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FINAL ASSESSMENT USAID/ZIMBABWE ASSISTANCE TO ORPHANS AND VULNERABLE CHILDREN

THROUGH CATHOLIC RELIEF SERVICES STRIVE PROGRAM

NOVEMBER 2006

This publication was produced for review by the United States Agency for International Development. It was prepared by Rose Marie Depp, Sibusisiwe Marunda and Elizabeth Yates through the Global Health Technical Assistance Project.

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THROUGH CATHOLIC RELIEF SERVICES STRIVE PROGRAM
(Support to Replicable, Innovative Village/Community Level Efforts
for Vulnerable Children)

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The team wishes to thank the hundreds of dedicated individuals who not only graciously helped us understand, but who also give thousands of hours to the children of Zimbabwe. Some of these individuals are paid for their services but most are not. Community volunteers who struggle with their own livelihood, many of whom are widows themselves, provide the little nurturing these children receive. Teachers and headmasters throughout the country face enormous challenges but manage to teach children often without books or supplies. Other volunteers give comfort during bereavement as everyone tries to care for the little ones. All these individuals share a deep commitment to give children a better life.

The team recognizes that any assessment is difficult and costly in terms of the time and energy required to support the effort. Perhaps even more difficult is the “opening of the books and heart” to outsiders who may or may not understand the dedication of those on the frontline.

The praise in this report for things well done will be easier to accept than the suggestions for improvements. We offer both with respect for the thousands who give their tireless efforts.

We sincerely trust that our recommendations will be viewed in light of our mutual respect and interest to give the millions of children who struggle for survival a tiny glimmer of hope for a better future.

We offer special thanks to Heather Benoy, Tonya Himelfarb, Joyce Maziya and Shepherd Tendai Mupfumi.

Rose Marie Depp
Sibusisiwe (Busi) Marunda
Elizabeth (Dee Dee) Yates

ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
BEAM	Basic Education Assistance Module
CBO	Community-Based Organization
CIDA	Canadian International Development Agency
CoAg	Cooperative Agreement
CRS	Catholic Relief Services
CSAFE	Consortium for Southern Africa Food Security Emergency
DAAC	District AIDS Action Committee
DFID	Department for International Development
ECD	Early Childhood Development
ECHO	European Commission Humanitarian Organization
FBO	Faith-Based Organization
IGAs	Income Generating Activities
IS&L	Internal Savings and Lending
JSI/UK	John Snow International/United Kingdom
M&E	Monitoring and Evaluation
MHCW	Ministry of Health and Child Welfare
MPSLSW	Ministry of Public Service, Labour and Social Welfare
NAC	National AIDS Council
NAP	National Action Plan for Orphans and Vulnerable Children
NATF	National AIDS Trust Fund
NGO	Non-governmental Organization
OGAC	Office of the Global AIDS Coordinator/State Department
OR	Operations Research
ORMED	Operations Research, Monitoring & Evaluation Documentation and Dissemination Department
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
POS	Program of Support for OVC
PSC	Partner Support Coordinator
PSCU	Partner Support Coordination Unit
PSS	Psycho-social Support
PVO	Private Voluntary Organization – an international NGO
RFA	Request for Applications
SIDA	Swedish International Development Agency
STRIVE	Support to Replicable, Innovative Village/Community-Level Efforts for Vulnerable Children
UNICEF	United Nations Children's Fund
UNGASS	United Nations General Assembly Special Session on HIV
USAID	United States Agency for International Development
USG	United States Government
WAACS	Ward AIDS Action Committees
WPO	Working Party of Officials
ZAN	Zimbabwe AIDS Network
Zunde Ramambo	Chief's plot held in trust for vulnerable community members

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EXECUTIVE SUMMARY

USAID/Zimbabwe requested that the Global Health (GH) Tech Project conduct an assessment of its assistance to Orphans and Vulnerable Children (OVC) that would:

- Examine the overall country context for OVC programs;
- Review the lessons learned and best practices;
- Assess the program's organizational effectiveness; and
- Make recommendations.

A three-person GH Tech Project team conducted its review in Zimbabwe in October 2006, ten months before the end of a five-year Catholic Relief Services (CRS) Cooperative Agreement (CoAg) effort to assist OVCs. The program, known as STRIVE (Support to Replicable Innovative Village/Community Level Efforts for Vulnerable Children), is being implemented in two phases with a mid-term assessment after the first phase. USAID contributed \$7 million over the life of the program (LOP) while CRS contributed \$2 million and raised another \$2 million from other donors.

STRIVE was designed based on the premise that helping communities and families provide care for orphans and vulnerable children was the most effective response to the overwhelming number of children in need in Zimbabwe. Thus, the CoAg had two principle objectives: to improve care and support of OVC and to identify "quality, replicable and cost-effective" program support models for OVC.

The team developed a working definition for "holistic" OVC programming in order to define a mixture of program elements aimed at encouraging an optimum cluster of services to children. The intent of these combined efforts is to maximize benefits and minimize risks so that children could develop in a manner appropriate to the norms of their community. The team further agreed that OVC holistic programs should include all vulnerable children in order to reduce stigma associated with HIV/AIDS status or other vulnerabilities such as orphanhood.

In assessing the STRIVE program the team looked for a "whole" set of activities centered on the child in the community. Also, they examined STRIVE contributions to national and local partner programs. Principal findings and recommendations are detailed in the following sections.

FINDINGS AND RECOMMENDATIONS

The Changing OVC Context

There was no reprieve from the negative "basket of factors" referred to in the 2003 midterm review. In fact, the situation of children is far worse than it was at the inception of STRIVE in 2000. Then, experts estimated that there would be 1.3 million orphans by 2010. In reality there are now 1.6 million orphans with an unknown number of vulnerable children. Despite heroic community responses, the need for a more effective response is even greater today than it was in 2000. While the plight of children is unprecedented and much more needs to be done, USG resources for HIV/AIDS in Zimbabwe are likely to remain constant.

USAID should consider the following:

- Whether to assume certain Government of Zimbabwe (GoZ) responsibilities for providing education to children.
- How it can best meet gaps in the Program of Support (POS) for OVC; respond to some of the expressed needs of partners and communities; create greater community awareness of the rights of the child and/or seek convincing ways to publicize their plight. The team cautions that “scaling-up” the current program will not necessarily increase impact.
- Ask the US Country Team to increase resources dedicated to vulnerable children and to join with others to find a solution to the problem of lost resources caused by the exchange rate regime.

Lessons and Best Practices

Partner Capacity: The programs were of high quality and STRIVE 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. But 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 the resources. The approach is replicable, but not sustainable without continual donor inflows.

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

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

These lessons suggest that donors and partners in OVC programming should:

- 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 psychosocial support in all OVC activities and make greater use of existing community safety nets and ensure quality standards.
- Experiment with a Small Funds Initiative to respond to community needs and document lessons and explore ways to manage a larger fund.
- Increase community awareness of policy and legislation 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.

Organizational Effectiveness

The assessment team found that the approach of making sub-grants through a US PVO was costly. Few resources reached communities and children. The fixed exchange rate made delivery costs even higher. If more resources are to reach children, donors must take an informed degree of risk. Without this there will be few alternatives to current delivery mechanisms.

USAID should seek support for new approaches that get more resources to the communities; this includes working directly with Zimbabwean child protection and welfare NGOs and faith-based organizations.

Other Considerations

In light of the USG's President's Emergency Plan for AIDS Relief (PEPFAR) strategy of "leveraging" and "gap" filling, USAID/Zimbabwe might:

- Seek a niche that complements the POS and offers the greatest potential for replication by others;
- Build synergies with other USAID-funded programs that offer opportunities for more holistic programming for OVC. In particular, aim for greater complementarities in food assistance programs; and
- Increase efforts to highlight the crisis of child welfare both in Zimbabwe and internationally.

RUDO'S STORY

Rudo* is 21 years old and lives in a high density area in one of Zimbabwe's largest cities. She has been the mother to her six siblings since she was 13 and in Form four. When both her parents died within a year of one another, Rudo quit school. Her grandparents live far away in the rural area. And, while there is a cousin who is their legal guardian, she like so many in Zimbabwe is chronically ill. The children say, "Our relatives have abandoned us."

Rudo mothers three boys—Tendai, Bornwell, and Innocent—and two girls, Melodie and Trish. Melodie is HIV-positive and is one of only 3,000 children in Zimbabwe who receive antiretroviral treatment.

The courts have not yet processed the father's estate, but the children did "inherit" their granny's flat that they were renting out. However, last year the family was traumatized further when the small house "extension" in the garden where they stayed was destroyed in "Operation Restore Order." As a result the family had to move into the one-room flat and thus lost their only source of regular income.

The flat is clean and neat. Handmade doilies cover the furniture. There are a few flowers in the garden. The children's school pictures decorate the walls. But because they no longer receive rent, there is no money to pay the electric and water bills meaning that the children could lose their one-room home. Rudo and her siblings do wash and babysit for neighbors and they have a small garden. At times they sell vegetables, but they are discouraged because neighbors steal the produce and they risk beatings by state security officers, because street vending is now illegal.

The children received nine blankets from an anonymous donor and get one 20 kg bag of mealie meal each month from the church. Another donor sometimes gives them barley for breakfast porridge, but often the family eats only one meal a day – sadza (maize porridge) and relish (vegetable stew).

STRIVE has helped two children with school fees, but two of them attend a school not covered by the CRS program. Rudo has no money to buy shoes, uniforms, pens or paper. Tendai is doing well in school, but he will not be allowed to take exams, because he has no birth certificate. Innocent sometimes faints from hunger in class. None of them use the school latrine because they don't want to walk barefoot on the dirty floor. Trish does not go to school when she is menstruating because she doesn't have extra underwear or sanitary products. Melodie is often sick and misses school.

Last year a man offered Trish food for sex but because she had participated in the *Auntie Stella*** program she knew to run away and ask for help. She said, "The truth set me free from that man. He didn't think I would tell. Thank you *Auntie Stella*."

The children narrate their story in a factual manner. But when they start to describe how they are a "laughing stock," they begin to cry. Trish says, "We have no one to tell our problems." When the interviewer leaves, she hugs the children. Melodie's thin body quakes and she clings tightly. Trish asks for another hug. Rudo says, "I hope in the name of Jesus. We pray everyday. But, life is terrible."

**Rudo means "love" in Shona.*

***Auntie Stella is a reproductive health training package.*

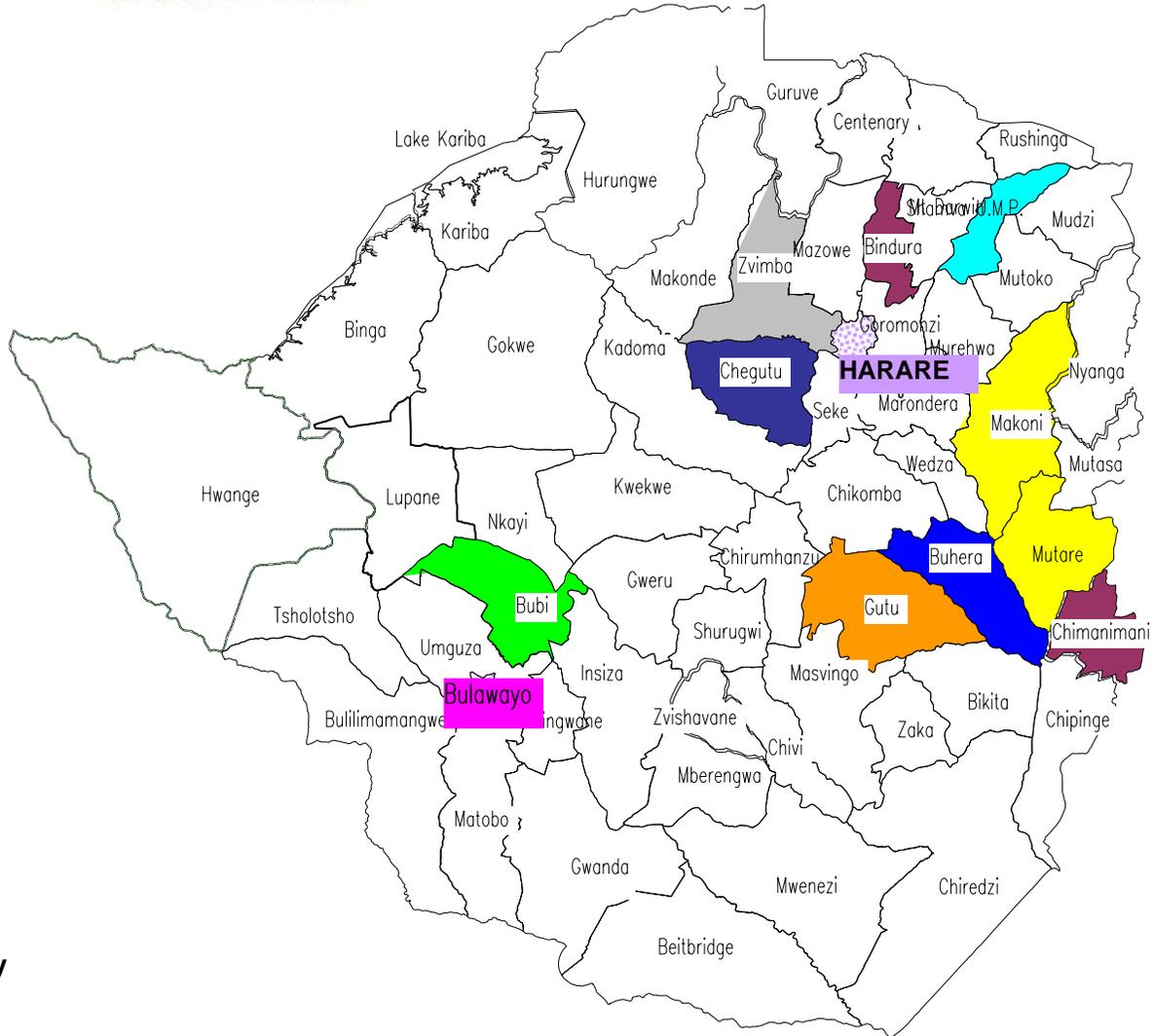


ROSE MARIE DEPP

Child-headed household family

MAP—ZIMBABWE STRIVE USAID PARTNERS

Program Areas by District



Key

- | | | |
|---|---|--|
| Archdiocese of Bulawayo | Farm Orphan Support Trust | CADEC |
| Batsiranai | DOMCCP | Tsungirirai |
| Bekezela | RUDO | Child Protection Society |
| Uzumba Orphan Trust | | |

I. SCOPE OF WORK AND METHODOLOGY

USAID/Zimbabwe requested that the Global Health Technical Assistance (GH Tech) Project conduct a final assessment of its assistance to Orphans and Vulnerable Children (OVC) provided through a Cooperative Agreement (CoAg) with Catholic Relief Services (CRS). The program is known as STRIVE (Support to Replicable, Innovative Village/Community Level Efforts for Vulnerable Children). It is the principal mechanism through which USAID assists OVC in Zimbabwe. The Cooperative Agreement (CoAg) ends in September 2007.

The three-person assessment team provided by the GH Tech Project included the team leader, Ms. Rose Marie Depp, with USAID policy and strategic management experience, Ms. Elizabeth Yates, a regional expert in early childhood development with experience in HIV/AIDS and OVC programs, and Ms. Sibusisiwe Marunda, a Zimbabwean with the National AIDS Council who added her country expertise and knowledge about its efforts to address the tragic crisis facing children.

The assessment team scope of work included the following tasks:

- Examine the overall country context for OVC programming;
- Review the lessons learned and best practices;
- Assess organizational effectiveness of the program; and
- Make recommendations for both the short and long-term.

The recommendations are offered with the hope that they will prove useful in considering an appropriate USG response in light of the crisis of children in Zimbabwe.

The scope of work for this effort is contained in Annex A, highlights of the team schedule in Annex B and persons contacted in Annex C.

II. BACKGROUND

USAID/Zimbabwe was already active in a number of HIV/AIDS prevention interventions when local staff raised the problem of the growing number of orphans. As a result, the USAID mission commissioned experts to help determine the magnitude of the problem and the responses of communities and non-governmental organizations (NGOs).

