



Universiteit
Leiden
The Netherlands

Voices of Zimbabwean orphans : a new vision for project management in Southern Africa

Dzirikure, M.; Allen, G.

Citation

Dzirikure, M., & Allen, G. (2014). *Voices of Zimbabwean orphans : a new vision for project management in Southern Africa*. Leiden [etc.]: Brill. Retrieved from <https://hdl.handle.net/1887/48874>

Version: Not Applicable (or Unknown)

License: [Leiden University Non-exclusive license](#)

Downloaded from: <https://hdl.handle.net/1887/48874>

Note: To cite this publication please use the final published version (if applicable).

Voices of Zimbabwean Orphans

Afrika-Studiecentrum Series

Series Editor

Dr. Harry Wels (*VU University Amsterdam, The African Studies Centre,
Leiden, the Netherlands*)

Editorial Board

Prof. Bill Freund (*University of KwaZulu-Natal, South Africa*)

Prof. Lungisile Ntsebeza (*University of Cape Town, South Africa*)

Prof. Eddy van der Borcht (*VU University Amsterdam, the Netherlands*)

Dr. Marja Spierenburg (*VU University Amsterdam, the Netherlands*)

VOLUME 33

The titles published in this series are listed at brill.com/asc

Voices of Zimbabwean Orphans

*A New Vision for Project Management
in Southern Africa*

By

Manasa Dzirikure and Garth Allen



BRILL

LEIDEN | BOSTON

Allen, Garth.

Voices of Zimbabwean orphans : a new vision for project management in Southern Africa / by Garth Allen and Manasa Dzirikure.

pages cm. -- (Afrika-studiecentrum series, ISSN 1570-9310; volume 33)

Includes bibliographical references and index.

ISBN 978-90-04-28247-6 (pbk. : alk. paper) -- ISBN 978-90-04-28328-2 (e-book) 1. Orphans--Africa, Southern--Social conditions. 2. Orphans--Zimbabwe--Social conditions. 3. Children--Services for--Africa, Southern. 4. Social planning--Africa, Southern. 5. Project management--Africa, Southern. 6. Africa, Southern--Social policy. I. Dzirikure, Manasa. II. Title.

HV1350.A45 2014

362.73096891--dc23

2014032277

Cover images purchased through IStockphoto, via Celine Van Hoek.

This publication has been typeset in the multilingual "Brill" typeface. With over 5,100 characters covering Latin, IPA, Greek, and Cyrillic, this typeface is especially suitable for use in the humanities.

For more information, please see www.brill.com/brill-typeface.

ISSN 1570-9310

ISBN 978-90-04-28247-6 (paperback)

ISBN 978-90-04-28328-2 (e-book)

Copyright 2014 by Koninklijke Brill nv, Leiden, The Netherlands.

Koninklijke Brill nv incorporates the imprints Brill, Brill Nijhoff and Hotei Publishing.

All rights reserved. No part of this publication may be reproduced, translated, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior written permission from the publisher.

Authorization to photocopy items for internal or personal use is granted by Koninklijke Brill nv provided that the appropriate fees are paid directly to The Copyright Clearance Center, 222 Rosewood Drive, Suite 910, Danvers, MA 01923, USA.

Fees are subject to change.

This book is printed on acid-free paper.

Contents

	Preface	vii
	Acknowledgements	ix
	List of Figures and Tables	x
1	The Social Situation of Orphans in Southern Africa, and in Zimbabwe in Particular	1
2	Zimbabwe and its Orphans	14
3	Theory and Practice in Understanding and Improving the Social Situation of ovcs in Southern Africa	29
4	Systems, Social Development, and the Needs of ovcs	43
5	Key Conceptual Frameworks for Understanding the Social Situation of ovcs	69
6	The Zimbabwe Study of ovcs	77
7	What Orphans Want? <i>Voices from the Field</i>	110
8	The Role of Theory in Social Planning for ovcs	169
9	ovcs <i>Policy and Practice in a Holistic Tradition</i>	200
10	Project Management for ovcs in Zimbabwe and Southern Africa	230
11	Moving Policy and Action Forward for the Benefit of ovcs in Zimbabwe Southern Africa	251
	References	267
	Names Index	288
	Subject Index	290

Preface

The origins of this book lie in our concern for the poorest and most vulnerable of the children and young people, the OVYPs (orphans and other vulnerable young people and children Southern), of the fifteen Southern African Development Community (SADC) countries. The specific impetus for the study was Dzirikure's doctoral studies, from 2007–2011, which in turn arose from his work as SADC's Senior Programme Officer, OVC and Youth, a post he still holds. Allen was the supervisor of the study and was also an active participant in SADC's strategic planning work for OVCS during and since the doctoral study.

The study is a classic example of practitioner research, whereby the doctoral study added value to the ongoing work of SADC's strategic planning for OVCS. The doctorate was awarded in April 2011 and since then for purposes of this publication, we have extensively rewritten the submitted thesis. The main changes have been to reduce the detail in the justification for the theoretical and empirical approach taken in the thesis, and to change the style and significant form of the writing. However, this work, whilst a partnership and jointly authored, is rooted in Dzirikure's original professional and academic commitment to the topic and to utilizing his and Allen's interests and skills to work for the benefit of SADC's OVCS. The original thesis is available via the University of Kwa-Zulu Natal's depository of successful doctoral studies. The specific title of the thesis is: 'Towards a Management Approach for Sustainable Social Development Programmes for Orphans in Southern Africa: Application of Systems Theory'.

Both authors are driven by moral outrage that the most vulnerable children and young people in SADC, numbering tens of millions, have been ill-served by round after round of well-intentioned but weak, often inadequate, poorly designed and delivered, policy and planning approaches to improving the welfare of these worse off members of the SADC region. This book offers a fresh look at the possibilities, problem areas and barriers to significant improvement in the current and future lives of the region's OVCS. The approaches recommended as such have wider significance, beyond OVCS, for government inspired strategic planning for the worse off members of the SADC countries, and perhaps wider application in Africa beyond SADC. In particular, we lament the unacceptable living standards of OVCS in Zimbabwe and the failure of the Zimbabwean and SADC project management community to make a significant improvement in the lives of the majority of OVCS.

We use the phrase ‘worse off’ members of society to signal our allegiance to the general moral position developed in John Rawl’s work, especially in his monumental ‘Theory of Justice’. Here, and elsewhere in his work, the basic moral and strategic position of any social policy aiming to promote ‘justice as fairness’, is to target the known needs of the comparatively worse off members of any society. Of course it is not always easy to identify such people, nor to successfully target or skew public resources towards them. In this book, our special interest group of Zimbabwean OVCs are those who have difficulties accessing their basic needs and services as a result of either the loss of one or both of their parents to death and neglect, social and political conflict, poverty, or a combination of these factors. However, as we shall see, in practice, there are major problems in reaching a philosophical and technical consensus about what social characteristics should qualify for the status of ‘vulnerability’ deserving of societal or public care and support. But this shortcoming, in the overall scheme of things, is insignificant, and does not dilute the moral imperative for better off people to work with and for the worse off members of their society in order to raise the latter’s absolute and relative wellbeing.

Acknowledgements

We would like to thank our families and friends in Zimbabwe, Botswana, England and South Africa for their continued and long suffering interest in this study. And we also should thank the hundreds of Zimbabwean respondents whose Voices are the subject of our work: OVCS, their families and carers, professionals from the government and voluntary sectors, and workers and volunteers from charity and church organisations, and all who spared precious time to talk with us.

List of Figures and Tables

FIGURES CAPTION

1	Map of SADC countries	15
2	The learning cycle	74
3	Systems thinking, project management and child development	75
4	Map of Zimbabwe showing the study sites, Zimbabwe's provinces and main cities and towns	82
5	Percentage distribution of child participants by orphan hood	112
6	Percentage distribution of carers by age and level of education	114
7	Common relationships between carers and orphans in Zimbabwe as reported by carers and orphans	116
8	Orphans and carer(s): duration of living together	120
9	Outcomes of CSD and their relationships	234
10	Requirements for CSD and their relationships	235
11	A Comprehensive Service Delivery Spiral Cycle	241
12	The phases of the project cycle and feedback loops	246
13	Project cycle and the spiral nature of project processes in each stage	247
14	Spirals of the project cycle and transfer of learning between projects	249

TABLES CAPTION

1	Estimated number of orphans in the SADC by country	2
2	Mineral wealth in Zimbabwe	16
3	Basic needs of OVC	41
4	Techniques commonly used in participatory reflection and action (PRA)	60
5	Schedule of visits to study sites for data collection	81
6	National administrative structures and languages in Zimbabwe	82
7	Area distribution of all research participants	88
8	Story lines narrated by orphans and carers compared	93
9	Themes of questions for practitioners and carers compared	97
10	Social characteristics of orphan participants	111
11	Social characteristics of carer participants	113
12	Level of formal education by age category of carers	113

13	Age and gender distribution by level of education of project practitioners	114
14	Common relationships between carer and orphan in Zimbabwe as reported by carers and orphans	115
15	Number of people living in the same household with orphans	118
16	Number of orphans being looked after by carer(s)	118
17	Orphans and carer(s): duration of living together	119
18	Sources of household income reported by carers and orphans	120
19	Frequencies of household and livelihoods chores performed by orphans	123
20	Priority needs of orphans according reported by orphans	125
21	Priority needs of orphans reported by carers	126
22	Priority needs of orphans reported by practitioners	127
23	Prioritisation of needs compared: orphans, carers and practitioners	128
24	Definitions of vulnerability: carers and practitioners	130
25	Aspirations of orphans	142
26	Services provided by aid organisations reported by project practitioners	143
27	Orphans views on their sources of unhappiness	145
28	Practitioners and carers: reported inadequacies in the delivery of services for ovc	152
29	Aid organisations' administrative levels	153
30	Service delivery to orphans	154
31	OVCS supported by aid organisations	155
32	Failure to communicate needs by carers	158
33	Sources of funding for organisations working on orphan care and support	162
34	Annual ovc budget allocation of aid organisations	163
35	Carers' perceptions of practices that could improve the lives of OVCS	166

The Social Situation of Orphans in Southern Africa, and in Zimbabwe in Particular

Introduction

Zimbabwe, like most of the countries of Southern Africa, is facing an unprecedented and alarming growth in the number of orphans and vulnerable children (OVC). Orphans are those children with either or both parents dead, while vulnerable children are all children -orphans and non orphans, who have difficulties to access or enjoy basic needs, services, and rights as children. Children become vulnerable when their immediate care and support system (often the family or household), can no longer cope to provide and sustain their basic survival and developmental needs. The Southern African Development Community (SADC) shown in Figure 1 comprising of Angola, Botswana, Democratic Republic of Congo (DRC), Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe, is a major grouping of the majority of countries in Southern Africa. SADC is home to over 19 million orphans aged 0–17 years. UNICEF projects that the number of orphans will grow at a steady pace in most countries until around 2030. In Zimbabwe, orphans represent about 10.80% of the entire population of approximately 12.97 million. The exact magnitude of children who are considered vulnerable in Zimbabwe as in other SADC countries is, however, not very clear due to weaknesses in data collection and information management systems, and the broad definitions of vulnerability which vary between, and sometimes within countries (SADC, 2008). In any case we use the words orphans, OVC and vulnerable children as synonymous because in Southern Africa, challenges facing all vulnerable children are relatively the same whether they are orphans or non orphans.

The Zimbabwe Demographic Health Survey (ZDHS) 2005–2006 estimated that orphans and vulnerable children constituted about 30% of all children in Zimbabwe (CSO, 2007). A comparison of the data from the 1994 and 2005–2006 ZDHS indicates that there was a dramatic increase in orphan hood from 9% to 22%. The proportion of paternal orphans increased from 7 to 19%, while the proportion of maternal orphans rose from 3 to 9%. The proportion of children with both parents dead increased from less than one percent to 6%, (CSO, 2007). Orphan hood and vulnerability in Zimbabwe has been exacerbated by a

collapse in social, political and economic support systems, adding to chronic poverty, and HIV and AIDS, tuberculosis and Malaria. Poor communities in Zimbabwe are trapped into a vicious cycle in which poverty and disease mutually reinforce each other – a situation likely to be transferred between generations (Table 1).

This situation is comparable to the majority of countries in SADC – the region that has been hardest hit by the impact of HIV and AIDS globally. Global statistics indicate that sub-Saharan Africa remains most heavily affected by HIV, accounting for 67% of all people living with HIV and for 72% of AIDS deaths in 2007 (UNAIDS, 2008). Countries in SADC are worst affected, and HIV prevalence among people aged 15–49 years in some of the worst affected countries are as follows: Swaziland (26.1%), Lesotho (23.2%), Botswana (23.9%),

TABLE 1 *Estimated number of orphans in SADC by country*

Country	Total # of orphans	# of orphans due to AIDS	Children orphaned by AIDS as a % of all orphans
Angola	1,500,000	140,000	9
Botswana	130,000	93,000	72
DR Congo	4,200,000	680,000	16
Lesotho	200,000	130,000	65
Madagascar	910,000	11,000	1
Malawi	1,000,000	650,000	65
Mauritius	19,000	–	–
Mozambique	2,100,000	670,000	32
Namibia	120,000	70,000	58
Seychelles ¹	–	–	–
South Africa	3,400,000	1,900,000	60
Swaziland	100,000	69,000	69
Tanzania	3,000,000	1,300,000	43
Zambia	1,300,000	690,000	53
Zimbabwe	1,400,000	1,000,000	71
Total	19,379,000	7,403,000	38 (average)

SOURCE: THE STATE OF THE WORLD'S CHILDREN 2012: CHILDREN IN AN URBAN WORLD. UNICEF 2012

¹ No data is available.

South Africa (18.1%), Malawi (11.9%), Zambia (15.2%), and Namibia (15.3%), (UNAIDS, 2008).

In Zimbabwe an estimated 15.3% of people are infected with HIV, and 132,938 children (0–14 years) were living with HIV and AIDS at the end of 2007. The annual child mortality due to AIDS was estimated to be 12,448. In addition to vulnerability due to HIV and AIDS, about 150,000 children were estimated to be living with disabilities; 12,000 living on/off the streets, and 5,000 living in institutions. Some 26% of children below 15 years of age were believed to be working (CSO, 2007).

The main forms of managing service delivery with a view to addressing the challenges facing OVC in Zimbabwe and Southern Africa include: (a) general management (PMI, 1996) or business-as-usual (APM, 2006) through Government institutions, largely funded by the AIDS levy, collected by Government through income tax; (b) family and community support systems, largely funded by family incomes and remittances; and (c) projects and programmes (PMI, 2005; APM, 2006), largely funded by Western donors. Project management is recognised as 'a relatively young profession' (PMI, 1996:3) and the fastest growing form of management in the world, expanding beyond engineering to every facet of life including child care (Stine, 2003; Steyn et al., 2003). Yet most social development project management practitioners in the SADC region lack professional training (Dzirikure, 2005).

Zimbabwe has comprehensive legislative, policy and programmatic instruments for addressing the growing challenges of OVC, in particular: the Children's Act [Chapter 5:06] amended in 2001, the Guardianship of Minors Act, the Maintenance Act, the Child Abduction Act, the Zimbabwe National Orphan Care Policy of 1999, the National Action Plan (NAP) for Orphans and Vulnerable Children, the National and AIDS Policy of 1999, among other socio-economic development policies and strategies. Like other countries in the SADC region, Zimbabwe is a signatory to policies and commitments that promote the development and welfare of children such as the UN Convention on the Rights of the Child (CRC) of 1989, ratified in Zimbabwe in 1992 and by all SADC countries; the African Charter on the Rights and Welfare of the Child (ACRWC), ratified in Zimbabwe in 1995; and commitments such as Millennium Development Goals (MDGs) and the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), 2001. Several studies have shown that all SADC countries have specific policies and programmes for OVC (SADC, 2008).

In Zimbabwe, specific Government programmes that support OVC include the Basic Education Assistance Module (BEAM); Public Works Fund targeting vulnerable families in the form of cash transfers to vulnerable groups, Public Assistance Fund, Drought Relief, and Assisted Medical Treatment Order; 3% tax

levy to support implementation of the National HIV and AIDS Policy; Children in Difficult Circumstances; and several OVC programmes implemented with the support of civil society organisations (CSOs).

Countries in Southern Africa 'are susceptible to macro level or covariate shocks such as poverty, natural disasters (e.g. drought, cyclone, flooding, and epidemics), armed conflict, weaknesses in governance and economic policy and international trends such as commodity price fluctuations' (UNICEF, 2008:9). Southern Africa is among the poorest regions in the world. Despite the existence of policies, legislations and programmes on OVC, most countries fall far short of fulfilling the basic needs of OVC (SADC, 2008). In Zimbabwe, a decade of economic collapse during the period 2000 until 2008/2009 was characterised by hyper inflation, which rose to an estimated 531 000 000 000% (The Zimbabwean, 6 October 2008), a high unemployment rate estimated at over 90%, a general collapse in service delivery, and diminished Government support for OVC. The National Action Plan for orphans and vulnerable children (NAP) 2004–2010 of Zimbabwe stated that 'as a result of the socio-economic situation and the HIV and AIDS epidemic, all children in Zimbabwe are potentially vulnerable' (Government of Zimbabwe Ministry of Public Service, Labour and Social Welfare – GoZ MoPSLW, 2008:8). Major causes of vulnerability for children in Zimbabwe are similar to those in most Southern African countries.

The main challenge we explore in this book is how to transform social development project management practice into sustainable benefits for the development of orphans and vulnerable children in Zimbabwe, in particular, and more generally in Southern Africa.

Socio-Economic Challenges to Attaining Universal Development Outcomes for Orphans; the Received Wisdom

The causes of orphaning, vulnerability and deprivation of orphans and other children in Zimbabwe as in most of Southern African countries are many, interlinked and complex. In 2002, UN Commissioner for Human Rights, Mary Robinson, identified extreme poverty as the most serious form of human rights violations globally. Townsend (2004:9) noted that 'extreme deprivation among children appears more widespread and severe than was supposed', yet children are not prioritised in poverty reduction policies and little is known of their specific situation, particularly in the absence of cohort studies tracking child poverty over time. A study of child poverty conducted in Ethiopia suggests that very often, children are not aware when some of their basic rights are not met

or are denied (UNDP, 2004), and thus cannot claim their rights to basic needs. Extreme poverty in Southern Africa is well documented (UNICEF, 2008) and many children live in absolute poverty. Such deprivations harm children in the short as well as long term, and are causally related to poor developmental outcomes. Children who become chronically ill as a result of those conditions cannot go to school, even if free education is available (Gordon et al., 2003).

Vulnerability is worsened by HIV and AIDS, tuberculosis and malaria, natural disasters such as floods and droughts which curtail food production, social and political conflicts, the recent Global Financial Crisis and the related high food prices, and rampant corruption in the allocation of resources. Other factors include disability, the high levels of cross border migrants, the propensity for human trafficking, low birth registration rates and harmful traditional practices such as early marriages, and the low social status given to women and young girls. UNICEF (2008:47) indicates that 'Africa loses around US\$18 billion a year due to civil wars and insurgencies', depriving human development emergencies of the much needed funding. All these factors work in tandem to deprive children of their basic developmental needs and rights.

The self-reinforcing effect of poverty and HIV and AIDS is well known and is summarised in an analysis on collapsing traditional safety nets (UNDP, 2004): HIV and AIDS affect productive members of a society by directly undermining their ability to work, and increasing the number of dependents in a household. Consequently, household productivity is decreased while the caring burden of other household members is increased. The intergenerational transfer of knowledge and skills such as farming skills, health knowledge, and the exchange of ideas and tools is interrupted. Subsequently, savings and assets are depleted to fund medical and living expenses and livelihood opportunities diminish, thus deepening vulnerability and poverty. Coping strategies become increasingly desperate and ultimately lead to family disintegration and destitution. More risky coping mechanisms are then employed, further promoting the likelihood of contracting HIV and AIDS. This means that more and more children are likely to be orphaned and these extra orphans imply a further 'care burden' which serves to further exacerbate the situation. As more and more households are affected by HIV and AIDS related illnesses, the same networks and informal mechanisms that are supposed to help AIDS affected people are shrinking and those that exist are being stretched at community and national levels.

Market systems, bad Governments and income inequalities fail and impoverish the poor. With capital markets failing, young people cannot get education grants and loans; imperfect or nonexistent insurance markets if left unregulated, mean that poor people will not get decent health care. The simple

fact that basic services such as water are necessities mean that markets cannot guarantee that poor people will get the services they need to survive. In Zimbabwe during much of 2008, teachers were almost entirely absent from public schools because of poor working conditions and no learning and teaching took place in these schools (New Zimbabwe.com, 10 September 2008). Studies on absenteeism at work have shown rates for teachers as high as 27% in Uganda and 18% in Zambia and 37% of all health workers in primary health centres in Uganda (Chaudhury et al., 2006; Das et al., 2007; Rogers and Vegas, 2009). Governments and international development policies have failed the poor. Apart from failing to prioritize interventions whose impact is well proven, specific policies for children have often been equated with marginal aspects of social policy, rather than seen as an essential element of combating chronic poverty.

Some of the policies are often as destructive as the market failures they were intended to correct. Because of the personal interests of certain powerful groups, it is often difficult to change the status quo at national and international levels. Redistributing 1 percent of the income of the richest 20% of the world population to the poorest 20% could benefit the latter as much as distributionally equal growth of around 20% (Woodman and Simms, 2006). In addition, while agriculture is the key to poverty reduction in sub-Saharan Africa where about 80% of the population live in rural areas, and 70% depend on food production, developed countries have generally turned a blind eye to the development problems caused by volatile commodity prices and economic policies which have failed the poorer developing countries (Mold, 2006). Harper et al. (2003) argued that norms and practices that deprive individuals and wider groups of social, political and economic opportunities can have broad implications for poverty transmission. They may range from discriminatory attitudes, such as towards girls' education, to deeply embedded prejudices that deny basic rights to individuals or minorities because of class, race, ethnicity or caste.

Families and Social Connectedness

Family livelihoods are critical in breaking poverty cycles. Apart from its direct impact on nutrition and survival, low income or production reduces parental capacity to nurture children and increases the prevalence of child work. Breaking or maintaining poverty cycles involves transfers throughout an individual's life and across generations. These transfers may include tangible assets such as land – or debt; human capital such as nutritional care and

education – or disease; and attitudes and values such as caring – or gender bias. The context in which such transfers take place may enable or inhibit them. Those who can influence this context – Governments, donors, civil actors or individuals, are duty bound, we argue, to recognise how such transfers can trap or release people from poverty (Harper, 2004).

Child development outcomes have proven positive when social connectedness is strong and societal norms and practices are enabling. Yet social connectedness may weaken or be destroyed under economic difficulties or with economic policies that promote migration for financial necessity resulting in the separation of families or ‘time poverty’ (Bardasi and Wodon, 2006). As a result of collapse in the socio-economic and political situation that began in the late 1990s, by 2009, millions of Zimbabweans, mainly the economically active aged 16 to 40 years, had migrated to neighbouring countries and overseas in search of economic opportunities and fear of political persecution. They often migrate alone, leaving their families behind (IOM, 2007; Garcia and Duplat, 2007; and Kiwanika, and Monson, 2009).

The reduction of income poverty is largely associated with long-term economic growth. The extent of poverty reduction depends on the extent to which the poor participate in the growth process and share in its proceeds. The distinction between pro-poor growth and general economic growth is crucial for policy analysis and for formulating poverty reduction strategies. Yet there is no consensus about how to define and measure pro-poor growth. In Zimbabwe, Black Economic Empowerment (BEE) policies including land redistribution has been noted to benefit a few elite allies of the ruling ZANU PF party. For example, hundreds of thousands of farm workers and informal traders lost their jobs and livelihoods as a result of the land reform programme and Operation Murambatsvina (Kimenyi, 2006, Tibaijuka, 2005).

The Southern African Policy Framework for Orphans

The National Action Plan for orphans and vulnerable children (NAP) for Zimbabwe acknowledges that the response from communities and community based organisations to support OVC has grown tremendously over the past few years. However, these many initiatives lack coordination, their impact is fragmented and thus the basic survival needs of children remain grossly unmet (GoZ MoPSLW, 2008). This is worsened by the current social, economic and political situation [which] has resulted in alarming increases in children who have basic survival needs of food and health services that are not met (GoZ MoPSLW, 2008:10).

