learned from STRIVE that appear in section 3.2 and 3.3 of the end-of-project report.

The workshop participants defined lessons learned as:

- Learning during project implementation that was used to inform programming.
- The reasons why changes were made between Phase 1 and Phase 2 of STRIVE.
- Unplanned discoveries that worked and could be replicated.
- The identification of good practices, as well as practices that should not be repeated.
- What approaches work well and don't work well in specific situations.

Lessons Learned: Education Assistance

IMPACT

- 1) Removing the economic barriers to educational access by OVC has more impact when coupled with improvements to the learning environment itself. This can be accomplished using block grants and resources exchanges when schools acquire items that improve the learning environment, such as classroom furniture and textbooks.
- 2) Some schools attributed an improvement in exam performance, especially in English, to the acquisition of textbooks made possible through block grants and resource exchanges.

- 3) Using the block grant/resource exchange strategy helps reduce stigmatization of OVC because the entire school benefits from the items acquired, instead of just individual children.
- 4) School feeding programs improve school attendance, and therefore the impact of STRIVE's education assistance. For example, the head teacher at Odzi Primary School in FOST's operating area said that attendance had been 100% since commencement of a feeding program. *(NOTE: Although STRIVE did not support school feeding, CRS and its partners encouraged overlap between STRIVE-supported schools and feeding programs.)*
- 5) Given the increasing number of OVC and the limited resources, one way to increase impact is to encourage schools to select block grant/resource exchange items that can be used to generate funds for the school, such as TVs and DVD players (which can be rented out, or used for screenings), deep freezers (used to make freez-its, a popular type of popsicle), or small livestock. A similar strategy, used by DOMCCP, is to assist schools with economic strengthening activities so that they can raise money to support the school fees of children not covered under the block grant/resource exchange.

COST-EFFECTIVENESS

- 1) Education assistance is a costly intervention, and can easily swallow up project resources. It is important to keep looking for new strategies for reducing costs and providing assistance.
- 2) Block grants and resource exchanges increased the number of children reached through education assistance using the same amount of funds. The whole school benefited indirectly from the resources acquired.
- 3) Use of block grants/resource exchanges helped mitigate the effects of inflation on school fees because the partner and the school were working with assets rather than currency.
- 4) Making one-time block-grant disbursements to schools reduced partner administrative costs, as well as the number of field visits necessary to verify registers and pay fees.
- 5) In drawing up Memorandums of Understanding (MOUs) between partners and schools, it is important to include a clause saying that if school fees increase during the period that the agreement is in force, beneficiary children will not be subject to "top-up" payments.
- 6) It is important that the number of beneficiaries first be determined by the community instead of by partners. While, in the end, partners may only be able to support a certain number of children, communities have been known to support additional children in need of assistance, or to find additional donors.
- 7) Block grants and resource exchanges motivate community mobilization of resources. One partner, DOMCCP, required that communities pay the school fees of 10 children for every 33 children the organization supported through block grants and resource exchanges. The Education Assistance Committees supported by some partners raised money to meet student needs such as stationery.
- 8) Evaluating the cost-effectiveness of education assistance is difficult because the analysis must take into account the short-, medium- and long-term benefit of the assistance to the child, including whether staying in school has an impact on HIV prevention. It is challenging to gain an understanding of long-term benefits during a short-term project.

REPLICABILITY

- 1) The best length for block grant/resource exchange agreements in Zimbabwe is one year. Long agreement periods tend to result in strained relationships between partners

- and schools, especially when the schools run out of cash. In a non-hyperinflationary environment, agreements of three years would be preferable.
- 2) Block grants and resource exchanges work best at schools where enrolment is high, because this means there will still be enough fee-paying children (i.e., those not covered by the block grant) to fund running costs that require cash.
 - 3) There is a place for direct school fee assistance when the small overall enrolment at a school is small; when available funding can only support a small number of OVC at a school; when the overall number of OVC at a school is small (less than 30%); when multiple donors are supporting OVC at a school; and when emergency OVC cases arise after the block grant/resource exchange has taken place. In addition, children living with disabilities may require direct school fee support in order to enter special classrooms.
 - 4) During replication, partners require guidelines on how best to negotiate block grants. CRS is now finalizing a manual.
 - 5) Education Assistance Committees should fit into existing school structures, such as being a sub-committee of the School Development Association.
 - 6) Members of the school community are the people who should decide what items to acquire through block grants and resource exchanges – not the partner staff. The partner can offer guidance and advice about what works well and what items are allowable under the grant.