In March 2000, USAID prepared a background paper based on lessons from these initiatives.¹ This document became the basis of a Request for Applications (RFA) that invited US Private Voluntary Organizations (PVOs) to submit their design for a five-year program to assist Zimbabwean children affected by HIV and AIDS.

From the outset, USAID wanted to learn ongoing lessons so it could modify its assistance to OVCs as circumstances changed. Others were also interested in learning from this first donor effort in Zimbabwe to address the growing orphan crisis.

Thus, in its RFA, USAID asked for a strong operations research, documentation and dissemination component. Because USAID also recognized that communities were already responding through local volunteer efforts, it explicitly discouraged payments for community services.

The RFA asked for a two-phased program with a midterm review that would determine whether Phase II could be “scaled-up” based on replicable models from Phase I and if USAID agreed that the CoAg objectives were being achieved.

The Phase I program was to track indicators, collect data and undertake studies that would help answer four questions for each intervention:

- What is the impact?
- How cost-effective is it?
- How replicable is it?
- What is the quality?

In December 2001, based on full and open competition conducted through the RFA process, USAID awarded a two-and-a-half-year Cooperative Agreement (CoAg) to Catholic Relief Services (CRS) and approved Phase I funding of \$2.49 million from USAID with a cost share of \$992,000 from CRS.

The objectives of the CoAg as stated in the Program Description submitted by CRS were to improve care and support to children affected by HIV/AIDS throughout Zimbabwe and to identify and implement proven models of support to OVC. This was to be accomplished by:

- Supporting and developing appropriate, effective and sustainable community-based approaches;
- Improving the organizational capacity of at least eight local organizations to delivery high-quality care, support and prevention services; and
- Increasing access to quality education of children affected by HIV/AIDS, with a special attention on girls.

¹ USAID, “Background Paper on Children Affected by AIDS in Zimbabwe,” 2000.

To accomplish these outcomes, CRS proposed a program of sub-grants to local NGOs to channel assistance to communities and an operations research/monitoring and evaluation unit to manage the learning process.

USAID conducted the planned midterm review in 2003.² CRS then submitted a Phase II proposal to address issues raised in the review and define project priorities for Phase II of the project.

In September 2005, USAID approved an increase of \$3.9 million which brought the total Phase I and II funding for the grant to CRS to \$6.54 million. USAID also extended the project end date, thereby formally approving a Phase II. Later in the same month USAID again amended the CoAg to substitute the new Phase II program description containing amended objectives, approaches and end of grant indicators.

In September 2006, USAID increased the total grant by \$600,000 to \$7.1 million due to increased availability of funding for HIV/AIDS programs and recognition that the program could absorb more resources. CRS committed a new total cost share of over \$2.0 million and raised \$2.0 million from other donors over both phases.

CRS and USAID agreed to allocate USAID funds to three major budget line items:

Administration & Operations	\$1,784,904
Program Activities	\$3,901,160
Indirect Costs	\$1,449,775

Approximately \$3.2 million was budgeted for administration and “overhead” leaving \$3.9 million for program activities. (Annex D provides further details on the USAID funding history and budget allocation for the grant.)

The mid-term review and Phase II proposal resulted in several changes, including a de-emphasis of the capacity building activities. It also formally recognized a change that occurred during Phase I that shifted emphasis from “children affected by AIDS” to “children at-risk in communities severely affected by AIDS.”

At the time of the assessment, CRS had made grants to 16 local NGOs, called partners, using the USAID funds for Program Activities. Eleven partners received funds in both phases while five were funded in Phase I only. SIDA financed five additional partners.³ Over the life of STRIVE, a total of 21 local NGOs were supported for some period. (See Annex E for a list of STRIVE partners.)

Program Activities funds were also used for salaries for the Project Support Coordinators (PSC) staff, operations research, capacity building and short-term technical assistance.

The following section, “The Changing OVC Context” discusses the overall resources for OVC programs. Section V, “Organizational Effectiveness,” discusses how USAID resources were used to support the STRIVE program.

² USAID/Zimbabwe, “Report on the Mid-term Review of the STRIVE Project,” July 10, 2003.

³ Hope for a Child in Christ (HOCIC), Inter-Country People’s Aid, Mavambo, Kapnek and Nzeve.

III. OBJECTIVE ONE: THE CHANGING OVC CONTEXT

THE ENVIRONMENT IN 2000

The situation in Zimbabwe has deteriorated dramatically since 2000 when the STRIVE program was conceived. In 2000, the estimated number of orphaned children was 782,000 and the projection for 2010 was 1.3 million.⁴ The annual inflation rate was 175 percent and the exchange rate of the Zimbabwe dollar to the US dollar was 55:1.

Furthermore, there was no clearly defined national plan to address the issue of orphans. Coordination for OVC programs was weak. STRIVE was the first large effort to mitigate the impact of HIV on children and to create linkages among partners under one umbrella program.

THE CURRENT ENVIRONMENT

Zimbabwe is now characterized by lack of food, fuel and foreign currency. There are frequent power outages and the once commendable infrastructure is deteriorating. Health and education services are disintegrating. Clinics and hospitals have no medicine. Health professionals are migrating abroad. Seventy percent of the civil service is teachers who are grossly underpaid and increasingly unmotivated.

The Zimbabwe economy has drastically worsened:

- Gross domestic product is falling at a rate of minus 5 percent;⁵
- Annual inflation is more than 1000 percent⁶,
- Unemployment is 80 percent; and
- About 85 percent of the population lives below the poverty line.

Political conflict has so undermined economic confidence that international financial flows and development assistance have largely ceased, thereby reducing the resources for social investment and domestic production.

In May 2005, "Operation Restore Order," also known as "Operation Clean Up,"⁷ displaced an estimated 700,000 people further traumatizing families already reeling under the effect of poverty, HIV and AIDS.

Most donors have suspended development assistance and now give only humanitarian aid. Meanwhile, the Zimbabwe government resists devaluating its dollar that is pegged at US\$1 for Z\$250 while the parallel market trades at US\$1 to Z\$1,800⁸. This makes donor programming, which must operate at the official rate, expensive and unsustainable, as all local costs are based on the parallel rate. Furthermore, poverty threatens volunteerism, a critical practice in current OVC programs.

⁴ UNICEF/UNAIDS/USAID, "Children on the Brink: A Joint Report on Orphan Estimates and Program Strategies," November 2002; this report estimates that 1.2 million of these children would be orphaned due to AIDS. The USAID background document contains estimates of 780,000 orphaned to date and 1.1 million estimated by 2005; this data was presumably based on information from the National AIDS Control Programme.

⁵ The World Bank says that Zimbabwe was the only African country to experience negative growth in 2005; it projects that GDP will fall at a rate of minus 5 percent in 2006 and 2007

⁶ Said to be the highest in the world.

⁷ *Operation Marambatsvina* literally translated, "Clean Up the Filth."

⁸ By late November when the final draft of the report was being prepared, the rate had further declined to US\$1:Z\$2400.

The HIV and AIDS pandemic, declining economic performance, political polarization, unfavorable environmental conditions, policy constraints, limited donor support and depleted capacity in the social sectors have led to the world's fastest rise in child mortality, said to be 82/1000 for under fives.⁹

Thus, there has been no reprieve in the "basket of factors" referred to in the STRIVE midterm review as influencing the rate of decline in Zimbabwe. In fact, the decline is accelerating and there is little hope for improvement.

THE SITUATION OF CHILDREN

The future for children is even grimmer than the economic forecast. For example, using the US Office of the Global AIDS Coordinator definition of *Orphans and Vulnerable Children*¹⁰, the magnitude of the problem in terms of "those who are at high risks and whose prospects for continued growth and development are seriously impaired" may be understood in terms of the following:

- Of the 11.6 million people¹¹ in Zimbabwe 5.6 million are children;¹²
- Access to health care has been reduced by half;¹³
- Malnutrition in children under 5 years is up by a third;¹⁴
- The HIV prevalence rate is estimated to be 18.1 percent;¹⁵
- 1.6 million children are orphaned;¹⁶
- 240,000 children have died of AIDS and 56,000 are living with AIDS;¹⁷
- 150,000 are living with disabilities;¹⁸
- 12,500 children are said to be living and working on the streets;¹⁹
- 48,223 child-headed households with 102,233 children;²⁰
- 5,000 children live in institutions.²¹

Although the prevalence rate of HIV in Zimbabwe may have declined, the number of orphans still appears to be increasing and is projected to continue rising for the next decade. At some point the number of orphans is expected to plateau, but the epidemiology of the AIDS pandemic is only now beginning to be understood. It is, thus,

⁹ Central Statistics Office and USAID/Zimbabwe, "Zimbabwe Demographic and Health Survey, Preliminary Report," July 2006.

¹⁰ The OGAC definition: is "a child, 0-17 years old, who is either orphaned or made more vulnerable because of HIV/AIDS. Orphans have lost one or both parents to HIV/AIDS, and vulnerable children are any or all of the following that result from HIV/AIDS, is HIV positive; lives without adequate adult support; lives outside of family care; or is marginalized, stigmatized, or discriminated against." See, "Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners," July 2006 (draft).

¹¹ The private sector estimates that population has fallen to 10.5 million of which about half are under the age of 20 years.

¹² Census, 2002.

¹³ Recent report by MOPSLSW.

¹⁴ Recent report by MOPSLSW.

¹⁵ DHS Preliminary Report, July 2006.

¹⁶ UNICEF, "Survey on Orphans and Other Vulnerable Children in Rural and Urban High Density Zimbabwe – 2004-2005," November, 2005.

¹⁷ UNICEF, "A Situational Analysis of Orphans and Vulnerable Children and Adolescents in Zimbabwe," 2002 Update.

¹⁸ GoZ Ministry of Health, "Zimbabwe National HIV and AIDS Estimates, 2003", and UNICEF, "A Situational Analysis of Orphans and Vulnerable Children and Adolescents in Zimbabwe, 2001."

¹⁹ This number is likely to be under-estimated.

²⁰ GoZ and UNICEF National Strategic Plan for the Education of Girls: 2005-2010.

²¹ GoZ Ministry of Health, "Zimbabwe National HIV and AIDS Estimates, 2003", and UNICEF, "A Situational Analysis of Orphans and Vulnerable Children and Adolescents in Zimbabwe, 2001."

too early to predict when the total number of orphans can be expected to decline. Regardless of the trend, Zimbabwe is reported to have the highest rate of orphans on a per capita basis in the world – 1 in 5 children.²²

The assessment team believes that the number of orphans may even be higher than the official number. Every school visited by the team reported that more than 50 percent of enrolled children were orphans and that there were many children who were not attending school.

The plight of orphans and other vulnerable children constitutes a national crisis. These children suffer as resources are swallowed by healthcare for sick adults. They are under pressure to drop out of school to assume adult responsibilities for care of ill parents and siblings. Children are failing to access basic rights as they bear grief over multiple losses of caregivers and endure stigma and daily discrimination. Further, there are growing reports of child abuse and trafficking.

THE CHILD PROTECTION POLICY AND LEGISLATIVE FRAMEWORK

Zimbabwe boasts of a clearly defined policy and legislative framework for the care of children; namely the

- Orphan Care Policy provides six tiers of care for orphaned children;
- National AIDS Strategic Policy; and
- National Action Plan for Orphans and other Vulnerable Children (NAP).

A multi-sector 250 member conference held in 2001, including 50 children, was responsible for drafting the NAP. It constituted a first step toward fulfillment of the UNGASS commitment to a “world fit for children.” The Cabinet Committee on Social Services adopted the NAP in 2004 and the Vice President launched it the following year.

Zimbabwe has an impressive array of legislation and a policy framework to protect children.²³ The country also is a signatory to the UN Convention on the Rights of the Child. More importantly, Zimbabweans have strong traditional practices that once ensured that orphans were cared for within the extended family. The tradition of *ubuntu* describes the significance of group solidarity on survival issues. It conveys the sense of community versus individual responsibility for protecting children from poverty and deprivation.²⁴ As a result, 90 percent of orphaned children in Zimbabwe have been absorbed by the extended family,²⁵ but their resources are near exhaustion.

Tragically, while the policy and cultural environment is adequate to meet the challenge of protecting these children, the resources and political will for meaningful implementation of these strategies are absent.

²² UNICEF/UNAIDS/PEPFAR, “Africa’s Orphaned and Vulnerable Generations: Children Affected by AIDS,” recently published according to email communication with UNICEF (Bergua-Himelfarb, 11/06). This report estimates that based on the UNAIDS models for calculating the HIV prevalence that Zimbabwe has the highest percentage of orphans in the world (21 percent), followed by Zambia with 20 percent and Botswana with 19 percent.

²³ For example, there is legislation covering Education, Child Protection and Adoption, Guardianship of Minors, Maintenance, Sexual Offences, Birth and Death Registration Act.

²⁴ Mushunje, Mildred T., “Child Protection in Zimbabwe: yesterday, today and tomorrow,” published in the *Journal of Social Development in Africa*, Vol 21, No. 1, 2006.

²⁵ UNICEF, “Survey on Orphans and Other Vulnerable Children in Rural and Urban High Density Zimbabwe – 2004-2005,” November, 2005.

CHILD PROTECTION PROGRAMS

Government-sponsored child protection programs include the Basic Education Assistance Module (BEAM)²⁶, public assistance to vulnerable families, public works programs in times of drought and food shortages, the Victim Friendly Courts and the National AIDS Trust Fund (NATF).

The National AIDS Council (NAC) is responsible for coordinating the national response to HIV and AIDS, administering the NATF, coordinating with the MOHCW on the provision of ARVs, facilitating home-based care for PLWHA, carrying out prevention programs and promoting *Zunde Ramambo*, a food security program targeting vulnerable people, including those living with HIV and AIDS (PLWHA) and OVC.

NAC works through structures that mirror the national administrative structures – provinces, districts, wards and villages. The principal coordinating structure for assisting OVCs at the local levels was to have been the District AIDS Action Committees (DAACs) comprised of key government and non-governmental development agencies.²⁷ These actors were to be supported by a District AIDS Coordinator. In addition, Child Protection Committees were expected to be formed at these administrative levels. In reality, all these structures are in their infancy and are not found consistently throughout the country. The team found a large variation in the types of structures and availability of government staff such as social workers and AIDS coordinators.

There are undocumented numbers of programs being implemented by NGOs, faith-based organizations (FBOs) and community-based organizations (CBOs). While all these efforts are valiant, they remain insufficient to address the problems facing children. This is mainly because the government is failing to give priority to children in its national budget. In fact, there is an expectation that the NAP should be funded by donor money.

EMERGING ISSUES

The crisis for children is compounded by a number of emerging challenges.

Child Abuse

Child abuse, especially sexual abuse, appears to be rapidly increasing. Although no official statistics exist, there are almost daily media reports of child abuse – a clear indicator of the devaluation of the child. Those asked about this phenomenon proffered explanations that ranged from overcrowded living conditions to a belief fostered by traditional healers that having sex with a virgin can cure AIDS.²⁸

Human trafficking particularly of women and children for labor and sexual exploitation is apparently rising. Reportedly, border towns with South Africa seem to be the foci of trade and upon arrival in the United Kingdom children are “debt-bonded” into service. There are also unconfirmed reports that Zimbabwe is serving as a transit for other African countries trafficking in children.

²⁶ BEAM is a Ministry of Social Welfare (MPSLSW) and NAC joint program whereby each contributes to a school fees fund; however, resources are not adequate to cover many children.

²⁷ Ward (WAACs) and Village (VAACs) may also exist.

²⁸ One informant said that albino girls are especially victimized, because the healers are teaching that the “cure” is even more potent if sex is with a “white virgin.”

The extent of these problems is unknown²⁹, but it is apparent that while most communities are doing a sterling job of caring for children under very difficult circumstances, there is mounting evidence that child abuse within the family and community is rising.

Children as Caregivers

Due to the soaring numbers of bedridden parents suffering from AIDS, more and more children are forced to care for the sick. This problem is not addressed in the NAP and there is no national program to help children gain the necessary skills and protection. These duties obviously keep them away from childhood activities such as schooling and play. The burden is even heavier because the collapsing healthcare system sends patients with AIDS home for care without verifying whether there is an adult caregiver to take over.

