

## Orphans and other vulnerable children in Zimbabwe: a commentary

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THIS EDITION OF the *Journal of Social Development in Africa* (JSDA), devoted to the issues of orphans and other vulnerable children (OVC) in Zimbabwe, grew out of a conversation between a group of national non-governmental organizations (NGOs), two donors who support OVC programme interventions in local communities and the Catholic Relief Services (CRS) Zimbabwe country programme (CRS/ZM). During the review of a current OVC situation analysis, we reached the consensus that despite limited financial resources and a complex operating environment, some compelling and important OVC programming has developed in Zimbabwe. Moreover, we concluded there was reason to increase formal documentation of OVC issues and programming in Zimbabwe and to disseminate those findings to a broader audience, beyond those who may regularly see the “grey documents” circulated within the working OVC community. We were then fortunate to find an empathic and open approach to the idea, offered by the JSDA’s Editor, Rodreck Mupedziswa, and the financial resources that Swedish Sida and USAID have extended to CRS/ZM STRIVE Project to support the development of the paper submissions, their editing, printing, and dissemination.

It is well established that Zimbabwe is at the epicentre of the HIV&AIDS pandemic, with one of the highest HIV rates in the world. Nearly one in four adults between the ages of 19-45 years are living with HIV and AIDS. In 2003, there were some 45,000 deaths of HIV-infected children and, currently, more than 165,000 Zimbabwean children are living with HIV infection. It is estimated that a further 40,000 children acquire HIV infection each year through mother-to-child transmission<sup>2</sup>. AIDS has caused life expectancy to drop from 61 years during the early 1990s to 35 years by the end of 2004. Out of the estimated 1.3 million orphans in Zimbabwe, about 980,000 have been orphaned by AIDS. The number of vulnerable children, those who are affected by HIV&AIDS and live within the pandemic’s shadow, is not well established. Despite the positive news that the HIV infection rate in Zimbabwe is declining, from 24 percent in 2003 to 21 percent in 2005, all reliable field reports from Zimbabwean communities made clear that the number of OVC continues to climb.

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<sup>2</sup> Zimbabwe National HIV/AIDS Estimates, MOH, CDC, and UNAIDS, 2003.

In the face of these figures, the World Bank has reported that Zimbabwe receives the lowest level of donor support amongst the 15 countries in the world with the highest HIV&AIDS prevalence rates. Donor support per person living with HIV/AIDS is, on average, US\$78 in those 14 other countries, while Zimbabwe receives US\$4 per person living with HIV/AIDS<sup>3</sup>.

In 2004, a Rapid Assessment Action Planning and Process for OVC in sub-Saharan Africa (RAAAP) also highlighted the significant disparity between the scale of the OVC population, the relative strength of a well-educated and trained human resource base, and the severe lack of financial resources to enable the scaling-up of OVC interventions in local communities<sup>4</sup>.

Reading the collection of papers in this issue of the JSDA yields both a comprehensive overview of the OVC situation in Zimbabwe and an in-depth understanding of the programme gaps and key priority issues that must be addressed. Mushunje's paper analyses the concept of "child protection", placing it first in a broad African context, then presenting the specific international agreements, laws, and Government of Zimbabwe (GoZ) policies that frame child protection issues in the country. Throughout the paper, she highlights the local community mechanisms and cultural practices in Zimbabwe that both protect children and place children at risk. The paper by Dhlembeu and Mayanga is more narrowly focused, as it traces the development of Zimbabwe's newly-launched National Plan of Action (NPA) for Orphans and Other Vulnerable Children. The authors first explain the international and regional context for the NPA's development, and then describe the mechanisms that are intended to operationalise and monitor the NPA in Zimbabwe, from the Working Party of Officials at the national level, to the Child Protection Committees at the community level. Johnson's contribution investigates what characteristics make NGO interventions effective in their ability to prevent the spread of HIV among OVC. The paper by Kajawu and Mwakiwa examines the critical developments in the area of education assistance for OVC, highlighting how the "Block Grant" methodology of education assistance can both reduce stigma and enhance the cost effectiveness of scarce resources.

Three papers emerge from quantitative and qualitative studies of OVC issues in Zimbabwe. Chase *et. al.* offer a study of the coping strategies of OVC in varied settings across a range of Zimbabwean communities, finding evidence of resiliency and strength amongst child-headed households and noting the many tough, practical actions children take to survive. Yet, the overall picture they present suggests that, at the level of how children actually *feel*, the programmatic response to children's emotional and psychosocial needs is woefully lacking. The paper also provides insight into other specific gaps in OVC programming, including the need to address the gendered, disproportionate impact of loss that increases the risks facing the girl child and the lack of adequate programme responses to the challenges faced of out-of-school youth and young school leavers.