QUALITY

- 1) For education assistance to be of high quality, children's uniform and stationary needs must be met.
- 2) Implementation guidelines for block grants are necessary to ensure consistent quality across partners. Guidance on negotiating high-quality MOUs is particularly critical.
- 3) Community-level Education Assistance Committees should include representatives of children and of the local leadership (e.g., ward counselor, headman). Incorporating local leadership helps ensure that the committee has a strong mandate within the community, and empowers the committee to ensure the school adheres to the MOU.
- 4) The Committees should undertake follow-ups on beneficiary children to check on their attendance, quality of school work, etc.
- 5) Ensure parents are well-consulted about MOUs – otherwise they will start questioning the headmasters later on.
- 6) The OVC should continue receiving education assistance for as long as is necessary; this assistance should not stop when the child reaches secondary school.
- 7) To improve the quality of OVC care and support in the classroom, teachers should be sensitized to the needs of OVC. This training should cover OVC needs, counseling and PSS, and should involve several teachers at the school, as the burden on one teacher to roll-out training to an entire faculty is too high. Ideally, it would be good to have a full-time counselor at each school.
- 8) It is difficult to influence education quality, as it depends on a number of factors over which NGOs do not have control, such as teacher supervision, teacher salaries, and student assessment. While block grants and resource exchanges can strengthen certain aspects of education quality, such as the pupil-textbook ratio, STRIVE's main focus was on the number of children it was able to retain in school, rather than on the quality of the education provided. However, the quality of education provided by public schools declined over the years of the grant, and quality is now a more significant issue than when STRIVE started. One strategy for improving quality might be to provide a trunk of books, curriculum materials, and supplies to schools.
- 9) There is a need to have a formal evaluation of the child-friendly schools initiative to understand what exactly children say about whether or not their school environment has improved.

Lessons Learned: Psychosocial Support (PSS)

IMPACT

- 1) PSS has more impact on OVC care and support when it is integrated with other OVC interventions, such as education assistance.
- 2) One way to increase the impact of PSS interventions is to effectively network with organizations that provide various components of PSS. In Zimbabwe, this would include ChildLine, CONNECT, the Victim-Friendly Unit of the police, the Legal Resources Foundation, and the Department of Social Services.
- 3) Kids' Clubs are an ideal activity for organizations that want to provide regular PSS to OVC, or for organizations that do not have the resources to conduct life skills camps. Kids' Clubs can be part of school extracurricular activities.
- 4) More institutionalized tools are needed to monitor and evaluate the impact of PSS, including the long-term impact.
- 5) In evaluating the impact of PSS, it is important to distinguish between psychosocial well-being (which covers psychological, mental, emotional, and social factors) and the larger issue of OVC wellbeing, which also includes access to food, education, etc.
- 6) It is important to help children transition back to their community after spending time at a residential PSS camp; otherwise, the return to their everyday situation can be challenging, and even traumatic, for the child.
- 7) Providing sanitary ware to girls can increase their participation in PSS activities, such as sports.

COST-EFFECTIVENESS

- 1) Community camps are a cost-effective, useful, and relatively simple way of providing PSS support to children. By holding camps locally, the cost of transport, accommodation, and meals is less than residential life-skills camps. Logistically, local camps are much easier to plan and carry out than residential life skills camps. With training and support, communities can even plan for such camps at minimum cost using their own resources. This community contribution also enhances community ownership of the program.
- 2) In communities where there are strong home-based care programs, OVC can receive PSS during visits by trained secondary (volunteer) caregivers. These caregivers need appropriate training in order to provide this support.
- 3) PSS relies on community volunteers to be cost-effective, however there is need to ensure that volunteers receive the incentives and work tools they need to do their jobs well and maintain their motivation.