Access to Antiretroviral Therapy

One positive development in the past three years has been the slightly increased availability of ARV therapy for children and mothers. But only about 3,000 of the 45,000 who are accessing anti-retroviral (ARV) are children and numerous challenges remain, including expanding equitable access to treatment and supporting adherence to the prescribed regimes.

The national program for prevention of mother to child transmission (PMTCT) of HIV is expanding rapidly and reaching increasing numbers of mothers and infants with single dose nevirapine that reduces the transmission of HIV from mother-to-infant at the time of birth. However, unless these mothers are able to access anti-retroviral therapy for their own HIV infection, the HIV-free children born to these mothers will inevitably become orphaned and vulnerable.

Advocacy for Children

While it is clear that Zimbabwean children have been thrust into an unprecedented crisis, the voice of advocacy seems to be in hibernation. There is no evidence of systematic engagement by civil society, donors or the churches with Parliament or the Executive Office on behalf of children. Government seems to have abdicated its duty to provide social services and communities seem to have lowered their expectations. This was evident during discussions with communities. There was little mention of government. Instead, there were high expectations of donors who usually complement the government's efforts.

Coordination Among Organizations

In 2001, a pre-conference assessment prepared for the NAP found that there were more than 200 organizations helping children in Zimbabwe. While capacity has grown within a number of organizations,³⁰ the biggest gap was in coordination of efforts. Some groups had linkages to one another but at times were competing and duplicating efforts. STRIVE partners also raised the need for better coordination of OVC programs.

²⁹ Subsequent to the team's field work, UNICEF spokesman James Elder said that the "Child Protection Working Group has reported 8,600 cases in the last year," *Agence France Presse*, November 19, 2006.

³⁰ CRS/Zimbabwe, "Partnership Capacity Assessment – Consolidated Report," March 2006.

To enhance coordination, the Zimbabwe Government with assistance from UNICEF established a multi-sectoral Working Party of Officials (WPO) to finalize the NAP and guide its implementation. A National Secretariat, housed in the Ministry of Public Service, Labor and Social Welfare (MPSLSW), is responsible for overall coordination of the NAP as well as the mobilization of resources to support its implementation. The Secretariat works closely with the OVC National Coordinator from NAC whose main role is to mainstream OVC issues and to monitor activities.

Government efforts, however, are nascent and the District Child Protection Committees were largely absent as players in the areas visited by the team. While some organizations have formed alliances, these remain loose and informal. Existing government and AIDS structures need to coordinate better to ensure effective programming, peer review, geographical equity and quality standards.

Insufficient Resources

The Zimbabwe Government and donor funding is insufficient to address the crisis of children. A 2004 World Bank report concluded that Zimbabwe receives the lowest level of donor support among the 15 countries in the world with the highest HIV and AIDS prevalence rates.³¹

In an attempt to respond to the crisis, UNICEF is managing a pooled funding mechanism known as the Program of Support (POS) to help implement the NAP. To date, DFID and New Zealand AID have committed US\$40.4 million over four years, while Germany, the European Commission and SIDA have pledged an additional US\$30.0 million. Additional funding is expected. USAID has not joined the POS, leaving open a window for implementers to access funds for activities other than those defined by the POS.³²

The United States Government (USG) strategy for HIV/AIDS in Zimbabwe is contained in the President's Emergency Plan for AIDS Relief (PEPFAR). USAID is the US agency responsible for responding to the OVC crisis. Underlying all USG interventions is a commitment to build leadership and develop human and organizational capacity to increase the sustainability of programs. The USG seeks to uphold "champions of change" who take bold actions against HIV. The USG works closely with the extensive faith-based community to leverage its contributions and buttress community efforts to deliver quality services through education, food security, economic strengthening and psychosocial support (PSS) activities.

Nevertheless, USG resources committed for OVC in Zimbabwe are relatively small, despite the fact that the USG Country Team has decided to provide 10 percent of PEPFAR funding for OVC programs³³. Because Zimbabwe is not a PEPFAR "focus country", it receives a fraction of the funding that neighboring "focus" countries receive. If the USG shifted from a humanitarian to a development program in Zimbabwe, contributions for HIV/AIDS in general, and OVC, in particular, would increase significantly.

³¹ While the methodology of this study has been criticized, the World Bank findings nevertheless serve to illustrate the point. This study said that donor support per person living with HIV and AIDS is on average US\$78 in 14 other countries, while Zimbabwe receives only US\$4 per person.

³² Other major players supporting programs designed to fulfil the objectives of the NAP that have not pooled funds include JSI/UK, Kellogg Foundation, CIDA, ECHO and the Bernard Van Leer Foundation.

³³ This is in line with a PEPFAR earmark for focus countries, which requires that 10 percent of a focus country's USG HIV budget be allocated to OVC programs.

SUMMARY

The STRIVE program has been thrust into a situation of dramatically increased need for support for OVCs. The need, which was already great when STRIVE began, is even greater today. The number of orphans continues to escalate and the current economic policies make cost-effective implementation extremely difficult. The POS, having drawn lessons from STRIVE, is now a major player with more, but still limited, resources.

Based on these findings, the team concluded that the plight of children in Zimbabwe has reached a crisis that merits an immediate and dynamic response, and includes:

- Mobilizing communities to understand children's claimable rights;
- Engaging communities in portraying the plight of children to Parliament and the Executive Office; and
- Spurring the international community to increased action by sharing better information.



Norton Primary School

If Zimbabwe fails these children, their future will be bleak and the country will face a rapidly growing number of under-educated, malnourished, socially marginalized, angry youth.

John Williamson, "Closing the Gap: Scaling up Action to Improve the Lives of Children Made Vulnerable by HIV/AIDS in Zimbabwe," July 2003

IV. OBJECTIVE TWO: LESSONS LEARNED AND BEST PRACTICES

In discussing the findings, the assessment team found it necessary to define the concept of “holistic” programming for OVC. They saw a mixture of programming elements with the partners encouraging different services to children, families and communities. (See Annex F.) The team decided that a better definition of “holistic” program activities would help to identify the wide range of efforts needed to maximize benefits and minimize risks so that children developed appropriately to the norms of their community and culture.³⁴ Holistic also implies an understanding that all vulnerable children, not only orphans, are included in ways that do not promote stigma or cause further disruption in their lives.

In light of the desire to promote “holistic” programs for OVC, the contributions of STRIVE can be viewed from several perspectives—national, NGO partners, and communities. The following section discusses these contributions.

NATIONAL POLICY

Based on the midterm review recommendation that STRIVE position itself to work on policy, CRS made substantial contributions to the national response to vulnerable children and has:

- Participated in the development of the NAP and its M&E Plan;
- Raised awareness of the value of child participation;
- Assisted the Rapid Assessment, Analysis and Action Planning Process;
- Leveraged donor funds;
- Delivered funds to communities via NGOs, FBOs and CBOs; and
- Done research on issues affecting vulnerable children in Zimbabwe.

STRIVE complemented its national profile by working through local non-governmental organizations with between 8 and 16 local partners throughout the life of the CoAg. STRIVE partners have programs in eight provinces and 34 of the 66 districts in country. (See Annex E for a list of partner districts.)

PARTNER CAPACITY AND MODELS

The STRIVE partners are varied and include the Roman Catholic diocesan structures, rural development organizations, a child protection society and NGOs that support disabled children, among others. Many of the partners are experienced in participatory community mobilization and brought this expertise to their OVC programs. STRIVE introduced and implemented a model that assisted local partners in their ongoing programs in four areas:

- Payment of fees or fee exemptions negotiated with block grants or school commodities;

³⁴ Brown, Lori diPrete, “Achieving Standards of Care and Quality Improvement in Programming for Children Affected by HIV/AIDS,” 2006 (draft).

- Psycho-social Support (PSS) interventions for OVC, including camps, clubs and training communities and peer counselors;
- Helping existing or new community gardens; and
- Training internal savings and lending (IS&L) groups.

While not all partners carried out activities in all the four areas, the package was aimed at providing holistic interventions for children through community efforts. The strategy included training childcare or child protection committees in identifying the most vulnerable children, monitoring abuse of children and planning community activities. In some cases district-level committees were present at village and ward levels, but in other cases, sub-committees of existing groups (e.g., the School Development Committee) addressed OVC needs.

Although there were variations in the exact strategy and the mix of components employed, most partners reported the following:

- Attendance at schools improved;
- Committees identified vulnerable children and brought their needs to the attention of the school, the headman and other community members;
- Gardens produced vegetables to feed children or generate income to pay school fees;
- Children attended camps, clubs and other special events;
- Youth and children participated in planning and implementation activities; and
- IS&L groups used funds for school expenses, food, clothing and household equipment.

Potential pitfalls of the package of support included:

- HIV prevention activities were not very visible;
- The educational interventions swallowed most of the resources and energies;
- Efforts that did not easily fit the program categories might have been undervalued; and
- Community-identified needs that were not included in the STRIVE components have been overlooked or at least under-reported.

CRS made a strong contribution in helping partners increase their organizational capacity by training their staff in monitoring and evaluation (M&E) techniques and advising in financial management and reporting. These activities supported the STRIVE exit strategy.³⁵

Partners demonstrated significant capacity to do more, but generally were constrained by the lack of resources. Some partners accessed funds from other donors and many have joined consortia applying for funds contributed through the new POS managed by UNICEF/Zimbabwe. CRS/STRIVE also linked some partners to other CRS initiatives such as birth registration drives, food assistance, referrals for ART and PMTCT and

³⁵ According to the Cooperative Agreement (Annex E of the Program Description, entitled "Interim Exit Strategy for Phase II, dated 2005), CRS was to develop a "strategy for reduced dependence on current project donors and enhance the capacity of partners to mobilize resources as part of capacity building efforts. At the end of the project life the partners will be in a position to secure basket funding and other grants to support the vulnerable children they will be serving."

livelihoods support. Further, the emphasis on child participation has been very positive and partners have a good grasp of how to include children in planning activities.

Networking and exchanges helped build partner capacity through the semi-annual “directors meetings” where partners shared lessons. In addition, CRS disseminated lessons in the *STRIVE Times*, a bi-annual newsletter. Partner-to-partner site visits provided another opportunity for sharing; however, most partners have not visited others in the past year.

CRS worked with 21 local NGO partners to build their capacity and develop holistic models. The partners have untapped capacity to work with other NGOs. While some stronger NGOs mentored others, more could have been done to build networks. Overall, STRIVE was present in over half of the districts, thereby contributing to its “name recognition” as a national program assisting OVCs.

Community Capacity

STRIVE was built on the premise that because communities and families provide most of the care for vulnerable children, the most sustainable and effective response to the overwhelming number of needy children was to enhance the capacity of families and communities to do more of what they were already doing.

The Pack That Helps Me

By M Gwauya

It's a pack that helps me.
It's not a condom pack.
It's not a contraceptive pills pack.
It's not a cigarette pack.
Only *Auntie Stella* pack.

My life was in danger.
Not a mother of mine
Not a father of mine
Not even a relative
Not even my culture
Told me about reproductive
health issues and puberty.

Only *Auntie Stella* pack
introduced by IPA* helps me
A lot.

My life was in danger.
I was walking in darkness.
I didn't know reproductive
organs needed extra care.
The shadow of death
was upon me;
I didn't know STIs/STDs
lead to death.

Only *Auntie Stella* pack
introduced by IPA helps me
A lot.

*IPA is Inter-country People's Aid; the *Auntie Stella* pack is a set of reproductive health education activities produced by TARSC and used by several CRS partners.

Volunteers, usually women and often widowed, are the backbone of this approach, but this does not mean that the least resourced members of society should bear the burden of responsibility. The approach acknowledges that a loving family and community need help in creating an optimal environment for children. Volunteers need encouragement through additional recognition and limited material assistance.

In addition to those already mentioned, STRIVE financed an array of community activities that:

- Mobilized and trained community committees to identify and monitor OVCs
- Re-activated community fields (*Zunde Ramambo*) for the benefit of children;
- Addressed reproductive health through *Auntie Stella*, drama and scouting;
- Used child-friendly “station days” to monitor child development;
- Trained youth in sewing, carpentry and cooking skills; and
- Encouraged youth to serve as counselors of children.

The numbers of children reached directly through STRIVE varied from month-to-month, but during Phase II it was consistently in the range of 25,000-40,000. Another 100,000 children benefited indirectly at any given time, primarily through block grants to schools.

This is a small number in light of even the most conservative estimate of the total number of OVC.

Community members are aware of the need to respond to the growing numbers of OVC. Furthermore, they have clear ideas on how they could expand their work, including:

- Encouraging volunteer efforts with modest incentives;³⁶
- Supporting child- and elderly-headed households, especially with food;
- Generating income;³⁷
- Employment training for out-of-school youth;
- Providing daycare for young children;
- Obtaining HIV prevention information;
- Acquiring health services;
- Visiting others to learn what they have done; and
- Learning various skills such as how to obtain birth and death certificates, ARVs and care for children.

Thus, while communities are actively aware of the needs of OVCs, they lack resources, childcare and protection information and advocacy skills to obtain services and materials for the burgeoning number of needy children.

OPERATIONS RESEARCH

From its inception STRIVE included a strong operational research (OR) component that was intended to analyze the impact, cost-effectiveness, reliability and quality of care for vulnerable children in order to inform and improve programming. While no specific minimum standards for sub-grantee programs were established, there is now increased awareness of the need for such standards.

The STRIVE Operations Research, Monitoring and Evaluation Documentation and Dissemination Department (ORMED) documented and assessed various aspects of partner programs. These include IS&L groups, camps for vulnerable children, adaptation of sexual and reproductive material for the hearing impaired, and child-friendly data collection processes.³⁸

By 2006, STRIVE had produced an impressive list of relevant national and international articles, publications and presentations. These papers were written by or in collaboration with CRS/STRIVE staff and contributed to the STRIVE reputation as a significant regional player in the field of OVC.

The STRIVE approaches and lessons have been shared at local and international conferences and presumably with the STRIVE partners. The research also enabled partners to replicate certain practices such as revitalizing Child Protection Committees and switching to block grants for educational assistance. There does not seem, however, to have been a mechanism for sharing findings and lessons learned with communities, nor was the research shared in ways that were easily accessible and

³⁶ E.g., training, hats, umbrellas, soap, shoes, food or seed packs.

³⁷ E.g., maize milling, vegetable gardening, soap and peanut butter making, or raising small livestock.

³⁸ A few partners had adopted "station days" as an innovation to gather children in one location and simultaneously obtain health and other information on their status.

usable by partners and communities. For example, there were few user-friendly, inexpensive materials in local languages.

Another premise of STRIVE was that communities have coping mechanisms for vulnerable children that could be bolstered. However, CRS did not identify or document any new or traditional community practices around childcare or reproductive health on which to build the intervention package. This is an example of a clear gap in the operations research.

ORMED trained monitoring officers in each partner organization. Using tools developed for STRIVE, partners tracked and reported on the agreed indicators – numbers of children served by different activities and disaggregated by gender. ORMED also used M&E evidence to show improvements in school attendance and IS&L groups' record keeping. However, the emphasis on collecting numbers of children may at times have so preoccupied partners and CRS that they overlooked other qualitative outcomes that could have encouraged more holistic programs.

Furthermore, because the projects relied on volunteers for data collection, community stakeholders needed to see the benefit of their contributions. Thus, monitoring should have:

- Highlighted volunteer achievements;
- Provided opportunities to review findings and discuss the implications;
- Recognized the value of the volunteer's work; and
- Linked to continued or increased funding.

The process which CRS used to identify and assign priority to study topics is not clear to partners. While they expressed interest in doing their own local studies, they felt inadequate to the task. Thus, the team concluded that NGO partners seemed to be passive recipients of operations research information rather than active initiators and users of research.

In summary, the assessment team found that CRS built the capacity of partners to undertake monitoring and added to their knowledge of quality programs for vulnerable children. However, STRIVE did not provide partners or communities with the skills to do their own action research. More information should have been shared with communities in user-friendly, inexpensive formats for discussion and action. A further gap in the research was the failure to identify or document traditional or new community childcare or reproductive health practices.

The team speculates that the use of the term “operations research” may have led to confusion about the purpose of this component of STRIVE. We suggest that perhaps the term “information and dissemination” might have conveyed more clearly the type of activities USAID sought to promote. The team believes that while the CRS staff and some of the partners used OR to improve some programs efforts (e.g., the switch to block grants), overall there was insufficient learning in the face of a worsening crisis.