The NAP also reported a widespread lack of birth certificates which prevented children from accessing basic services and rights. Opportunities for children to participate in making decisions that affected their lives were very limited particularly in the area of formulating and implementing policies, legislation and programmes that aim to address their needs. The policy and legal frameworks for addressing issues affecting OVC did not cover new and emerging challenges of households headed by children and the elderly, and therefore gaps and contradictions are evident. For example, 'legal issues pertaining to children and women in Zimbabwe are subject to a dual legal system comprising customary law and legislation found in the Constitution and Statutes' (GoZ MPSSLW, 2008:10). This creates potential for conflict in efforts to enforce and implement laws and programmes aimed at improving the situation of OVC. Existing laws are also fragmented.

The application of project management in OVC programmes is seemingly in crisis (Save the Children, UK, 2006; Foster, 2005; and SADC, 2008); project management efforts are rife with numerous and often repeated challenges. Whereas various global and national political and programmatic declarations and commitments have been developed and adopted in SADC and in Zimbabwe over the last decades, their implementation at national level remains weak. Evaluations of National Action Plans (NAPs) in Sub-Saharan Africa and in Zimbabwe indicate that they do not provide a standardised and adaptive approach to deliver services to OVC (Engle, 2008). The needs of youth, street children, incarcerated and institutionalized children, child soldiers, double orphans, and disabled children are not always analysed and considered within the plans (UNICEF, 2006; 2007).

According to the authoritative voice of the SADC Secretariat on the needs and challenges of OVC and the quality of programmes responding to these needs, most interventions in the region define OVC in terms of discrete needs and problems. As a result, this leads to fragmented vertical responses, such as separate projects on feeding, drugs, and literacy, that fail to see how problems are interrelated and reinforce one another. Problems that are more visible tend to garner more attention and resources, while other more important but less visible areas are neglected. Orphan support programmes also emphasise giving handouts such as food and clothing instead of asking families and carers what they need to be self-sustaining to improve their productive capacities to enable them to meet the entire needs of the children (SADC, 2008).

We argue that Projects must be built on context relevant, communities' inter-generational experiential learning to meet the felt needs of the community and serve as platforms for development into the future. Projects that serve

as an end in themselves create what (Nchabeleng, 2000) call 'victims' of social development efforts and a 'dependency triangle'; as development practitioners we rarely ask what our target group can do. Instead, we focus on what they cannot do, or what they need. We play the 'saviour'. This approach to social development appears to dis-empower communities.

Social development efforts do not appear to be making a significant impact to achieve universal wellbeing in Zimbabwe and in Southern Africa as exemplified by failure to meet MDG targets, and the continued rise in poverty, social conflict and diseases such as HIV and AIDS, tuberculosis and malaria. The number of orphans and vulnerable children and families living in abject poverty and despair are increasing. Diseases that would otherwise be controllable such as the recent outbreak of cholera in Zimbabwe, tuberculosis and malaria are uncontrollable. In Zimbabwe, the reasons for these failures are systemic, many and complex, ranging from political, socio-cultural, governance, economic, management capacities as well as philosophical. We explore this claim of failure and how the failings can be put right throughout the latter part of this book.

Townsend (2004) observed that there is growing anxiety that child poverty will not be reduced by 2015. This is because the policies advocated by international agencies and national Governments are largely indirect and not precisely devised, and tend to favour the wealthier segments of the population.

OVCS and Personal and Political Power, and the Contradictions of Strategic Management

Children often do not have control over issues that affect their lives. They cannot vote, their voices are often discounted, they cannot petition leaders, demonstrate, form assemblies, and yet they are over represented in poverty statistics. Those vulnerable children who survive into adulthood often carry along the burden of poverty along with them, and have high chances of passing it on to next generations. Breaking the cycle of poverty requires severing the ties that cause and perpetuate it over one's life and between generations (UNDP, 2004).

Child development experts argue that child survival is not just a case of clean water and food availability. A child's development to full potential requires emotional and spiritual support, and guidance, encouragement and love from the family and broader community as well as protection against danger, including conflict. The high correlation between years in schooling and increased life-long income has long been established, suggesting that

education provides a means for escaping poverty. 'Each additional year spent by mothers in primary school lowers the risk of premature child death by 8%' (Harper, 2004:4).

The factors that cause and reinforce poverty are often much bigger and far beyond the control of a household such as globalization. Where social security measures have been put in place such as the social grant in South Africa, benefits are noted to be limited in range and coverage, and resources have remained scarce. According to the Provisional Record of the 98th Session of the International Labour Conference held in 2009, the majority of workers, particularly in least developed countries, is not covered by social security and social protection programmes. This situation has been worsened by the global economic and financial crisis (ILO, 2009). Escaping from poverty does not depend primarily on shrewd individual calculations and effort. There are structural inequalities from birth that require a variety of public or universal institutions in each nation to promote stability and social cohesion.

Social development project designs and evaluations appear to suffer from paradigmatic mismatch and in-congruency, employing reductionist design frameworks and methodologies borrowed from physical science projects, with a strong mechanistic, positivist character to address complexity, messy and systemic problems (Ackoff, 1974; Casti, 1994; Kauffman, 1993; and Lewin, 1993) such as the challenges of OVC, HIV and AIDS, conflict and poverty. Management science has not given much thought on how to deal with diverging and conflicting situations in which there is less harmony. Jackson (1995) described taking a systems approach to solving problems to entail, approaching and understanding situations holistically 'engaging with the whole' and not in bits and pieces. Managers should be alert to relate with new properties that emerge when parts interact, which will certainly become different from the original phenomena. The SADC Strategic Framework and Programme of Action for Orphans (2008–2015) cautions that providing intermittent and discrete services to address individual components of a myriad of overt and covert challenges facing a child may be counter effective in the long term because the problems facing orphans often reinforce each other. Problems that are not addressed may nullify those that will have been addressed.

As organisations become increasingly complex, understanding complexity has become very important. The interrelationships between internal and external environments – from the culture and products through the competition and customers – force organisations to make decisions based on multiple unknown variables – project execution can no longer be modeled as 'linear outcomes of planned actions' (Thomas and Mengel, 2008:307). Thus 'project managers must begin to pay greater attention to the non-linear and subtle

influences in their planning and management and shift away from the primal importance they grant to quantitative analysis and project controls' (Singh and Singh, 2002:32). Integral to our approach is the assumption that efforts to improve the lives of orphans can be effective and sustainable if project management (PMI, 1996; Burke, 2003) embraces systems theory at the core of its practice. Systems theory and practice has the potential to unravel the rigidity of project management approaches to make them responsive to complexity, uncertainty and emergence (Kreiner, 1995).

This book, in part, examines project management practice in social development in the context of the Project Management Body of Knowledge (PMBOK) which is the 'generally recognised as good practise...sum of knowledge within the profession of project management' (PMI, 1996). We analyse Project management practices of existing programmes focusing on OVC in Zimbabwe, in particular, and Southern Africa in general, in the context of holistic and optimum child development.

The Shape of the Book

In Chapter 2, the milieu of OVC in Zimbabwe and to a lesser extent in Southern Africa is summarized, providing the context in which the study took place. Using existing literature, specific selected indicators are discussed to bring clarity to the status of the development and wellbeing of OVC in Zimbabwe.

Chapter 3 provides a brief theoretical and philosophical perspective of the relationship between systems ideas, project management knowledge and child development as they are defined in the literature. The Chapter demonstrates that theory and practice of systems and project management knowledge, as well as child rights and rights based programming are emerging disciplines in the history of academic and professional knowledge, having gained formal attention beginning in the middle of the twentieth century.

By reviewing policies and strategic commitments, plans and performance evaluations of selected international and national organisations that are also operating in Zimbabwe, Chapter 4 demonstrates how the ideals of systems theory are reflected in social development management intents in particular as they relate to pluralism, holism, comprehensive support and fulfilling the human rights and dignity of all children and the extent to which they are implemented.

Chapter 5 provides a conceptual framework on which the book is built, largely arguing the importance of applying systems ideas to social development management practice for OVC. In Chapter 6, a detailed outline and

justification of our original empirical work is provided. The Chapter reflects on the multiple methodologies and data gathering techniques applied in the research and how these were fused as distinct yet complimenting techniques, serving a unique cross validation, pluralist function, to provide credence to the research process and conclusions.

The story of the situation of orphans told largely from the perspective and voices of orphans and carers, is narrated in Chapter 7 during the description of research findings. It reveals children as less understood than we may think and often mis-understood. It demonstrates that very poor women, often the elderly, bear a burden of care and support for OVC with minimal and in most cases no support at all. A myriad of conditions that are pre-requisites to providing comprehensive services for OVC are highlighted as grossly deficient.

In Chapter 8, an analysis and interpretation of the research findings is provided drawing on the understanding of project management, systems theory and practice, children and orphans' development, and the milieu in which these children grow up. The Chapter provides meaning to the findings, highlighting a better understanding of the situation of orphans and the status of service delivery project management practice to address their needs.

The findings the empirical work and their meaning outlined in Chapters 7 and 8 are critically interpreted in Chapter 9, in particular, the extent to which they derive systems meaning to social development project management for OVC. This analysis articulates the linkages and implications of the findings to the key themes of: (a) project management; (b) child development for orphans; (c) the cultural milieu for OVC development; and (d) the application of systems theory to project management practice for OVC. Key recommendations of the research that are relevant to improving on theory, policies and programmes for OVC and child development in general are highlighted.

Drawing on the analysis of the findings of the study and on systems ideas, Chapter 10 provides a new framework for holistic management of care and support efforts for OVC, emphasizing: (a) a comprehensive service delivery (CSD) management systems-oriented approach to service delivery for orphans and vulnerable children, (b) redefining the project lifecycle to a project spiral cycle that addresses sustainability for OVC project management practice, and (c) proposing project management knowledge areas that suit social development project management practice for OVC. The Chapter introduces the concept of applying moral capacities alongside scientific management practice in order to improve human efforts to attain social justice imperatives.

Chapter 11 signifies the end of the story, and provides a synthesis of the research and our argument, and their significance for the future of social development project management practice for OVC. It confirms the assumption

that Systems Theory can be helpful in moving Project Management on to where it needs to be. The Chapter summarizes what we claim to be new perspectives on the causes and solutions to improving the welfare of vulnerable children and their carers in Southern Africa. It recapitulates in brief, the key findings of the study, and ends by challenging further research in key areas that require illumination in the pursuit of sustainable comprehensive service delivery management efforts for OVC in Zimbabwe in particular, and Southern Africa in general.

Zimbabwe and its Orphans

Introduction

The Chapter provides a concise overview of the environment in which orphans lived in Zimbabwe, in particular, and Southern Africa in general. It depicts the situation of orphans in Zimbabwe as a microcosm of that in the majority of countries in Southern Africa with which the country shares close historic, economic, political and socio-cultural ties. The Chapter describes in general, and more specifically in relation to orphans and vulnerable children, selected demographic and socio-economic indicators.

Zimbabwe is a landlocked country, measuring about 390,757 square kilometres in the southern part of the African continent. It is bordered by Zambia to the north, South Africa to the south, Mozambique to the east and Botswana to the west (see Figure 1). The country's population of 11.6 million (2002 census) is estimated to have grown to 12.2 million in 2006 (SADC, 2008). Zimbabwe's population is very young with 41% below the age of 15 years and 55% between the ages of 15 and 64 years (CSO, 2003). Approximately 34% of its population is urban, with the majority living in and around the cities of Harare and Bulawayo.

Formally Southern Rhodesia, Zimbabwe (see Figure 4) attained independence from Britain in 1980 after a 13 year liberation struggle. Harare is the capital city, and according to the Census of 2002, it has a population of about 1.44 million. Bulawayo is the second largest city with a population of 676,000, followed by Mutare, 153,000 people and Gweru, 137,000 people.

Zimbabwe is a member of the Southern African Development Community (SADC), a grouping of 15 Member States comprising most of the countries of Southern Africa, namely, Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. SADC was established through a Treaty in 1992, a transformation from the Southern African Development Coordination Conference (SADCC) which was established in 1980 as a loose alliance, largely to counter the economic and political threats from the then apartheid South Africa. The vision of SADC is one of a common future within a regional community that will ensure economic wellbeing, improvement of the standards of living and quality of life, freedom and social justice and peace and security for the people of Southern Africa (SADC, 2004).



FIGURE 1 *Map of SADC countries*

SOURCE: INSTITUTE OF SECURITY STUDIES

In many ways, the situation of OVC in Zimbabwe is a microcosm of the majority of SADC Member States. The majority of Member States of SADC share common historical experiences and socio-cultural, economic and political linkages and challenges. Nine of the Member States have HIV prevalence among the 15–49 year olds of more than 10%, with some higher than 25%. With the exception of Botswana, Mauritius, South Africa, Namibia, Seychelles and Swaziland which are considered to be middle income countries, the majority are classified among the world's very poor countries. Poverty and under development remain daunting challenges for the SADC region. About two thirds of the population in the region lives below the international poverty line of US\$2 per day. Poverty is exacerbated by high levels of unemployment and low industrial growth and productivity which characterize most of the Member States. Food insecurity is particularly acute in the region, largely due to natural disasters associated with climate change such as floods and recurrent drought. Human productivity has also been curtailed by labour migration and high morbidity and mortality rates among the economically productive age group largely as a result of the treble effect of HIV and AIDS, malaria and tuberculosis,

among other diseases and causes of death. The recent global increase in energy and food prices and the crisis in the financial markets are exacerbating the already dire situation in the region.

Poverty and the high levels of morbidity and mortality among adults have resulted in an unprecedented increase in the number of orphans and vulnerable children in the region. Health, social and economic forecasts indicate that the situation is likely to remain serious with increasing household poverty and number of orphans in the foreseeable future. Vulnerable and poor households such as those headed by children, women, older people, people living with disabilities and HIV and AIDS and the unemployed feel the brunt of these numerous challenges.

The Economic and Political Situation in Zimbabwe in Recent Years: A Summary

The country is rich in mineral wealth, major among which include platinum, gold, asbestos, coal, chromite, nickel, iron ore, diamond, copper, lithium, emeralds, chrome, cobalt, and coal bed – methane (Mbaiwa, 2010) as shown in Table 2.

TABLE 2 *Mineral wealth in Zimbabwe.*

Mineral	Estimated Resources	Current Annual Extraction Rates
Gold	13 million tonnes	20 tonnes
Platinum	2.8 billion tonnes	2.4 million tonnes
Chromite (Great Dyke)	930 million tonnes	700,000 tonnes
Nickel	4.5 million tonnes	9,000 tonnes
Coal	26 billion tonnes	4.8 million tonnes
Diamond	16.5 million tonnes	Infancy
Iron Ore	30 billion tonnes	300,000 tonnes
Copper	5.2 million tonnes	
Coal-bed Methane	Largest known reserve in sub-Saharan Africa	

SOURCE: INVESTMENT OPPORTUNITIES IN ZIMBABWE, GOVERNMENT OF ZIMBABWE, 2006 – AS PRINTED IN THE ZIIC INVESTOR'S PROSPECTUS 2009

It also has about 32.2 million hectares of agricultural land, divided into 5 Ecological Zones or Natural Regions. Natural Regions I, II, and III cover 12.6 million hectares, characterized by high rainfall, flourishing vegetation and rich soils largely suitable for agriculture. Natural Regions IV and V, covering 19.6 million hectares have low rainfall, scant vegetation and low fertility soils (UNDP, 2002:3). There are adequate supplies of surface and ground water that could be harnessed for the generation of electric power, irrigation of crops, and domestic and industrial use. The average monthly rainfall is 196 mm in summer and 10 mm in winter. However, significant parts of the country experience regular and often prolonged periods of drought spells, while others occasionally experience flooding. Zimbabwe's economy is highly dependent on agricultural products, including tobacco, maize, ground nuts, cotton and sugar cane as well as mining. As a result of past colonial injustices, the majority of rural people were settled in Regions IV and V where they remained poor.

Zimbabwe has numerous tourist attractions including the mighty Victoria Falls, which is listed among the natural wonders of the world. The country is credited to have one of the best climates in the world. This gives it immense potential for generating significant tourist revenue. At Independence in 1980, the Zimbabwean economy was diversified, and had an industrial base stronger than most sub-Saharan African countries outside South Africa. The economy was dual – with a well-established modern sector (first economy) alongside a poor rural economy (the second economy) which employed 80% of the population (IDS, 2003). The primary focus of Government was to reduce poverty particularly through stimulating the growth of the second economy largely through subsidies for agricultural development and land reform, and increased social sector expenditure. The result was that a series of economic development strategies and programmes were developed and implemented namely: the 'Growth with Equity' Strategy (1981); the 'Zimbabwe Transitional National Development Plan' 1982–1985 (ZTNDP); and the 'Zimbabwe First Five Year National Development Plan' 1986–1990 (FFYNDP). Overall, these resulted in huge improvements in social services for the poor such as literacy, health care and social welfare, amid relative growth in gross domestic product (GDP). The period from the mid-1990s to 2009 witnessed a rapid uncontrolled reversal of the social and economic growth patterns of the 1980s and early 90s, largely as a result of policy choices and a lack of funding for some of the ambitious development strategies.

Zimbabwe has not been short of national plans! The Government continued to introduce more – largely short term development strategies which include: the 'Second Five Year National Development Plan', 1991–1995 (SFYNDP) which was abandoned in favour of the 'Economic Structural Adjustment

Programme' (ESAP) for the same period; the 'Zimbabwe Programme for Economic and Social Transformation', 1996–2000 (ZIMPREST); the 18 months long 'Millennium Economic Recovery Programme' 2001–2003 (MERP); the 'National Economic Revival Programme', 2003–2004 (NERP); and the 'Macroeconomic Policy Framework 2005–2006: Towards Sustained Economic Growth' (Zwizwai, 2007). All of these strategies failed to achieve intended results largely as a result of investor unfriendly Government policy and lack of external funding.

Zimbabwe in Crisis and its People in Political and Economic Chains

At the time of conducting the empirical work reported in this book, in 2008/9, Zimbabwe was at the height of an unprecedented economic and political crisis characterized by unprecedented hyperinflation; shortages of very basic commodities such as health care and food; political polarization; and the 'erosion of real incomes, critical foreign exchange shortages, decline in savings and investment, capacity underutilization, company closures and high unemployment...with rising incidences of corruption in both private and public sectors' (SADC 2008:276).

Reports of people going for days without meals, surviving on wild fruits, people dying of starvation, being turned away from hospitals to die at home, and children not going to school (The Standard 25 October 2008; The Zimbabwean 17 October, 2008; ZimOline 17 January 2009; The ZimbabweTimes.com, 21 November 2009), had become routine everywhere in the country – urban and rural. Various media reports between August 2008 and March 2009 also indicated that the service delivery system (health, education, water supply, sanitation – every aspect of it) had all but collapsed leading to the closure of major hospitals, schools and water supply systems for long periods of time. Workers and professionals in Health and Education had downed tools in the greater part of 2008 and remained on strike with no clear sign of when they would get back to work and what would convince them to do so. As a result, a cholera epidemic that emerged in August 2008 and had claimed more than 3,000 deaths remained uncontrollable at the end of January 2009. The Government's response to all these challenges was that of denial, piecemeal, minimal and of no effect owing to lack of resources and political will, and corruption.

Once hailed as the 'bread basket of Southern Africa', Zimbabwe had seen its Agriculture Sector collapse and its population facing starvation following a controversial land reform characterized by the violent expropriation of white

owned commercial farms for redistribution to landless blacks. The land reform process was marred by lack of strategic planning, rampant corruption, partisanship and poor resourcing. The Mining Sector had also drastically collapsed with most mines closing due to the severe economic down turn. The local currency had become useless. Poverty was particularly acute among various vulnerable groups such as households headed by old people and child headed households that were on the increase due to the impact of HIV and AIDS epidemic.

In an attempt to enforce political reforms, the international community, in particular the European Union and United States, had meted targeted sanctions on Zimbabwe, through measures aimed at punishing officials of the ruling ZANU PF party, their families and associates. The country witnessed mass international emigration of workers and professionals. Political violence and a controversial 'military style' Government clean up undertaking, code named 'Operation Murambatsvina', described as a 'programme to enforce bylaws to stop all forms of alleged illegal activities such as vending, illegal building structures, illegal cultivation, among others in its cities' (Tibaijuka, 2005:7). Under this operation, the Government destroyed people's homes and the informal sector industries, and displaced an estimated 700,000. This resulted in the disruption and in most cases outright abandonment of productivity by those affected, and the turning of large numbers of families, largely women and children into destitution, with immediate exposure to starvation, diseases, homelessness, abuses, and poor sanitation. A fact finding mission report of the United Nations Human Rights Commission, described the operation as:

carried out in an indiscriminate and unjustified manner, with indifference to human suffering, and in repeated cases, with disregard to several provisions of national and international legal frameworks...a disastrous venture based on a set of colonial-era laws and policies that were used as a tool of segregation and social exclusion

TIBAIJUKA, 2005:7

The humanitarian consequences were described as enormous, requiring several years before individuals and the entire society could recover.

Selected Demographic and Socio-Economic Indicators in Zimbabwe and Southern Africa

A comparison of demographic and social indicators in Zimbabwe between 1999 and 2006 showed significant deterioration in people's standards of

living – attributed to the increasing impact of HIV and AIDS, poverty and emigration caused by the economic and political turmoil that characterized much of the period between late 1990s up to the time of the study in 2008/09. The number of males per 100 females was 94, down from 95 in 1999 (CSO, 2003). The proportion of female headed households increased from 34% in the Zimbabwe Demographic and Health Survey (ZDHS) 1999 to 38% 2005–06 ZDHS. The average household size increased slightly from 4.2 people in 1999 to 4.5 people in 2005–06. Urban households were on average slightly smaller (4.1 people) than rural households (4.6 people). Overall, 35% of households had foster children – with rural households having more (40%) than urban (25%).

Domestic violence occurred across all socio-economic and cultural backgrounds. According to ZDHS 2005–06, about 36% of all women had experienced physical violence in the 12 months preceding the survey, largely (65%) perpetrated by current or former husbands or partners. For never-married-women, 22% had reported teachers as the perpetrators and 21% had reported their mothers or step-mothers as the perpetrators (CSO, 2007). Among women with experience of sexual intercourse, 21% had reported that their first sexual intercourse was forced against their will. For women who were less than 15 years old when their first experiences of sexual violence occurred, 7% had reported that the perpetrators were relatives, 7% family friends, and 4% step fathers.

Southern Africa experience high levels of unemployment ranging from 25% in Botswana to 80% in Zimbabwe (SADC, 2008:13). According to ZDHS, in 2005–06, 56% of women and 30% of men had reported that they were not employed in the 12 months preceding the ZDHS. Women who were divorced, separated, or widowed were more likely to be currently employed (50%) than other women. Men who were currently in union were more likely to be currently employed, at 83%, than men who have never married. Women and men with no children were least likely to be employed. Fifty percent of all women were employed in the agriculture sector; hence the impact of farm seizures from commercial farmers was enormous on women and children (CSO, 2007).

UNICEF argues that greater awareness and improvement on sanitation and hygiene could reduce diarrhea related deaths by two thirds in areas such as Southern Africa. Unsafe drinking water and poor sanitation related factors ‘contribute 1.5 million of the 1.9 million deaths of children under-five each year that are due to diarrheal diseases’ (UNICEF, 2008:31). According to ZDHS 2005–06, 78% of households in Zimbabwe had access to drinking water of suitable quality (99% in urban areas and 67% in rural areas). Most households (87%) did not treat their drinking water. By 2008, water and sewage treatment

and reticulation services collapsed resulting in a cholera outbreak that had claimed more than 3000 people by February 2009.

The ZDHS 2005–06 also reported that 40% of households in Zimbabwe had toilet facilities of acceptable quality that are not shared with other households. About 37% of households had one room for sleeping, while 36% had two rooms, and 26% had three or more rooms (CSO, 2007). The housing situation was worsened by Operation Murambatsvina which destroyed people's houses. Overcrowded residents have been known to be associated with child sexual abuse. In rural areas, 96% of households used wood for cooking. Fetching fire wood and water is a major household chore for rural children, especially girls.

The ZDHS 2005–06 reported that 'the educational level of household members is among the most important characteristics of the household because it is associated with many phenomena that have a significant impact on health-seeking behaviour, reproductive health, use of contraception, and the health of children' (CSO, 2007:11). The ZDHS 2005–06 suggested generally high literacy rates in Zimbabwe – 91% for women and 95% for men (UNICEF, 2008). This is higher than the rates in most Southern African countries which are below 80%, with female orphans having lower schooling rates than female non-orphans (Save the Children UK, 2006). At the time of the study, the country was credited to have the highest literacy rates on the African continent despite these socio-economic and political challenges.