REPLICABILITY

- 1) Traditional cultural practices for providing PSS, such as the use of community "aunties" for communicating difficult messages (e.g., death of a loved one), can be more easily replicated since they are already ingrained in community culture.
- 2) "Look-and-learn" visits between partners are instrumental in promoting the replication of PSS activities, such as Girl Guides and Boy Scouts.
- 3) Replication can also involve adaptation of materials to ensure they are well-suited to a particular community or population of children. For example, one STRIVE partner, Nzeve, adapted PSS materials to make them more user-friendly for deaf children, its target population. It is important to field-test materials with communities to ensure that their content or method of presentation does not clash with community norms, values or beliefs (unless these beliefs undermine child rights and child protection). STRIVE found it helpful to look for ways to link traditional concepts to new ideas in order to make these new ideas more acceptable to conservative communities.

- 4) It is important that all stakeholders have a common understanding of what PSS is, as it can often be a difficult intervention to define. Everyone needs to know what we are trying to accomplish through PSS.
- 5) When replicating PSS activities, it is important to remember that rural communities tend to be more conservative than urban communities, especially around issues such as talking about death with children.

QUALITY

- 1) The purpose of PSS interventions is not to replace the role of caregivers and family members, but to enhance and support them in addressing the PSS needs of OVC.
- 2) Girl Guides/Boy Scouts can be managed within communities, and therefore be sustained on a continuous basis.
- 3) When PSS camps are held within a familiar environment and with the participation of respected local leaders, it is easier for children to transfer the lessons learned during the camp to their daily lives, which leads to a sustained ability to be more resilient. In addition, communities can more easily follow-up on children's issues that emerge from community camps as compared to residential camping.
- 4) PSS must be contextual; it should build upon and strengthen already-existing ways that communities deal with PSS issues, such as bereavement.
- 5) PSS camps should include experiential learning activities that relate to OVC's day-to-day lives. They should provide an opportunity for children to play and help them come up with ways to resolve issues when they return to their households.
- 6) It is important to also "care for the caregivers" by providing platforms for caregivers to share experiences and talk about the challenges they face.
- 7) Linkages between the caregivers and Child Protection Committees enhance the quality of care that is offered to the OVC.

Lessons Learned: Food Security

IMPACT

- 1) For sustainable impact, train community members to be Junior Farmer Field School facilitators and train garden committee members in the agronomy of vegetables.
- 2) In dry areas, or where needed, supplementary or school feeding programs are an important way to boost OVC food security. STRIVE made efforts to link beneficiaries with agencies distributing food in its areas of operation, including C-SAFE.
- 3) Community-based gardens are more effective in meeting the food requirements of OVC than school-based gardens. They are less stigmatizing for OVC than gardens based at OVC households.
- 4) Train garden committees in market linkages and in how to create Savings and Internal Lending Committees, as these skills will allow them to begin funding themselves in future.
- 5) Create strong linkages with AGRITEX (the government agricultural extension service) so that it can provide ongoing extension services to the junior farmers who participate in Junior Farmer Field Schools.
- 6) An unintended positive effect of community nutrition gardens is that community cohesion increases as members work together to assist OVC.
- 7) New gardens take about 2-3 months to produce vegetables and begin having impact.
- 8) Herbal gardens are an important addition to nutrition gardens, and should be accompanied by training in how herbs should and should not be used for medicinal purposes (including interactions with ART).
- 9) Junior Farmer Field Schools have the double benefit of increasing OVC agricultural knowledge, while also strengthening community food security.

COST-EFFECTIVENESS

- 1) Direct food pack purchases are more costly than other food security activities.
- 2) More analysis needs to be done to determine the cost-effectiveness of different food security activities.

REPLICABILITY

- 1) Invite all interested community members to garden trainings (even those not targeted for follow-up support), as some community members have the resources to then purchase their own inputs and start gardens. In RUDO's operating area, these "spin-off" gardens were called "impact gardens" and often also provided unanticipated benefits to OVC.
- 2) Community nutrition gardens can be easily replicated, but one needs to weigh the pros and cons of different garden locations by thinking about the security of the site, proximity to water, the soil type, etc.
- 3) Both group garden and individual garden models are replicable. In the first model, the group takes care of all the beds; in the second model, each household has a bed. One factor to consider when choosing between the two models is the level of community cohesion – will members be able to work together in the community garden?
- 4) Keyhole gardens can be used in urban areas.
- 5) Promote gardens during the most appropriate seasons – autumn and winter. Although the gardens still need to be looked after during spring and summer to keep down weeds, most community members will be spending their time out in the fields during these times.