INDICATORS OF PROGRAM SUCCESS

The CoAg outlined four areas for judging program success: quality, impact, replicability and cost. The team addressed these criteria using the following framework: Quality,

Replicability and Sustainability, Innovation and Flexibility. The topic of costs is covered in the next section, entitled, “Organizational Effectiveness.”

Quality

The degree to which programs:

- Achieve expected results;
- Meet contractual obligations;
- Maintain compliance with established standards;
- Identify opportunities for improvement; and
- Implement improvements.

In light of this definition and the goal of holistic programming for OVC, the STRIVE interventions generally were of high quality and administered by committed staff who provided comprehensive services given the limited resources. The team found that partners have great capacity to delivery quality programs but needed funding and encouragement to use existing social structures and safety nets in order to create a wider circle of support for children.

However, quality came with a price. The partners offering the most comprehensive services also had the highest program cost per child. Perhaps, greater quality could be achieved if partners were freed from the four fixed STRIVE components and were provided adequate resources to strengthen their own community activities.

Annex F contains additional observations from the site visits and suggestions and observations on quality.

Replicability and Sustainability

Volunteers

The dependence on community volunteers to conduct most aspects of the project carries an inherent risk. As the basic survival needs of volunteers become more critical, they have less time to help children. Home-based care providers, childcare givers, committee members and others undertake time-consuming tasks such as visiting households, caring for the sick, helping with homework, and attending meetings and workshops. While the level of personal commitment is high, as the volunteers’ livelihoods become threatened, it is doubtful that they will be able to maintain the same intense level of engagement. Partners said that they did not have the resources to offer material support and that STRIVE did not allow incentives.

The team observed two examples of volunteer innovation that merit replication. The first was the training of men as home-based caregivers and the second was young men leading boys clubs. Both were promising ways of encouraging behavior change.

Food Security and Economic Strengthening

The team found that the gardens and community fields were the principal types of food security activities. This is not surprising in the current environment as food production is one of the few sources of cash income. Groups often sold a percentage of garden produce and used the income either to purchase agricultural supplies, to feed children and/or to pay for school expenses.

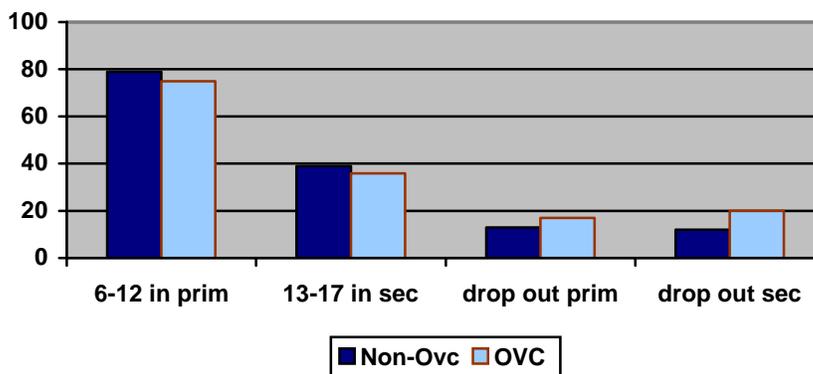
The primary economic strengthening activity of STRIVE partners was Internal Savings and Lending Groups (IS&Ls). Three partners sponsored IS&Ls, trained them, helped monitor their record keeping and advised on group dynamics. One partner monitors 81 groups. In an internal study,³⁹ CRS found that IS&Ls are bound together by some other common activity⁴⁰. Thus, it appears that successful groups are “self-selected” as opposed to externally established. Further, these groups have purchased household and agricultural goods and appear to be adding to the local food security safety nets. However, the complex economic environment also meant that risks were high and that assets were protected only when management was extremely adept.

Community food production, the IS&L groups and a few small income generating activities (IGAs) showed possibilities for sustainability. Partners and community members gave examples of how these activities continue despite withdrawal of funding and the unfriendly economic environment.⁴¹ The STRIVE contribution to these activities was nominal. For example, in one instance the assessment team calculated that each of the 40 gardens supported by partners received only about US\$10 each.

CRS training in finance and M&E seemed to be important to sustaining program activities and partners appreciated their increased capacities in these aspects of organizational development.⁴²

Educational Assistance

School is a primary vehicle for socialization and it provides opportunities for friendship and normal interactions. Further, it offers the possibility of additional adult supervision and loving guidance while giving children the potential to earn a living. Zimbabweans make extraordinary efforts to ensure that their children attend school. Enrollment rates for children aged 10 to 14 are 87 percent for non-OVC, 81 percent for single orphans and 78 percent for double orphans.⁴³



³⁹ Provident Advisory Services and Tawanda Sibanda, “CRS/Zimbabwe Evaluation Study Report of the Internal Savings & Loans Program for OVC,” September 2005.

⁴⁰ E.g., the groups have a nutrition garden, are members of a burial society or are part of a home based volunteer group.

⁴¹ Best Practices (Pvt) Ltd, “CRS/Zimbabwe. Partner Support Coordination Unit Evaluation Report,” September 2006 (draft).

⁴² Provident Advisory Services and Tawanda Sibanda, “CRS/STRIVE Evaluation Study Report of the Internal Savings and Loan Program for OVC,” September 2005.

⁴³ “Survey on Orphans and Other Vulnerable Children in Rural and High Density Zimbabwe, 2004/2005,” conducted in 21 districts.

Our Experience

*By Grace Rapkeni, Rumbidzai Chapinda
and Masimba Gwatidzo*

It has been a tough time,
I am the third born,
In a family of four.

My mother and father passed
away,
The eldest sister looks after
us,
Sometimes we do not have
anything to eat,
We share two blankets.

At school, it is difficult to
remember facts,
As I will be thinking of my
father and mother,
Sometimes I will be absent
minded,
I need friends who understand
my problems.

At all age levels, orphans and vulnerable children are slightly less likely to be attending school and more likely to drop out. Less than half of all the children surveyed, OVC or non-OVC, attended secondary school.

The STRIVE strategy of paying school fees or organizing exemptions from fees through block grants resulted in improved school attendance. Partners adopted block grants as an innovative response to inflation and the inability of partners to continue paying school fees in the form of scholarships for individual children. However, some partners misunderstood how to leverage block grants to benefit the greatest number of children. For example, schools still equated the value of the block grant to the number of children accommodated. At one school, boxes of textbooks allowed only 33 additional children to enroll, while at another school one box of books allowed 100 children to enroll. In contrast, some headmasters feel that the grants do not provide appreciable benefits to the school.

In some cases, STRIVE failed to complement the payment of fees with a “minimum package” that would have enabled greater scholarship success. Such a package would have consisted of a daily meal, clothes and shoes, stationary and pencils and for girls, sanitary products.

A recent CRS study⁴⁴ found that many IS&L groups contributed fees for a few children. However it would be wrong to assume that such group efforts could eventually replace external support. Without significantly more input, such activities will never generate sufficient income to pay for schooling for the ever-growing number of vulnerable children. Already many families are unable to pay fees for all the children in their care. In STRIVE communities, the payment of school expenses by outsiders appeared to be the norm. However, because of escalating school fees, partners are no longer reaching the agreed targets and do not have the resources to expand their coverage.

Innovation and Flexibility

STRIVE was envisioned as a program to support innovation by recognizing and supporting community initiatives.⁴⁵ Innovation has become even more critical in the rapidly deteriorating situation.

However, an internal study stated that “while communities expressed a great deal of acknowledgment for participatory processes and related clear examples of ownership, people also expressed that programs were not always responsive to the most critical needs.”⁴⁶ While participatory planning processes are crucial for ensuring sustainability and relevance, partners undertook this approach without the explicit help of STRIVE. There was little evidence that CRS used these community-driven plans to encourage

⁴⁴ Provident Advisory Services and Tawanda Sibanda, “CRS/STRIVE Evaluation Study Report of the Internal Savings and Loan Program for OVC,” September 2005.

⁴⁵ USAID, “Background Paper on Children Affected by AIDS in Zimbabwe,” March 2000.

⁴⁶ CRS/Zimbabwe, “Partnership Capacity Assessment Consolidated Report,” March 2006, p 29.

creativity and innovation in responding to local circumstances and the comparative advantages of partners.

This finding is most evident in the PSS interventions that consisted mainly of camps, clubs and reinvigorating scouting. However, other than schools, partners did not appear to use existing community networks such as sports clubs, choirs, church events, burial societies, health workers or home-based care providers as vehicles for strengthening the understanding and delivery of psycho-social interventions.

Camps and clubs may have created the impression that PSS is a deliverable commodity, rather than the totality of efforts that encompass all those involved in creating the human attachment and loving environment that enhances a child's sense of well-being. Use of existing social opportunities would have had the advantages of avoiding singling out orphans and taking a more holistic approach.

STRIVE also overlooked the role of families as the prime providers of comfort. For example, communities reported that foster children were treated differently and given more household and farming responsibilities, while biological children were favored in meeting school expenses. In spite of this, few activities addressed such issues. While individual partners were involved in helping children victimized by abuse, CRS did not effectively tackle this growing problem.

The most evident cause of children's distress is worry about survival and access to food. CRS obtained other funding for school feeding in one district. USAID acknowledged that it could have done a better job of targeting CSAFE resources for OVC. For the most part however, partners fended for themselves when it came to obtaining food for the children. Thus, while many of the partner activities included some type of food distribution, neither USAID nor CRS worked to provide comprehensive feeding assistance to OVC.

SUMMARY OF LESSONS

- **Partner Capacity:** Programs were generally of high quality. A number of partners have governance structures, management and financial and technical skills and the commitment to do much more. This capacity is not being fully utilized primarily due to lack of funds and a relatively narrow understanding of what CRS/STRIVE could do. Not many new partners were reached.
- **Community Strengthening:** Communities have increased awareness of the needs of vulnerable children but lack sufficient information and materials on childcare and protection, HIV prevention and treatment. Volunteers could be encouraged through additional recognition and limited material assistance.
- **Operations Research:** While CRS has built the M&E capacity of partners and added to their knowledge, partners and communities did not carry out their own action research. Communities did not receive research results in user-friendly, inexpensive formats. Additionally, research efforts did not identify or document traditional community practices around child care or reproductive health on which to build the intervention package.
- **Educational Assistance:** This is highly valued but paying school fees or making block grants could use all the resources. The approach is being replicated but it is not sustainable without huge donor inflows.

- **Economic Strengthening/Food and Nutrition:** Communities need income. While some IGAs and IS&L activities could be scaled up with minimal additional resources, they will never generate meaningful income especially given the weak markets. The possible exception is food production.
- **Innovation and Flexibility:** More could have been done to learn from and support needs identified by communities and partners.

RECOMMENDATIONS

USAID and CRS should consider the following list of activities for inclusion in the final work plan of the STRIVE project:

- If not available elsewhere: document a minimal package for OVC programs; produce a simple handbook of best partner practices' and possibly develop an accompanying training manual. Print and share as many copies as possible.
- Provide additional funding to partners to document experiences that:
 - Identify and collaborate with local safety nets;
 - Enumerate numbers of OVC, child-headed households, etc.
 - Adapt and reproduce existing materials on child development;
 - Identify both helpful and damaging cultural norms and practices;
 - Collect and disseminate inexpensive materials on reproductive health, AIDS, the term “orphans,” assigning work in extended families, child abuse, etc.;
 - Establish guidelines for negotiating block grants to ensure that the maximum number of pupils benefit; or
 - In collaboration with NAC, develop standards of quality for PSS activities or other aspects of “holistic” quality standards.
- Pilot a Small Funds Initiative to respond to community-identified needs, for example;
 - Identify out-of-school children and support early childhood development or re-integration of youth into schools;
 - Raise funds (e.g., choir competitions, patron sponsorship, collection of donated school materials, etc.);
 - Pilot and experiment to provide schools commodities rather than cash;
 - Promote partner-partner and community-community exchanges;
 - Shift the focus of PSS from the individual to the community by helping groups discuss parenting, traditional practices, and AIDS prevention; or obtain other services (e.g., clinics, birth registration, and school shops).
- Convene a workshop with the Zimbabwe AIDS Network (ZAN), donors and NGOs to examine lessons and establish guidelines for providing incentives, recognition and reimbursement to community volunteers.



ROSE MARIE DEPP

School choir sponsored by CRS partner, Bekezela

V. OBJECTIVE THREE: ORGANIZATIONAL EFFECTIVENESS

This section examines the approach taken by USAID and CRS in accomplishing the program objectives. It discusses: how efficiently CRS managed the program, and the effectiveness in using an umbrella grant to an international NGO/PVO.⁴⁷

MANAGEMENT

USAID program oversight rests with the Cognizant Technical Officer (CTO) who devotes approximately 25 percent of her time to OVC issues and STRIVE Project management. USAID has recently set a new standard for program management costs at 6 percent of program resources. The policy is intended to ensure that more resources reach the intended beneficiaries. USAID/Zimbabwe has met this standard with its FY 2007 funding.

It was reported that over the life of the program collaboration between the various CTOs and Chiefs of Party was good. While the midterm assessment reported complaints of USAID micro-management, this was not reported to the assessment team.

CRS/Zimbabwe has approximately 172 staff, of which nine are expatriates. The total complement includes staff in sub-offices in Mutare and Bulawayo, as well as drivers, cleaners, gardeners and other support personnel. In addition to STRIVE, CRS is also one of three PVOs that manages US emergency assistance to Zimbabwe (CSAFE)⁴⁸ and has other programs in justice and peace, livelihoods, and HIV/AIDS.

STRIVE funding supports 20 staff members, and about 12 staff are totally funded by USAID, while others receive partial USAID funding for their salaries ranging from 25 to 70 percent⁴⁹ of the total.

The factor that had the greatest effect on relations with USAID was the high cost of the STRIVE staff and questions about their contribution to the program. CRS claims that USAID required a high degree of compliance and this increased the administrative costs of the programs. Altogether, salaries and wages were over \$1.2 million of the administration and operations budget line item while fringe benefits, travel, transportation and per diems were budgeted at \$0.6 million.⁵⁰

The midterm review contained a finding that “CRS inadvertently disempowers STRIVE management. This resulted in delays that have reduced STRIVE’s ability to carry out its activities. In addition, too many people appear to have been involved in decision-making.” The review also contained several recommendations relating to staffing, the authority of the Chief of Party and the autonomy of USAID-funded STRIVE staff.

In 2004, CRS restructured its Zimbabwe organization to improve coordination and communication among CRS and partners, increase technical support to partners and

⁴⁷ Through this mechanism the donor grants funds to a PVO which in turn, sub-grants funds to local NGOs that conduct OVC programs in communities.

⁴⁸ CSAF is the Consortium for Southern Africa Food Security Emergency; CRS is one of three organizations implementing this program also funded by USAID. The largest contingent of CRS staff, about 80 persons, supports the humanitarian assistance program. Given that food assistance is nearly always staff-intensive, it is not surprising that the CSAF program includes a large number of monitors, data capture officers and laborers for loading and handling of food.

⁴⁹ A share of the salary for one expatriate charged to USAID was recently reduced from 25 percent to 12.5 percent.

⁵⁰ In addition, \$.35 million is included in the Program Activities line item for salaries of the Program Support Coordinators (PSCs).

add transparency regarding financial planning. Senior CRS management anticipated that the restructuring would lead to greater program integration. STRIVE would benefit from other CRS programs such as the CSAFE and the justice and peace activities. The objectives were commendable.

However, it is USAID's view that the CRS restructuring in 2004 was contrary to the recommendations of the midterm review and further exacerbated the long-standing issues concerning the staffing of the program and the organizational layers.⁵¹

The team found that the restructuring did create an additional management layer between the Country Representative and the STRIVE Chief of Party.⁵² It had the effect of further subordinating the Chief of Party and requiring additional reporting and consultative layers. While the Chief of Party did not formally report to the Heads of Program, she was obligated to seek their clearances to conduct most activities.

As part of its restructuring, CRS also constructed a stand-alone Program Support Coordination Unit (PSCU) comprised of a Senior Partner Support Manager and seven Coordinators (PSCs), each of whom was responsible for coordination with two to three partners. Many of the STRIVE staff were moved to the new PSCU. Some staff viewed this aspect of the restructuring as a "deliberate ploy to weaken certain projects".