Martin's paper is also quite focused, looking carefully at the substantial role that children and adolescents play in providing care for ill parents and relatives at home and within the community. While she provides evidence of competence and pride amongst these children, she, too, finds a huge need to address the emotional burdens and psychosocial needs of young people who are contending with loss and sorrow at an extreme level, day-in and day-out. Finally, Powell's paper – an in-depth review

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<sup>3</sup> World Bank, November 2004.

<sup>4</sup> Zimbabwe RAAAP Report, Working Party of Officials, 2004.

and analysis of policy and practice within childcare institutions across Zimbabwe in the context of HIV&AIDS – is a significant contribution to what we know about children living outside of family care. The paper identifies a significant gap between well-established policies to protect the best interests of the child, and the ways these policies are being implemented. Powell's analysis yields direct, practical recommendations for the Government of Zimbabwe, the Ministry of Social Welfare, residential institutions, and donor agencies.

Alas, no single edition of a journal can provide an exhaustive treatment of its announced theme. But, the issue will have achieved its goal if it pushes policy-makers, donors, researchers and communities to think in new ways about the scope of the challenges facing OVC and the scope of our ability to address them. Reflecting upon the picture we find within this collection of papers, we must consider, "What is missing from our response to OVC issues in Zimbabwe?" There are many possible replies, and many more questions. For example, as anti-retroviral therapy begins to scale-up in Zimbabwe, where do we stand with regard to the needs of children and adolescents who are living with AIDS? When we analyse the financial resources being committed to OVC programming from the GoZ, international NGOs, and donors, are the intended financial resources really getting to the community level and what is the relative cost-effectiveness of various sound intervention strategies? Are there special OVC populations that are being overlooked, for example, children with disabilities and the very young?

There also is need to document progressive, innovative efforts in Zimbabwe, including the recently developed "child-friendly version" of the National Plan of Action for OVC, an initiative which, to my knowledge, has not been undertaken elsewhere in southern Africa. And, finally, more can be said about the role of children themselves, from their multi-faceted role as caregivers to their contributions in articulating their own policy priorities. Much more can also be gleaned from the experience of the "child committees" that now nominate child members to represent them on the official, local Child Protection Committees.

This set of papers on OVC issues in Zimbabwe is particularly timely. In 2002 in Windhoek, Namibia, Zimbabwe adopted the United Nations General Assembly Special Session (UNGASS) goals for OVC made vulnerable to HIV/AIDS. By those terms, a national plan of action for OVC was to have been completed during 2003, with initial targets being reached by the end of 2005. It can be anticipated that, during 2006, there will be a formal review of progress against targets of the UNGASS goals for OVC.

In summary, these papers make clear that children who experience loss and separation are prone to isolation and withdrawal, the true enemies of healthy child development. Pain and early sorrow respects no social or class boundaries. In Zimbabwe, *family*, from the socially marginalized to the solid middle class, continue to adapt, moving closer to the traditional anthropological definition of "*those who share cooking pots*".

Human development rests upon the continuity of important social relationships and thus, efforts to strengthen social structures very near to the child can provide essential emotional support, especially within very hard-pressed communities. Indeed, the core notion of "*Ubuntu*" as understood in the context of southern Africa, suggests that we are only human in relationship with other people.

This collection of papers are testimony to what is being done with and for OVC in Zimbabwe. In the same breath, these papers also clarify some of the major gaps and policy issues that require urgent action and additional resources. Alongside others,

from time-to-time I worry about being overwhelmed by the scale and magnitude of the OVC programming challenges that exist in Zimbabwe and across this region. The time horizon indicates that even if the tide of HIV infection is gradually stemmed in Zimbabwe, the numbers of OVC will continue to increase for a number of years to come. Rather than the vulnerability to paralysis, I regularly find myself humbled by what I witness happening at community level: truly resilient and heroic behaviour within child-headed households who are tenacious about staying together whatever the odds; of small faith-based and community-based organizations largely supported by local volunteers who work tirelessly on behalf of OVC in their communities. And most impressive, are frequent observations of the most intimate and immediate actions based on the generous actions of individuals who give freely of their time and assets to support OVC, people who, materially speaking, have so very little themselves.