QUALITY

- 1) Food security interventions should include activities, such as Junior Farmer Field Schools, that increase involvement of OVC in decisions about their own lives. At Junior Farmer Field Schools, children develop their own curriculum and learn at their own pace.
- 2) To maintain high quality in food security activities, conduct quarterly review meetings with community members and partners.
- 3) Garden activities should incorporate lessons on the basic elements of good nutrition.
- 4) A good size for a nutrition garden is 50x50 meters – this size is usually sufficient to serve the OVC and OVC caregivers in a village.
- 5) Provide quality garden fencing materials, otherwise produce will be lost and/or community members may resort to unsustainable strategies for fencing, such as cutting down trees to create fences.
- 6) Test the soil of the area to ensure the vegetable seeds purchased are suited to the soil type.
- 7) If garden members expect a surplus of produce, assist them in creating a good business plan for selling the produce, with the proceeds benefiting OVC. Another option is to train members in the preservation and storage of vegetables so that vegetables can be available for OVC households during lean times.
- 8) It is important to include experienced lead farmers in agricultural activities, as the community relies on them for learning and advice. Children should be involved in the selection of lead farmers for activities that involve OVC, such as nutrition gardens and Junior Farmer Field Schools.

Lessons Learned: Economic Strengthening

IMPACT

- 1) Internal saving and lending groups can become self-sustaining. When, due to funding issues, groups went for a year without partner visits, most continued to operate.
- 2) Community ownership of the groups is greater when there is no initial capital injection from the partners – simply training and technical support. One exception is projects started by out-of-school adolescents, who often need an initial capital injection to kick-start their efforts because they don't have access to money. Another exception is that providing a one-time infusion of financial support to a project that has been operating, but is now struggling, can be effective.
- 3) IS&L reduces community dependency on NGOs as communities grow more entrepreneurial and more economically independent due to an increase in household assets and purchasing power.
- 4) IS&L can promote women's empowerment, as female group members begin to own assets like cows and goats. Women become more visible and recognized in the community, and many become focal points for development activities.
- 5) Many groups fulfilled their social responsibility to use funds raised to assist OVC. For example, one IS&L cluster at Nechishanyi in Batsiranai's operating area paid school fees for 25 children for two terms in 2007.
- 6) For maximum impact, it is important to train IS&L groups in market linkages and to assist groups in making these linkages. In Batsiranai's operating area in Buhera, one group undertaking a bee project marketed their project as far as Harare. DOMCCP negotiated a contract with several supermarkets for them to sell the tomatoes and peanut butter being produced by IS&L groups. Groups can also form collectives to jointly market their products.
- 7) Vocational training enables older OVC to develop marketable skills, such as sewing, motor mechanics, and carpentry. It is important to ensure that training programs are in sectors in which there is a local demand for labor.
- 8) When sewing is taught as a vocational skill, children can then sew their own uniforms, or sell uniforms to other students.
- 9) It is important to actively recruit youth to participate in IS&L, otherwise they tend to be left out.
- 10) Economic strengthening activities encouraged people to be busy throughout the year, instead of seasonally based on agricultural requirements.
- 11) Economic strengthening activities helped people become more aware of the effects of inflation, and encouraged them to begin purchasing assets instead of saving currency.
- 12) The circulation of money that occurs through IS&L can help cushion communities against cash shortages and can provide a place for people in the community to borrow money without having to go to a bank in town.
- 13) Households participating in IS&L demonstrated an increase in household utensils and were more likely to send their children to school and buy them stationary.
- 14) When IS&L groups work together to pool their resources in a social fund for OVC, more OVC benefit than if the groups work individually.

REPLICABILITY

- 1) It is more challenging to replicate vocational training programs in areas where there is high mobility of young people, such as locations close to mines or near borders.
- 2) During replication, ensure that community members come up with creative IGA ideas that are viable and different from other IGAs in the area. The tendency was that if one type of IGA was successful, everyone would copy it, and then all the projects would become unviable due to oversupply of the product.
- 3) In a hyper-inflationary environment, groups that quickly purchased assets (such as livestock) with their cash savings or converted currency into foreign exchange were more viable.

- 4) It was difficult to encourage communities in resettlement areas to use their IS&L for the benefit of OVC – in general, there was less community consensus around the need to provide care and support to OVC in these areas.
- 5) Gardening projects that are part of the food security intervention can become economic strengthening activities as well, as long as market linkage training is provided.