Because of the restructuring, only four technical officers, a grants manager and an administrative assistant currently report to the Chief of Party. Thus, of the 12 full-time STRIVE-funded positions, the Chief of Party directly supervises only six of them. Furthermore, the Chief of Party must seek approval through the Program Implementation & Program Support (PI&PS) Manager to consult with or use STRIVE-funded staff in the PSCU. As one observer commented, "CRS has an overdeveloped superstructure." The assessment team agrees.

Recently, CRS commissioned a consulting firm to assess the PSCU.⁵³ The assessment team agrees with many of the findings in the CRS-commissioned report, including:

- Relative satisfaction of partners with the services provided by the PSCs;
- Inadequate communications among partners and technical managers caused by poor internal communications;⁵⁴
- Dissatisfaction among partners with finance and grant administration;⁵⁵
- Perception by some that PSCs are putting a wall between STRIVE and partners;
- Cumbersome bureaucratic systems with excessive control exercised by senior officers requiring hierarchical clearances for routine transactions.⁵⁶

USAID continues to be concerned that the Chief of Party has too little decision-making authority over the use of USAID CoAg resources. The assessment team agrees that the

⁵¹ A former CTO for STRIVE was interviewed and cited staff turnover as a problem and went on to say, "CRS had a lot of layers. A whole gang would show up for meetings, but they weren't very well informed about the problem. It was hard to know what we were paying for in staffing."

⁵² This included addition of a Program Quality Coordinator (also called the "Head of Programming") who acts as a deputy to the Country Representative. Below the Head of Programming were the various Heads of Program, including the HIV/AIDS Manager and the Program Implementation & Program Support (PI&PS) Manager.

⁵³ Best Practices (Pvt) Ltd, "CRS/Zimbabwe: Partner Support Coordination Unit Evaluation Report," September 2006 (draft).

⁵⁴ The PSCs appear to have little authority and risk, as the consultant report stated, becoming "post boxes" for partner inquiries. Meanwhile, some technical managers feel that they cannot talk directly to partners without the presence or approval of the PSCs. Thus, rather than fostering team work as expected, the restructuring may have contributed to the creation of a "them" versus "us" culture.

⁵⁵ Partners complained in every interview of delays. While at times they shared the burden for mistakes, one said, "You would think that after four years this problem would have been solved."

⁵⁶ For example, approval of quarterly disbursements to partners, training, travel and printing of documents.

restructuring created additional delays and less streamlined decision-making than necessary. Further, the assignment of STRIVE-funded staff to other CRS units resulted in a lack of clarity about roles and responsibilities and supervision. The team concluded that the restructuring, while commendable in its stated purpose, further diminished the authority of the Chief of Party over the use of USAID resources while adding costs and inefficiencies.

It is encouraging that both USAID and CRS believe the new Chief of Party has excellent credentials and brings greater focus to community work. However, CRS has not adequately briefed the new Chief of Party, who has not previously worked for either CRS or a USAID project. Thus, she lacks knowledge of organizational procedures and requirements. Furthermore, it remains uncertain whether she will have sufficient authority to make STRIVE programming decisions.

CRS recognized the opportunity to integrate its programs to provide a more complete package of support to its various partners. But, both USAID and CRS could have done a better job of using their respective program resources to benefit vulnerable children. CRS did use private funds for four of the STRIVE partners⁵⁷ for HIV/AIDS activities such as home-based care, food assistance in one district and peace building training for STRIVE partners. However, the team found few other examples where CRS organizational resources added to STRIVE partner programs. The team believes that the benefits of the 2004 CRS restructuring have yet to be realized.

Similarly, USAID missed opportunities for integration that might have better targeted U.S. food assistance to children, families and volunteers. Birth registration and legal documentation is also a pervasive problem for vulnerable children that would benefit from collaboration with USAID's Democracy and Governance program in addressing child rights and enhancing community awareness of the legislative and policy framework.

APPROACH

The "umbrella grant" approach adopted by CRS and USAID resulted in a total of 21 sub-grants to local NGOs and FBOs that worked in communities.⁵⁸ Sixteen of these received funding in both phases. CRS leveraged contributions from other donors with the largest share coming from SIDA that supported an additional five partners.⁵⁹

The administrative cost for USAID was more than 45 percent of its total contribution. CRS leveraged an additional \$2.0 million from donors including SIDA, UNICEF, and HIVOS.⁶⁰ When these contributions are included, the "cost of delivery" falls to 38 percent, but this still represents an unacceptably high share of resources for administration. The following table shows that USAID provided a total of \$7.1 million, of which \$3.24 million was used for administration and indirect costs, leaving little more than half (\$3.90 million) for program activities, including grants to NGOs, operations research and technical assistance to NGO partners.

⁵⁷ Mavambo and the three Roman Catholic diocesan partners.

⁵⁸ Program Activities included sub-grants to 16 partners over the life of the program, including: the Archdiocese of Bulawayo, Batsiranai, Bekezela, Bethany Project, CADEC, Child Protection Society, Diocese of Mutare Community Care Program (DOMCCP), Farm Orphan Support Trust, Rural Unity Development Organization (RUDDO), Tsungirirai, Uzumba Orphan Care. In addition, five organizations received funding in Phase I, but not in Phase II; these included Africare, Intermediate Technology Development Group, Masiye Camp, Save the Children/UK and Scripture Union.

⁵⁹ HOCIC, Inter-People Aid, Mavambo, KAPNEK & Nzeve.

⁶⁰ The Elizabeth Glaser Foundation also contributed for the conduct of a research study.

TOTAL STRIVE PROGRAM (US\$000,000)

Line Item	USAID ⁶¹	% of USAID	CRS ⁶²	SIDA	UNICEF	Total ⁶³	Share of Program
Administration & Operations	1.78	25% ⁶⁴	.65	.36	.01	2.80	25%
Program Activities	3.90	55%	1.39	1.23	.38	6.90	62%
Indirect Costs	1.45	20%	0	0	.01	1.46	13%
Total	7.14		2.04	1.60 ⁶⁵	.40	11.18	
Total Share	64%		18%	14%	4%	100%	

Of the total USAID grant, CRS used \$2.8 million⁶⁶ for sub-grants to the 11 partners that received funding in both phases. The assessment team did not conduct an in-depth review of how these funds were actually used. However, we estimated that the average sub-grant to the 11 partners funded in both phases was \$257,000. Spread over five years, this would mean that the average amount per year was a little over \$50,000. Because CRS required that each sub-grantee employ at least three officers, the associated salaries diminished resources for actual community activities. Furthermore, because this estimate does not include funds the partners used for operations, the amounts reaching communities may be even less. The team reviewed several partner reports and verified that most of the sub-grant funds were used for operating expenses.⁶⁷ On-the-ground, the team found that the community interventions were very small – even tiny.

The consequences of this approach are an inverted pyramid, where resources seemed to dissolve at successive levels leaving little for actual on-the-ground activities. It is important to add that CRS more than met its budgeted commitment to contribute to the overall program. Both USAID and CRS are cognizant of the need to get more resources to communities and USAID has made it clear that this will be a requirement in future programming.

However, the biggest drain on resources was the use of the fixed exchange rate to convert US dollars for the sub-grants. These grants were effectively reduced to one-sixth of the parallel market rate.⁶⁸ This represents an enormous loss of donor resources that should have reached NGOs and communities. Many partners asked why they could not, at least, receive the UN rate⁶⁹.

⁶¹ Based on modification 8 to the CoAg.

⁶² According to the CoAg, modification 8, CRS was to contribute a total of \$2.04 million over the life of the activity. In Phase II a total of \$1.13 million was budgeted for CRS contributions for staff (\$322,269) and program activities (\$802,730); data for CRS contributions was available for only two years of Phase II; the team therefore attributed a proportion of the total based on the data available for two years of Phase II.

⁶³ Does not include a small contribution from HIVOS valued at \$21,700.

⁶⁴ If the \$348,965 budgeted for salaries of the PSCs under the Program Activities line item is included as part of the Administration and Operations, the percentage rises to 30 percent. Addition of these salaries thus makes the cost of delivery to USAID 50 percent of the total grant.

⁶⁵ Does not add due to rounding.

⁶⁶ This total does not include amounts received by Africare, Intermediate Technology Development Group (name changed to Practical Action), Masiye Camp, Save the Children/UK or Scripture Union in Phase I. The team did not review Phase I activities, but understands that the amount approved for these sub-grants was \$1.1 million.

⁶⁷ For example, one partner's sub-grant allocated 63 percent of the STRIVE grant to salaries and 23 percent to other administrative costs, leaving only 14 percent for program activities.

⁶⁸ By mid December when the report was being finalized, this percent had fallen to a tenth of the parallel rate.

⁶⁹ At the time of the assessment, the UN rate was US\$1: Z\$400 versus the bank rate of Z\$250.

In addition, delays in CRS processing vouchers and transferring funds to partners meant that daily hyper-inflation further eroded the value of the grants to partners. Grantees complained repeatedly about this and explained how they had to repeatedly scale back activities. CRS did not make adequate administrative changes that might have addressed the problems.

In summary, government economic policies, the large number and costs of CRS/STRIVE staff and the approach of providing sub-grants through a PVO resulted in little of the USAID funds reaching the communities and children.

RECOMMENDATIONS

The following are recommendations for the final year of the CoAg. Section VI contains recommendations for planning the next follow-on OVC program.

- Brief and train the new Chief of Party at the earliest possible date on her grants management and Chief of Party responsibilities.
- CRS and USAID should agree upon the appropriate delegations of authority to the Chief of Party that allow her much greater authority in making decisions and allocating resources.
- CRS should reconsider its advance and reimbursement mechanisms for partners (e.g., monthly rather than quarterly advances and partial advances when there are questions). To combat inflation and the effects of the fixed exchange rate, USAID and CRS should consider experimenting with commodity support rather than cash for educational block grants.

VI. OBJECTIVE FOUR: SUMMARY FINDINGS AND RECOMMENDATIONS

The following summarizes the key findings of the assessment team and presents summary recommendations for future programming. The short-term recommendations are contained in the preceding sections.

THE OVC CONTEXT

Given that the plight of orphans and vulnerable children has reached unprecedented levels, more needs to be done. Because USG resources for HIV/AIDS in Zimbabwe are not likely to increase over the short-term, USAID should consider the following.

RECOMMENDATIONS

- As long as the Government of Zimbabwe is not doing its job to respond to the plight of children—and civil society and the donors are not challenging the government in its neglect of this responsibility—the USG should consider whether to assume some of the responsibilities for education (and other critical services) or whether to consider alternatives.
- Once the first awards are made under the POS, USAID should examine whether the program elements of the NAP are adequately covered and consider future USG areas of interventions based on the findings. “Scaling-up” the current program to have greater impact is not realistic given the projected resources and the economic and political environment.
- In making its decisions about the future, USAID should consider the expressed needs of partners and communities for:
 - “On-tap technical assistance” to grow NGOs’ organizational capacity; “
 - Partnering sophisticated NGOs with CBOs and FBOs;
 - Small grants that are disbursed rapidly against criteria that minimizes risk and costs;
 - Educational materials on HIV/AIDS and reproductive health; and
 - Activities for out-of-school youth to serve as peer educators and leaders.
- Create greater awareness in communities on the rights of the child and the obligation of government according to existing laws and policies and seek fora and convincing ways to publicize the plight of children with Parliament and the Executive Branch of Zimbabwe and internationally.
- The U.S. Country team should: consider increasing the share of PEPFAR resources dedicated to vulnerable children, and join with other donors to obtain government approval to extend the UN exchange rate to all partners working to help vulnerable children. If this effort is not successful, donors should consider alternate ways to provide resources to partners, such as direct provision of school supplies and appropriate commodities.

LESSONS LEARNED AND BEST PRACTICES

The assessment team found that STRIVE partners have untapped capacity and could do more to help children but they lack financial resources and are somewhat constrained by the four components of the STRIVE program. In addition, while communities are aware of the needs of children and have innovative solutions, they lack funds and information on child care and protection.

Recommendations

- Thoroughly assess future options for education assistance (scholarships, block grants, commodities) in light of the economic reality. If education is included in a future package, USAID should consider: more cost-effective ways to support enrollment, and/or redirect programs to out-of-school adolescents and/or for Early Childhood Development efforts.
- Mainstream PSS activities into all OVC activities and make greater use of existing community safety nets and establish quality standards.
- Experiment with a Small Funds Initiative to meet community needs, document lessons and explore ways to manage a larger fund.
- Increase community awareness of the government policy and legislative framework for child rights, welfare and protection.
- Build community, ward and district networks and use some strong partners to mentor others in under-resourced areas.
- Encourage communities to do their own participatory action (operations) research to ensure ownership and program responsiveness.

ORGANIZATIONAL EFFECTIVENESS

The assessment team found that sub-granting through a U.S. PVO was costly and that few resources reached communities and children. The fixed exchange rate made program costs even higher. If the USG is to achieve its over-arching objective of getting more resources to children, future programs should be designed in light of a realistic degree of accountability and a willingness to take risk. Without this there will be few options for alternative delivery mechanisms.

Recommendations

- Consider alternative approaches that deliver a greater share of resources to communities. This might include use of a local financial institution to grant funds directly to community-based groups and/or local NGOs.
- Because civil society organizations have greater capacity than their counterparts in other African countries, USAID and the State Department Office of the Global AIDS Coordinator for PEPFAR (OGAC) should consider working more directly with local NGOs.
- It is paramount that USAID remain agile with the ability to direct changes in the program to respond to the rapidly changing conditions.

OTHER CONSIDERATIONS FOR PROGRAMMING

The assessment team believes that the current USAID Country Strategy and the PEPFAR strategy focus on “leveraging” and “gap” filling is appropriate. In light of this, the assessment team offers the following points for consideration in designing the next program to assist OVCs:

- USAID should not attempt to be all things to all people – rather it should seek a niche not occupied by others that complements the POS and offers the greatest potential for replication.
- In considering alternatives, USAID should make a judgment as to where its comparative advantage lies. In this regard, the team is mindful of its history in reproductive health, democracy and governance, including advocacy, parliamentary reform and local government; as well as the sizeable humanitarian assistance program. Synergies among these programs offer the potential of offering more holistic approaches while enhancing the impact of OVC programs.
- USAID should encourage more complementarities in its food assistance programs by ensuring those child- and elderly-headed households, sick parents, the disabled and community volunteers are primary beneficiaries.
- Increase advocacy efforts to highlight the crisis of child welfare both in Zimbabwe and internationally.
- Support unified financial and program reporting for all donor-funded OVC programs whether or not they are contributing to the POS.
- Help implementing agencies develop meaningful results indicators for OVC programs to use in assessing program effectiveness and making adjustments.

ANNEX A

SCOPE OF WORK

ANNEX A: SCOPE OF WORK

I. OBJECTIVE AND PURPOSE

The contractor will conduct a review of Phase II of the Support to Replicable, Innovative, Village/Community Level Efforts for Orphans and Other Vulnerable Children (OVC) in Zimbabwe (STRIVE) Project being implemented by Catholic Relief Services (CRS) under a USAID/Zimbabwe cooperative agreement as well as the current context in which this project is being implemented. The review will provide the United States Agency for International Development (USAID) with; (1) an overview of the current context for OVC programs in Zimbabwe; (2) an assessment of lessons learned and best practices from Phase II of STRIVE; (3) the organizational effectiveness of the STRIVE project and its position within CRS; and (4) based on the above, short-term recommendations for STRIVE and long-term recommendations for USAID for future programming in the area of orphans and vulnerable children.

II. BACKGROUND

Zimbabwe has one of the highest proportions of orphaned children in Africa. A recent baseline survey by UNICEF indicated that an average of 30 percent of all children are orphaned and 40 percent are vulnerable, the majority due to HIV and AIDS. More OVC are found in rural areas than in urban centers.