Exposure to mass media provides the opportunity to experience new ideas and knowledge that can improve life. The ZDHS 2005–06 indicated that 25% of women and 40% of men read newspapers at least once a week; 36% women and 44% men watched television at least once a week; and 48% of women and 64% of men listened to the radio at least once a week. The controversial Access to Information and Protection of Privacy Act passed by the Zimbabwean Government in 2002 undermined access to media, information and communication. The Government largely remained the sole source of information – largely propaganda for the majority of people.

Zimbabwe had experienced a decline in fertility from 5.4 births per woman (ZDHS 1998) to 2.8 births per woman (ZDHS 2005–06). Fertility was higher among rural women (4.6) than urban women (2.6). Unplanned pregnancies were common in Zimbabwe with about 13 percent of births unwanted while 20% were mistimed. The median age at first marriage was lower (17.7 years) for women aged 15–49 years with no education, than 22.7 years of women with higher than secondary education. Only 13% of men aged 25–49 married by age 20 compared with 57% for women.

Data indicated a sharp rise in adult mortality of about 40% among women and 20% among men between 1999 and 2006 (CSO, 2007) largely attributed to

HIV and AIDS. The largest mortality rates were observed among women aged 25 and over and men aged 30 and over. A comparison of results between the Population Censuses of 1992 and 2002 shows a significant fall in the quality of life of Zimbabweans: life expectancy fell from 61.0 to 45.0. The crude death rate (total deaths as a percentage of the total population) increased from 9.5 to 17.2. With the exception of Mauritius, maternal mortality in SADC countries is very high, ranging from 124 in South Africa to 1,300 in Angola per 100,000 live births (SADC, 2008:17).

The Particular Social Situation of OVC in Zimbabwe and the SADC Region

The Zimbabwe National Action Plan (NAP) for Orphans and Vulnerable Children 2004–2010 (updated April 2008) defines an orphan as a child below the age of 18 years (0–17) whose parents have died. The Zimbabwe National Orphan Care Policy definition of an orphan is a child aged 0–18 years whose parents have died. For demographic analytical purposes, it is important to note that there could be conflict between the definition of orphan in the NAP and in the Policy as the one in the Policy implies a cut off age group of below 19 years. For statistical referencing, the NAP also uses the UNAIDS definition of an orphan as a child under the age of 15 (0–14) who has lost his/her mother (maternal orphan), his/her father (paternal orphan), or both parents (double orphan). The UNICEF definition of an orphan is that of a child below the age of 18 years (0–17) who has lost one or both parents. This definition is widely used in Southern Africa and has been adopted in SADC's 'Strategic Framework and Programme of Action (2008–2015): Comprehensive Care and Support for Orphans in SADC'. The definitions above suggest a lack of standardization in the definition and application of the age of an orphan within the Zimbabwean context. The World Bank has adopted the concept of 'social orphans' to describe children whose parents might be alive but have been abandoned, or are not taking care of their children. We use the UNICEF and SADC definitions in this book.

In the Zimbabwe NAP, vulnerable children are defined according to about 14 characteristics which include both orphans and non-orphans as follows: (a) children with one parent deceased; (b) children with disabilities; (c) children affected and/or infected by HIV and AIDS; (d) abused children (sexually, physically, and emotionally); (e) working children; (f) destitute children; (g) abandoned children; (h) children living on the streets; (i) married children; (j) neglected children; (k) children in remote areas; (l) children with a chronically

ill parent (s); (m) child parents; (n) children in conflict with the law. The NAP acknowledges that 'as a result of the socio-economic situation and the HIV and AIDS epidemic, all children in Zimbabwe are potentially vulnerable' (GoZ MoPSSLW, 2008:8).

Sixty percent (60%) of children under age 18 in the households sampled for ZHDS 2005–2006 were not living with both parents. More than 25% were not living with either parent. Overall, 1 in 10 children under 18 was considered to be living in a household in which at least one adult had been chronically ill during the year before the survey or they had at least a parent living in the household or elsewhere who had suffered from chronic illness.

The ZDHS 2005–06 obtained information as to whether or not the minimum basic material needs of children age 5–17 years were being met. Basic material needs were considered to have been met if the child had a pair of shoes, two sets of clothes and a blanket (proxy measurement). Basic material needs were met in the case of only 61% of all children age 5–17 years. Children were least likely to have a pair of shoes (64%). Rural OVCs were much less likely than urban OVCs to have all three minimum basic material needs met (43% and 85% respectively). Comparing the provinces where we carried out our empirical work, Matabeleland South had the lowest proportion (32%) of OVCs whose needs were being met compared to Bulawayo – highest proportion at 90%. Midlands had 64% and Harare 81%.

The Millennium Development Goal (MDG) of reducing child mortality rates by two-thirds between 1990 and 2015 is proving to be one of the most difficult for African countries to reach. Many of the determinants of child mortality such as water, sanitation, and malnutrition lie outside the health sector (World Bank, 2008). Yet this MDG is often seen as the province of the health sector, requiring health inputs. On the other hand, parents of the children at risk either lack the knowledge or the means to protect their children. The average under five mortality rate in Southern Africa of 146 is very high compared to averages of 72 for the world, 79 for all developing countries and 6 for industrialized countries (UNICEF, 2008). Prevention and treatment of childhood diseases is generally low. With regards to HIV and AIDS, with the exception of Botswana and Namibia which have recorded more than 95% and 71% respectively, the rate of coverage of ARV treatment for children is low, for example, Angola (3%), Zimbabwe (6%), Tanzania (14%), Zambia (15%), South Africa (21%), and Malawi (15%).

The ZDHS 2005–06 reports that 'infant mortality rate was 60 deaths per 1,000 live births, while under-five mortality rate was 82 per 1,000 live births for the five-year period immediately preceding the survey. The neonatal mortality rate was 24 per 1,000 births. Thus approximately three quarters [75%] of

childhood deaths occurred during infancy, with more than one quarter [25%] taking place during the first month of life' (CSO, 2007:xx). Child mortality was consistently lower in urban areas than in rural areas. Children whose mothers have more than a secondary education had somewhat lower mortality than children whose mothers have less education. There was a decline in vaccination coverage in Zimbabwe, from 80% in 1994 to 75% in 1999, and to 53% in 2006 (CSO, 2007). About 12% of children under age five had diarrhea at some time within the two weeks before the survey; 25% of children with diarrhea did not receive any form of treatment (CSO, 2007). According to ZDHS 2005–06, 91% of women in Zimbabwe do not have health insurance which implies the same for their children.

The ZDHS 2005–06 acknowledges that 'adolescence health is important on both health and social grounds. Children born to very young mothers are at increased risk of sickness and death. Adolescent mothers are more likely to experience adverse pregnancy outcomes and are also more constrained in their ability to pursue educational opportunities than young women who delay child bearing' (CSO 2007:54). About 21% of women aged 15–19 had begun child bearing. The proportion of adolescents already on the path to family formation rose rapidly with age, from 2% at age 15 to 41% at age 19. Rural households and those with less education tended to start child bearing earlier. The ZDHS 2005–06 also noted that 'in many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the wider spread of HIV and other STIs, because if a younger, uninfected partner has sex with an older infected partner, this can introduce the virus into a younger, uninfected cohort' (CSO 2007:215). Results show that in the year prior to the survey, 5% of women aged 15–19 who had higher-risk sex had intercourse with a man 10 or more years older than themselves. Marriages for children below the age of 18 years are also common in Southern Africa, particularly among the rural poor, with rates as high as 61.8% in some countries (SADC, 2008).

The ZDHS 2005–06 reported that among children 7 to 12 years, 91% attended primary school, and 45% of children age 13 to 18 years attended secondary school. For primary education, 9 in 10 children were enrolled in school. For secondary education, among persons 13 to 18 years, males and females were almost equally likely to be in school (44% for males and 45% for females). UNESCO (2007) estimated that about 18% of children in Zimbabwe are out-of-school. However, Zwizwai (2007:61) notes that primary completion rates which had peaked at 82.6% 'declined to 76.1% by 1995 and further to 75.1% by 2000'. Attendance is highest among the wealthy households compared with the poor at both primary and secondary levels. While wealth is not a significant factor

for attendance at the primary level, it has a greater impact on attendance at the secondary level. Overall, dropout rates in grade 7 are high for both males and females throughout the country – higher in rural than urban areas. School drop outs at grade 7 are highest in poorest households (34%) and lowest in the wealthiest households. UNESCO estimates suggest that over 90% of children with disabilities in Southern Africa are not in school (UNICEF, 2007).

The percentage of out-of-school children in Zimbabwe is comparable to that of other countries in Southern Africa, for example, Angola (49%), Namibia (28%), Mozambique (23%), Swaziland (20%), Botswana (13%), and Lesotho (13%), (UNESCO, 2007). Sibling connections are particularly close in situations where a parent dies, and maintaining these bonds is particularly helpful in assisting children to deal with the loss of a parent. Overall, 27% of orphans were not living with all their siblings under age 18. Maternal orphans and double orphans were much less than paternal orphans to be living with all siblings under age 18. Matabeleland South (16%) had the lowest proportion of orphans living apart from other siblings under age 18. Bulawayo and Mashonaland east had the highest at 35%. Harare had 22% and Midlands had 24%.

A stress on the significance of a good diet on children's development is unsurprising:

Nutrition is one of the most vital inputs to child survival and early development. Damage in early childhood can have deleterious long-term effects on an individual's wellbeing and that of the next generation. When children's cognitive development is impaired, particularly before the age of two, the effects may be irreversible. Such children find learning more difficult. They can fail to obtain crucial skills thereby constraining their future employment opportunities. Undernourished girls face higher risk of maternal and child mortality. They also have a greater probability of low-birth weight and stunting of their own children, problems that are compounded by an earlier start to child bearing among poor women

HARPER. 2004:4

According to the ZDHS 2005–06, 21% of OVCs in Zimbabwe were under weight, compared with 16% of other children. Urban OVCs, particularly those living in Harare, were particularly disadvantaged with respect to their nutritional status compared with rural children. The highest proportion of OVC underweight was in Mashonaland Central at 33%. Midlands had 19%, Harare 22% and Matabeleland South 18%. Masvingo had the lowest at 14% (CSO, 2007). Given the relationship between childhood nutrition and developmental outcomes,

these figures imply that a shocking number of adults will suffer from ill health in the next 10 to 20 or so years.

The ZDHS 2005–06 reveals that among children under-five years of age, 98% were breastfed at some point in their life. The median breastfeeding in Zimbabwe is long (18.8 months). However, only 22% of babies are exclusively breastfed throughout the first six months of life. Overall, 29% of children were stunted (short for their age) at the time of the survey, 6% were wasted (thin for their height), and 17% were underweight (thin for their age). All of the indicators show that malnutrition increases with a child's age, with prevalence peaking in the age of 12–23 months, and declining again as the children approach their fifth birthday. Data indicates that the prevalence of stunting has risen steadily, from 21% in 1994 to 28% at the time of the 2005–06 ZDHS (CSO, 2007) – evidence of a decline in nutritional status of children in Zimbabwe. In the rest of Southern Africa, about 35% of under-five mortality is attributed to under-nutrition, which is often caused by natural disasters such as recurrent drought and floods.

Teenage orphans and vulnerable children frequently may be at high risk of early sexual activity because they lack adult guidance to protect themselves. Data shows that 'OVCs were somewhat more likely than non-OVC children in the 15–17 year age group to have initiated sexual activity before age 15. This gap was somewhat greater among young women than young men', (CSO, 2007:292).

Project Management for the Real World of ovc's

One of the practical aims of this book is to chart the ways and means by which children will receive appropriate care and support in the event of death of a parent or primary caregiver. The ZDHS 2005–06 reports that among primary caregivers, only 22% on average had made arrangements for care and support to be provided to a child in the event they were unable to provide care due to illness or death. Matabeleland South had the highest (33%) proportion of care givers who had made succession planning arrangements followed by Bulawayo (29%). Harare had 26%; Midlands 22% and the lowest was Mashonaland Central with 12%.

Medical support was provided to 18% of adults 18–59 who needed it; 23% received emotional support; and 19% received social or material support. Only 3% got all three types of support and the latter was more likely to have been received in the case of women than men. Support was more common in rural than urban areas (CSO 2007:295). Significantly, 70% of OVC in Zimbabwe lived

in households that did not receive any type of support, compared to Zambia (84%), Malawi (81%), Namibia (83%), Swaziland (59%), and South Africa (33%) (UNGASS Country Progress Reports for 2008). In Zimbabwe, those households that did receive some type of support were most likely to have received schooling support for their children, followed by social /material support. The percentage receiving some form of assistance increased with the age of the child, which likely reflects the fact that school-related assistance was the most common form of care and support. Rural OVCs were more likely than urban OVCs to live in a household that received some form of support. OVC in Harare were the least likely to be living in a household receiving external support, while OVCs in Masvingo were the most likely to be in a household that had been given some type of assistance. In Zimbabwe and other Southern African countries such as Namibia and Tanzania, 40–60% of orphans are cared for by grandmothers (UNICEF, 2007). Yet widowed women in Southern Africa lose land rights after the death of their husbands due to legal regimes that do not protect property rights for women. These figures indicate the inadequacy in the type, level and incidence of support systems for OVCs and their carers in Southern Africa.

The registration, rather, the lack of registration, of births is a major obstacle to planning and implementing support for OVCs and their carers and communities. The ZHDS 2005–06 indicates that 74% of children had their births registered; 38% had a birth certificate and 36% did not. There is little variation by age and gender. Urban residents were more likely to register the births of their children (83%) than rural (71%). Children in the Midlands Province (83%), Masvingo (83%), Harare (82%), Bulawayo (81%), and Manicaland (81%) had the highest proportion of registered births. Mashonaland East was least (58%), Matabeleland South (64%), Mashonaland West (62.4%) and Mashonaland Central (63.7%). Households in the highest wealth quintile were most likely to register their children's births (85%) compared to 67% of household in the lowest quintile. Children without birth certificates are often denied basic services such as education and social welfare grants. About 66% or 33.6 million of sub-Saharan African children are not registered at birth. In some countries, birth registration rates are generally low, 8% in Tanzania (UNICEF, 2008:19), for example.

The ILO Minimum Age Convention, 1973 (No. 138) tackles child labour by requiring national policies to eliminate child labour and fixing the minimum legal age for work in harmony with the end of compulsory education, and generally at age 15; with various flexible options depending upon the country's level of development and nature and conditions of work. The ILO (2003) revealed that about 250 million children aged 5–14 years are working world

wide, 180 million of them exposed to work conditions involving hazards, sexual exploitation, trafficking, and debt bondage which endanger their physical, mental or moral well-being. Asia accounts for more than 60% and more than half of the remainder comes from Africa. Laws against child labour must be culturally sensitive (but not inviolate) because there are historical circumstances where it may have been necessary for children to engage in paid work. Overall, however, the evidence suggests that child labour plays a significant role in perpetuating poverty cycles, such as through bonded labour, causing poor health among children through hazardous work, and trapping children in low-skill work (ILO, 2003). Eliminating child labour requires a multi-pronged approach that includes addressing social injustices, constructing adequate quality education infrastructure, and reducing household dependency on child's income (Harper, 2003).

Zimbabwe: A Lament

Zimbabwe is a country that is rich in natural resources. The potential for socio-economic development is immense, and before the 1990s, the country was hailed as the bread basket of Southern Africa. Yet at the time of our research work in 2008 /2009, the economy and social service delivery system had all but collapsed. A reflection of all human and child development indicators based on the ZDHS 2005–06 indicated that the Government had dismally failed its children, particularly those who were orphans and other vulnerable children. According to the ZDHS 2005–06, only 45% of children 13 to 18 years attended secondary school. Women and the elderly bore the burden of the deteriorating socio-economic and political conditions and also of the care and support for OVC. The overwhelming majority of vulnerable families survived a hostile socio-economic and political environment with no support. The situation in Zimbabwe was a microcosm of that of most of the countries in Southern Africa.

Theory and Practice in Understanding and Improving the Social Situation of OVCS in Southern Africa

Three themes underpin our theoretical and empirical work: systems theory, project management and child development.

Systems Theory: What Is It and Why Were We Attracted to It?

The fundamental ideas defining a systems theory approach to project and strategic management practice is that phenomena can be viewed as a web of relationships among elements – a system. All systems, whether mechanical, social or biological have common patterns, behaviours and properties that can be understood and used to develop greater insight into the behaviour of complex phenomena and to move closer toward a unity of science. Systems philosophy, we are told, and its methodology and application are complimentary to this science (Laszlo 1972).

Flood and Jackson (1991) argued that ‘system’ is used as an epistemological tool to refer to a way of organizing our thoughts about the world. In mechanistic thinking, a system would be viewed,

as an aggregate of parts in which the whole is equal to the sum of the parts...in systems thinking, [it] is a complex and highly interlinked network of parts exhibiting synergistic properties – the whole is greater than the sum of its parts.

FLOOD and JACKSON 1991:4

Churchman (1968:29) defined a system as ‘a set of parts coordinated to accomplish a set of goals’, and argued that the systems approach begins when first you see the world through the eyes of others’. He acknowledged that there are intellectual and technological limits to an understanding of the world, yet decision making appears to be driven by the whims and preferences of individuals who defend their narrow perspectives. It is justified to suspect that often, too often, ‘people who make decisions that affect our lives don’t know what they are doing’ (Churchman, 1968:v). As such, we conclude that most decisions and

analyses in life are based, at best, on approximations of the truth, and at worst, on fallacy. We seek to avoid such pitfalls.

Learning and accommodating other viewpoints is an integral part of systems thinking and practice. Waddell (2001:1) described societal learning as:

a process of changing patterns of interactions within and between diverse organisations and social units to enhance society's capacity to innovate... it necessarily involves changes in how different complex institutions from different sectors operate, both separately and in tandem...all parties must embrace diverse view points, forge new visions, and be willing to operate differently in the future than they have in the past.

Senge (1990) described systems thinking as a conceptual framework, a body of knowledge and tools to help us see and manage the less obvious interrelationships of phenomenon and our actions, some of which often take years to fully exhibit their effects on each other. It simplifies life by helping us to see and discern the structures and deeper patterns that underlie complex situations, events and the details. He observed that systems thinking begins when we cast away 'the illusion that the world is created of separate, unrelated forces'. In the Fifth Discipline, Senge (1990:3) described how human beings are wrongly nurtured to view the world as individual parts and not wholes:

From an early age, we are taught to break apart problems, to fragment the world. This apparently makes complex tasks and subjects more manageable, but we pay a hidden, enormous price. We can no longer see the consequences of our actions; we lose our intrinsic sense of connection to a larger whole. When we then try to 'see the bigger picture', we try to reassemble the fragments in our minds, to list and organize all pieces. But, as physicist David Bohm says, the task is futile – similar to trying to reassemble the fragments of a broken mirror to see a true reflection. Thus, after a while we give up trying to see the whole altogether.

In our view, the proponents of human /child-rights and human rights based approach to addressing human challenges implicitly assert the notion that every human being is interlinked and interdependent on another and has a responsibility to protecting the well-being and dignity of the other. A Human Rights Based Approach to addressing social challenges can be argued to be inherently systems-oriented. We will return to this argument in due course.

The analogy of systems paradigms clearly shows that different paradigms and systems approaches have their own strengths in helping to understand

reality and to address problem situations. In complex social development situations where problems have multiple intertwined causes, interventions to address such problems require a mix of appropriate methods. Critical Systems Thinking (CST), applied through its meta-methodology Critical Systems Practice (CSP) (Jackson, 2003), an improved version of Total Systems Intervention' (TSI) (Flood and Jackson, 1991), provides an alternative for improving social development project management for complex social challenges such as orphaning in Zimbabwe and Southern Africa.

Critical Systems Thinking rises above all the different systems approaches – putting them together ‘according to their strengths and weaknesses, and the social conditions prevailing, in the service of a more general project of improvement’ (Jackson, 2003). Critical Systems Thinking is described by Jackson (1991) as having five main commitments: (a) critical awareness; (b) social awareness; (c) pluralism at the theoretical level; (d) pluralism at the methodological level; and (e) emancipation. It hinges on what we call *conscious experiencing of existence*, a form of critical reflection on action or learning.

The premise of Critical Systems Practice (CSP) meta-methodology (Jackson, 2003) is that project practitioners have the freedom to choose a combination of methodologies that best suit their situation. It follows four intuitively and practically appealing main stages – creativity, choice, implementation, and reflection.

Project Management in Africa

The increase of multi-disciplinarity; multi-departments; multi-companies and multi-national projects; and multi-sectoral approaches to addressing complex problems such as orphaning, requires a shift from the classic functional hierarchical type organisation structure where planning functions are centralized, towards management-by-projects, establishing project teams and matrix organisational structures (Burke, 2003). In this book, two of the largest internationally recognized and interrelated project management bodies of knowledge – the UK's Association for Project Management Body of Knowledge (APMBoK) and USA's Institute for Project Management (PM-BoK) are referred to interchangeably. The PMBoK describes the generally accepted ‘sum of knowledge within the profession of project management. As with other professions such as law, medicine, and accounting, the body of knowledge resides in the hands of the practitioners and academics that apply and advance it’, (PMI, 1996:3). The body of knowledge recognizes that good and effective project management requires appropriately balanced combinations of knowledge,

experience and behaviour, and thus provides a general guide to areas that are considered essential to project management, and that can be used to measure experience, competency and expertise in this field (APM, 2006). It is not a prescription or a set of techniques and tools or 'one size fits all' formula, and is flexible enough to be adapted for use in different sectors.

According to the APM, (2006:2) project management is,

...the process, by which projects are defined, planned, monitored, controlled, and delivered such that the agreed benefits are realized. Projects are unique, transient endeavours undertaken to achieve a desired outcome. Projects bring about change and project management is recognized as the most efficient way of managing such change.

A programme represents a group of related projects managed in a coordinated way to obtain benefits not available from managing them individually, which may include related business-as-usual activities that together achieve a common beneficial change of a strategic nature for an organisation (APM, 2006; Steyn et al 2003). Ackoff (1981)'s 'participative principle of interactive planning' requires that beneficiary communities' own ideas and values must inform and influence the planning process. The job of the professional planner,

...is no longer just to build mathematical models in order to enable key decision-makers to 'predict and prepare' their enterprises for an inevitable future, [but to] assist all the stakeholders to design a desirable future for themselves and to invent the means of realizing it.

JACKSON, 2003:161

The process of participation may be considered to be more important than the actual detail of the plan. The continuity principle of interactive planning notes that, 'because values change and unexpected events occur plans need to be constantly revised' (Jackson, 2003:161). As interpreted by Jackson, Ackoff's holistic principle stresses that 'because of the importance of the interactions between the parts of a system, we should plan simultaneously and interdependently for as many parts and levels of the organisation as possible' (Jackson, 2003:162). Covey (1989, 1991) calls 'win/win', those project designs in which no stakeholder is disadvantaged as a result of being in the project environment. Checkland and Scholes (1990) remind us that what in the end turns out to be feasible will itself be affected by the learning generated by the project itself: human situations are never stable.

Project Management and the Rights of OVCs in Africa

The Child Rights Convention (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and the African Youth Charter (AYC) all recognize participation as a fundamental right of the child and the young person. Participation is dignifying – recognizing the inherent potentials of individuals and empowering – enabling individuals to unleash their potential. The participation of the disadvantaged, and in particular, getting them in a sense ‘to believe they have interests in common with the powerful’ (Ackoff, 1974) is particularly important in social development, because, as noted by Habermas, rationality emerges from dialogue (Jackson, 2003:214). Ackoff’s ‘idealized design’ places emphasis on harnessing the diverse purposes of different stakeholders by focusing their attention away from petty differences on to the ends they would all like to see their organisation pursue. However, participation is often hindered because the powerful may not be willing to enter into interactive planning with the poor. And, in any case, the idea of establishing common interests – which in typical expert driven social development efforts is often tokenistic, may lead to an illusion of equity and social justice by the less powerful stakeholders in project development and undermine their participation.

Stakeholder management is defined as the systematic identification, analysis and planning of actions to communicate with, negotiate with and influence stakeholders or all those people who have a role, interest or are affected by the project (APM, 2006). Consistent with Ackoff’s ‘participative principle’, APM notes that stakeholders have a key role in defining the success criteria used to judge the success of the project; their interest and power should not be overlooked, which, of course, relies in a major way on effective, accessible and cheap communication systems. Communication entails:

...giving, receiving, processing and interpreting of information. Information can be conveyed verbally, non-verbally, actively, passively, formally, informally, consciously or unconsciously.