COST-EFFECTIVENESS

- 1) Vocational training programs are more cost-effective when they draw upon local experts to develop the curriculum and conduct the trainings.
- 2) There needs to be a better understanding of the cost-effectiveness of economic strengthening activities.
- 3) Economic strengthening activities do not require much staff time, stationary or fuel. IS&L groups typically only require a monitoring visit once a month.
- 4) Replication of economic strengthening activities requires good training of community members, solid book-keeping, and that the groups write strong constitutions.

QUALITY

- 1) Quality control and production management skills are critical for all groups participating in income-generating activities.
- 2) Vocational training programs for OVC should be overseen by a Community Management Board to ensure community ownership.
- 3) During trainings for economic strengthening activities, ask communities to describe their vision of an economically-empowered community. Doing this visioning helps members figure out how to they can work together to achieve this vision.
- 4) Ensure that OVC caregivers are targeted for membership in IS&L groups, but accept all community members on a voluntary basis to avoid stigma. Ensure everyone knows the object is to strengthen care and support for OVC.

Lessons Learned: Monitoring, Evaluation and Operations Research

- 1) Cost-effectiveness was the most difficult operations research question to answer because it requires that you answer questions about impact and quality first. Also, it is challenging to figure out a methodology for costing activities.
- 2) The baseline study must be of high quality and must capture information on the key indicators the project wants to measure. A weak baseline will make M&E difficult throughout the project.
- 3) Eliminating double-counting is critical to ensuring that a program is not over-reporting beneficiaries and is accurately depicting the breadth of the services it offers to children. Project managers can make more informed programmatic decisions when they can evaluate beneficiary numbers that have double counting eliminated.
- 4) Data collection day events – when combined with other, fun activities for children – can make collecting data on OVC’s health and psychosocial status a reliable, consistent, child-friendly process.
- 5) M&E should be participatory so that communities are also collecting information that is important to them and that they can use to make decisions. Community involvement in M&E can also help to reduce project costs.
- 6) High staff turnover at partner level can increase costs, as time must be invested in training new staff members, and it can reduce the quality of M&E data and reporting. It is important to retain trained staff.
- 7) There needs to be consensus across the project on the definition of key terms such as operations research and direct and indirect beneficiaries.

- 8) Operations research studies should be conceived at community and partner level to ensure this research also addresses what these stakeholders need to know. Operations research results must also be packaged for dissemination to these levels.
- 9) While there should be standardized M&E tools for the project, partners should also add to these tools, or develop new ones, if there is additional information they want to capture that is meaningful to them and will inform their decision-making. Tools can also be adapted for use at the community-level.
- 10) It was difficult to hire M&E officers at partner level. At first, partners found it challenging to articulate exactly what skills and qualifications they were looking for. Distributing sample job descriptions could be helpful.
- 11) A basic level of M&E training should be made available to all partner staff, not just M&E staff, because everyone needs an understanding of how M&E works. M&E should not be seen as a highly specialized skill that only a select few people can understand. When only M&E officers came for trainings, it seemed like the M&E agenda was coming solely from CRS, and was bypassing the partner directors. By the end of STRIVE, project managers and directors were also attending M&E workshops and were well-versed in M&E.
- 12) Project indicators need to be developed through a participatory process, so that information collected has meaning at various levels. Indicators should exist for information that you need to know, not just that you'd like to know, so that there are not too many of them.

Lessons Learned: Child Protection and Gender

IMPACT

- 1) Trainings on child protection and gender helped to raise the visibility of these issues among partners, and encouraged them to seek creative solutions, such as one partner's initiative to re-start the Girl Guides program.
- 2) Early Childhood Development is an important intervention for girls because they are often taken out of school to care for young children at home; when there is ECD, young children can spend time there and the girls can attend school.
- 3) Barriers to girls' participation in activities must be identified and addressed to the greatest extent possible.
- 4) It is important to set targets for gender activities.
- 5) We need to facilitate the meaningful participation of children according to their evolving capacities. Participation should not just be symbolic.

REPLICABILITY

- 1) In some communities it was difficult to reach the goal of 51% girl participation in education assistance because of demographics, needs on the ground, or other variables.
- 2) Gender remains an issue of contentious discussion in some communities, so it has to be crafted in a culturally appropriate manner in order to be accepted and replicated.