A. Government of Zimbabwe Support for OVC

The Government of Zimbabwe (GOZ) has a policy framework in place to provide for the protection of children. The National Orphan Care Policy, adopted in May 1999, focuses on strengthening a six-tier safety net system for children. That National AIDS Policy, launched in 1999 and updated in 2005, provides guidance on matters pertaining to children affected by AIDS. To help operationalize the National AIDS Policy, the government introduced a 3 percent "AIDS levy" payroll tax in early 2002. Funds from the levy are deposited with the National AIDS Trust Fund and distributed by the National AIDS Council (NAC).

Zimbabwe also has a well-developed legal framework for the protection of children's rights and is a signatory to various international conventions on the rights of the child.

The GOZ social safety net programs to assist children and households in difficult circumstances include the Basic Education Assistance Module and the provision of social assistance of vulnerable families. These programs, however, are severely underfunded.

Building on the momentum of the November 2002 Southern Africa regional conference on issues related to OVC in Namibia, in June 2003, the Ministry of Public Services, Labor and Social Welfare convened a national meeting of those involved in children's issues. Delegates at this meeting, including 50 children, produced the first draft outline of a National Plan of Action for OVC and designated a broadly representative group, the Working Party of Officials (WPO), made up of representatives of government, private sector, NGOs, donors, the United Nations, and children, to finalize the plan. After extensive discussions and consultations, the NPA was approved by the GOZ in 2005, a

National Secretariat established, a National Coordinator appointed, and provincial and district level coordinators identified. The NPA has also been costed and annual priorities identified in both 2005 and 2006. The WPO continues to function as an advisory board to the National Secretariat. In late 2005 a child-friendly version of the NPA was developed. This document was approved by the GOZ and published in early 2006. The Working Party of Officials continues to meet and act as an advisory board to the National Secretariat.

B. U.S. Government Support for HIV Program in Zimbabwe

USAID/Zimbabwe programs have focused on assisting Zimbabweans to mitigate the HIV and AIDS crisis since 1994. In 2000, USAID/Zimbabwe articulated an HIV and AIDS strategy that identified three intermediate results (IRs) that were expected to help it achieve its Strategic Objective of “HIV/AIDS Crisis Mitigated:”

- IR 1: Behavior change through increased use of effective quality services for HIV prevention
- IR 2: Enhanced capacity of institutions to formulate and advocate for improved HIV/AIDS policies
- IR 3: Improved care and support for vulnerable children

The STRIVE Project was designed to achieve IR3. Initiated in 2001, the STRIVE Project was the first major program in Zimbabwe to specifically address OVC issues. Since inception, the program has directly reached over 120,000 children, with 30,000 being directly served at any one time.

In 2005, Zimbabwe was designated a second tier country under the President’s Emergency Plan for AIDS Relief (PEPFAR) and required to develop a five-year strategy that cut across all USG agencies implementing HIV activities in Zimbabwe, including USAID, the Centers for Disease Control (HHS-CDC), State-Public Affairs Section (PAS), and the Department of Defense (DoD), all under the guidance of the U.S. Embassy. This USG strategy articulates a three-pronged approach to building quality HIV services, with the vision that the availability of quality services will positively impact Zimbabweans’ HIV prevention, care and treatment behaviors. The three prongs of the strategy are:

- (1) Strengthening the basic elements of service delivery systems to expand and improve the quality of HIV services
- (2) Developing innovative models and tools that can be quickly expanded to national scale
- (3) Building the technical and organizational capacity of indigenous organizations to scale up and sustain systems and programs

C. CRS/Zimbabwe

Catholic Relief Services has been working in Zimbabwe since 1989, primarily focusing on HIV and AIDS programming since 1994. With core funds and funds from various donors, CRS supports programs in food security, livelihoods security, justice/peace building and HIV and AIDS. Many of these programs complement and reinforce STRIVE’s OVC focus. Furthermore, some STRIVE sub-grantees also receive CRS core funding to expand the scope of their HIV and AIDS programs. Over the past two years, CRS has increasingly adopted an integrated approach to programming in an effort to improve the impact of programming on beneficiary communities. As a result, STRIVE and other CRS program activities, including home-based care, youth empowerment,

OVC, justice and peace, and livelihoods and nutrition support, are being coordinated to support communities in a holistic way. As part of this integrated approach, certain units, such as the Operations Research, Monitoring and Evaluation, Documentation and Dissemination Unit and the Partner Support Coordination Unit, have been decentralized to support a broader portfolio of CRS program activities.

D. The United Nations and Other Donors

During the past three years, donor interest in OVC programming has increased significantly. SIDA, which has had a long-standing interest in children and child rights, has increased its funding for OVC through both its funding to STRIVE and increased funding to other local NGOs. DfID was the moving force behind the development of the "Project of Support", a "pooled funding mechanism," to be administered by UNICEF, which will provide grants to local NGOs (a similar model to STRIVE). Several donors have expressed interest in contributing to the pool.

UNICEF was instrumental in the development of the National Plan of Action for OVC and continues to play a critical role in supporting the National Secretariat for the NPA.

In 2006 a new OVC Donor Group was formed in response to the European Union's Donor Harmonization initiative. The group now meets monthly to share information and coordinate. As the donor representatives on the Working Party of Officials, USAID and SIDA use the OVC Donor Group as a forum for reporting back to the donors on NPA-related actions and decisions.

E. Local Non-government and Community-based Organizations

A number of local non-government organizations (NGOs), including many faith-based organizations, implement OVC activities throughout the country. Similarly, many formal and informal community-based organizations (CBOs) carry out activities to support OVC. These are the organizations that are working "on-the-ground" and directly impacting the lives of OVC. Capacity among the organizations varies greatly; however, virtually all the organizations are staffed by highly committed and dedicated individuals.

III. THE STRIVE PROJECT

A. Project Description

STRIVE was designed as a two-phase project, with each phase lasting two-and-a-half years. Implementation of Phase I began in December 2001 and ended in June 2004. USAID provided \$2.5 million in funding for this phase. The recommendations of a rigorous Phase I evaluation, completed in April 2004, and were incorporated into the revised project description for Phase II, which extended the project to September 30, 2007. Under the Phase II modification, USAID was to provide \$1.3 million per year in funding for three additional years. However, because USAID received additional funding for HIV (plus up funds), \$1.6 million of FY05 funds were allocated to STRIVE, with a similar amount of FY06 funds expected to be obligated in late FY06, making total Phase II funding equal to \$4.5 million.

The STRIVE mission is to help mitigate the impact of HIV and AIDS on orphans and other vulnerable children in Zimbabwe by improving care and support and by developing proven models of care and support for children affected by HIV and AIDS. The project

supports national level interventions, works at the community level, and has a strong operations research component.

1. National Support:

STRIVE played a key role in the development of the National Plan of Action (NPA) for OVC in Zimbabwe. As a member of the Working Party of Officials (WPO) since its inception, STRIVE has been actively involved in all sub-committees, currently chairing the monitoring and evaluation sub-committee, and often hosts sub-committee meetings and takes and distributes minutes of the meetings. STRIVE was instrumental in promoting the concept of developing a child-friendly version of the NPA and CRS, along with Save the Children Norway.

STRIVE also was instrumental in the development of the Rapid Assessment, Analysis and Action Planning Process (RAAAP) for Zimbabwe, with the STRIVE Chief of Party acting as one of the delegates to the RAAAP meeting in Cape Town in September 2004. In addition, CRS/STRIVE recently collaborated with the Elizabeth Glaser Pediatric AIDS Foundation to support the Ministry of Health in conducting a situational analysis on children living with HIV and AIDS in Zimbabwe.

2. Community Level Support

STRIVE provides sub-grants to 14 local NGOs, which work with communities to strengthen their capacity to care for and support OVC. The NGOs provide education assistance, psychosocial support, economic strengthening support, and food security assistance to the communities with which they work. STRIVE has invested considerable effort (resources, training, time) into strengthening the capacity of its local NGO partners to ensure that they are able to effectively administer, implement and monitor OVC activities. As a result, several partners are now receiving funding from other donors.

3. Operations Research

Operations research is at the core of the STRIVE project. In order to identify models and organizational or programmatic lessons that can be applied and/or scaled up in the future, the STRIVE project tracks indicators, collects data and undertakes case studies and research that will help it answer four operations research questions:

- What is the impact of each intervention?
- How cost-effective is each intervention?
- How replicable is each pilot intervention and what elements are unique to each pilot site?
- What is the quality of care being provided by the various interventions?

B. STRIVE Funding

Under the terms of its cooperative agreement with USAID, CRS committed to a 25 percent match in funds from private or other resources. These resources have been included in both Phase I and Phase II budgets.

Under Phase II, the project has put considerable effort into leveraging funding from other sources to complement USAID funding and allow for some scale up of activities. In 2005, the Swedish International Development Agency (SIDA) began to support STRIVE

with \$975,000 in “bridging funds.” A four year \$8,779,000 proposal for the period June 2006 to June 2010 is currently under review by SIDA. Furthermore, STRIVE received \$350,000 in “fast track” funding from UNICEF and Euros 10,000 from HIVOS. Programming for all sources of funding has been integrated, although financial records are kept separate.

IV. SCOPE OF WORK

Purpose

The overall purpose of this review is to provide USAID, CRS, the STRIVE Project, and key stakeholders with recommendations for future USAID-supported interventions to address Zimbabwe’s OVC crisis. This review is a means of taking stock of the changing environment, identifying lessons learned, examining the implementation of STRIVE, and providing guidance for the future direction of USAID-supported OVC programming. More specifically, the review will address the following four broad themes:

- OVC Context
- Lessons learned and sound practices
- Organizational effectiveness
- Short- and long-term recommendations

Objective One: OVC Context

The operating environment in Zimbabwe has changed dramatically since the STRIVE project was designed in 2000. The economic environment has deteriorated significantly, negatively affecting families, communities and the ability of programs to reach OVC. At the same time, several positive events have taken place. A National Plan of Action for OVC has been developed and approved by the GOZ; a National Secretariat, with a national coordinator, has been established and provincial level staff has been identified to implement the NPA. In addition, donor interest in OVC programming has increased markedly, with several donors now either supporting or poised to initiate support for OVC interventions. Meanwhile, the broader body of knowledge around OVC programming has matured. Given these and other changes, the review team will examine the overall country context for OVC programming, including:

- The relevance of the STRIVE project today, including how it fits into the USG’s new five year strategy;
- The appropriateness of the STRIVE design for Zimbabwe today, particularly given the new pooled-funding mechanism to be implemented by UNICEF and funded by several donors, which will provide substantial levels of funding to local NGOs;
- The potential of the STRIVE project to have a substantial impact on Zimbabwe’s OVC vis a vis alternate investments;
- The continued relevance of the four programmatic themes (education, psychosocial support, economic strengthening, food security) and the key issues within each theme;
- The role of OVC programming in complementing other USG-funded HIV/AIDS interventions.

Objective Two: Lessons Learned and Best Practices

As the first major OVC program in Zimbabwe, STRIVE has provided many lessons about OVC programming in Zimbabwe. The operations research agenda has been designed to rigorously examine these lessons, with an emphasis on the development of replicable models and implementation at the community level. The review team will focus on lessons learned at the strategic/programming level, examining such issues as:

- The relevance and usefulness of special studies carried out under the operations research agenda;
- STRIVE's impact on the community, given project design concerns with not undermining ongoing community initiatives;
- Cost effectiveness of interventions, with a focus on maximizing resources at the community/child level;
- The impact of STRIVE at the national level;
- Quality of services and the need to address the whole child;
- STRIVE's ability to document and disseminate lessons learned in a meaningful and useful manner;
- The appropriateness and adequacy of STRIVE's indicators in tracking project performance and impact.

Objective Three: Organizational Effectiveness

The STRIVE Project is implemented by CRS, which also implements programs in areas such as HIV and AIDS, livelihoods and peace and justice. During STRIVE Phase II, the STRIVE project, like all other CRS/Zimbabwe projects, has increasingly been integrated into broader CRS programming. The review team will assess:

- A. The impact and effectiveness of the STRIVE project management and staffing structures/systems, including:
 - The types of skills needed to meet the overall demands of the STRIVE project, including strategic planning, policy support, and operations research;
 - The ability of the staff and structure to meet the technical and financial support needs of sub-grantees;
 - The ability of the project to build capacity within sub-grantees.
- B. CRS/Zimbabwe's implementation and oversight of the STRIVE project as part of its broader programming portfolio, including:
 - The role of the organizational structure in strategic planning, effective management, delegation of authority and decision making;
 - Interaction and communication between the STRIVE Project staff, CRS management, and other CRS-managed programs;
 - The impact of program integration on STRIVE sub grantees;
 - The effectiveness, efficiency and cost of the integrated programming structure;
 - The overall impact on project performance.
- C. The adequacy of USAID's management to meet the needs of CRS and STRIVE.

Objective Four: Short- and long-term recommendations

Based on their review of Objectives One, Two and Three and their knowledge of OVC programming in other countries, the team will make two sets of concrete recommendations.

- A. Short-term Recommendations: What actions could USAID, CRS/ZW management, and the STRIVE project implement, both organizationally and programmatically, within the remaining project time frame to positively impact project implementation and results?
- B. Long-term Recommendations: How can USAID maximize its comparative advantages to most effectively and efficiently reach HIV and AIDS affected OVC during the five year period from October 2007 to September 2012? What are the emerging opportunities for OVC programming? What are the implications of Zimbabwe's changing context on the size, scale and scope of future activities? Recommendations should draw upon both the analyses resulting from the above three objectives and OVC program experience and practices in the region (and elsewhere, if appropriate). They should include general principles, implementation parameters and/or criteria that subsequently could help guide development of future activities in the OVC area.

V. PROCEDURES AND METHODS

The review process will involve the key stakeholders in OVC programming in Zimbabwe: USAID, Catholic Relief Services, STRIVE sub-grantees, key government ministries, other donors, UNICEF; the Working Party of Officials; others drawn from similar programs in Zimbabwe and other key informants.

The team will gather information necessary for the review through the following methods and procedures:

1. Review of documentation, including but not limited to: STRIVE Cooperative Agreement, with amendments; STRIVE quarterly reports; Report on the Mid-Term Review of the STRIVE Project; STRIVE annual work plans; STRIVE operations research documents; other STRIVE documents; RAAAP report; UNICEF baseline survey; National Plan of Action for OVC and Annual Work plans; UNICEF Project of Support documents; USG's Five Year Strategy: 2006-2010; CRS Country Plan/Strategy; and CRS Partner Capacity Assessment.
2. Interviews with key staff, including those from USAID, CRS management, the STRIVE Project and STRIVE sub-grantees.
3. Interviews with partner organizations, including Government of Zimbabwe (Ministry of Public Service, Labor and Social Welfare/National Secretariat for the NPA; Ministry of Health and Child Welfare; and National AIDS Council); UNICEF; SIDA, the British Department for International Development, other USAID partners (EGPAF, JSI, Abt) and others, as appropriate.
4. Focus group discussions, as appropriate.
5. Site visits to a representative number of STRIVE sub-grantees and interviews with selected members of the sub-grantee communities.

VI. TIMELINE

The period of performance is October 12 o/a November 30, 2006.

VII. REPORTING REQUIREMENTS

The review team will be responsible for the following deliverables:

1. An action plan for carrying out the review—due three days after arrival of the Team Leader in Zimbabwe.
2. A mid-review oral presentation of initial findings to USAID, STRIVE staff and other stakeholders—due during the second week of the review.
3. An annotated outline of the draft report—due by the end of the second week of the assignment.
4. An oral presentation to USAID, CRS management, STRIVE staff and other stakeholders of the team's final conclusions and recommendations—to be held approximately two days before departure from Zimbabwe.
5. A complete draft report—due at the end of the third week, before departure from Zimbabwe.
6. A final draft report that incorporates comments received—due within one week of receipt of comments. (USAID will provide consolidated comments from stakeholders within two weeks of receipt of the complete draft report.)

The final report will be no more than 25 pages in length. It will include an executive summary and a section for each objective.

VIII. LOGISTICS

The contractor will be responsible for all logistics: working space, telephones, printing, and photocopying. Each team member will be expected to provide his/her own laptop computer. Team members will be expected to use taxis for transport within Harare and may need to purchase one round trip flight from Harare to Bulawayo for field visits. CRS will provide transport to field sites outside of Harare and Bulawayo.

USAID and Catholic Relief Services will assist the team in setting up appointments and in arranging lodging and local travel. Additional minimal secretarial and logistics support will be budgeted as requested.