APM, 2006:102

Communication can affect understanding and feelings. The recipient’s viewpoint, interests and cultural background will affect how they interpret the communication. Jackson (2003:207) notes that ‘...systematically distorted communication can jeopardize the emergence of genuine shared purposes’. Stakeholder management becomes more complex when stakeholders’ views are not consistent throughout the life of the project as

changes occur in their opinions, role, views regarding the project and allegiances (APM, 2006). In terms of OVCS, some will be considerably older at the end of a project, often with different and complex needs, world views and aspirations than when the project begins, yet few projects take account of this in their phasing.

Scoping and targeting interventions entails drawing and redrawing of systems boundaries to accommodate all stakeholders. In our experiences, in the case of orphan programmes, this entails not only defining who the orphans are, but also the environment that creates vulnerability and deprivation, their entire needs and different options required to fulfill these needs comprehensively. Drawing the boundaries is critical to managing expectations and yet it should not become a source of exclusion in itself.

Outputs and processes can only be fit for purpose if the purpose is understood (APM, 2006). We observe that for complex social problems of orphaning, the purpose of single project interventions may not always be clearly feasible. For example, critics of the International Monetary Fund argue that the level of understanding of the links between macro-economic policies and ultimate objectives such as growth and progress towards the Millennium Development Goals (MDGs) is more limited than the IMF often imply. This implies that policies and programmes are based on wrong or limited information in the very first place. According to APM (2006:28),

...accepting outputs to a reduced specification may allow the project to meet requirements for time and cost, but is poor project quality management. Delivering results to a higher specification, sometimes called 'gold-plating' is also poor quality.

Jackson (2003:30) noted that while there are many different methodologies recommended for implementing quality, 'we don't really know how to bring about a quality culture and make it stick'. As a result, 'quality programmes fizzle out'. Quick fix approaches to management of complex problems such as quality management, business process re-engineering and the balanced scorecard are always likely to fail because they are fundamentally anti-systemic. 'There is a neglect of the politics of quality and little recognition that quality interventions can lead to some groups benefiting and others suffering' (Jackson 2003:30). Drucker also observe that, 'we spend a great deal more time trying to do things right rather than trying to do the right things' (Jackson, 2003:30–31), a fundamental moral criticism of much development programming in Southern Africa.

Evaluating the Well-being of Vulnerable People

The State of the Human Development, Human Development Indicators (2004:127), observed that,

...people are the real wealth of nations. The basic purpose of development is to enlarge human freedoms [and] capabilities by expanding the choices that people have to live full and creative lives. Thus development process must benefit all individuals equitably and build on the participation of each of them.

Often, development is undermined by failing to tap and expand on human potential such as when people are enslaved by prejudices, lack education and fear risk taking; and denied freedom, good health, creativity, gender equality, and happiness. The World Bank's Independent Evaluation Group (2008), claims that there is no single metric that can be used across projects to assess satisfactory outcomes. Rather, development results span a range of different social and economic indicators depending on the sector and type of project. A project is rated satisfactory when the operation's objectives have been achieved with only minor shortcomings. The World Bank also does not have a single template for measuring a satisfactory country programme, since such programmes vary greatly depending on the country's institutional capacity, stage of development, and particular development needs.

Much of the human development failures emanate from making repeated mistakes or inability to learn from experience (Bawden, 1997). The more often we reflect on a task, the more often we have the opportunity to modify and refine our efforts (Kolb, 1984). According to Ackoff, such '...improvement needs to be sought on the basis of the client's own criteria...It may well be that the analyst's model of reality differs markedly from that of the client' (Jackson, 2003:159 &165). Kolb (1984) defines learning as the creation of knowledge through the transformation of experience. Experiential learning is a recurrent process of adaptation to change, based on a rigorous process of transformation. It is fundamental to social development management situations where change and uncertainty is high.

The challenge facing OVC programmes is to avoid taking a problem approach to child development, primarily focused on solving the problems. Perceiving young people as collections of discrete problems leads to fragmented vertical responses, such as separate projects on feeding, drugs, and literacy, for instance, that fail to see how problems are interrelated and reinforce one another.

Problems that are more visible tend to garner more attention and resources, while other more important but less visible areas are neglected. The well-being of young people is best when their capabilities are strengthened, they have more access to opportunities, and they live and make decisions within safe and supportive environments (UNICEF, 2004). Demographic and Health Surveys have consistently shown that better educated women, for example, raise healthier children, can afford to educate them, and are more likely to break the cycle of ill health and poverty (UNDP, 2004).

Social development projects are complex and therefore require complex skills to manage them successfully. Thomas and Mengel (2008) argue that current project management training does not prepare for project management in complex environments nor does it make full use of existing innovative learning environment techniques. They argue that training providers in North America focus on the PMBOK Guide (PMI, 2005) based transfer of 'know what' and 'know how' aimed at improving the problem-solving skills of junior level project management professionals. In Europe the focus is training to the standards provided by APM or large project owners such as PRINCE2 in the UK Government. There is an increasing call for new leadership approaches to project management (Thomas and Mendell, 2008) beyond the control-room metaphor management (Ivory and Alderman, 2005) and for an education of the understanding and creative facilitation of change (Thamhain, 2004).

Thomas and Mendel (2008:304) call for a 'more comprehensive approach towards the development of the "emotionally and spiritually intelligent" project leaders involved in highly complex and unique projects'. This is consistent with Dzirikure (2005)'s argument that the success of projects depends on the ability of project practitioners to adopt multiple skills and adapt to complex situations, 'quickly and accurately facilitating problem solving and decision making processes' (Burke, 1999).

Gender and socially-balanced outcomes are central to equitable development. Many development programmes fail because they do not take into account the complex social relationships-based on gender bias, power and status-within families, households, organisations and communities. Gender and social analysis looks at relationships and distribution and control of power and resources within and between these groups. Further, the sustainability of social development outcomes is a major challenge in poor economies such as that of Zimbabwe where social services are dependent on aid and a weak Government service delivery system. Continuity and predictability of adequate and quality services for OVC is a major challenge of social development management in such environments. Most of these project management knowledge areas are also recognized in the PMBoK. Others such as gender and

project management, funding of social development projects, child development as social capital investment, and learning in project management are not directly addressed in the PMBoK.

The Concept of the Child in Southern Africa

Three dominant conceptions of children have emerged and dominate development discourses when the welfare of children is targeted. These include the perception of the 'Evil Child' that emerged during the prehistoric and Early Christian times, when children were viewed as a product of sinful intimacy between the parents, inheriting evil which had to be plucked out through punishment and replaced by 'good'. The second view emerged in the West (500 AD–1500), and perceived children as 'Miniature Adults' who could work alongside adults and endure long hours including of hazardous work. The third view is that of the 'Innocent Child', – fragile creatures of God to be nurtured and shaped by adults. It emerged during the period of reformation towards the end of the Middle Ages around the 15th to early 16th centuries, and is identified today with global efforts such as the United Nations Child Rights Convention with its emphasis on the 'best interests of the child' determined by adults (Sorin, 2005). Under this perception, children are overly dependent on adults.

Together with these three conceptions of the child in society, Sorin and Galloway (2005) identified ten constructs of children which also include:

- the 'Saviour Child', characteristic of older orphans and vulnerable children today, who sacrifice their interests to fulfill the needs of their poor families and younger siblings
- the 'Snowballing Child' who makes excessive demands and inevitably draw the attention of adults /parents through blackmailing and related attention seeking behaviours
- the 'Out-of Control Child' who is unmanageable, the social system gives up on them and they engage in antisocial behaviours such as excessive delinquency and living on the streets, often getting in conflict with the law
- 'Adult-in-Training Child' whereby childhood is a period of training and shaping in preparation for adulthood typical of Piaget, Erikson and Freud theories of child development
- the 'Child as a Commodity' manifested in today's development work through images of children as tools for advocacy and fundraising and in the use of children for political and social communication, as child soldiers, for pornographic purposes and sex work

- the 'Child as Victim', voiceless and powerless and at the mercy of the socio-economic, cultural and political forces around them; and lastly, the
- 'Agentic Child', a recent phenomenon which views children as critical thinkers and active participants in social processes that shape their milieu and lives.

Recently, rights based approaches to child development views children as having inherent rights that must be met by society to ensure that they develop fully enough to realize their human potential. This perspective views children as playing a role to their own development consistent with their evolving capabilities at different ages. Children's rights as enshrined in global instruments such as The United Nations Convention on the Rights of the Child (UNCRC) of 1989 and the African Charter on the Rights and Welfare of the Child (ACRWC) of 1990 are fundamental instruments for guiding child development ideals in Africa and globally.

Harper (2004:3) summarizes the position we take in this book:

The imperative to address childhood poverty now is clear-severe disadvantage during an individual's first years can cause irreparable damage leading to lifelong poverty for the present generation as well as perpetuating poverty cycles across time. There is not one magic bullet for reversing the adverse conditions that so many children experience during the early stages of their lives. But adequate livelihoods, basic services and social protection are clearly essential as are the macro policies that may enable or inhibit them.

The United Nations Charter on the Rights of the Child (UNCRC) and African Charter on the Rights and Welfare of the Child (ACRWC) are the primary reference material for child development in our work. The UNCRC stipulates that every child 'without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, gender, language, religion, political or other opinion national, ethnic or social origin, property, disability, birth or other status', is born with the same rights. Article 3 (1) of the Convention states in this context: 'In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration'. Globally, the Child Rights Convention (CRC) is the principal guide on actions to promote the development and well-being of the child. Thus 'it is the single most important reference point concerning orphans and other vulnerable children' (UNICEF and UNAIDS, 2004). Zimbabwe ratified

both the CRC and the ACRWC, and in this regard, took on the political, economic and moral obligation to meet the basic needs of children within this human rights and social justice framework (CRC, 1989).

There are many definitions of and stand points on rights based approach to development. The internationally agreed definition of development involves all areas of national life, such as health, environment, housing, education, distribution of resources, enhancement of people's capabilities and widening of their choices (UN General Assembly, 1986). According to the (United Nations, 2006:15):

A human rights based approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyze inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress.

This Child Rights Based approach to development (CRBA) constitutes a framework of action as well as a methodological tool, and 'takes a holistic view of its environment, considering the family, the community, civil society, local and national authorities...facilitates an integrated response to multifaceted development problems' (United Nations, 2006:17). Rights are considered as indivisible, interdependent and interrelated. Human rights based approaches to development means understanding human rights as both *the means* and *the goal* of development (Action Aid, International Human Rights Network, Amnesty International and Terre des Hommes International Federation, 2008), and focuses on those who are most vulnerable, excluded or discriminated against. 'Short term programme objectives are situated in the context of longer-term goals that seek to fundamentally change deeply rooted conditions that perpetually undermine the full implementation of the CRC' (Rozga, 2001:4).

The CRBA recognizes that there are societal 'duty bearers' (adults and institutions) with specific roles and responsibilities towards the fulfillment of the rights of the child. This range from but not limited to parents, family /relatives, community, local authorities, private or public or private sector organisations and institutions, national Government, the international community – all in combination (and not just the biological parents) constitute the child's care and support system. There is recognition that children may be allocated responsibilities, but only in accordance with their 'evolving capabilities'.

Our analysis informed by experience shows that the main distinction between a Charity-Based Approach and a Human Rights-Based Approach

(HRBA) is that the former is centred on filling gaps in material needs, viewing individuals as objects of charity or ‘beneficiaries’, at the discretion of well-wishers who do not necessarily have an obligation beyond their kind heartedness. The HRBA is centred on fulfilling human rights based on an acknowledgement of the sanctity and universality of human dignity; the imperative of interdependency to perpetuating life, and towards human improvement; viewing individuals as subjects of rights or rights holders as well as duty bearers in different contexts, guided by international law oriented obligations and accountability for fulfilling the rights of individuals (Katsui, 2008).

The major weaknesses leveled against the HRBA reside in its origins as a Western concept, characterized by slow and poor implementation and subject to diverse interpretations that could result in its abuse (Kennedy, 2004; Uvin 2004). We observe that the responsibilities of individuals to each other and to a ‘higher order of being’ are not clearly defined by HRBA. Further, the HRBA does not articulate the steps that human kind should take collectively to redress the current order or worldview or paradigm, and rally the totality of humankind behind a common perception, interpretation and practice of rights and responsibilities. As a result, in their current status, Human Rights instruments and HRBA have remained more at the level of global rhetoric than action and benefits for the poor and vulnerable children, families and communities.

The adoption of a rights based approach has seen a gradual but certain shift in the language used by some agencies in development work, as the following excerpt from the Swedish Agency for International Development Cooperation illustrates:

In the past, the terms used were aid or development assistance, or that Sweden has sent money to the poor. Today, the term used is development cooperation since it is a matter of cooperation rather than providing money: cooperation between people, between international bodies such as the UN and EU, and between the peoples and Governments of countries to avoid being poor.

KATSUI, 2008:5

Many changes have begun to take place including in the way funding should be directed to development in poor countries as evidenced by The Paris Declaration on Aid Effectiveness (2005), The Accra Agenda for Action (2008), Donor Alignment and Commitment to Donor Harmonisation, and the Windhoek Declaration on A New Partnership Between the Southern African Development Community and the International Cooperating Partners (April

2006). Increasing numbers of organisations working for and with vulnerable children promote a Child Rights Based Approach (CRBA) to programming. The CRBA promotes development efforts which place the child at the centre of all policy, strategy and programmatic priorities. It recognizes the child as a 'rights holder' and 'subject of rights' and not an object of charity.

SADC's 'Strategic Framework and Programme of Action (2008–2009): Comprehensive Care and Support for Orphans and other Vulnerable Children and Youth in SADC', adopted the CRBA, seeking to provide holistic services for OVC through integrating and linking different sectorial development efforts to address the unmet needs of orphans, and the structural causes of vulnerability and factors that perpetuate and pre-empt these vulnerabilities. The strategy calls upon providers of specific services to children and their families/caregivers to reflect at every point of service delivery, on the extent to which the child is also receiving other complimentary services required for their optimal growth and development. In the event that the child may not be receiving other services, the strategy calls upon service providers to make an effort to provide these services or refer to other service providers in a coordinated, complimenting way. When compared to systems approaches, child rights based programming reflects more of the emancipatory systems ideals, and its implementation can apply paradigmatic pluralism. SADC considers the basic developmental needs of orphans and other vulnerable children, as classified under survival and psychosocial growth (Dzirikure, 2008) as presented in Table 3 below.

Studies of orphans programmes and projects have attributed the limited impact of projects and programme to: limited human resource capacity as a result of the brain drain in Zimbabwe and Southern Africa in general; the unprecedented burden of OVC and impact of HIV and AIDS, poverty and

TABLE 3 *Basic needs of ovc*

Survival needs	Growth needs
<ul style="list-style-type: none"> • Nutritious food • Clean air • Warm protective clothing • Clean water and sanitation • Good health/ protection from harm • Shelter 	<ul style="list-style-type: none"> • Learning and cognitive stimulation • Mentoring guidance and counselling • Participation and leadership including play • Identity and belonging • Family love and care

Adapted from Dzirikure (2008)

conflict; disjointed and uncoordinated interventions; inadequate financial resources, particularly as a result of donor withdrawal of Government targeted funding; inadequate skills in project and programme management; limited baseline information on OVC and their families; rigid and repeated strategies that are not constantly updated to the ever changing environment and challenges faced by OVC; conditions in donor funding; and decreasing volunteer spirit; some bad cultural beliefs and practices (SADC, 2008).

There are also unqualified expectations from some donors and social development experts that Government should take over all the several pilot initiatives that are initiated by different stakeholders in the countries. Action Aid (OSISA, 2007) argued that sweeping national policies emanating from disconnected global commitments ignore the weaknesses of the State. Several initiatives by civil society organisations tend to be un-replicable to scale due to cost and labour-intensity; making a strong argument against this sector being able to fill the service delivery gaps that prevail within the State (OSISA, 2007). A CRBA approach to programming for OVC would require devolving budgets and decision-making to local levels to target children directly in a real social and cultural context.

Systems thinkers warn social development 'experts' to recognize that there is no one solution to all management problems. There are various ways of tackling and resolving problems depending with the context in question, (Jackson, 1999; Zadek, 1994; Flood, 1999). The 'trick' according to Jackson, is to give up the attempt to mathematically model the variables that are on the surface and dig beneath the surface to find out the important design features you must have in systems if they are to be effective over time, remaining viable because they are capable of adapting and self-regulating in turbulent environments. Critiquing the dogma of rigid project management practices such as Total Quality Management (TQM), Jackson (1995:30) noted that while there are many different methodologies recommended for implementing quality, 'we don't really know how to bring about a quality culture and make it stick'. As a result, 'quality programmes fizzle out'. There is a neglect of the politics of quality and little recognition that quality interventions can lead to some groups benefiting and others suffering.

Projects are situation driven, absorbed by the concerns and pressures of their immediate environments. Most critical are the moral values and principles that govern project management practice in social development, because values set a common standard for collective meaning and understanding of purpose which is a pre-requisite for bringing collective consensus and action.

Systems, Social Development, and the Needs of OVCS

Introduction

This chapter is built on a rapid review of policies and strategic commitments, plans and performance evaluations of selected international and national organisations working in Zimbabwe and in Southern Africa. Some of the organisations offer valuable insights into their programme and project management approaches to social development, while others have been purposefully selected on the basis of their known leadership in supporting OVC. They include Governments in Southern Africa, in particular, the Government of Zimbabwe, major donor agencies, United Nations agencies and international non-Governmental organizations which have a strong presence in Zimbabwe and Southern Africa region: such as the United State's Government (USG) funding for HIV and AIDS, and the World Bank. Also we include United Nations agencies working for children and young people and poverty reduction such as the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP); the African Union (AU) and Southern African Development Community (SADC); International Non-Governmental Organisations, regional and national organisations working with children such as World Vision International, Family Health International (FHI), Health Development Africa (HDA), Pact, and Media in Education Trust-Africa (MiETA); and research and evaluation findings from organisations such as the Human Sciences Research Council (HSRC) of South Africa.

The chapter serves as a review of the relationship between systems theory and social development practice, as well as providing data on the regional and global situation; this data is useful to support interpretation and generalization of research findings from field interviews to the national level in Zimbabwe, and at regional level. We begin with the role of poverty reduction within organisational strategy. The review reveals a general global consensus that the causes, manifestations, and impact of poverty are multi-dimensional; definitions of poverty cannot be limited to low income. Other factors such as exclusion and marginalization from basic services, labour and credit markets, citizenship claims, and human rights, should be considered (Sen, 1999;

Woolcock, 2007; UNDP, 2004). Poverty analysis should also consider 'social relations, rules systems, and meaning' (Woolcock, 2007:ii).

Poverty and ovc's in Zimbabwe

Commonly used poverty measures such as the World Bank's consumption based poverty line have been criticized as inappropriate for estimating child poverty because, 'so little is known about the income and consumption needs of children and how these may vary by age, gender and location' (Gordon et al., 2003:12). Such a measure also reduces poverty to income and neglects the various psychosocial, cultural, political and other economic dimensions that create and perpetuate deprivation and vulnerability. Systems Thinking notion of 'totality of elements' and critical systems practice perspective of multiple causal analysis (Checkland & Scholes, 1999; Pirsig, 1974; Midgley, 1996) are reflected in UNICEF's argument that in a poor country like Zimbabwe, whether a child lives in poverty does not only depend on family income but also on access to public goods and services such as safe water supply, roads, health care, and education.

Absolute poverty is perceived as characterized by severe deprivation of basic human needs identified from a wider and diverse pool of indicators for each of the seven human basic needs: food, safe drinking water, sanitation facilities, health, shelter, education, and information. A child living in absolute poverty suffers from multiple deprivations of basic human needs. UNDP global policy promotes poverty reduction strategies that go beyond income poverty to address all the basic survival and developmental needs of people which are necessary for individuals to develop and realize full human potentials and enjoy a decent standard of living (UNDP, 2004).

An analogy of how economic, social and political inequalities can be self-reinforcing to perpetuate vulnerability and social injustice among the poor, and general social moral degeneration, is provided by Woolcock (2007:4):

Large economic gaps between rich and poor groups, for example, can give rise to vastly unequal political influence which, overtime, can consolidate itself into institutionalised disadvantage and discrimination; it can erode the tax base for public services, with the wealthy purchasing their own private education, healthcare, transport, and security, effectively putting them in a separate 'moral universe' to that of the poor, with who they rarely interact or even come in contact, thereby eroding their elective affinity and sense of shared political interests. Similarly,

widening and entrenched inequality can serve to undermine any hope by those at the bottom of the income ladder, that hard work and playing by the rules instead of criminal or subversive activity, can yield them (and/or their children) a life of basic dignity (let alone economic advancement).

The poor are often perpetually marginalized by the lack of adequate commitment by Governments beyond policy formulation and political rhetoric, to invest in building their capacities for productivity and self-sustenance. In Zimbabwe, where 80% of the population is rural and dependent on agriculture, (Moyo, undated: 4–5) noted that:

Land policies since [gaining independence in] 1980 had failed to redress the need among the [rural] poor for the effective control of productive assets, such as fertile land and related access to public irrigation water infrastructures, and of natural resources for consumptive and productive use.

We observe key examples of reductionist and mechanistic approaches in Government policies and practice in Zimbabwe far removed from multi-sectoral systems oriented intentions. Despite poverty reduction being a major Government policy and strategic priority, also linked to the Millennium Development Goals (UNDP, 2009), a workshop report on the assessment of poverty reduction strategies in Zimbabwe (Nyamayaro and Mbara, 2005:11) noted that there is no comprehensive Poverty Reduction Strategy (PRS) Document in Zimbabwe – ‘what exists are various poverty reduction initiatives in different documents and frameworks’. The role, contributions and inter-relationships of different sectors, such as transport, to poverty reduction, were not defined, and the geographical dimensions of poverty were not addressed. In addition, political uncertainties and impasse in 2008 made it extremely difficult to raise resources and to implement poverty reduction priorities (UNDP, 2009). Similarly, a review of the extent of integration of HIV and AIDS in poverty reduction strategies in Zimbabwe among other Southern African countries (McGreevy et al., 2002) revealed that social sectors, such as Ministries for Health and National AIDS Agencies (NAAS), played a minor role in preparing Poverty Reduction Strategy Papers (PRSPs). This resulted in social development issues receiving less funding and overall poverty reduction efforts failing.

The Africa Health Strategy (African Union, 2007) promotes poverty reduction from a health perspective. It urges that ‘measures that reduce poverty,

particularly for the poorest and most marginalized people of Africa, must be at the forefront of health interventions, whilst health interventions must be at the fore front of any Poverty Reduction Strategy (PRS). As health is influenced by interventions in many other sectors, a multi-sectorial approach is a cornerstone of any Health Strategy’.

Consistent with emancipatory systems approaches (Jackson, 2003), The UN’s Human Development Report 2004, acknowledges a broader humanistic perspective to human development, and argues that ‘people are the real wealth of nations... (thus development should be people centred with a fundamental purpose) to enlarge human freedoms and capabilities by expanding the choices that people have, to live full and creative lives’ (UNDP, 2004:127). Consistent with Critical Systems Thinking (Ulrich, 2003)’s focus on human emancipation, Townsend (2004:9) suggests that poverty should be addressed by addressing human inequalities and capacities, arguing that ‘poverty is firstly about lack of resources, and only secondly about its consequences for human deprivation’.

Global Public Goods

The World Bank promotes the idea of Global Public Goods (GPG). Drawing parallels to systems thinking, this notion implies a view of global systems boundary (Ulrich, 1983) that views the universe as a supra-system or system of systems of commonly shared global human development choices to which all human beings have a right to access and common responsibility to protect. The Bank identifies five areas of global public goods for its engagement: environmental commons (including the prevention of climate change and biodiversity); communicable diseases (including HIV/AIDS, tuberculosis, malaria, and avian influenza); international trade; international financial architecture; and global knowledge for development (IEG, 2008). A fair and efficient international trade regime is a global public good and increasing the global threat of climate change is a public bad. GPGs are relatively new in the development agenda, and the Bank is at the beginning of its learning curve about what may work well, including the enhancement of country ownership and the demand-driven approach, as well as strengthened partnerships.