QUALITY

- 1) Child protection initiatives should have the full support of the relevant line ministry.
- 2) Child protection documentation needs to be useful for all stakeholders – CRS, partners, USAID, children, communities, etc.
- 3) It is best to work on child protection activities through existing structures, such as Child Protection Committees.
- 4) To promote meaningful children representation and participation in Child Protection Committees, it is important to facilitate the establishment and operation of children's committees, which create a constituency for the child representatives. Children's

- committees can also improve the participation of children in other community projects.
- 5) Children must be consulted when identifying their needs and in project decision-making – especially decision-making on programming priorities when resources are limited.
 - 6) All project partners need to have a common understanding of what child participation is and how they can facilitate meaningful child participation.
 - 7) There needs to be consensus about what gender approach is being used (e.g., gender lens, gender mainstreaming), and how this approach is defined and operationalized.
 - 8) Organizations should “walk the talk” and be good role models by ensuring they have a gender policy, engaging in gender mainstreaming, including gender in their strategic plans, and developing staff capacity in gender issues. The same should be done for child participation; for example, one partner had a child representative on its Board.

Lessons Learned: No-cost Extension Activities

SMALL FUNDS INITIATIVE (SFI)

(Note: Please see page 12 of the end-of-project report for more detail on this initiative.)

- 1) OVC benefit more when groups use their funds to meet children’s immediate needs, as opposed to when income-generating activities are undertaken, since these activities can take a long time to bear fruit. However, when SFI was used to fund *existing* IGAs, these projects were able to generate results relatively quickly. In the future, it would be good to investigate an SFI model that combines meeting immediate OVC needs with providing seed money to existing IGAs so that children’s needs could be met over both the short and long term.
- 2) Program staff and communities require a thorough understanding of the SFI concept. Although the funds were not intended to be used to support income-generating activities, community members had a preference for using the money in this way.
- 3) If groups decide to engage in income-generating activities, it is critical that they have a business plan.
- 4) Community groups require preparation before receipt of funds to ensure they have a solid action plan. Some groups delayed using funds, and then their grant’s value was eroded by inflation.
- 5) Leadership is important in determining the success of groups. Proactive leaders could make decisions quickly and thus reduce the effects of inflation.
- 6) Besides the direct benefits to OVC, SFI also funds encouraged greater public participation in alleviating the plight of the OVC. It provided groups with an opportunity to rally around a common goal and enhanced community ownership of the OVC care and support challenge.
- 7) Having implementation guidelines supports replication of the SFI concept, as they provide a source of reference.
- 8) SFI helped partners fill gaps in the STRIVE interventions. Through SFI, these gaps could be identified and addressed by community members themselves.
- 9) Communities need sufficient time to develop proposals for the SFI and to ensure that they understand the program.
- 10) SFI projects should use a participatory monitoring approach.
- 11) In the future, it would be useful to pilot disbursement of in-kind materials to community groups instead of, or in addition to, cash.

QUALITY STANDARDS

(Note: Please see page 15 of the end-of-project report for more detail on quality standards.)

- 1) Children must be involved in the development of quality standards.

- 2) There is need for quality standards to be incorporated into the national M&E systems for OVC programming.
- 3) Quality standards can be used to set benchmarks for programming. This will help ensure that when an organization says it is doing education assistance, everyone has a common understanding of what that means.
- 4) Quality standards need to be rolled out at all levels.

CHILD PROTECTION LAWS

- 1) Translating child protection laws into user-friendly language requires collaboration between a writer who is familiar with writing for a children's audience and a lawyer who can ensure that the correct legal information is being conveyed.

Lessons Learned: Management

- 1) Negotiated exchange rates, using Reserve Bank-accredited Money Transfer Agencies, resulted in relatively more funds being available for programming than the use of official rates.
- 2) Monthly disbursements were more effective than quarterly disbursements in helping partners cope with inflation.
- 3) The more frequent reporting and liquidation requirements arising from monthly disbursements placed increased demands on partner finance staff and required increased capacity. CRS increased the number of its capacity-strengthening and grants monitoring visits.
- 4) Staff retention improved when salary payments were made in foreign currency.
- 5) When bulk purchasing led to greater value, it was a cheaper option for CRS to centrally procure goods for partners.
- 6) It was a challenge to pass vehicles onto partners when they were not duty exempt.