IX. PERSONNEL REQUIREMENTS, WORKDAYS AND REPORTING RELATIONSHIP

The mid-term review team will consist of three individuals who, as a group, possess expertise in the following areas (in order of priority). At a minimum, one member on the team should be a Zimbabwean, currently residing in Zimbabwe, who is familiar with the current situation in the country.

1. Strategic planning and vision: proven ability to assess country context, identify lessons learned and best practices, weigh options, identify comparative advantages and use those to develop a vision for the future

2. OVC programming: recognized expertise in working with OVC programs in Southern Africa; familiarity with OVC literature and research, with other OVC programs being implemented regionally, and with new ideas and concepts being discussed/tested (such as condition cash transfers and basket funding mechanisms); strong understanding of the role of education, psychosocial support, livelihoods, food security, gender, community development, etc. as they relate to OVC programming.
3. Organizational development: proven expertise in organizational and management systems and structures (including human resources); familiarity with working with sub-grantees.
4. Operations research/monitoring and evaluation: proven expertise in strategic information, monitoring and evaluation, and performance targets.
5. Knowledge of Zimbabwe: Familiarity with Zimbabwe's current NGO operating environment in Zimbabwe and the country's political and economic situation.
6. Program approach creativity: Due to the complex and increasingly worsening OVC situation in Zimbabwe, more innovative programming is needed.

Team Leader: One individual on the team shall be designated team leader, with responsibility for providing leadership, coordinating and facilitating team responsibilities. The Team Leader should have knowledge of Zimbabwe, knowledge and experience with USAID programming, understanding of the unique environment in Zimbabwe, and knowledge of government procurement procedures. The Team Leader will ultimately be responsible for the deliverables described in Section H, above, based on the input from individual team members, and will ensure that the final report meets the requirements of the SOW.

Workdays: All team members are expected to work a total of 18 workdays (minimum) in Zimbabwe, including a one work day for a Team Planning Meeting (TPM). A six day work week is authorized. The Team Leader will have an additional 3 workdays in country for writing and a total of 3 days to complete the draft report. Two days of background reading are also included. Travel days for all team members to/from country are also required and will be budgeted as necessary.

Reporting Relationships: The Team Leader will report to Tonya Himelfarb, CTO for the STRIVE Project.

ANNEX B

HIGHLIGHTS OF TEAM SCHEDULE

ANNEX B: HIGHLIGHTS OF TEAM SCHEDULE

PRE-DEPARTURE

The Team Leader worked several weeks in the United States, collecting and reading background documents, preparing a draft Action Plan including summaries of the USAID country strategy and PEPFAR five year plan. She shared electronic “packets” of this material with the team in advance of the field work. She also conducted telephone interviews with officials from USAID Bureaus for Africa and Global Health, OGAC and the World Bank.

HARARE, ZIMBABWE

The team began its three weeks of in-country work in mid-October 2006 using interview questions developed in advance for different informants.

During its first week we interviewed representatives of USAID/Zimbabwe and CRS and paid courtesy calls on government officials. The team also hosted a dinner for human rights activists. The team also used a half-day for planning its work.

During the second week, the team split into two sub-teams and visited seven of the implementing partners’ projects in five of the ten provinces. Ms. Marunda and Yates led the visits to Mutare, Rusape and Chinoyi. Ms. Depp visited Norton, Bulawayo, Bubi District.

The team is grateful for the logistics support provided by CRS/Zimbabwe and its management for allowing Shepherd Mupfumi and Heather Benoy to accompany the team leader to Matabeleland.

Throughout the period, the team met with members of civil society; including clergy, journalists and other activists. It also facilitated two “round tables” with donors and another with OVC stakeholders. Annex C contains information on those contacted and the site visits.

During the final week, the team debriefed CRS and USAID on their preliminary findings. This was followed by a brainstorming session where stakeholders were invited to offer recommendations for future programming. Individuals respected for their knowledge and strategic planning skills, including the USAID Mission Director participated. The team spent the remainder of the week writing their assigned portions of the report.

Upon departure, the team delivered an electronic draft report to the team members and the USAID and QED program managers.

Throughout the period of the assessment, the team members, USAID project officer and the CRS chief of party discussed preliminary findings and short-term recommendations and possible activities for the final work plan required under the CoAg.

DETAILS ON SITE VISITS

The team visited STRIVE partners in five provinces; these included visits to projects implemented by the following:

- CADEC in Chinhoyi-Mashonaland West
- Batsiranayi in Buhera South-Manicaland
- Bekezela in Bubi-Matabeleland North
- DOMCCP in Rusape-Manicaland
- IPA in Hatcliffe - Harare
- Tsungirirai in Norton-Mashonaland West

Batsiranyi-Buhera

Gunura School Buhera: The team visited Gunura Primary and Secondary Schools, met with six School Committee Members, two teachers and were briefed on school activities and the role of the committee, and the relationship between STRIVE and the school, and other issues affecting children in the community. The team also met with the School Children's Committee made up of six children who briefed the team on children's activities.

Bekezela-Bubi & Nkosikazi

Mangubeni, Dabengwa and Majiji Schools

The team leader and the chief of party visited three primary and secondary schools in these remote and impoverished districts. At each there were representatives of the community groups and volunteers, the headmaster and teachers. In some cases, chiefs or headmen were also represented. The school groups spoke about the needs of children and their role in providing help to them. The schools boasted PSS interventions of scouting, girl guides and/or choir groups. The team found the choir groups as the most inclusive of all children and understood the pressing need for food, health services, birth registration and a "minimum package" of school supplies and material support (e.g., uniform, shoes/boots, stationery/pens, and paraffin/candles for reading).

Catholic Archdiocese of Bulawayo

Child Headed Household: The team leader visited a household in a high-density neighbourhood and interviewed the three girls of the six-member household.

Catholic Archdiocese of Chinhoyi (CADEC)

Kwayedza Nutrition Garden: The team met with four members of the nutrition garden and was briefed on the history of the garden and its purpose and challenges.

Garoi Primary School Development Committee: The team met with the Headmaster of Garoi Primary School and two School Development Committee members, discussed the challenges facing the school in meeting the education needs of OVC and the relationship between STRIVE and the School.

Catholic Archdiocese of Mutare – Community Care Project (DOMCCP) - Rusape

Govakava Clinic: The team met with seventeen members of the community, including members of the sewing and carpentry projects, the IS&L project, representatives of the under five feeding scheme and other community committee members; three of these were children.

Chiwome Secondary School: The team met with the headmaster and discussed the situation of OVC in the school.

Chimwanzou Primary School: The team met with two teachers who briefed them on the situation of OVC and the block grant initiative.

Inter Country People's Aid - Harare

The team visited Hatcliffe (site of one of the “Operation Murambatsvina” displacements), a high density suburb of Harare where it met with 40 community members, including home-based care volunteers and about 50 children, including 40 boys, 6 girls and 5 youth leaders. A member of the Zimbabwe Republic Police was present as an observer.

Tsungirirai-Norton

Masawi School: The team met with 12 community members, including three teachers and nine School Development Committee members and was briefed on the OVC situation; and approximately 40 primary and secondary school children who were beneficiaries of the program. The children discussed what the STRIVE program had changed in their lives and then discussed their unmet needs.

POST DEPARTURE

En route to her home, the team leader visited USAID Washington and presented the key findings and recommendations at a “brown bag lunch” hosted by the USAID Global Health Bureau and attended by USAID technical and geographic staff, a representative of OGAC and several other partners. She also debriefed the Zimbabwe Desk Officer and Office Director for Southern Africa.

GH Tech and the USAID mission provided comments on the preliminary draft and the team leader revised from her home using additional input of team members and the clients.

ANNEX C

PERSONS CONTACTED

ANNEX C: PERSONS CONTACTED

USAID/ZIMBABWE

Karen Freeman, Mission Director
Peter Halpert, HIV/AIDS/Population, Health and Nutrition Team Leader
Tonya Himelfarb, HIV and AIDS Program Specialist
Joyce Maziya, Administrative Assistant, HIV/AIDS Team
Deprose Muchena, Senior Democracy & Governance Advisor
William Patterson, Sustainable Economic Development Team Leader
Barbara Reed, Emergency Food for Peace Officer

USAID/WASHINGTON

Marjorie Copson, Zimbabwe Desk Officer, Office of Southern Africa Affairs
Kirk Felsman, Senior OVC Technical Advisor, Bureau for Global Health (and former CRS/STRIVE Chief of Party)
Carl Hawkins, Senior Public Health Advisor, Bureau for Global Health
Eric Loken, Director Office of Southern Africa Affairs, Bureau for Africa (and former Sustainable Economic Development Team Leader, USAID/Zimbabwe)
Sharmilla Raj, Technical Advisor, Bureau for Global Health
Roxana Rogers, Deputy Director of the Office of HIV/AIDS, Bureau for Global Health (and former HIV/AIDS Team Leader, USAID/Zimbabwe)

OFFICE OF THE GLOBAL AIDS COORDINATION, DEPARTMENT OF STATE

Barbara Nyberg, Senior Technical Advisor for OVC
Susan Settergren, CDC Global AIDS Program

WORLD BANK

Patrick Osewe, Senior Advisor HIV/AIDS, World Bank Institute

CATHOLIC RELIEF SERVICES

Margarett Désilier, Country Representative
Chandreyee Banerjee, Acting Country Representative/Program Quality Manager
Rita Billingsley, HIV and AIDS Manager
Heather Benoy, Chief of Party, STRIVE
Amos Chinyama, M&E Officer-Livelihoods
Bernadetty Dube, Partner Support Coordination, PSCU, Bulawayo
Caroline Fanelli, Documentation and Dissemination Manager
Allan Fisk, Deputy Head of Programming/Program Implementation & Program Support
Tendai Gatsi, Project Manager Operations Research, ORMED
Samuel Kundhlane, M&E Manager, ORMED
Frederick Mabikwa, Partner Support Coordinator, PSCU, Bulawayo
Gideon Mavise, Operations Research Manager, ORMED
Washington Masikati, Project Manager Economic Strengthening, STRIVE
Tsitsi Mhene, Grants Manager, STRIVE
Shamiso Moyo, Partner Support Coordinator, PSCU, Mutare
Tarisai Mubhonderi, Partner Support Coordinator, PSCU, Harare
Sherperd Mupfumi, Senior Partner Support Coordinator, PSCU

Wadzanayi Mushandikwa, M&E Officer, ORMED
Mildred Mushunje-Senior Programme Manager-Gender and Child Protection, STRIVE
David Mutenzwa, Partner Support Coordinator, PSCU
Lovemore Tinarwo-Head of ORMED
Blessed Zikhali-M&E Officer, ORMED
Hopewell Zheke-Program Manager-Food Security, STRIVE

GOVERNMENT OF ZIMBABWE

Ministry of Public Service, Labour and Social Welfare

Nellie Dhlembeu, NAP National Coordinator
Samuel Gombingo
Leon Muwoni, Programme Officer
Robert Makura

Ministry of Health and Child Welfare

Roselyn Dete, Under Secretary Child Welfare

National AIDS Council (NAC)

Raymond Yekeye, Operations Manager
Amon Mpofo, Monitoring and Evaluation Manager

Sub-Grantees

Tomaida Banda, Child Protection Society
Kathleen Barbee, Mavambo Trust
Elliot Chabhengara, Director, Tsungirirai
Constance Chasi, Program Assistance-OVC, Tsungirirai
Sharon Chikara, Programme Manager, CADEC
Silvester Chin'anga, RUDO
Joyce Chitenere, Operations Research Officer, Tsungirirai
Passwell Chitiyo, Uzumba Orphan Trust
Dennis Flackson, NZEVE
Libby Foster, NZEVE
N. Kanengeye, Accountant, Tsungirirai
Patience Kaswanga, Health Programme Officer, Tsungirirai
Shakespeare Mabhunu, DOMCCP - Rusape
Lucia Malemane-Sibambene, AIDS Programme, Archdiocese of Bulawayo
Effie Malianga, Inter-Country People's Aid
Oswald Mashawira, Finance Officer-CADEC
James Maukazuva, Uzumba Orphan Trust
Blessing Mhiti, Intercountry People's Aid
Innocent Mlambo, Bekezela, Home Based Care
Elphas Mpofo, Hope for a Child in Christ (HOCIC)
Sister Eveline Murray, DOMCCP - Rusape
Innocent Moyo, ORAP
Patrick Ndedzu, DOMCCP - Rusape
Mpiliso Ndiwen, ORAP
Moirá Ngaru, Farm Orphan Trust
Linda Nyamayaro, Director-CADEC
Tecla Ponde, RUDO
Greg Powell, Kapnek Trust
Farai Saburi, DOMCCP - Rusape

Annamore Sibanda, Batsiranayi
Alec Sithole, Batsiranayi
Tinashe Takaidza, Batsiranayi
Francis Tembo, Batsiranayi
Isabel Saungweme-Bekezela, Home Based Care
JB Ncube Sibambene, AIDS Programme, Archdiocese of Bulawayo
Sherperd Zvidzayi, Intercountry People's Aid

Civil Society Leaders

Pastor Phineas Dube, Baptist Church, Harare, and former Director of Scripture Union
Pastor Ray Motsi, Senior Pastor, Baptist Church, Bulawayo
Archbishop Pius Ncube, Diocese of Bulawayo
Human Rights Activists and Journalists

Volunteers

The team was unable to collect names for the many community members it met and interviewed. It apologizes to those not named below.

Bubi

Mr. Mahlupeka, District Administrator
Mr. Dube, Headmaster Mangubeni Secondary School
Mrs. C. Muchenje, Secretary, Garoi Primary School Development Committee
S. Mushingaidzwa, Headman
E. Hiya, Home Based Care Volunteer
A. Mowera, Headman
L. Mungate, Headman
O. Munyanyiwa, Village Head at Mangubeni School
P. Kanhema, Masawi School Development Committee Member
L. Chogumaira, Masawi School Development Committee Member
N. Tonderai, Teacher
F., Dizha, Masawi School Development Committee Member
J. Gavi, Masawi School Development Committee Member
S. Nyaruviro, Teacher
S. Dhliwayo, Home Based Care Volunteer
R. Mtengezanwa, Home Based Care Volunteer
T. Muchenje, Masawi School Development Committee Member
B. Zvinavashe, Teacher
J. Maneva, Masawi School Development Committee Member
?. Muchenje, Masawi School Development Committee Member

Garoi

Mrs S. Chitanda Vice Chairperson, School Development Committee
Mr Katoma, Headmaster, Primary School

Kwayedza

Mrs Chingindi, Nutrition Garden
Mrs S Chitanda, Vice Chairperson - Nutrition Garden
Mrs A Jonasi, Nutrition Garden
Mrs C Muchenje-Secretary - Nutrition Garden

New Hatcliffe

Children, Youth and Volunteers

Nkosikazi District

Head Master, Teachers, Students and about 20 School Education Assistance Committee, Girl Guides and Boy Scouts and their leaders at Dabengwa Secondary School

Acting Head Master/Choir Master, Teachers, Education Committee students and choir members at Majiji Secondary School

Pelandaba

The Nziyane Family

Rusape

I. Chamutsa, Gunura School Committee Member
N. Chemwenje, Govakova Sewing Group
P. Chimutsotso, Govakova Committee Member
S. Chimutsotso, Govakova Sewing Group
T. Chinoda, Teacher
M. Chinyadza, Govakova Committee Member
L. Chirombo L, Committee Member
B. Cement, Govakova Mukando
Mr Gamanya Chiwome Secondary School Headmaster
J. Kasikai, Gunura School Committee Member
T. Kotowa, Govakova Sewing Group
B. Mangoma , Govakova Sewing Group
N. Matare, Govakova Mukando
C. Matienga, Govakova Mukando
G. Mukwekwe, Govakova Carpentry
L. Mupinda, Gunura School Committee Member
A. Muungani, Gunura School Committee Member
V. Mwanyadza, Gunura School Committee Member
D. Nyakuya, Govakova Mukando
Mr Nyamhotsi-Chimwanzou Primary School Teacher
S. Nyamupachetu, Govakova Committee Member
M. Sainoti, Gunura School Committee Member
Mrs Tichawana- Chimwanzou Primary School Teacher
C. Zano, Teacher
T. Ziira, Govakova Feeding Programme