In Zimbabwe, land reform as a public good again provides a novel example of the disconnect between systems oriented social justice policy intentions on the one hand, and human development actions seeking to realize these intentions on the other hand. Since the 1990s land has increasingly become a major political issue tied to the constitutional reform campaigns and general

elections (Rukuni, 2001). This has resulted in the marginalization and impoverishment of a majority of the populace as a result of significant cuts in farm productivity and displacement of an estimated 1.5 million black farm workers, some of whom were pushed into destitution, ironically contradicting Government policy intentions to reduce poverty. The struggle for land became generalized to a 'continental level and into the broader terrain of global politics in a manner that displaced the inadequacies of ZANU-PF's state policies over the last twenty years...' (Raftopolous, 2001:2). The situation became worse when Government used food as a political weapon, to buy support. Maize meal, the staple food, was often distributed only to those with membership cards of the ruling party. The International Crisis Group (2002) reports that denial of food to opposition strongholds in some cases replaced overt violence as the Government's principal tool of repression.

UNICEF (2008:18) notes that 'a growing number of programmes are taking a family-centred approach to HIV, offering testing, treatment and other services to all members of a single household in one location...[recognising] that the easiest and cheapest way to deliver care is to bring it to people's homes'. A recommendation from the review on 'Integrating Gender into Programmes for Orphans and Vulnerable Children', commissioned by USAID and Pact, summarises the holistic approach: 'Programmes are encouraged to experiment with different models of service provision combining household, community and health facilities – but with specific sensitivity to gender differentials' (Masazi Development Associates, 2008:13). An example of the impact of some pilot initiatives in promoting comprehensive care and support for OVC is the adoption of systemic language by some communities evidenced by the slogan: 'Be my child's parent and I will be your child's parent' (Nyathi et al., 2007).

SADC OVC Strategies

The SADC Strategic Framework and Programme of Action 2008–2015: Comprehensive Care and Support for OVC & Y takes a holistic-pluralist (Jackson, 2003; Midgley, G. 1996) view of child well-being, acknowledging that the deprivation and vulnerability of children results from several factors among which are HIV and AIDS, tuberculosis and malaria, poverty, political and social unrest, natural and man-made disasters. It calls for coordinated and well-resourced efforts to address the multiple factors simultaneously. The Framework argues that policies, strategies and programmes must promote holistic and comprehensive services for children and youth considering a 'whole child development' approach (UNICEF, 2006). This includes adopting

different intervention approaches and methodologies (Flood and Jackson 1991; Jackson, 2003) and strengthening implementation partnerships that are necessary to coordinate and fulfill all basic needs of children and youth, and prevent, minimize or eliminate risks of deprivation (Dzirikure, 2008).

A key systemic principle of the United States of America Government (USG) Global Strategy on HIV and AIDS – The President’s Emergency Plan for AIDS Relief (PEPFAR) is ‘to make a revolutionary commitment to providing integrated HIV and AIDS prevention, treatment, and care services’ (USG, 2004:10). The Strategy argues that in the absence of treatment and care, HIV infection is perceived as a death sentence, hindering prevention efforts as fear inhibits people from seeking testing services and internalizing prevention messages. It seeks to link services for orphans and vulnerable children with health care and human services network.

Comprehensive care and support for OVC in SADC has been piloted with promising results. Examples include the SADC/EU funded Circles of Support (CoS) for Orphans and other Vulnerable Children: A Community and Schools-Based Multi-Sector Approach to meeting their needs, implemented through Health Development Africa (HDA) in three SADC countries, Botswana, Namibia and Swaziland between 2004 and 2006 (SADC HIV and AIDS Unit, 2007), and the Schools as Centres of Care and Support (SCCS) – an approach developed to address the needs of OVC through an integrated provision of school based services and piloted in South Africa, Swaziland and Zambia between 2005 and 2008 (SADC and MiETA, 2008). These approaches are consistent with systems ideas that recognize that in addition to being educational centres, schools can provide an excellent environment as referral centres for various services such as home based care services, child care grants and food parcels. Giese, Mentjies and others (2003) provide an example of collaboration between a clinic and a school in Kwa-Zulu Natal where OVC were fast tracked at the local clinic and nurses conducted an outreach programme to inspect the school’s toilets and assess learners’ health in the school. A study of the situation of OVC in South Africa, concluded that a comprehensive safety net is needed to identify and ‘pick-up’ OVC who are in need of care, identify appropriate service providers and link children to these services (Loening-Voysey and Wilson, 2001).

The SADC Secretariat has drawn on the strengths of the two approaches and developed the Care and Support to Teaching and Learning (CSTL) approach (SADC and MiETA, 2008) which recognizes that children have broader needs beyond education and failure to provide these broad needs can have a negative impact on teaching and learning outcomes. Three levels of the support system characterize the approach: (a) child receives support from family, friends, and

neighbours; (b) organisations such as school, church, social services, CBOs, NGOs; and (c) Government decision making, laws, and policies. The school system is used as an entry point since the majority of OVC are in the school-going age (6–18 years age range). If they were already in school, concern about their not coming to school will trigger action from the teachers. If they never attended school, this should also raise concern from community members (particularly the neighbor) who have been sensitized to the issues and the possible solutions. The approach focuses on both mitigating and preventing deprivation and vulnerabilities of OVC.

To demonstrate the impact of this approach, participants during the evaluation of the Circles of Support (CoS) initiatives reported:

...with CoS we are now hearing a lot of things that are happening to children, OVC in particular, which we wonder how they have suddenly appeared or where they were before/[with regard to improved identification of 'missing' children in Botswana]: everybody knew they were there but nobody knew how to get to them. Now neighbours in the community can report about them [OVC] to the school which in turn contacts social welfare [officers] who then visit them (previously, neighbours thought it was not their problem or they was nothing that could be done).

NYATHI et al., 2007:12

Independent evaluations of both CoS (Nyathi et al., 2007) and SCCS (Nottawasaga Institute and Centre for Education Policy Studies, 2008) show that these project efforts comprised service delivery approaches influenced by systems ideas, characterized by:

- involvement and co-operation of all levels of the educational system, different Government departments, the community; and children (OVC)
- effective holistic approach that could be adapted, and good entry point to support OVC in all the areas where they need support
- bringing OVC issues to the forefront, precipitating an unprecedented response from a diversity of stakeholders; and
- promoting commitment to OVC resulting in improved services notably increased school enrollment, improved nutrition, increased HIV and AIDS awareness, reduction in teenage pregnancies and sexual abuse; and promoted positive values among both the learners and community members.

Unfortunately, the efficacy of these approaches was noted to be limited by policy and legislative gaps in the support to OVC, among other weaknesses.

The importance of a close relationship between the school and the community in the holistic development of young people has also been noted (Allen, et al., 1987; Allen, 1997). Allen (1997:15) argued for the strengthening of community schools, and defined community education as:

a management structure which brings (or attempts to bring) the youth service, adult education and, less frequently, community work together... (which brings) the possibility of a politically powerful and educational effective, personal and social education for young people.

Community schooling is characterized by a:

concern for people's needs rather than institutional growth and survival, for power sharing and empowerment rather than authoritarianism and disenfranchisement and for the cost-effective distribution of public resources.

ALLEN, 1997:15

Family Health International's (FHI) reproductive health programmes emphasize integration of services in ways such as using HIV counselling and testing as the entry point for both long-term HIV and AIDS care and reproductive health-care, including family planning; providing contraceptive choices for HIV-infected women who do not want to get pregnant, which eliminates the need for antiretroviral therapy during pregnancy; and bringing together HIV prevention and care with more traditional maternal health measures addressing safe pregnancy, obstetric care, and post-abortion care, including family planning to ensure healthy pregnancies and healthy outcomes for HIV-infected women and families.

A workshop organized by John Hopkins Bloomberg School of Public Health and Addis Ababa University in 2006 concluded that there was an increasing need for integrated services in sub-Saharan Africa. Evidence from a randomized community trial conducted in Rakai, Uganda had highlighted the significance of integration, while some studies in Kenya and South Africa had concluded that integration did not compromise service quality. One study had estimated that the HIV infections averted by integrating HIV prevention into maternal health programmes would result in a savings of US\$34 per dollar spent in Ethiopia and US\$10 per dollar spent in the Ukraine (FHI, 2007).

Children's Rights in Zimbabwe

Zimbabwe ratified the Convention on the Rights of the Child (CRC) and is obliged to adhere to it. The CRC has four general principles: nondiscrimination; best interests of the child; survival, life, and development; and participation. UNICEF promotes the child rights based approach to programming, which recognize that every deprivation of a child's basic needs or a violation of a child's basic rights such as for example when a child is malnourished, can be traced to a pattern of causal relationships that can be identified as: (a) immediate causes such as absence of food or absence of an adult carer in the household as is the case with 'child headed household'; (b) intermediate or basic causes, for example, lack of a source of income or inability to secure food in the household, for example, as a result of chronic illness or death on the part of the carer or in the household; and (c) underlying or root causes such as high unemployment rate in the country or high levels of poverty. The African Charter on the Rights and Welfare of the Child (ACRWC) urges that children should take responsibility depending on their evolving capabilities.

In its design and purpose, the CRC can be identified with emancipatory systems approaches 'oriented toward eliminating sources of power and domination that illegally oppress particular individuals and groups in society' (Jackson, 2003:211). The SADC Strategic Framework and Programme of Action 2008–2015: Comprehensive Care and Support for OVC & Y in SADC adopts this emancipatory child rights-based-approach to programming promoted by UNICEF, arguing that every service provider (duty bearer) who comes into contact with the child should make effort to understand the entire problems facing the child with a view to addressing those within their capacity to solve and referring those that they can't solve to other appropriate duty bearers (Dzirikure, 2008). To address the diverse and complex factors of deprivation and vulnerability, the SADC OVC & Y strategy sets systemic guiding principles of child rights centredness; holistically addressing the different needs of the child; gender sensitivity; developmental and age appropriateness; participation and empowerment of children and communities; and sustainability of care and support efforts.

By its definition and intent, Social Protection (UNICEF, 2008) is also consistent with a human/child rights approach, which emphasizes the importance of first focusing on the poorest and most marginalized people. Social Protection for the poorest is both a human right, enshrined in international covenants such the Universal Declaration of Human Rights and the CRC, as well as an important instrument for achieving broad based growth.

Zimbabwe has put in place a comprehensive policy and legislative framework in compliance with the CRC and the ACRWC in the form of the Children's Protection and Adoption Act; the Zimbabwe National Orphan Care Policy of 1999; Education Act; and the National Action Plan (NAP) for Orphans and Vulnerable Children 2004–2010 (updated in 2008), demonstrating systemic intent. Child rights are also enshrined in other pieces of policies and legislation such as HIV and AIDS; Health; Child Labour; Education, among other pieces of legislation and sectorial strategies. However, 'national policies and laws establishing the legal infrastructure for the coordination of OVC programmes and services have not been fully implemented due to lack of financial, material and human resources' (GoZ MoPSLSW, 2008:10).

Integration, Partnership, and Co-Ordination in Strategic Planning for OVCs

The SADC OVC & Y Strategy borrows from Ackoff's (1974) Interactive Planning, promoting partnerships for wide participation and involvement, calling on different organisations and agencies to 'knit together their efforts' and work collectively to comprehensively meet the basic developmental needs of children and youth. The strategy is built on the regional integration aspirations of SADC – which can be identified with functionalist systems ideas of goal seeking and viability. The regional integration ideals recognize the 15 Member States of SADC as subsystems that should all identify themselves as one collective and synchronized community – SADC, and work together to achieve prosperity. Among the key priorities of the 'purposeful assembly' (Churchman, 1968, 1979) of Member States include: harmonizing policies and strategies on OVC & Y across SADC Member States; and strengthening partnerships for comprehensive service delivery at regional and national levels. Among the core principles of The President's Emergency Plan for AIDS Relief strategy (USG, 2004) is working through multiple partnerships, which involves collaboration between different agencies within the United States, and externally with major global, initiatives on HIV and AIDS such as the Global Fund, and national level Governments/partners.

The Family Health International NGO also emphasizes working in partnership with local Governments, other NGOs, and the private sector to strengthen comprehensive reproductive health service delivery programmes in resource-constrained settings. Multi-disciplinary approaches are employed to harness the collective wisdom of multi-disciplinary teams to solve complex and multi-faceted development challenges. The same approach is promoted by The Africa Health Strategy: 2007–2015 (AU, 2007), which promotes multi-country

collaborations and joint planning between health sector with other sectors like water, education, agriculture, environment, social welfare and justice. It calls for comprehensive interventions focusing on promotion, prevention, treatment, care, support and rehabilitation as may be required. The HOPE Initiative of World Vision International (WVI) emphasizes creating partnerships with Governments, faith based organisations, peer agencies, local communities, families and communities. It is child focused and emphasizes partnerships particularly with churches and faith communities (World Vision International, 2005). In a study conducted on World Vision and Christian Care work in Zimbabwe, Bornstein (2005) suggested that World Vision's work can be described as holistic development as it transcends an 'evangelized/developed' and 'un-evangelized/undeveloped' world view.

The joint United Nations Programme on HIV and AIDS (UNAIDS), promotes harmonization of external support and coordination of the national response to AIDS to increase effectiveness, recognizing that in most countries 'a jumble of bilateral and multilateral support initiatives is overwhelming the limited capacity of national governance infrastructure' (UNAIDS, undated: 3). In this regard, a coordination framework called 'Three Ones' principles have been developed and adopted by countries including Zimbabwe. These principles together ensure participation and expertise of each Government sector and non-Government in both the prevention of HIV and care for AIDS as well as addressing the root causes of the spread of the epidemic. The 'Three Ones' principles comprise of: one agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority with broad based multi-sectorial mandate; and one agreed country-level monitoring and evaluation system.

A survey conducted by UNAIDS in 57 countries in April 2004 exploring the extent of the implementation of 'Three Ones' at national level commended Zimbabwe for having a national strategic framework on HIV and AIDS and a decentralized national coordinating authority with potential to coordinate at district and other levels. However, it revealed that there were no formal relationships with key structures such as the national poverty reduction strategy paper coordinating mechanism, bilateral initiatives, and private sector partnerships, and the National AIDS authority was not being recognized as a tool for coordinating external partners. The responsibilities between the National AIDS authority and the Ministry of Health were not clearly defined; coordination with civil society and private sector was limited and the National AIDS authority was not recognized by all political parties and interest groups in the country (UNAIDS, 2004). This demonstrates weak systems practice in the response to HIV and AIDS.

Social Protection Initiatives

The World Bank notes that the factors that put children at risk and vulnerable in Africa are growing (Subbarao et al., 2001); in the case of Zimbabwe, these factors have been highlighted in Chapters 1 and 2 and we stress here that the burden of caring for OVC is, paradoxically, increasingly falling upon the elderly and women, who in most cases, are poor and require assistance.

Older grandparents are increasingly caring for OVC, without adequate support and resources to do so. UNICEF estimates that over 60 per cent of OVC live in grandparent headed households in Namibia, South Africa and Zimbabwe. Older caregivers, most of whom are older women, are repeatedly excluded from programmes and policies to address HIV/AIDS and the orphan crisis. Yet, they are crucial to the protection and development of children in AIDS affected households as well as the long-term sustainability of communities.

CLARK and MCLEAN, 2004:abstract

There is increasing recognition that policies to promote broad-based economic growth are fundamental to overall social development, but the poorest and most marginalized families do not receive the benefits of economic growth; direct interventions are still required to reach the socially and economically excluded (UNICEF, 2008). The APM Body of Knowledge argues that project managers' pre-occupation with success in terms of efficiency and effectiveness – 'meeting greed scope, time, cost and quality objectives as defined in the project management plan' does not always translate into benefits for the targeted beneficiaries. Indeed, 'it is possible to have a successful project that fails to deliver expected benefits or a project that delivers significant benefits but is considered a failure' (APM, 2006:18).

UNICEF argues that social protection systems in the low income countries must begin by focusing scarce resources on the most vulnerable and chronically poorest, with gradual expansion to the entire target population as economies grow and public revenue increases. Access to Social Protection means that households do not have to fall back on coping strategies that can have irreversible impoverishing impacts on families and children, such as asset depletion, removing children from school or reducing their daily caloric and nutrient intake. The 2004 Ouagadougou AU Summit on Employment and Poverty in Africa called for enhanced effectiveness and coverage of social protection. The Livingstone Accord (March 2006) signed by 13 countries of Southern Africa including Zimbabwe under the auspices of the African Union

is testimony of commitment by Governments to develop national social protection strategies, and integrating them into national development plans and budgets. Similarly, the EU and Africa Joint Strategic Partnership agreement signed in December 2007, identifies social protection as important for poverty reduction and attainment of MDGs, and highlights the development of social transfer systems as a priority action area.

Church sponsored orphanages are operating in Zimbabwe 'but their outreach is extremely limited' (Subbarao et al., 2001:13). The Government established an Enhanced Social Protection (ESPP) with the aim to reach out to OVC in multiple ways. One of the main ways is the Basic Education Assistance Module (BEAM) which targets potential drop outs identified by communities. The programme covers 426,000 nationwide at the primary and secondary levels at an annual cost of US\$6.8 million (Subbarao, 2001:17).

According to UNICEF, a comprehensive social protection system should include four broad set of interventions: protective-relief from deprivation including alleviation of chronic and extreme poverty; preventative-programmes put in place to avert deprivation; promoting-enhancing livelihoods and earning capacity for families; and, transformative-addressing power social imbalances that create and sustain deprivation and vulnerability.

The UNICEF Social Protection Framework starts from the premise that most childhood sources of vulnerability are highly correlated, with one typically either causing or exacerbating the adverse impact of another: 'malnourished, hungry and frequently ill children, who may not enroll in or complete even a basic education, lead to the perpetuation of intergenerational poverty...poor health and nutrition at early ages can have lasting effects on cognitive achievement, school attainment and productivity later in [one's entire] life' (UNICEF, 2008:vi).

The World Bank concedes that it is not possible to support all vulnerable children because of the sheer number of at risk children and limited resources. The Bank recommends the targeting of 'ultra-vulnerable' children as opposed to all vulnerable children. In our view, this raises issues of morality in social development assistance, indicative of the historically important distinction, in social benefit systems, of the deserving and 'really' deserving poor, and the merely poor. Besides, it is commonly known that some families and children repeatedly move in and out of severe vulnerability, and that vulnerabilities tend to reinforce each other. This specific targeting of the really worse off members of society may appear to be efficient. But the outcomes can increase injustices and can undermine an alternative holistic, comprehensive and sustainable care and support for all defined OVC, as enshrined in the UNCRC commitment to universal human dignity and wellbeing. It signifies a resignation by

the international community, a moral mockery and hypocrisy of international human rights commitments and programmes to eliminate poverty and guarantee universal well being for all.

Furthermore, the World Bank also acknowledges that ‘there are several barriers to assessing the cost effectiveness of programmes for protecting orphans’ (Subbarao, 2001:21), including poor quality data resulting from failure by Government and NGOs to report timely to common and comparable time periods, sample sizes and programme costs units. Moreover, ‘interventions often differ in scope, approach, and objectives which impedes sound analytical comparison even in the same country’ (Subbarao, 2001:22).

Growth, Development and Donor Programmes

International Finance Institutions, by definition, such as the World Bank, promote human development models that are centred on development through economic progress or growth. This approach is related to the ‘Goal Seeking and Viability’ ideals of hard systems theory (Checkland, 1981). A widely and intensely argued assumption, reminiscent of hard systems ideas, is that economic growth translates into poverty reduction and universal human development and well-being. Despite well-known weaknesses, and partly because of the intellectual poverty of political and economic development thinking, this approach has been widely adopted and accepted by SADC Member States, and is ingrained in the SADC 15 year Regional Indicative Strategic Development Plan (RISDP), (SADC, 2004).

Most of the efforts to support OVC are funded by donors. The call for international donors to harmonize and coordinate their funding of social development efforts in developing countries has seen the signing of key international and regional instruments; it is synonymous with systems theory. Internationally, these include the ‘The Development Assistance Committee (DAC) Recommendation on Untying Official Development Assistance to the Least Developed Countries’ (2001); ‘The Monterrey Consensus’ (March 2002) which called on developing countries to strengthen their commitment to policies and institutions that can stimulate growth, reduce poverty and achieve the MDGs; and developed countries to provide more and better aid as well as improved trade and debt policies; ‘The Rome Declaration on Harmonization of Donor Practices for Effective Aid Delivery’ (February 2004); ‘The Marrakech Memorandum on Managing for Results’ (February 2004); and the ‘Paris Declaration on Aid Effectiveness’ (March 2005). In SADC, ‘The Windhoek Declaration on a new SADC-ICP Partnership’ (2006) is a promising initiative

towards harmonizing and targeting development assistance. These declarations have highlighted the issue of aid effectiveness as it is affected by ownership, alignment, harmonization, managing for results and mutual accountability. The changes reflect a paradigm shift in the channeling and managing of development assistance and cooperation between SADC, and International Cooperating Partners (ICPs).

In the SADC, the concept of pooled/harmonized donor funding has been implemented for HIV and AIDS since 2006, beginning with five donors and technical partners through the 'Joint Financing and Technical Cooperation Arrangement' (JFTCA). The JFTCA requires donors and technical partners to pool their resources towards a common Business Plan. The SADC HIV and AIDS unit prepares single progress and financial reports to all JFTCA partners on a regular basis, reducing the management hurdles of accounting separately to individual donors. Donors are also able to avoid duplication of funding for same activities, allowing for an even spread of resources across different programme priorities. A review of this initiative indicated that it has improved effectiveness in the coordination, harmonization and utilization of aid funding.

Further, the US President's Emergency Plan for AIDS Relief (PEPFAR) strategy demands greater accountability for results in the programmes that it supports. It calls for effective monitoring and evaluation systems that identify successful models for scale-up and poorly performing programmes for revisions or termination. The strategy calls for policy decisions that are evidence-based, and building on the best practices established in the fight against HIV/AIDS.

In Zimbabwe, local funding for OVC is mobilized through a tax levied on workers and business enterprises. This demonstrates national solidarity and ownership of responsibility against a 'Public Bad' in this case HIV and AIDS. Programmes are also funded by major donors such as the Governments of United States of America, United Kingdom, Netherlands, Norway, Sweden, Ireland, Canada, Australia, and the Global Fund Against HIV and AIDS, Tuberculosis and Malaria'. In 2008, media reports indicated that 'the Global Fund to Fight AIDS, Tuberculosis and Malaria has demanded that Government reimburses the US\$7.3 million stolen from the US 'donation of \$12.3 million it gave to the Reserve Bank of Zimbabwe in 2007 to buy medicine for sick people in Zimbabwe' (The Zimbabwe Times, November 4, 2008). Corruption is at the heart of many failures in service delivery in Southern Africa, as we explore later.

The 2005 Rapid Country Assessment, Analysis and Action Planning (RAAP) study (Policy Project, 2005) conducted in 17 sub Saharan African countries,

including Zimbabwe, noted that funding for HIV and AIDS was skewed in favour of treatment and less on prevention. This meant that an increasing pool of infections continued to increase the burden caused by the epidemic. The findings also identified limited funding and support to economic self-reliance, livelihoods and psychosocial support among care givers. The financial and physical burden of caring and supporting OVC was noted to fall among already over-burdened families. While family based support for OVC has long been regarded as a sustainable safety net, caregivers were not being supported financially, resulting in the deterioration of the situation of OVC. Not one of the 17 countries was economically, logistically, or legally prepared to cope with the growing numbers of OVC (Policy Project, 2005). This demonstrates the inherent weaknesses and failures of reductionist policies and programmes.

A key feature of the US Government Global HIV/AIDS Strategy as contained in the PEPFAR, is recognition of the complex nature of HIV and AIDS and its impact – ‘...HIV/AIDS threatens a basic principle of development that each generation does better than one before’ (USG, 2004:9). The Strategy actively seeks new approaches noting that the ‘Global HIV and AIDS is an unprecedented crisis requiring an unprecedented response’ and declares that their approach will not be ‘business as usual’. The Strategy acknowledges that it does not provide all the answers to the epidemic and is premised on learning through experience working in the field together with host Governments, various partners and those living with AIDS; such learning as will facilitate improvement and development of new or more adaptive and comprehensive approaches. At the height of the political and economic turmoil in Zimbabwe, the Government took a denialist approach, maintained business as usual, and worse still pronounced policies that were particularly unpopular with investment, economic growth and social protection for vulnerable populations. This worsened the situation of OVC.