Based on what you learned from STRIVE, what overall recommendations do you have for organizations undertaking OVC programming in Zimbabwe?

GENERAL

- 1) Concepts and terms used need to be clearly defined for common understanding by all stakeholders, e.g., PSS, gender, OR, impact, cost-effectiveness. Definitions should be developed in a participatory way at the start of the project.
- 2) Child perspectives should be heard; child participation should be cross-cutting across all interventions.
- 3) Knowledge management and systematic information-sharing are critical; it is important to learn from different projects, both in Zimbabwe and in other countries and regions. Capture lessons learned on an ongoing basis.
- 4) Look and learn visit between community members and children in different areas stimulate further innovation for programming and increase ownership levels within the community – everyone is proud to talk about what their community is doing.
- 5) Always keep a focus on the child – there is a risk of compartmentalizing OVC needs and focusing more on the interventions than the children.
- 6) In this dynamic operating environment, there needs to be flexibility in project implementation, along with accountability. Refresher staff development sessions can help to mitigate brain drain, while also helping staff to deal with constant changes in the environment.

MODELS OF SUPPORT

- 1) Consider different models of support, such as: a) using dioceses (Catholic, or otherwise) and their missions and outstations to reach children; b) using a rotational

- model in which you work intensively with one community, and, after reaching certain community-identified objectives, move on to next community; c) working through Child Protection Committee structures under the local authorities and District AIDS Action Committees; d) working through the Education Assistance Committees attached to schools, utilizing schools as part of the delivery system for care and support; e) adopt a case management approach in which social workers link with specific children and households and coordinate their care and support; f) form private sector partnerships; g) work through CHBC programs as an entry point to reach OVC.
- 2) Consider the Small Funds Initiative model or cash transfers as a way of getting funds down to the community level.

VOLUNTEERS

- 1) While community members strive to provide for OVC, they themselves are often needy. Ensure volunteers have both work tools (e.g., first aid kits) and incentives that motivate them and keep them engaged with the program. In one community, volunteers were allowed to skip the queues at the supermarket. Some partners use UN Volunteer Day as an opportunity to recognize volunteer contributions. Other ideas include: facilitating learning visits between volunteers so they can share experiences; providing T-shirts; providing a food pack; organizing for volunteers to be exempt from medical fees at the local clinic; negotiating for reduced school fees for the children of volunteers.
- 2) Network with other organizations who work with volunteers in the community to see if you can coordinate your volunteer packages and reduce the “poaching” of volunteers. A district NGO Forum can be a good place for this discussion.
- 3) Develop a volunteer policy that covers issues such as grievance procedures and the role of local leadership.

PROJECT DESIGN

- 1) Projects need to be responsive to emerging issues facing OVC, e.g., sanitary ware, birth certificates, protection, peacebuilding.
- 2) Interventions should be complimentary, not competing – otherwise stove-piping can occur, and the benefit for children is not maximized. The project must be well-coordinated, and technical advisors for different intervention area should undertake joint partner visits.
- 3) Projects need to give consideration to what happens to children after O level, such as providing assistance with vocation education or tertiary education. Otherwise years of investment can be lost.
- 4) Projects should follow-up on children 5 years down the line to see how they are doing. They should consider adding a mentoring component in which youth who have “graduated” from the project offer mentoring support to OVC.
- 5) STRIVE moved from targeting OVC within a household to targeting OVC households as a way of reducing stigma and also reducing the potential for creating tension within households.
- 6) Not every child needs a holistic package from an NGO – they might need just one or two elements of this package. When children need more than what you can provide, look to integrate with other projects your organization implements, or create a referral network with organizations that do provide these services.
- 7) Ensure the project does not undermine the responsibilities of the duty-bearers. By attacking poverty first, households can then often take care of education assistance, food security, etc. by themselves. At the same time, poverty alleviation is a long-term effort, and children have immediate needs – their need to get education cannot wait,

for example. Projects need to think about both the short and long term, and their overall goal.

- 8) It is a good idea to ask communities themselves to prioritize interventions – even nearby communities may have different priorities.
- 9) Interventions should consider the needs of sub-groups of OVC, such as child-headed households and children living with HIV.