Children

Funny Gwindiri, Govakova Carpentry, Rusape
Maria Hapandiwa, Govakova Sewing, Rusape
Princess Madhana, Gunura School Committee, Buhera
Loice Mbudzi, Gunura School Committee, Buhera
Jan Mombeshora, Gunura School Committee, Buhera
Witness Mpanzi- Gunura School Committee, Buhera
Prince Muusha, Gunura School Committee, Buhera
Morris Pangeti,- Govakova Carpentry, Rusape
Chrispen Zingaba, Gunura School Committee, Buhera
Twenty primary and secondary school children, Norton

Donors

Jose Bergua, UNICEF
Alpha Chapendana, SIDA

Emilia Venetsnou, European Commission
Rachel Yates, DfID

Stakeholders

Tomaida Banda, Child Protection Society
Tinashe Chimbidzikai, SAT
Christine Lipohor, Save the Children/UK
Dominica Mudota, SAFAIDS
Sazzy Makumbe, Pact/Zimbabwe
Judith Sherman, JSI
Sibangani Shumba, Save the Children/Norway

ANNEX D

SUPPORT TO REPLICABLE, INNOVATIVE VILLAGE/COMMUNITY-LEVEL EFFORTS FOR VULNERABLE CHILDREN STRIVE/ZIMBABWE

**ANNEX D: SUPPORT TO REPLICABLE, INNOVATIVE
VILLAGE/COMMUNITY-LEVEL EFFORTS FOR VULNERABLE CHILDREN
STRIVE/ZIMBABWE**

COOPERATIVE AGREEMENT AND AMENDMENTS FUNDING SUMMARIES

Catholic Relief Services - CA 690-A-00-02-00056-00

Effective Date: 12/20/01 Expiration Date: 6/19/04 Extended: 9/30/07

Number	Date	Ceiling	Funding Increment	Cumulative Funding	FY/ Fund Source
Original –Phase I	12/20/01	2,635,840	1,000,000	1,000,000	FY0x/DFA
Mod 1	5/10/02	⁷⁰	0	1,000,000	
Mod 2	9/27/02		738,000	1,738,000	FY02/GCDX
Mod 3	9/28/03		800,000	2,538,000	FY03/GCD3
Mod 4	11/5/03	⁷¹	0	2,538,000	
Mod 5	9/4/05	6,535,840 ⁷²	1,300,000	3,838,000	FY04/GCD4
Mod 6	9/20/05	⁷³	1,600,000	5,438,000	FY05/GCD5
Mod 7	9/8/06	7,135,840 ⁷⁴	0		
Mod 8	9/25/06		1,600,000	7,038,000	FY06-07/CD- AIDS
Total Funding		7,135,840		7,038,000 ⁷⁵	

Original CA Ceiling and Phase I Line Items – Amount on 6/19/04

Line Item (CLIN)	USAID	Other	Total Program
ODC	658,991	720,347	1,379,338
Sub recipients	1,301,294	272,009	1,573,303
Total DC	1,960,285	992,356	2,952,641
IDC	529,277		529,277
Sub-total	2,489,562	992,356	3,481,918
Scholarships	146,278		146,278
Total Program	2,635,840	992,356 ⁷⁶	3,628,196

Amended CA Ceiling and Phase II Line Items – Amount as of 9/30/06

Line Item (CLIN)	USAID	Other	Total
Admin & Operations	1,784,904		
Program Activities	3,901,160		
Total DC	5,686,064		
IDC	1,449,775		
Total Program	7,135,840	2,042,355 ⁷⁷	9,178,195

⁷⁰ Non-funded modification to add Standard Provisions for Voluntary Population Activities.

⁷¹ Non-funded modification to add Reporting Foreign Taxes Clause.

⁷² Ceiling increased for Phase II.

⁷³ Program description revised covering 6-20-04 through 9-30-07.

⁷⁴ Non-funded modification to increase ceiling.

⁷⁵ The mission does not plan to provide additional funding to fund fully the ceiling.

⁷⁶ Total Cost Share

⁷⁷ Revised Cost Share

ANNEX E

CATHOLIC RELIEF SERVICES STRIVE PARTNERS AND DISTRICTS

ANNEX E: CATHOLIC RELIEF SERVICES STRIVE PARTNERS AND DISTRICTS

Name	Program Elements					Location/Province	Donors		
	EA	PSS	ES	FS	H		USAID	Sida	UNICEF
Archdiocese of Bulawayo	✓	✓				Gwanda, Nkayi, Insiza, Lupane, Bulilima, Mangwe, Tsolotsho, Bulawayo Central	✓	✓	✓
Batsiranai	✓	✓	✓			Buhera South	✓	✓	✓
Bekezela	✓	✓				Bubi	✓	✓	
Bethany	✓					Zvishavane	✓		✓
Cadec	✓	✓		✓		Zvimba	✓	✓	✓
Child Protection Society	✓	✓				Harare	✓	✓	
DOMCCP	✓	✓	✓	✓		Makoni	✓	✓	✓
Farm Orphan Support Trust	✓	✓				Mazowe, Glendale, Bindura, Shamva, Mutasa	✓	✓	
Hope for a Child in Christ	✓	✓		✓		Umguza, Insiza, Gwanda South		✓	
Inter-Country People's Aid	✓	✓				Harare		✓	
Kapnek					✓	Harare		✓	
Mavambo	✓	✓				Harare		✓	
Nzeve	✓					Mutare Urban, Penhalanga, Makoni, Nyanga, Mutabara		✓	
Rudo	✓	✓	✓	✓		Gutu	✓	✓	✓
Tsungirirai	✓	✓		✓	✓	Norton, Mhondoro, Msengezi	✓	✓	
Uzumba Orphan Care	✓	✓			✓	Uzumba, Maramba, Pfungwe	✓	✓	

Notes:

- The following organizations were STRIVE partners during Phase I but were not carried over to Phase II:
 - Africare
 - Intermediate Technology Development Group
 - Masiye Camp
 - Save the Children UK
 - Scripture Union
- The Bethany Project is no longer a STRIVE partner. They received some funds at the beginning of Phase II before the relationship was terminated.
- Phase II of the STRIVE program runs from July 2004 to September 2007.
- Of the 66 districts in Zimbabwe, the STRIVE project serves 34.
- Program Elements - Key:
 - EA - Education Assistance
 - FS - Food Security
 - PSS - Psychosocial Support
 - H - Health
 - ES - Economic Strengthening

ANNEX F

FINDINGS AND CONCLUSIONS FROM FIELD VISITS

ANNEX F: FINDINGS AND CONCLUSIONS FROM FIELD VISITS

Contribution to STRIVE Partners	Gaps in Support to Partners
<ul style="list-style-type: none"> • Capacity building • Visits by Partner Support Coordinators (PSCs) • Strong, systematic M and E training • Ability to target most vulnerable children • Improved financial management • Provision of transport • Opportunities to learn from each other through quarterly reports, meetings, and STRIVE Times • Greater emphasis on amplifying the voices of children • Leveraged funds from other donors 	<ul style="list-style-type: none"> • HBC not integrated with all partners • Not all partners have all four STRIVE elements • Delay in disbursements • Lack of authority among partners support coordinators • High CRS administration costs, funds further “shrink” at partner level and even less reaches communities • Partners spend too much time on meetings, visitors, evaluations etc. • Little evidence of value added by technical staff at local level • Clarity/help to cope with devaluation/inflation
Gaps in Partner Capacity	
<ul style="list-style-type: none"> • Recognize and document their own (non STRIVE) achievements • Monitor issues of concern but not within STRIVE • Reach out-of-school children both drop outs and under 6s • Integrate children's concerns into their own programs • Address shrinking resources that constrict ability to respond to communities • Build on what communities are already doing • Do more comprehensive advocacy work • Do additional fundraising • Incorporate behavior change messages • Develop activities to grow their organization's human resources • Deal with high staff turn-over • Cope with the hyper-inflation and fixed exchange rates 	
Benefits to the Community	Outstanding needs within the community
<ul style="list-style-type: none"> • Raised awareness of child rights • Nutrition gardens benefit growers and OVC • School grants/fees allowing OVC attendance • Assisted IS&L Groups • Mobilized/trained child protection & ed committees to identify most needy children and monitor development • Included community leaders (teachers, headmasters, headmen, volunteers, children, youth) who brokered decisions • Re-activated community fields for the benefit of children (<i>Zunde Ramambo</i>) • Introduced <i>Auntie Stella</i> reproductive health material 	<ul style="list-style-type: none"> • Additional information on HIV for youth • Parenting skills and daycare for the elderly and youth caregivers • A volunteer package (e.g., hats, uniforms, soap, shoes, food given increasing hardships) • Assistance in getting birth registration, death certificates, Registrar General rules • Start up funds for IGAs • Fundraising • Skills training for youth

<ul style="list-style-type: none"> • Re-activated scouting/girl guides • Employed station days to monitor child health • Empowered youth activists on reproductive health (e.g., <i>Auntie Stella</i>, drama, quiz shows) • Youth skills training (sewing, carpentry, cooking) 	
Benefits of Operational Research/M&E	Challenges in Research Agenda
<ul style="list-style-type: none"> • Strong focus on importance of M&E • Partners able to provide timely information on the STRIVE indicators • M&E officers are well trained • Some evidence of change in programming due to operational research • Some lessons learned from STRIVE are noted at national and international level 	<ul style="list-style-type: none"> • Partners do not appear able to decide on and undertake their own research • Little use of participatory monitoring tools • Innovative community practices are not highlighted in the OR materials • OR material seems to be packages for the external audience rather than a community-level audience—this is even true of the child-friendly NPA • The focus on collecting numbers for STRIVE appears to have hijacked the ability to see and document other achievements
Benefits to Children	
Education Support <ul style="list-style-type: none"> • Enabled vulnerable children to continue to attend school by paying school fees or arranging exemptions through block grants • Increased attendance levels at participating schools • Provided textbooks for children • Supplemented diet of some vulnerable children at school • Encouraged volunteers to help children with homework 	Education Issues <ul style="list-style-type: none"> • Substitutes for government role with little discussion about the “duty bearer” responsibility of child protection • May not be cost effective or sustainable • The small amount of funds and their dwindling value means fewer children are reached • School needs are enormous/endless • Factors other than school fees affect attendance (e.g., caring for an ill guardian, hunger, menstruation, lack of appropriate clothes) • Fees alone are insufficient; need school pack of pens, stationery, clothes <u>and</u> food • Little evidence of links to other school programs • Early childhood and school drop outs not reached, esp children heading households • Disabled child may be left out of efforts
Psycho-social Support (PSS)	Problems with PSS interventions

<ul style="list-style-type: none"> • All partners seem to have implemented some type of PSS intervention • Partners recognize children's social and emotional needs • Some bereavement support 	<ul style="list-style-type: none"> • Food and basic needs of families are paramount; lack thereof is major source of stress • PSS has become synonymous with camps and clubs • Partners have not exploited existing programs (e.g. Sunday schools, women's groups, soccer clubs) • The primary source of PSS – the family -- seem not to have been involved in the interventions (e.g., few partners had efforts at reuniting families or siblings) • The predominate focus on orphans may overlook other vulnerable children, such as the disabled and the abused • Focus on orphans may cause children to be singled out instead of helped to belong • Need to integrate reproductive health • Overlooks need for palliative care and health
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CONCLUSIONS & SUGGESTIONS: QUALITY ACHIEVEMENTS AND IMPROVEMENTS

Dimensions of Quality	Comments on STRIVE
Safety - risks related to care are minimized	<ul style="list-style-type: none"> • Address use of stigmatizing terms and avoid singling out orphans • Help partners encourage positive traditional practice
Access - lack of geographic, economic, social, cultural, organizational, or linguistic barriers to services	<ul style="list-style-type: none"> • Translate, disseminate reproductive health materials; use drama, pamphlets & A/V material • Promote equitable access to government services • Broaden the geographic impact; coordinate assistance at district level
Technical - tasks are carried out in accord with program and professional standards	<ul style="list-style-type: none"> • Not all partners have manuals and curricula for community mobilization, PSS, nutrition gardens, etc.; training may be inconsistent • Few partners have adequate HIV prevention and AIDS treatment knowledge • Technical advisors need to spend more time in the field
Linkages & Referrals - established between prevention, care programs & other	<ul style="list-style-type: none"> • A small network of partners was established, but others partners are needed • Referrals hindered by the lack of social services and high costs of health care, birth registration, and education • STRIVE has national networks, but needs broadening at district/ward levels

networks	<ul style="list-style-type: none"> • Build links with nutritional programs, pediatric ART and PMTCT services
Appropriateness – services adapted to needs & circumstances, gender, age, disability, culture or socio-economic factors	<ul style="list-style-type: none"> • The education component has a strong girl’s dimension; boys also need attention • One organization addressed the needs of disabled children • The economic crisis make current delivery approaches less appropriate as the value of inputs is de-valued and little is trickling down to communities
Participation of caregivers, communities and children in design & delivery of services and decision-making	<ul style="list-style-type: none"> • STRIVE emphasized the importance of child participation • But there is less evidence of children being asked for opinions on the quality of the services or how to improve them • Community members collect information for OR and monitoring but are not included in a feedback loop
Effectiveness – results & outcomes are achieved, documented, measured and shared	<ul style="list-style-type: none"> • Strong M&E structures produced tools to capture the number of children reached with different services • Some outcomes captured through OR, including school attendance, results of camps and incomes from IS&L activities • Results shared within CRS and with the national & international communities, but less was shared with local communities
Sustainability - families & communities strengthened to deliver services & ensure sustainability	<ul style="list-style-type: none"> • Activities built some community capacity, but few resources reached them • Appropriate stakeholders were involved -- teachers, village heads & chiefs, church leaders, caregivers, etc. • Empowered stakeholder to address OVC issues

ANNEX G

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CLIPPINGS FROM NOVEMBER 2006

Society has a duty to care for orphans

THE economic problems that we face have been caused by a vast array of factors, many of which the average Zimbabwean cannot do much about.

When a breadwinner dies it is the dependants who feel the pain.

Losing somebody close to you is a traumatic experience that most people have gone through, at one stage or another in their lives. It is in the period after mourning and when significant donations from church members have run out and only the close family remains, that the true meaning of losing a parent dawns upon the child.

The hunger, the loneliness and the inadequacy of most necessities grips the child who has nobody to turn to. Rarely can siblings in such circumstances strengthen each other, as they face similar problems.

It is, in my view, the responsibility of people within communities, to assist the guardians of the children, to fill up the vacuum left by the parents of the children. The community refers to the church. It would be very hypocritical of any Christian church or its members to neglect orphans.

As one of the worst effects of the HIV/ AIDS scourge, more than 1.2 million children within our country have no parents. This has left many families being headed by children, who have no sources of income.

By ignoring or abandoning these children, society will be forsaking the future of our country.

Tawanda Mahere
Harare

This week an opposition MP has been exposing the horrific facts about life expectancy in Zimbabwe. Men are expected to stay alive for 37 years and women for just 34 years. Today you can expect to live longer than this even in Sudan or Iraq. When you know those figures you know why parents encourage their children to leave Zimbabwe. If you think about the fact that a woman is only expected to live for thirty four years, you must also think of the children she bears when she is twenty five - they will be orphaned before they even get to senior school. What then are the chances for those orphaned children - will they live as long as their mother did, will they even be able to finish school and learn a trade in order to support themselves and their children - it is very unlikely and paints a very bleak picture for the future of Zimbabwe.

Cathy Buckle
Marondera

Can dying school children really be expected to address their own problems?

Judith Garfield Todd
Cape Town

Zimbabwe has the world's highest number of orphans per capita, primarily because of the country's HIV/AIDS epidemic, [UNICEF](#) spokesperson James Elder said on Sunday. He added that 90 percent of orphans in the country are being cared for by extended

family and that the country's economic crisis makes it difficult to provide basic services -- including health care, nutrition and education -- to the children. In addition, the children's rights organizations said child abuse cases in Zimbabwe are increasing, in part because of the belief that HIV and other sexually transmitted infections can be cured by having sex with a virgin. According to the organization, there were 8,600 child abuse cases in Zimbabwe in 2005.

AFP/Mail and Guardian, 11/19/06

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