Children and Young People’s Empowerment

The UNCRC, the ACRWC and the African Youth Charter (AYC) recognize participation and empowerment of children and young people as fundamental rights. Child participation has been evaluatively and descriptively categorized, for example, as: ‘manipulation; decoration; tokenism; assigned but informed; consulted and informed; adult-initiated, shared decisions; child-initiated and directed; and child-initiated, shared decisions with adults’ (Hart, 1992:8). Such a taxonomy is a useful intellectual tool to review the rhetoric and reality of children’s political universes.

Community Participation, Social Planning and Donor Project Management

Alternative and competing development designs, methodologies and tools have emerged in Southern Africa, and applied in Zimbabwe by different organisations, to promote and facilitate the participation of people in efforts that are targeted to improve their lives. The participation of people and a change agent or outsiders with appropriate attitude and behaviour who is willing to treat them as equals, is central to participatory planning methods (Chambers, 1994c:1438–1439). The most common include participatory rural appraisal (PRA) developed by Chambers (1983) also known as Participatory Learning and Action (PLA), described by Jayakaran (1996:15) as learning with people; rapid rural appraisal (RRA) or participatory reflection and action (PRA) or participation action and reflection (PAR); others include community capacity development and Triple A (UNICEF, 1999), stepping stones, and storytelling approaches such as memory work techniques used with children (RESSI), most of which emanate from ideas of participatory action research first introduced by Lewin (1946). It is now difficult to imagine social planning without community participation, ‘participation as a religious act’, all paying subservience to the empowerment God (Bornstein, 2005).

In its PEPFAR Global Strategy on HIV and AIDS, the US Government declares that ‘we will implement programmes that are coordinated with the policies and strategies of host Governments and are responsive to local needs...effective interventions must be informed by local circumstances and coordinated with local efforts’ (USG 2004:8). The World Bank developed a Participation Sourcebook (1996:3) to promote community participation particularly in less developed countries. Some of the most popular techniques used in PRA are summarized in Table 4 (adapted from Chambers, 1994a:960–961 and IDS Policy Briefing, 1996:1):

In Zimbabwe as in other Southern African countries, examples of child participation range from ‘Junior Parliament’, poetic citations and dances by children at special political events, peer education through AIDS clubs, acceptable child work including household chores at home, and the recent growing phenomenon of child headed households, and child care givers, of which more later.

According to the World Bank, a major challenge in development efforts promoted from ‘outside’ arise when actual or perceived local, national, and global benefits diverge significantly (World Bank/IEG 2008). The SADC Strategic Framework and Business Plan for OVC & Y defined developmental to mean:

TABLE 4 *Techniques commonly used in participatory reflection and action (PRA)*

Method	Explanation
Mapping and modeling	Locals use large sheets of paper to create a map of local resources (geographical, social or economic)
Flow diagrams	Locals draw diagrams that indicate linkages, sequences, causes, effects, problems and solutions for a particular context
Transect walks	Locals walk through an area to identify different zones, soils, land uses, livestock, crops etc. and visualise them in a map
Time lines/trend analysis	Locals list major remembered events and put them in a chronological order; includes ecological changes and changes in land use, cultural change, demographic change and the causes of those changes
Seasonal calendars	Locals create calendars that reflect seasonalities relevant for their lives, e.g. rain distribution, crops, wages for agricultural and non-agricultural labour input and availability, food availability, income, family health etc.
Livelihood analysis	Locals assess income stability (or instability), food security etc. by listing levels of income and expenditure, credit and debt, days of food shortage etc.
Venn diagramming	Locals identify individuals and institutions important in and for the community, and evaluate the community's relationship with them
Rankings	Locals identify groups or rankings of households according to wellbeing or wealth
Matrix scoring and ranking	Locals use matrices to compare things (e.g. methods of soil conservation) by putting rice grains in the boxes (more grains signify higher scores); this allows to compare things in a way understandable for illiterate people

Interventions should recognise children and youth as a critical mass of human development potential rather than collectives of problems. Thus taking cognisance of age specific needs of children and youth, interventions should focus on empowering and building the capacities of

children and youth to realise their full human potentials (physical, psychological, moral, spiritual, emotional, economic and political), and to promote an understanding of rights and responsibilities at an early age.

DZIRIKURE, 2008:8

Equality, Poverty and OVCS: The Prologue to a Sorry Tale

Organisations working with children in Zimbabwe, including the Government of Zimbabwe, UNICEF, UNFPA, World Vision, Save the Children and local organisations, publically embrace the developmental approach guided by the Child Rights Convention, by working to help communities and children reach their full potential by tackling the causes of poverty (World Vision International, 2000). The UNFPA promotes the Life Cycle Approach that considers sexual and reproductive health as a lifetime concern for both women and men, from infancy to old age, and supports programming tailored to the different challenges they face at different times in life (UN Millennium Project, 2006). The approach recognizes that discrimination against girls and women embedded in many cultures actually begins at infancy, and often determines the course of their entire lives.

A review of UNICEF's Multi Country Life Skills Initiative noted the need to take a broader and challenging perspective to life skills development which considers Political, Philosophical and Economic (PPE) influences on children and youth. Politics will address democracy, rights and civic engagement. Through philosophy they can address morality, honesty and integrity, sexuality, personal identify and growth, as well as care, support and behaviour. They can address development issues, of course, through economics too (Centre for the Study of AIDS, 2007). Such understandings would stretch the capacity of many aid and development workers, let alone non-specialist members of the public. A study on child vulnerability and migration in Kenya (Nyambedha et al., 2003) indicated the importance of family ties in the development of the child. The researchers noted that migration among Luo orphans (the Luo are mainly found in Western Kenya and generally see themselves as oppressed and suppressed by the ruling non Luo ruling elites) is often caused by a lack of resources among adopting households, which end up sending orphaned children to other homes to work as domestic servants. Without proper fostering arrangements, many end up moving from one village to another at short intervals and are not able to benefit from the available free primary education programmes. Orphans who do not have access to their patrilineal kin often abandon their foster homes to go back to their patrilineal kin. They often choose to stay in less

resourced child headed households where they can have the emotional comfort of their siblings. This suggests that the presence of material resources in a household cannot be the main determinant of child support. It also suggests that OVC policies should support and strengthen family support systems that keep orphans closer to their kin.

The vulnerability of orphans is increased by having multiple caregivers during their orphan hood (Help Age International, 2003; Heyman et al., 2007; Madhavan, 2004). Often the stigma and discrimination associated with OVC is translated to the caregiver and the situation of the OVC (Thurman et al., 2006). Characteristics of the household such as household composition, gender and the age of the household head where an orphan is placed, are key factors that bear critically on the well-being of the child. A review of 40 Sub-Saharan countries showed that the majority of OVC care givers were single and female, and a rising number of them elderly and most likely, grandparents (Monasch and Boerma, 2004); child or youth headed households are also common (Browne et al., 2007).

The SADC OVC & Y Framework promotes gender sensitivity; policies, strategies and programmes on OVC & Y must be gender sensitive, particularly considering gender driven differences that cause deprivation and vulnerability. wvi (World Vision International) also targets gender based vulnerabilities, stigma and poverty as root causes and drivers of the HIV epidemic. The Zimbabwe Government is a signatory to global and regional policy and programmatic commitments relating to gender and empowerment of women such as the SADC Protocol on Gender and Development. Government development strategies and programmes for OVC attach great importance to addressing gender related inequalities and vulnerabilities. Organisations have grown up that promote and seek to protect women's rights. The ZDHS (Zimbabwe Demographic and Health Survey) 2005–06, asserts that gender-based violence is recognised as an economic, human right and health issue in Zimbabwe (CSO, 2007), but:

Despite on-going efforts to protect women and vulnerable populations against violence, there is still much to be done to protect victims and to further inform and educate the population about the problem.

CSO, 2007:259

Data on domestic violence is difficult to gather because women may not always report such cases. In Zimbabwe, domestic violence occurs across all socio-economic and cultural backgrounds. The ZDHS 2005–06 indicates that 36% of all women had experienced physical violence since they were age 15. Women in

Zimbabwe remain the most affected by poverty and marginalised in socio-economic and political activities. Women and girls aged 15–24 are 3 to 4 times more likely to be HIV positive than their male counterparts.

The Role of Good Governance in Human Development

Every principle that has been highlighted in this Chapter is underwritten by the key role of good governance in promoting socio-economic, political and general human development perspectives, and diminished by its absence. In Zimbabwe, bad governance and policy choices, largely motivated by political survival tactics, have been widely acknowledged to have had significant impact on economic collapse and a generalized vulnerability to almost the entire population – which affected OVCS and their families the most. Bornstein (2005) highlights a key issue: the role of global development aid politics in creating vulnerabilities at national, family and individuals levels. The political imperatives and associated technical design of the World Bank and IMF driven structural development programmes in Zimbabwe in the 90s, ordered the state to ‘shrink’, thereby limiting the resources the state could use for development and infrastructure. Paradoxically, international donors and multilateral organisations such as IMF and World Bank reacted to this ‘shrink’ by funding non-Governmental organisations to fill the gap. While this move was welcomed by the state, the fact that this ‘shrink’ was necessitated by deliberate policy raises questions of ideology and morality in global social development policies. Both bad governance in Zimbabwe and the global economic policies of the World Bank and IMF can be argued to be evidence that vulnerability is a preventable social construct, reinforced by bad political, policy and strategic choices and moral value systems that can and should be avoided.

An analysis of several reviews and evaluations of projects and programmes in Zimbabwe and Southern Africa indicate that social development efforts inadequately address the many challenges that OVC face. The high levels of commitment pronounced in policies, strategies and plans have not been translated into significant benefits for OVC. An assessment on the situation of OVC & Y commissioned by the SADC Secretariat in 2008 noted a gap between policy development and commitment and the effective implementation of policies and quality projects and programmes that are effective and efficient. Organisations lack the right type and mix of methodologies, techniques and tools to implement comprehensive and integrated programmes. Reflecting on the review of its programmes conducted by IEG the Chairperson of the World Bank Committee on Development Effectiveness, Jiayi Zou remarked:

...not a single programme concentrated in smaller countries or countries with extensive poverty has been rated 'satisfactory' in meeting their stated development objectives. Given the long engagement with LICs (Less Industrialized Countries), the question arose about whether there are some systemic issues and whether these have been suitably identified.

WORLD BANK, 2008:xxv

The World Bank's Review report noted that four factors have influenced weak project outcomes: (a) poor or overly complex project design; (b) overly ambitious assumptions about political ownership and implementation capacity; (c) delays in implementation caused difficulties because circumstances changed and project design or implementation could not respond; and (d) the majority of unsatisfactory projects had a weak results framework with poor or no baseline data, making it difficult to assess the outcomes of the project, and outcomes were often not linked to inputs and outputs.

According to SADC (2008), there has been a limited impact of programmes implemented in the region. These have been attributed to a cocktail of failings: limited human resource capacity; the unprecedented burden of OVC and the impact of HIV and AIDS; poverty and conflict; disjointed, uncoordinated, vertical and reductionist rather than systemic interventions; inadequate financial resources and unsustainable project initiatives; deficiencies in project and programme management capacity, notably inadequate skills in project and programme management; and good practices that are not scaled out and not shared. UNICEF (2004) advises that it is critical that all aspects of children's needs are incorporated into law and that policies are translated into practical efforts that deliver appropriate programmes.

Evidence-Based Practice and Service Delivery

Accurate data for understanding the magnitude of the problems facing orphans and other vulnerable children is grossly inadequate at national and regional levels, and only estimates of key data indicators and sets are available. Thus decision making, planning and monitoring and evaluation are not based on an accurate understanding of the situation of OVC, making it difficult for policies and programmes to respond effectively (SADC, 2008; UNICEF, 2004). UNICEF contended that there is no clear methodology available to date to estimate the number of children made vulnerable by AIDS. The World Bank acknowledged gaps in its own performance measurement measures,

specifically, the sketchy assessment of projects. The Bank also noted that some of its global programmes and priorities diverge significantly from national priorities and perceived local benefits. Thus the Bank calls for greater 'emphasis on monitoring and evaluation not only to ensure data availability for assessing results (and avoiding complacency) but also to obtain a clearer perspective on the complementarities and tradeoffs between public goods and more traditional economic growth and development concerns' (World Bank 2008:xxiv); coupled with a plea that the national initiatives of developing countries are accurately and effectively connected with global responses.

During an evaluation of its programmes, WVI noted that the needs of OVC outweighed existing community responses and that an expanded capacity building of staff, volunteers and community based organisations is needed to improve quality and volunteer retention (WVI, Financial Year 2007 Annual Report – Global HIV and AIDS Initiative). Most SADC Member States have developed National Action Plans for OVC, which clearly identifies services due to them. However, there is no standardized, yet flexible, system to bring these services to the children in the region. The Africa Health Strategy 2007–2015 offers a way forward:

...there is generally unsystematic and uncoordinated partnership between donor and recipient countries resulting in conflicting focus in programme implementation...Countries need to adhere to the Three Ones (one national AIDS coordinating authority, one national AIDS strategy and one monitoring and evaluation system) principles to establish organisational structures that ensure entry and review point for engaging with development partners.

AU, 2007:17

Identifying appropriate projects and getting congruent resources to OVC is still one of the key challenges for OVC support. In most countries, including Zimbabwe and Botswana, although the Governments have programmes which cater for orphans and destitute children, there is a challenge in registering those who qualify for support. This results in services not being accessible. In some cases, families are at times generally reluctant to register such children with the authorities for various reasons, such as fear of stigmatization (HSRC et al., 2007). In a study in Botswana, the HSRC also noted that a shortage of transport, finance and manpower to deliver services hindered access to services. Efforts by civil society organisations to address these gaps are frustrated by lack of funds – hence the need for partnerships in addressing OVC issues. In some households, support from Social Welfare for orphans was being diverted by caregivers for other uses. Stigma also remained a challenge.

A review of literature on Integrating Gender into Programmes for Orphans and Vulnerable Children, commissioned by USAID and PACT, noted that access to services for OVC is constrained by a number of factors, including lack of information; lack of training and standardized training materials for use in psychosocial support, peer educators and caregivers' training (Masazi Development Associates, 2008). The review also noted that vulnerability is more difficult to define, but it is generally accepted to cover physical, sociological and psychological circumstances (Richter et al., 2004; Gail et al., 2006). The definitions used in OVC work vary within and across countries and are often very broad, making it difficult to make comparisons between countries and sometimes between programmes implemented by different organisations in the same country (SADC, 2008).

Funding a Comprehensive Service for OVCs

While resources have increased globally, funding commitments for orphans remain generally less than the general funding for HIV and AIDS. There is a significant divergence between what has been done and what needs to be done to protect the rights and meet the needs of orphans and other vulnerable young people and children. Millions live in daily pain and suffering due to a lack of basic services. The ever-growing orphan population is straining community support mechanisms, with little to fill the gaps. An absence of decisive leadership coupled with stigma and discrimination is prevalent in Zimbabwe and elsewhere.

PMTCT and paediatric treatment numbers remain too low. Programmes to effect risk reduction and behaviour change among adolescents and young people most at risk in affected countries are insufficient. Services provided by Governments, nongovernmental organisations (NGOs) and faith-based organisations are reporting significant gains in coverage, but they reach only a very low percentage of children and families in need, and most interventions for children affected by AIDS are still at a small scale. Rapid, sustainable scale-up of programmes that have proven effective is essential so that protection, care and support are provided to all vulnerable children.

UNICEF, 2008:3

In a report presented at a Workshop held at the White Oak Conservation Centre in Florida, Foster (1998) noted that there is a lot of talk about child

rights and little action to change the lives of millions of children who are suffering. Foster argued that human rights standards should be used to protect children and should be at the centre of the HIV and AIDS response among children. Unfortunately, human rights documents do not encompass the accountability of nongovernmental actors such as multinational corporations in their analyses and commitments; corporations, for example, may have an economic interest in child labor, or extra-Governmental organisations which may use child soldiers.

Our review of programmes and projects directed at OVCS indicate that pilot initiatives to develop a comprehensive approach to care and support for OVC have not been fit for purpose: they are fragmented, problem based, and lack a comprehensive system-wide approach and framework to yield the desired results. Most programmes focus more on providing the immediate physical and material needs of OVC & Y and less on developing emotive and psycho-social, spiritual competencies, holistic child development, minimizing risk, and preventing deprivation. Interventions are also short term and donor and project driven. Welfare centred interventions may also suppress innovation and entrepreneurship in communities and perpetuate chronic dependency on external support, concepts, philosophies on community care and facilitation of service delivery (Dzirikure, 2008).

While promising to bring a significant improvement for OVC and their families, to date, the implementation of Social Protection programmes have generally been associated with challenges. In Zimbabwe, the programmes have largely been limited to child education grants. These grants have been significantly reduced as a result of the political and economic crisis. Social Protection is a new phenomenon that has not been comprehensively tested in Zimbabwe and Southern Africa. There is a plethora of minimum standards on the care and support for OVC that have been developed by different organisations, for example, the Government of Nigeria's Federal Ministry of Women Affairs and Social Development (2007).

In Search of a Systems Approach

Systems ideas are evident in the policies, strategies and plans of a number of international organisations in the SADC region and national organisations in Zimbabwe. Consistent with systems ideas, and with good practice, the policies, strategies and plans of these organisations share some of the following features of systems thinking to varying degrees:

- the use of language such as integration, linkages, comprehensive, holistic and multisectoral approaches, summarized in the systems phrase ‘the whole is greater than the sum of its parts’
- efforts to meet immediate needs as well as preventing vulnerabilities
- recognizing diversity in individuals and communities
- seeking to comprehensively meet the diverse needs of individuals
- sustainability focused interventions
- ethical and context relevance
- emphasizing experiential learning, flexibility and adaptation to accommodate emergence
- awareness of the complexity of social development phenomena and accommodating
- emphasis on community ownership, participation and empowerment
- acknowledging the value of partnerships and inter-sectoral collaboration
- and, prioritizing human and child rights and gender sensitivity.

Whereas there is evidence that systems-related interventions have potential to enhance effectiveness of social development efforts from OVC, the majority of the noble intents reflected by most organisations are far from being realized in practice. The management of the support to OVC is riddled with many complex challenges, most of which point to a managerial over-reliance on reductionism. There is general acknowledgement in Zimbabwe and globally that current approaches to poverty reduction are deficient and cannot guarantee the realization of fulfillment of the universality and sanctity of human rights to all children and the poor. The reasons pointed out for these failures demonstrate the absence of a common approach to OVC management among different players, government, international co-operating partners and donors, civil society and private sector organisations, despite the existence of global policy instruments such as the UNCRF and ACRWC. These weaknesses call for new forms of project management that could emerge from an application of systems theory.

Key Conceptual Frameworks for Understanding the Social Situation of OVCs

Competing for the Conceptual High Ground of OVC Policy and Practice

Child development has long received academic, theoretical and practical attention in social development practice. However, an orientation to child development that is centred on child rights and rights based approaches and a specific focus on orphans and other vulnerable children is recent. These areas have not received rigorous academic scrutiny and debate, are only now beginning to be significantly operationalized. In the case of OVC, in practice, orphans are viewed by Governments and donors alike as problems and not as children with rights; services provided to them are considered a cost rather than an investment for national and regional development, and human improvement. This is certainly the case in Zimbabwe.

A review of systems theory suggests that it is also fairly new as a formal academic and professional subject matter. In addition, it has also evolved more or less during the same period and parallel to project management and a child rights focus, and yet the three have not been deliberately fused and tested to constitute a foundation and methodology for social development management practice. Current social development project management practice is rife with critique and is undermined by a lack of confidence in its efficacy, which points to its rigidity and design which can be unfit for purpose in social development settings. Social development project management applies wholesome project management ideals that are designed for controllable, predictable and straight forward problem situations and interventions, mainly for construction and physical projects, limited to functionalist – reductionist mechanistic thinking – to address complex, evolving social and human challenges. The potential for applying systems theory and child rights approach to social development project management is clearly demonstrated by the use of systems oriented language in the social development intents of different organisations operating internationally, in Southern Africa and in Zimbabwe. What is lacking in these intents is a clear conceptual and methodological framework that refocuses and guides the application of systems ideals in traditionally functionalist and reductionist project management practice.

For children to grow up well in ways that enable them to realize their full human potential, they must be assured of basic developmental (physical and biological, social and psychological, emotional, spiritual, and political) needs and rights. Ulrich, optimistically, suggests that it is important 'to make the lack of comprehensiveness of our designs transparent so that we can reflect critically on their limitations' (Jackson, 2003:214). Orphans, like other children, have universal rights that are enshrined in the United Nations Convention on the Rights of the Child and its continental equivalent, the African Charter on the Rights and Welfare of the Child. Yet a review of literature indicates that the rights of children in Zimbabwe and Southern Africa are generally being grossly violated. In our conceptual and political approach, children who are denied basic needs are classified as deprived whilst those who are at high risk of being denied these needs and rights are vulnerable. Any form of deprivation is an indication of extreme and potentially sustained vulnerability which requires immediate attention and services. Orphans' development efforts should seek to immediately provide for unmet needs (address deprivation), and to prevent and address the risks and interrelationships that cause and sustain deprivation (address vulnerability).

In terms of systems practice, this entails always redrawing the systems boundaries (Churchman, 1978) of needs and care and support for orphans to ensure that new needs and challenges are identified and addressed immediately. This distinction is lost in the definitions of vulnerability currently applied in Southern Africa and Zimbabwe in particular, which is tied to specific problem situations to serve a functionalist -sectorally defined service delivery intent that is largely neither systemic nor sustainable. In our view, failure to distinguish between deprivation and vulnerability can lead to generalised policies and programmes that react to manifested problems without investing in preventing those problems from occurring or recurring.

We have adopted systems theory and practice (Churchman, 1979; Ulrich, 1983; Flood and Jackson, 1991; Zadek, 1994; 1996; Laszlo and Laszlo, 1997; Midgely, 1996; and Jackson, 2003) both as an ontology and epistemology, accommodating a combination of both positivist/functionalist, interpretive/constructive, emancipatory and postmodern paradigm orientations. In this book we tell a story of an experiment in assessing and promoting the welfare of Southern Africa's OVCs with a mix of ideas and orientations, tried in combinations aimed at directing social development project management processes towards achieving and sustaining equal opportunities and benefits for orphans, as part of a more generalized development goal of achieving the common good for majorities of peoples in Southern Africa. Using systems ideas, such as emergence and hierarchy, communication and control, means that we are

trying to model systems in the world, giving systems an ontological status. In management contexts, systems models constructed out of the ideas are applied to learn about and to clarify different world views, as an epistemological device.

The theoretical framework for our work draws on our conviction of the value of accommodating diversity when dealing with complex social phenomena such as HIV and AIDS, poverty and orphaning that characterize Southern Africa. It is hinged on the pluralism ideas of Critical Systems Thinking (CST) (Checkland, 1981; Ulrich 1983; Flood and Jackson 1991). Ulrich (2005:1):

Systems Thinking is relevant because all problem definitions, solution proposals, evaluations of outcomes and so on, depend on prior judgment about the relevant 'whole system' to be looked at. Improvement is an eminently systemic concept, for unless it is defined with reference to the entire relevant system, sub-optimization will occur.

Also of value to us is recent work on CST and Creative Holism described as 'the commitment to using a plurality of systems approaches, their related methodologies and some appropriate systems methods, together' (Jackson, 2003:275). Critical systems thinking in all its forms appears to have offered opportunities to rescue science from overly relying on the rigid reductionist world view of positivism which has resulted in what is described by Pirsig as people tending 'to think and feel exclusively in one mode or the other and in so doing tend to misunderstand and underestimate what the other mode is all about' (Jackson 2003:301). As we demonstrate later, CST provides a haven and an excuse for science to break from its dogma of empiricism, predictability, linearity and reductionism. This allows modern science to enjoy the endless benefits of thought and its limitless exploration of complexity, allowing humans to continue to construct and interpret both the empirical and non-empirical experiences of life that is necessary to break into new horizons in our understanding of life, and continuous improvement of the human condition.

Where as it is new, evolving and rarely tested in practice, the application of systems philosophy and theory to management principles in general continues to grow. As a meta-methodology, CST seeks to organize and employ other systems methodologies, based on seven principles (Flood and Jackson 1991):

- Problem situations are often too complicated to understand from one perspective and the issues they throw up too complex to tackle with quick fixes.
- Problem situations, and the concerns, issues and problems they embody, should therefore be investigated from a variety of perspectives.

- Once the major issues and problems have been highlighted, it is necessary to make a suitable choice of systems methodology or methodologies to guide intervention.
- It is necessary to appreciate the relative strengths and weaknesses of different systems methodologies and to use this knowledge, together with an understanding of the main issues and concerns, to guide choice of appropriate methodologies.
- Different perspectives and systems methodologies should be used in a complimentary way to highlight and address different aspects of organisations, their issues and problems.
- Critical Systems Practice (CSP) sets out a systemic cycle of inquiry with interaction back and forth between its phases of: creativity, choice, implementation, and reflection; and
- Facilitators and participants should be engaged at all stages of the CSP process.

A Systems Model for Social Development

Our study is premised on a model that requires social development project management practice particularly for OVC, to declare the systems-oriented assumptions or rules that guide interventions. This systems thinking-project management-child development nexus is depicted in Figure 3. Current project management practice in particular in the social development domain does not provide clear rules/assumptions that form the basis of its practice. Our model draws on the strengths of each of the four paradigms, highlighting the challenges of orphans' development in Zimbabwe and Southern Africa in general. Adapted from Critical Systems Practice (Jackson 2003), our model is hinged on 8 principles as follows:

- (a) The real world is systemic and is defined by the relationships that determine the survival over time, of the systems, subsystems and the elements that comprise them. The ultimate goal of sustainable social development efforts should be to empower the vulnerable, marginalised and disadvantaged, and to harness their full human potentials so that they can happily and equally contribute to the collective of efforts to sustain humanity. Inequality and vulnerability are counterproductive because they result in the marginalised and disadvantaged feeling unhappy and disenfranchised, and therefore potentially disassociated from political and civil society.

- (b) Analysis of the problem situation should reveal the nature of relationships within and between the systems, subsystems and their elements and the nature of discourse that result in unhappiness, marginalisation, vulnerability and disadvantaging of others.
- (c) Pluralist models are constructed that promote dialogue and collective consensus towards the common good: the elimination of deprivation and vulnerability while suppressing those discourses which cause the marginalisation and deprivation of others.
- (d) Pluralist models are used to capture diverse opinions, allow collective responsibility and action to prevent and address vulnerability, deprivation and related problem situations.
- (e) Both quantitative and qualitative analysis is useful particularly to establish consensus on goal, purpose and the coordination of action among different interest groups in accordance with their comparative mandates.
- (f) The process of intervention is systemic, aimed at comprehensively providing a continuum of basic services, empowering the disadvantaged, generating learning, guaranteeing the rights of vulnerable children, thereby reducing or eliminating vulnerability for orphans.
- (g) Interventions are best conducted on the basis of networking, collaboration and coordinated stakeholder participation, through Joint Implementation Methodologies (JIMS) and partnerships (JIPS), and the developmental needs of orphans in the immediate and long term future; and
- (h) Changes designed to improve on the situation are evaluated on the basis of efficacy, empowerment of the disadvantaged, benefits, equality and sustainability.

Social development projects use the project cycle the same way it is applied for physical projects that deal with inanimate objects, within predictable and controllable situations. A review of the literature on social development project management indicates that a naive whole scale application of the current project life cycle can confuse and obstruct social development project management; the end of a funding cycle or project cycle does not necessarily mean the end of the problems that the project was designed to address in the first instance. Vulnerabilities of orphans are systemic, complex and often cyclical, self-reinforcing and long term. They cannot, therefore, be expected to be addressed by unitary, short term projects with limited scope and resources. This compels us to review the project life cycle and propose a new cycle suited to OVC development management.

Project management in Zimbabwe and elsewhere in Southern Africa places too much trust on fixed and presumptive goals to address emerging and unpredictable contexts. However, goal setting by its nature, is dependent on subjectivity, and is not always predictive of social development management contexts driven by complex human relationships and behaviour. While the Programme Management Book of Knowledge (PMBOK) approach accommodates human relationships and complexity, the softer and more intuitive approaches to human activities are still under represented and the bodies of knowledge continue to emphasize what Thomas and Mengell (2008) describe as linear, rational, analytic approaches to the world, omitting what Buckle and Thomas (2003) describe as flexible alternatives that include relational and improvisational perspectives. There is no recognized development path for project managers (Thomas and Mengell, 2008), a vital missing component in social development management. Whereas, the 'Project Management Competency Development Framework' (PMI, 2002) provides a list of knowledge and performance indicators, project managers are left to choose these lists based on their own best judgments. Social development project management lacks sets of principles and Principals to guide its practice. Planning enables taking the new understanding and translating it into predictions about what is likely to happen next or what actions should be taken to refine the way the task is handled, as we see in Figure 2 below.

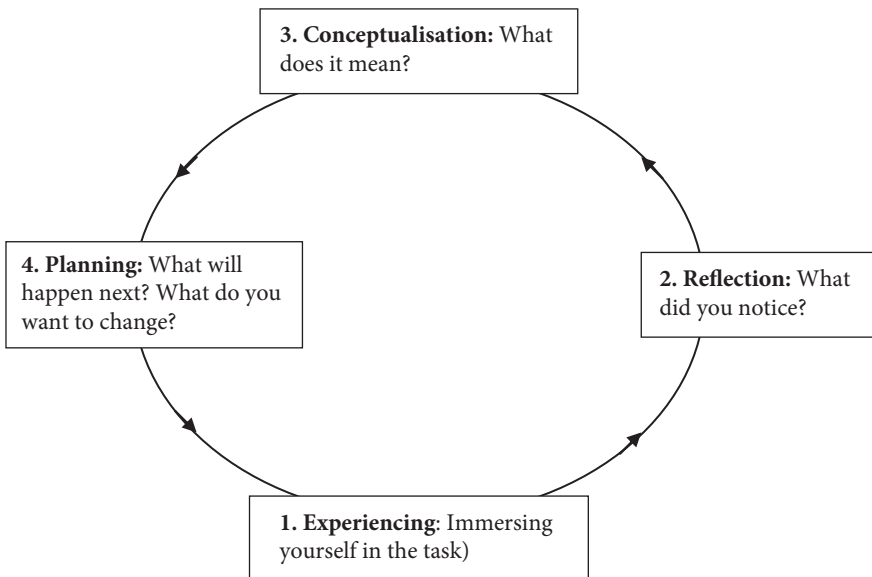


FIGURE 2 *The learning cycle*

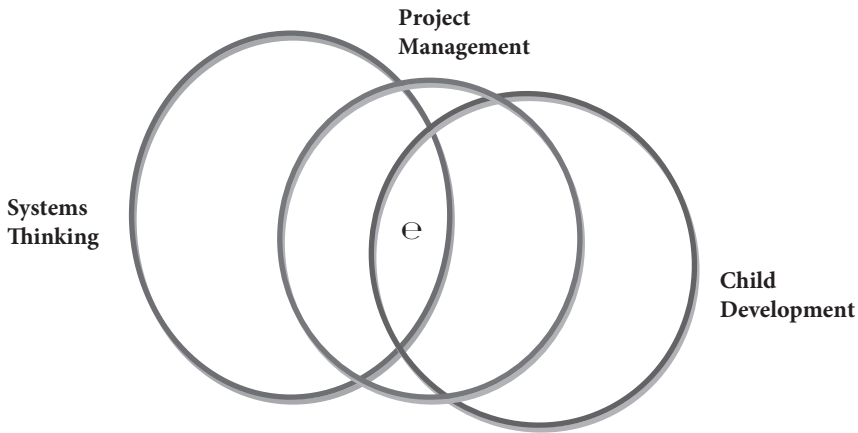


FIGURE 3 *Systems thinking, project management and child development*

KEY: e – DENOTES THE INTERSECTION OR BLEND THAT DEFINES SYSTEMS-ORIENTED CHILD DEVELOPMENT PROJECT MANAGEMENT.

Kolb's Learning Cycle (LC) (Kolb, 1984), is based on the idea that the more often we reflect on a task, the more often we have the opportunity to modify and refine our efforts, offers the beginnings of a strong framework for OVC's project management design and implementation. The Learning Cycle contains the following four stages: (1) Experiencing or immersing oneself in the doing of a task is the first stage in which the individual, team or organisation simply carries out the task assigned. The engaged person is usually not reflecting on the task at this time, but carrying it out with intention. (2) Reflection involves stepping back from task involvement and reviewing what has been done and experienced. (3) The skills of attending, noticing differences, and applying terms helps identify subtle events and communicate them clearly to others. One's paradigm (values, attitudes, beliefs) influences whether one can differentiate certain events. Our vocabulary is also influential, since without words, it is difficult to verbalize and discuss one's perceptions. (4) Conceptualization involves interpreting the events that have been noticed and understanding the relationships among them. It is at this stage that theory may be particularly helpful as a template for framing and explaining events. Our paradigm again influences the interpretive range a person is willing to entertain.

Drawing on the secondary literature on the milieu, theory and practice of OVC and development management efforts in Zimbabwe, and the SADC region, we have introduced and recommended a systems oriented framework to guide

the pursuit of better ways to improve OVC development management efforts. The framework seeks to provide flexibility to the seemingly rigid and stalled child development management approaches, by applying systems theory to OVC development project management practice. This approach informs the methodology and subsequent discussions that follow.

The Zimbabwe Study of OVCs

Our main purpose in this study was to explore an effective and sustainable project management approach for the social development of orphans specifically in Zimbabwe, and Southern Africa in general, drawing on systems theory and original empirical work in Zimbabwe. 'Development' in this study, denotes efforts or processes that are directed to improve the physical, emotional, spiritual and psychosocial well-being of OVC, and nurturing them to realize their full human capabilities. We also adopt the Brundtland Commission (United Nations, 1987) definition of sustainable development as that which 'meets the needs of the present without compromising the ability of future generations to meet their own needs'. This includes empowering communities to meet comprehensive developmental needs of OVC that are sensitive to their age and context, and sustaining them all the time over time. It also entails bringing up OVC into productive citizens who are aware of their rights and responsibilities despite their vulnerabilities in early life.

Specifically, the research study sought to:

- understand, through an extensive survey, the particular social condition of orphans in Zimbabwe
- determine the theoretical or paradigmatic foundation commonly applied to social development project management practice for orphans
- apply systems methodology in particular pluralism, to social development project management research on orphans; and
- propose a systems-oriented framework for social development project management that can bring sustainable benefits for orphans in Zimbabwe and Southern Africa more generally.

A survey of the literature concerned with OVCs and interventions aimed at promoting their welfare, together with many years of personal experience in the social development field, point to a perpetual failing to sustainably address the growing and related challenges of OVC, social conflict, poverty, and diseases in Zimbabwe and Southern Africa. We argue that a new or improved way of managing social development efforts is required, demanding learning and experimentation with currently invisible or unpopular approaches, or giving new meaning to existing ones.

Koskela and Holwell (2002) observed that the whole of the field of project management lacks theoretical capacity to deal with the need to improve its practice. Jackson (1995:38) summarizes this predicament:

If you do not know what your theories are you cannot explain your knowledge and pass it on to the next generation. If you do not have a theoretical check then you cannot appreciate that the methods you use might be working for the wrong reasons –perhaps because they appeal to the powerful and lend themselves to authoritarian usage.

Our methodology sought to allow the study to be guided by the voices and experiences of vulnerable people that were expected to be served by the envisaged new framework for social development management practice as espoused by systems ideas of human empowerment, freedom and participation. These ideas are ingrained in, for example, grounded theory (Glaser and Strauss, 1967; Glaser, 1998, Strauss, 1987); experiential enquiry (Heron, 1971); interactive planning (Ackoff, 1974); dialogical enquiry (Randall, 1981); participatory rural appraisal – PRA (Chambers, 1983) also known as participatory learning and action-PLA (Jayakaran, 1996); and social action (Yeich and Levine, 1992). We draw on modern interpretive, emancipatory and postmodern paradigmatic systems-orientations. Jackson (1995) argued that true knowledge resides in local community contexts and not in the ‘fads’ of experts. We were mindful of this advice.

We adopted ‘story telling’ or ‘narrative inquiry’ (Boje, 1991; Denning, 2004; Gabriel, 2000; Andrews et al., 2009) as the primary form of collecting research data. Andrews and others (2009:13) observed that ‘a theory of the mind as a pattern recogniser’ is the basis of storytelling approaches. The semantic structures and temporal ordering of information in a story act as an attention-focusing mechanism (Gerrig, 1993) and aid ‘mental construction of an event’. Narrative is multifunctional in the sense that it attempts to appeal to emotions, as well as recount facts and events (Martin, 1986).

The study also adapted aspects of action research. Consistent with action research, inquiry into complex social phenomena requires fusing investigation with practical experience in order to derive practical judgment and solutions. Often criticized as unscientific and that its ‘findings are anecdotal, based on telling stories rather than doing science’ (Greenwood and Levin, 1998:54), Action Research (AR) goes beyond conventional social science research as the most reliable and appropriate form of

research that directly links social enquiry with action. It takes cognizance of practical reality and the limitations of real life situations that may not always be easily explained purely by the dogma of available scientific principles, theory and experiences, and 'seeks to contribute to research as well as to improving real-world problem situations' (Jackson, 2003:307). Stringer (1999) argued for community-based research as 'democratic, equitable, liberating, and life enhancing', synonymous with postmodern systems theories (Foucault, 1972; Fish, 1980; Lyotard, 1984; Derrida, 1976). Kolb (1984)'s learning cycle demonstrated how action and reflection aids understanding and learning. This is consistent with Dewey (1916)'s ideas on experiential learning. Action research recognizes that human judgment, creativity, and social interaction are an intrinsic part of true science.

The main question for our study was: What should social development projects and programmes be like in order for them to attain effective and sustainable benefit for orphans in Zimbabwe in particular, and Southern Africa in general? More specific questions were:

- (1) What is the paradigmatic foundation on which projects and programmes for orphans are built in Zimbabwe and Southern Africa in general? What are the theories informing project management practise in social development efforts? What are the factors influencing the management, of current projects for orphans?
- (2) What is required to bring about effective and sustainable social development for orphans living in an environment of poverty and HIV/AIDS in Zimbabwe and the Southern Africa region? What are the developmental challenges for Zimbabwe in particular and Southern Africa in general? What is the totality of the challenges facing orphans in Zimbabwe in particular, and the SADC region in general? What is sustainable development in the context of projects for orphans? What are the challenges facing project management practise that makes it not sustainable in Zimbabwe in particular, and Southern Africa in general? What are the opportunities available to transform projects into effective and sustainable social development efforts for orphans?
- (3) What value could be added by applying systems theory to social development for orphans in Zimbabwe, and Southern Africa in general? What justifies the use of systems theory as a foundation for project management practise in social development? In what ways is systems theory relevant to improving and sustaining projects and programmes for orphans?

What makes it the most appropriate option for improving and sustaining programmes on orphans? To what extent is it manifested or not in current project management practise? How can systems theory be applied in a social development framework suited to address challenges of orphans in Southern Africa?

- (4) What would be the character of the social development framework and how would it be relevant to address the social development challenges of Southern Africa? How would it be applied in practise? What would be the measures of performance for the framework? Which aspects of development for orphans require further research?

Our methodology allowed the inquiry to be built on existing community experience and knowledge systems and not solely on the dogma of theory. The study did not bring with it a specific hypothesis, other than the spectre of systems theory. Instead, it adopted broad assumptions and explorative research questions in pursuit of generating a framework and approach to improve OVC project management practice; as discussed in Chapter 10. The methodology acknowledged that seeking to improve the whole of the complex human experience cannot be achieved without understanding its parts and has, therefore, set to limit the enquiry to social development project management for OVC from among a plethora of other social development and management issues.

The methodology allowed for generalizing the findings from the specific context of Zimbabwe, to that of Southern Africa, and to social development project management globally.

The study can be described as a journey, the story of which is drawn from the perspective of two time frames that relate to the different research methods used to collect data which are: (a) from October 2006 to the time of completing in October 2010, desk review of literature, and Practitioner Experiential Action Research (PEAR), represented by a narration of experiences as well as the induction and deduction processes that continued during the writing; and (b) October 2008 to March 2009, conducting field interviews and gathering and collating media reports on Zimbabwe.

The field interviews and documentary of media reports were confined to the period of the study between October 2008 to March 2009, and May 2008 to May 2009 respectively; the practitioner-participatory action research can be traced from the period of developing the study in October 2006 up to the time of completion in November 2010. The schedule of field interviews in the selected sites is summarized in Table 5.

TABLE 5 *Schedule of visits to study sites for data collection*

Name of site	Dates of visits to sites (Oct 2008– Jan 2009)		Comments
	First visit	Repeat visit	
Mabvuku/Tafara in Harare urban district	16–19 Oct 2008	8–12 Jan 2009 27–31 Jan 2009	First visit included pilot testing Mainly to follow- up on project practitioners
Chief Banga in Shurugwi district	29 Nov–7 Dec 2008	–	Convenient – researcher's village area
Chief Izimnyama in Mangwe district	17–21 Dec 2008	21–25 Jan 2009	Village adjacent to township
Plumtree township in Mangwe district	17–21 Dec 2008	21–25 Jan 2009	

A few follow-up visits and telephone calls were conducted requesting handover of completed research instruments or seeking clarifications on particular responses up to the March 2009

Zimbabwe's Political Geography

Zimbabwe has 10 administrative provinces (see Figure 4 for a detailed map of provinces, cities and districts), each headed by a politically appointed Governor. As shown in Table 6, provinces are sub-divided into rural and urban districts, politically administered by a District Administrator; followed by towns/cities administered by a Mayor (urban) or traditional chiefdom administered by a Paramount Chief (rural); and wards/suburbs/township (urban) politically administered by a Councilor or equivalent of village/ward (rural), also politically administered by a Councilor and traditionally administered by a Village Head also called Chief, and lastly Kraal, traditionally administered by a Kraal Head. In urban areas, towns/cities may be considered at the level of provinces (e.g. Harare and Bulawayo), districts or wards. Bulawayo is also a province, city and district all in one.



FIGURE 4 Map of Zimbabwe showing the study sites. Zimbabwe's provinces and main cities and towns.

WIKIPEDIA: <http://en.wikipedia.org/wiki/file:zimbabwe.geohive.gif>, 19/05/2010:19:32

TABLE 6 National administrative structures and languages in Zimbabwe

Name of Province	Number of Districts	Population size		Number of wards		Main Tribe/ Language	
		Urban	Rural	Urban	Rural	Shona	Ndebele
Bulawayo (city)	1	676,787	0	29	0		√-kl-mx
Harare (capital city)	4	1,882,200	23,310	79	1	√-z-mx	
Manicaland	9	148,896	1,317,993	18	221	√-m	
Mashonaland Central	8	82,637	915,628	10	168	√-z-kk	
Mashonaland East	11	116,644	1,008,711	11	211	√-z	
Mashonaland West	n/a	301,217	921,366	n/a	n/a	√-z	
Masvingo	8	110,609	1,298,096	10	196	√-k	

Name of Province	Number of Districts	Population size		Number of wards		Main Tribe/ Language	
		Urban	Rural	Urban	Rural	Shona	Ndebele
Matabeleland North	n/a	77,403	623,956	n/a	n/a		√ -t
Matabeleland South	8	63,195	591,684	10	129		√ -kl
Midlands	13	342,755	1,123,576	199	59	√ -k	√
Selected districts							
Shurugwi rural district [Midlands Province]			71,573		23	√	
Harare urban		1,444,534		49		√ -z -mx	
Mangwe district			78,427		12		√ -kl

SOURCE: CSO, CENSUS 2002

Key: √ = Shona or Ndebele as dominant; k = Karanga; kl = Kalanga; z = Zezuru; m = Manyika; kk = Korekore; t = Tonga; mx-mixed. The letters represent sub dialects which are largely on sub-tribal lines
n/a = information not available or clearly distinguished

In rural areas, there is often overlap between the political administration of Councilors (responsible for wards) and Chiefs and Kraal Heads responsible for villages or kraals respectively. A Paramount Chief also may cover several wards.

There is also often confusing overlaps between Members of Parliament being responsible for people in different administrative districts, and the Councilors in one political constituency reporting to a different Member of Parliament than that under which their constituency falls.

About two thirds of the population is rural and agrarian. There are two main languages, Ndebele and Shona. Other African languages include Hlengwe, Sena, Shangane, Sotho, Tonga, and Venda. The Shona settled in this region between the 10th and 11th centuries coming from the Shaba region of the modern day Democratic Republic of Congo. The Ndebele settled in the Western parts of the country in the early 19th century coming from modern day South Africa.

The Shona comprise about 71% of the population and Ndebele about 16%, while other African groups comprise 11%, Asians/mixed, 1% and white less than 1%. Shona comprise of a number of dialects, mainly based on tribal

lines, main of which are Zezuru, Karanga, Kalanga, Manyika, Korekore, and Ndau. The ten provinces are (a) Midlands (mixture of Ndebele and Shona/Karanga), (b) Matabeleland South, (c) Matabeleland North (Ndebele/Kalanga), (d) Masvingo (Shona/Karanga), (e) Mashonaland East (Shona/Zezuru), (f) Mashonaland West (Shona/Zezuru), (g) Mashonaland Central (Shona/Korekore/Zezuru), (h) Manicaland (Shona/Manyika/Ndau), and metropolitan cities of (i) Harare (mixed but predominantly Shona) and (j) Bulawayo (mixed but predominantly Ndebele).

Politically, the ZANU PF led Government in Zimbabwe has been accused of marginalizing the Ndebele speaking people from the time it assumed power at Independence in 1980 up to the time of conducting the field study between October 2008 and March 2009, illustrated by deteriorating levels of economic development in Matabeleland. Since the massacre of largely Ndebele people orchestrated by the ZANU PF Government in the mid-1980s in Matabeleland and parts of the Midlands provinces, there has remained tribal divisions and mistrust between the Shona and Ndebele speaking people.

These mistrusts have remained among the grassroots despite the signing of a unity accord between the warring political parties of ZANU PF and PF ZAPU, the party that was seen as largely representing the Ndebele people. The Ndebeles have expressed this continued distrust by predictably voting for opposition parties. Matabeleland South is considered among the economically poorest provinces in the country characterized by low and erratic rainfall pattern, poor sandy soils and periodic drought spells. It has predominantly been used for cattle ranching. It borders with Botswana to the West and South Africa to the South. Subsistence agriculture is the main source of livelihood as well as remittances from family members mainly working in South Africa and Botswana. Politically, at the time of the study, the people of Mangwe (shown in Figure 4 as Mangwe-South) overwhelmingly supported the Movement for Democratic Change (MDC), one of the main political parties that emerged in 1999, and became a major challenge to ZANU PF political dominance.

Harare province is metropolitan and houses the capital city, with industrial and commercially driven livelihoods. It is surrounded by large scale commercial farming activities because of its high rainfall patterns and fertile agricultural soils. Under normal political and economic conditions, these farms are sources of cheap food as well as provide employment opportunities for people living in and around the city. With the advent of economic collapse, including in the agricultural sector and political polarization, the poor who live in Harare's townships such as Mabvuku/Tafara were severely affected. Unlike their counterparts in the rural areas, the urban poor did not have access to food donations and the community support system. Politically at the time of the study the people of Harare overwhelmingly supported the Movement for

Democratic Change which was regarded as the main opposition challenge to ZANU PF. Mabvuku was one of the townships hardest hit by water shortages/crisis in Zimbabwe. At the time of the field work, tap water had not been running for more than a year. Children were most affected as they had to spend time queuing, to fetch water from boreholes sunk by the United Nations for the residents of the township.

The Midlands province is characterized by average to low rainfall patterns and sandy to loam soils that are suitable for cotton growing, sorghum and the staple food maize. It is also rich in minerals including gold, thus characterized by gold panning. It is often affected by periodic drought spells. The majority of families in the study site of Shurugwi district are subsistence farmers and gold panners and a significant number supplement incomes with remittances from family members (Dzirikure, 1995) working in the urban areas and abroad. Politically, at the time of the study, the people of Shurugwi district predominantly supported ZANU PF.

The Zimbabwe Field Work

Three different but complimenting methods and sources of gathering research data were adopted in combination: a field survey, gathering primary data on orphan care and support in two rural and two urban communities in Zimbabwe between October 2008 and March 2009; a document review involving secondary data derived from documented OVC project/programme management practices and experiences of selected organisations operating in Zimbabwe, the SADC region and globally; and the systematic tracking over a defined period, of media reports between May 2008 and May 2009, on the social, political and economic situation in Zimbabwe and how it affected OVC and their families. And thirdly, Practitioner-Experiential Action Research (PEAR), associated with action research (McNiff, 2000; Lewin, 1946) in which the researcher(s) is an active participant and reflective observer engaged in an evolving process of experiential learning (Kolb, 1984) during the research process.

All field work took place in Zimbabwe between October 2008 and March 2009. The research study took place at a time of extreme political polarization between ZANU PF and the MDC following the controversial Presidential and Legislative elections in April 2008 and the controversial follow-up Presidential run-off in June 2008, marred by bloody violence, and hostility to aid organisations. Conducting interviews in communities at that time was generally risky. We had no incidents of intimidation largely as a result of the intervention of community translators/facilitators, who served to introduce the study to the community.

Interviews were conducted in 4 sites of 3 districts selected from 3 provinces in Zimbabwe between October 2008 and March 2009, to gather primary data from the field and get real life expectations, perceptions, lessons and experiences. In this research study, two qualitative research instruments were used, a semi structured 'story telling' interview guide administered among orphans and carers who were the primary participants; and a structured interview schedule administered among project practitioners who were secondary participants. Carers and orphans provided their personal experiences with service delivery or project/programme management practice; project practitioners provided insight into the practices of the service delivery process. In this case, the carers and orphans represented the recipient 'benefits-end' of project/programme management practice while the project practitioners represented service provision 'efficiency and effectiveness', representing the service delivery management system. This approach to the study sought to triangulate (Denzin, 1978, 1998; Lincoln and Guba, 1985) or cross examine data or the perceptions and experiences of the two distinct categories of project management stakeholders (carers/orphans versus project practitioners) to get an in-depth understanding of project management practice data from different sources of information and to give credence to the conclusions of the study. Comparison of data between the primary and secondary participants served to identify perceptual differences between beneficiaries of social development efforts and those who facilitate them. Apart from formal interviews, further information about the environment and context in which orphans lived in each research area was obtained during informal discussions with other members of the community, and through transect walks and observations (Chambers, 1983).

Multi-stage stratified sampling was purposefully conducted at different national administrative strata of provincial, district, town/paramount chieftaincy, (ward/townships or suburbs/villages), kraal (rural village units comprising of households ranging from as few as 20 to about 100), households/schools, and individual participants. Table 6 shows the breakdown of national administrative structures down to Ward levels. The selection of sites for primary participants (orphans and carers) was multi-staged and purposefully stratified considering the following representations:

- a. ethnic groupings and main languages (Ndebele and Shona) largely represented in 3 different national administrative and political jurisdictions or provinces –Matabeleland South (Ndebele/Kalanga), Harare (Shona/Zezuru), and Midlands (Shona/Karanga)
- b. rural and urban communities; and

- c. geographic distribution with implications on economic livelihoods activities:
- (i) Matebeleland South province (Mangwe district) a low rainfall pattern bordering with Botswana – Plumtree township representing small urban commercial economy, and an adjacent Izimnyama village, a rural agrarian economy
 - (ii) Harare province (Harare urban district)-Mabvuku/Tafara townships (poor, adjacent to each other with common characteristics), representing a metropolitan city with an industrial/commercial economy and high rainfall pattern; and
 - (iii) Midlands province (Shurugwi rural district)–Banga village, representing a rural agrarian economy with average rainfall pattern.

Table 7 shows that 233 participants took part in the study, comprising 108 orphans (52 urban and 56 rural), 102 carers (52 rural and 50 urban) and 23 project practitioners (2 Shurugwi, 16 Harare, and 5 Mangwe). The practitioners were purposefully randomly sampled, depending on their availability, from among international, national and community based organisations and Government departments that were known to be working on OVC. Most project practitioners operating in the selected sites, nationally and internationally were largely interviewed from their head offices in Harare, while a few represented community based organisations based in the sites. For project practitioners, consent was sought from the heads of organizations, who in most cases would delegate an officer that they deemed appropriate to respond to the research instruments or respond themselves.

The response rate for e-mailed interview guides was a predictably (but worth the effort) dismal low (3 out of 30 mailed interview schedules). Most practitioners participated in face to face interviews, after several follow-up visits and requests to complete interview schedules. Four (4) villages or chieftaincies and townships from 3 districts across 3 provinces in Zimbabwe were sampled as specific sites for the study as follows: Matabeleland South province – Mangwe district – Tshitshi paramount chieftaincy – (a) Chief Izimnyama's rural village, and (b) Plumtree urban township; Midlands province – Shurugwi district – Nhema paramount chieftaincy – (c) Chief Banga's rural village, and (c) Harare province – Harare urban district – (d) Mabvuku/Tafara twin urban townships were purposefully sampled. The profile and distribution of participants by research site is summarized in Table 6. Primary participants were purposefully randomly selected and the numbers purposefully evenly distributed between the research sites to ensure fair representation of sites: Chief Zimnyama village (53), Chief Banga (55), Plumtree Township (52), and Mabvuku/Tafara (50).

TABLE 7 *Area distribution of all research participants*

Type of participants	Area				Total count	%
	Midlands Province – Shurugwi district (Chief Banga rural) – Shona-Karanga	Harare Province – Mabvuku & Tafara district/ townships – Shona –Zezuru	Matabeleland South Province – Mangwe district – Chief Tshitshi rural) – Ndebele/Kalanga	Matabeleland South – Mangwe district – Plumtree urban township – Ndebele/Kalanga		
Orphans	28	26	28	26	108	46.3
Carers	27	24	25	26	102	43.8
Project practitioners	2	15	-	5	23	9.9
Total	57	65	53	57	233	
% approx	25	27	23	25		100.00

The provinces, districts, chieftainships/villages and townships were conveniently and purposefully selected taking into account political polarization and Government hostility towards aid workers in general. While there were overlaps in areas of jurisdiction between the traditional and political administrative areas, the stable villages/chieftaincies corresponded to unstable political wards (which often change from time to time during delineation of electoral constituencies).

At the village and household levels, orphans and carers were chosen randomly from homes, at community meetings and schools, representing different kraals in the villages (in the case of rural areas). It was generally difficult to find orphans at home; either they were at school or playing in the surroundings with friends. The majority of orphans interviewed from schools were randomly chosen from different grades by school authorities using school registers for orphans. In each study site, the study sampled children from one secondary school and one primary school, largely targeting children from Grade 4 (assumed to be on average 10 years old) up to Grade 7, and Form 1 to Form 4. Schools generally kept records of both orphans and other vulnerable children (OVC). Those interviewed at home were identified through referrals by community members. For those interviewed at homes, one or a maximum of two people per household participated in the study – a carer and one of the orphans. In the few cases where there were more than one orphan present at

home at the time of visits, either the carer identified the one to participate or one of the children volunteered. In most cases, carers left orphans to be interviewed on their own although they were a few cases where carers insisted (to the often discomfort of children) to be present during the interviewing of orphans. Carers were purposefully—randomly targeted at home, at community meetings, and through referrals by other members of the community. A few of the carers presented themselves and volunteered to be interviewed. Project practitioners were visited at workplaces of organisations that were known to be working with OVC, and some through mailed questionnaires.

Approval to conduct the study in specific sites was sought from the local leadership, firstly after meetings with the district administrator, then the Chief (in the case of rural areas) or Councilor and in some cases, the Village Heads. After such approval, consent for child participants was sought from immediate carers and school authorities and in a few cases, both, while that of carers was sought directly from them. Once approval was granted at higher levels, it became easier to obtain approval at lower levels. The majority of participants who were approached cooperated with the researchers. A few of the participants requested to be interviewed.

There were a few cases when carers refused to take part for fear of political victimization. For example, one woman told us to interview a female Village Head, rather than herself. When we told her that we had already interviewed the Village Head, she said that the information that we had received from the Village Head should therefore suffice. Apparently, the female Village Head was a war veteran, a former fighter during Zimbabwe's war of liberation against British colonial rule who wielded political power under the ZANU PF led Government at that time. During an earlier interview with the same Village Head, she had wanted to write down all the questions put to her, but decided not to do so when she realized they were not political. This demonstrates the politically charged context in which the study was conducted.

In other cases, some widows refused to disclose their children as orphans, suggesting that it was stigmatizing and demeaning to refer to their children as such. A related experience is that people in rural areas were more likely to participate than their urban counterparts. In urban areas, those who identified with the middle class were even more resistant to participate in a study of orphans. Some participants expressed fatigue of being interviewed and being enlisted in several aid programmes after which no follow-up support was being provided.

It was difficult to establish the number of participants from each kraal because this information was not specifically requested in interview instruments. Instead, participants were asked to provide the name of the village or township in which they lived. However, during their responses, people tended

to identify kraals and villages interchangeably, and in some cases confusingly, with names given to areas based on popular features such as shopping centres or mountains/ivers that did not correspond to official administrative names and boundaries. In other cases, names of villages were not recorded at all. Most children and some carers were interviewed at school or at community gatherings away from their kraals/villages, making it difficult for us to identify the names of the villages from which they came from in cases where participants did not provide this information. Some children did not know the correct names of their kraals/villages. However, data from those that recorded their villages generally indicate that at least 4 and 7 kraals were represented in the villages of Zimnyama (Mangwe district) and Banga (Shurugwi district) respectively.

A decision was made to interview more participants following field testing, than originally planned, when it was established that the research instruments were easy and quick to respond to, and could be completed by those participants who preferred to self-administer with minimal support from the researchers. It was also considered that more participants would result in better representation of the people in the selected sites; providing more diverse responses and thus strengthening the data. The choice of self-administering meant that in some cases, especially in the case of orphans who were identified at school, and carers who were identified at community meetings, group instructions were given to those who chose to respond to the research instruments by themselves. In such cases, participants were then assisted on an individual basis as and when they requested, and as follow up to provide clarity to their completed research instrument. We believe that two hundred and thirty three respondents is a large and significant research population for a study of this nature, given the difficulties of identifying and reaching desired respondents.

Two community research representatives/translators were recruited as enablers of the data collection process to facilitate better rapport and communication with local communities and participants, The choice of the translators reflected considerations to do with the formal and informal language used by communities. Specifically, the role of the translators was to introduce us to the local community leadership and other relevant structures; help to identify families of orphans and specific participants and schedule appointments; follow up to collect interview instruments that were left behind with participants who chose to complete by themselves at their own convenience (largely in the case of project practitioners); and to translate questions to participants particularly into Kalanga and Ndebele, languages that we had limited proficiency in.

The translators were inducted on safe practices of communicating with children, the elderly and in politically sensitive environments. They joined in

during the pre-testing of field instruments, and this oriented them to the best ways to translate the questions to a level where they could easily be understood by participants, especially children. During the induction process, we also learnt from the translators certain cultural sensitivities and informal language that was peculiar to the areas where they resided. This enabled them to relate the research instruments to local languages and contexts. Often, the translators advised us on the best ways to approach certain participants who were generally referred to by other members of the community as problematic personalities or politically aligned. These included most community leaders. The role of community translators demonstrated the accuracy of advice in some published guides to social scientific research design of working with local community representatives to conduct research.

A few potential conflicts were averted by the translators and suspicions and fears allayed. In one case they also dispelled misconceptions and malicious rumours about the intentions of the study. The translators also made recommendations for the research process that helped to speed up the research, and to reach out to more participants than earlier planned. These included approaching orphans in schools and debriefing in groups, those children who chose to complete the interview schedule by themselves, and identifying adult participants during community gatherings.

During preliminary data analysis in January 2009, we invited the translators to Gaborone, Botswana, where Dzirikure lived, for a period of three weeks during which time they helped to clarify some of the vernacular responses and the relationship between some of the participants to the socio-cultural, economic and political realities of the specific communities from which they were derived.

The Research Value of Story Telling

Semi-structured, 'story telling' (Koch, 1998; Bruner, 1986 and 1990; Guba 1990; Bell, 1992) research instruments were developed separately for the primary participants, the carers and orphans, to get first-hand information about their real life experiences. The type of storytelling applied was that which was guided in order to solicit specific service delivery and project management related information. The questions were designed and administered borrowing from the concepts of the Memory Book and Hero Book (Regional Psychosocial Support Initiative, REPSSI, 2007) used in psychosocial support work with children in difficult circumstances.

The Memory Book, is a tool that is used to capture a person's history and important life events and sets up a 'safe space' that allows for the telling,

retelling and reconstruction of stories about life. Its main orientation often tends to be towards planning for the future. The Memory Book acknowledges and reinforces the capacity that people have to survive and to celebrate life in the midst of challenges. The Hero Book is a document and a process in which a child is invited to be the author, illustrator, main character and editor of a book that is designed to give them power over a specific challenge in life. In developing a Hero Book, the child uses drawing exercises and autobiographical storytelling to express themselves. In using these, the child illustrates and discusses his/her challenges and problems and how they sometimes overcome or have power over these challenges. Evaluation of the method shows that Hero Books can be 'the truth', 'based on the truth', or 'completely made up'. It is up to the author to decide (REPSSI, 2007).

Orphans and carers were requested to tell or write stories about their lives: their families; experiences and lessons learnt regarding the type of support provided to them; their aspirations and plans for their future; how project/programme interventions had contributed positively or negatively to managing their day to day lives; their livelihoods and support systems; their understanding and perception of self and others; and how they would like projects and programmes to be designed and delivered to serve them better. The specific story line themes asked are summarized in Table 8. The questioning style was open ended and semi structured including such wording as:

You can tell me about any memorable situation or experiences that you want me to know...tell me anything...tell me more about this...tell me about another occasion...tell me about them...tell about what made you happy then....

As shown in Table 8, the story themes were similar for both orphans and carers to allow for cross validation of data with few exceptions. Questions were, however, asked differently to suit children and adults.

The story telling research instruments for both carers and orphans were characterized by:

- (a) Open ended inquiring and explorative questions.
- (b) Deliberate efforts to motivate participants to briefly narrate their personal life experiences as carers or orphans.
- (c) Some questions were designed to allow participants to settle and to open up dialogue and trust between the researcher and the respondent; younger children and some older girls, were often shy and timid at the beginning, taking longer to warm up to the dialogue.

TABLE 8 *Story lines narrated by orphans and carers compared*

Type of story line themes asked	How this was asked to orphans	How this was presented to carers
1. General demographic and personal information	Age, gender, possession of birth certificate, level of education and school enrolment, orphan hood status, area in which they lived	Age, gender, level of education, area in which they lived
2. Immediate things about the self	The 3 things they needed me to know about them – family, friend, relatives Anything they wished to share with me	Anything they needed me to know about themselves and their care and support responsibilities Anything they wished to share with me regarding the orphan care and support system
3. Characteristics of households of orphans	The carer's source of income Period of time staying with carer Number of people in household	Their source of income Period of time as carer Number of orphans caring for
4. Their needs and challenges	The things they needed every day to survive and grow up well	Things they needed to care for orphans Understanding of comprehensive services for OVC
5. Social awareness, relationships and psychosocial well-being – happiness	Relationship with carer Relationship to household members People who were close that they could trust Whether they felt generally happy at the time of the study Things that made them feel most happy or most hurt	Relationship with orphan Whether they were happy with the care and support system How they thought they were perceived by community
6. Perception, understanding and experience with orphan care and support system	People who provided their needs Type of external support and who provided it	Definitions of orphan, vulnerable child and comprehensive support The kind of external support they were getting The things that were being done well and those that were not being done at all to care for orphans The extent to which they were happy with external support

Story lines narrated by orphans and carers compared (cont.)

Type of story line themes asked	How this was asked to orphans	How this was presented to carers
7. The extent to which they communicated their problems to others	The people they trusted to communicate needs and hurtful situations or their needs Priority needs and hurtful situations that they did not communicate to anybody	How they communicated ideas, needs and wishes regarding care and support for orphans
8. Community care and support and self-reliance initiatives	What they did to assist carers	What they or the community did to meet local needs
9. Lessons and recommendations	What they wished for in future and what they needed to do or who they expected to assist them to achieve their wishes	Things they needed to see happening more or were not happening but should happen Their personal lessons with care and support for orphans

- (d) Participants had the choice to write their own stories by themselves. Orphans accounted for the majority of those who chose to write for themselves more than the carers. Children and adults who chose to complete/administer the research instruments on their own provided more details about their lives than those who were interviewed face to face. However, given the low levels of literacy particularly among adults, fewer of them chose to self-administer the story telling guide. Participants who knew the community translators tended to be more at ease and to provide more details about themselves than those who did not, suggesting that trust is a key factor to qualitative inquiry. Drawing on Grounded Theory (Glaser and Strauss, 1967), rudimentary analysis was done on completed instruments as soon as they were received by the researchers on the spot during field work, particularly those that were self-administered by participants. In some cases, this practice enabled follow-up with participants and probing on what appeared to be 'interesting themes'. However, unlike with Grounded Theory, this was done more for purposes of data cleaning than for theory formation. Soon after completing the

research instruments on their own, children were followed-up and assisted to complete questions that they may not have understood, and to allow for dialogue and clarity to responses that may not have been clear. This was also meant to allow children to share experiences that they could not necessarily put in writing.

- (e) The wording of the questions allowed participants to provide brief narratives; which we found to be satisfactory 'stories' for purposes of the field work; and
- (f) The questions avoided mentioning or questioning on sad and traumatic events such as reference to death of parents or sexual abuse, leaving it up to the children to decide on what to tell. Sad stories, however, still emerged from responses to proxy questions such as:

If you're not happy, tell me about the things that make you unhappy (and) tell me about another occasion, if there was one, that resulted in being hurtful but you could not tell anyone else about it.

In such cases, we avoided as far as possible, probing sad events to avoid traumatizing the participants, particularly because the research was not designed to be clinical, even though counsellors had been identified in the neighborhood for possible referral in case of traumatic breakdown. Contrary to expectations, no such cases emerged including among the youngest participants, those less than 10 years old. The questions were deliberately ordered to allow the story to flow and to be incremental. For example, questions for children were ordered in the following themes:

- personal identification and household data
- about myself; surviving and growing up in life
- people who help you get along and cope with your life
- speaking out and psychosocial support
- responsibilities to your family
- my future; and
- anything they wished to talk about.

Researching Social Development within the Cultural Milieu

Participants were interviewed in their cultural environments, mainly at school for children and at home for adults and children, which ever was convenient. According to Blanche and Durrheim (1999:48–49):

Naturalistic inquiry is a non-manipulative, unobtrusive, and non-controlling form of qualitative research that is open to whatever emerges in the research setting...The aim of such research is holistic: to investigate the complex system of interrelationships that develops in particular situations.

The responses from carers, orphans and project practitioners were also compared with those from the studies identified in the document review, to establish the extent to which social development efforts related to systems thinking and with media reports on the situation in Zimbabwe around the time of the study, while PEAR served to bolster induction and deduction processes on the three different sources of data as well as draw opinions on the authenticity of data between the different sources.

The structured interview schedule elicited reflection and to some extent self – evaluation regarding the project practitioners' own work. In the main, the questions were open ended, enabling the participants to provide narratives in most of their responses. Practitioners narrated lessons learnt in their work and recommendations on how they thought things could be improved. Responses focused indirectly on appraising performance, viability and goal seeking, synonymous with hard systems thinking (Checkland, 1981), and purposefulness, synonymous with Interactive Planning (Ackoff, 1974) and Soft Systems Methodology (Checkland and Scholes, 1990), of social development efforts for improving the lives of orphans and their families. The interview guide sought to elicit the extent to which social development project management practice and the shared values, vision and strategic intentions of organisations were consistent with the ideals of fulfilling developmental needs of orphans.

The questions required project practitioners to provide factual narratives of their work and about their organizations, such as specific services provided, budgets, number of people reached, processes of service delivery, and duration of support; and less on their individual opinions and perceptions of how things should be. It required project practitioners to provide evidence that demonstrated the effectiveness of the social development management approaches adopted by their organisations. Participants were required to describe the roles of stakeholders, describe the extent to which their organisations provided comprehensive services to orphans, and the kind of policy frameworks that guided their work.

A comparison of Tables 8 and 9 indicate that the themes under which questions for carers/orphans and those for practitioners were asked were closely related,

TABLE 9 *Themes of questions for practitioners and carers compared*

Theme	How this was asked to project practitioners	How this was presented to carers
1. General demographic and personal information	Age, gender, level of education, area in which they lived, position at work, period serving in current position, qualifications	Age, gender, level of education, area in which they lived, Relationship with orphan
2. Service delivery priorities of their organisation	Understanding of factors of vulnerability in the communities they operate Services prioritized and those provided by their organisations Conditions necessary for providing comprehensive services	The kind of external support they were getting Anything they needed me to know about themselves and their care and support responsibilities Anything they wished to share with me regarding the orphan care and support system Period of time as carer Number of orphans caring for
3. Resources for programmes	Sources of resources and size of budgets Duration of commitment by funders	Their source of livelihoods
4. Scope, stakeholders and community participation/communication	The immediate recipients of support Level of operation by organisation Role of different stakeholders in the programmes	How they communicated ideas, needs and wishes regarding care and support for orphans What they or the community did to meet local needs (see community self-reliance initiatives under carers' story telling guide)

Themes of questions for practitioners and carers compared (cont.)

Theme	How this was asked to project practitioners	How this was presented to carers
5. Management/service delivery approaches	How their organisations got services to reach orphans Duration of organisational commitment to support orphans Determinants of orphan care and support project cycles	Anything they wished to share with me regarding the orphan care and support system
6. Performance management	How their organisations established that orphans benefited from programmes Any signs known to them/their organisations that orphans were not receiving adequate services or that service delivery approach could be inappropriate	Whether they were happy with the care and support system
7. Social awareness, perception, understanding and experience with orphans and the care and support system	Definitions of orphan, vulnerable child and comprehensive support Conditions which predispose communities to vulnerability The things that were being done well, not so well and those that were not being done at all to care for orphans What was required to get programmes to serve their purpose/work well as intended	Definitions of orphan, vulnerable child and comprehensive support How they thought they were perceived by community The things that were being done well and those that were not being done at all to care for orphans The extent to which they were happy with external support
8. Lessons and recommendations	Lessons learnt and recommendations on care and support to orphans	Things they needed to see happening more or where not happening but should happen Their personal lessons with care and support for orphans

although asked in different ways. Those for practitioners sought to establish the efficacy of interventions or project/service delivery management processes, and those for orphans and carers sought to establish whether these processes achieved benefits from the perspective of those who were targeted with interventions. The responses from carers/orphans and project practitioners were also compared with those from document review on the extent to which social development efforts related to systems thinking.

The action research method of the study involved the experiential testing of systems, project management and child development ideas through practical work that Dzirikure executed as part of his position as Technical Advisor for OVC and Youth for SADC. This included testing the practicality of implementing a 'Strategic Framework and Programme of Action 2008–2015: Comprehensive Care and Support for Orphans and other Vulnerable Children and Youth in SADC' and its' Business Plan that he conceptualised and compiled, whose designs emphasised systems ideas. This research approach has been described in this study as Practitioner Experiential Action Research (PEAR), referring to a process by which practitioners can improve on their work by consciously simultaneously testing or building their work on existing theory and building new or improving on existing theory from their work. Put differently, researching one's work while working on it, in order to improve on the work and its outcomes, and the research process and its outcomes'. The implication of this experience is summarised by Stringer (1999:189):

The act of observing and reflecting on our own practices can be an enlightening experience, enabling us to see ourselves more clearly and to formulate ways of working that are more effective and that enhance the lives of the people with whom we work.

It is our view that PEAR presents great opportunities for social development work and for building a practical oriented theory and body of knowledge on which to grow and improve on social development management practice.

The Secondary Documentation Research Process

Our document review was of two kinds, the first involving the review of literature from both randomly and purposefully sampled organisations on the extent to which their social development intents were informed by systems ideas; and the second, tracking media reports on the socio-economic and political situation in Zimbabwe and its impact on the vulnerability for children, particularly

orphans. A desk review of project/programme management practices of different national, regional and international organizations was conducted, and its findings have been presented in Chapter 4. This involved, in summary, a review of policies and strategic commitments, plans and performance evaluations of selected organisations to establish the extent to which systems ideas and generally accepted project management knowledge were reflected in social development intentions. These documents were reviewed to investigate systems theory and project management body, as defined by PMI and the APM. More than 12 organisations were purposefully and randomly selected during the review on the basis that they offered interesting insights, while others were purposefully selected on the basis of their known leadership in OVC work. The selection process was constructed to suit the design and subject of study. Some of the organisations operated at global, continental, national, and community levels. Document review focused on the general global policy and strategic intents of these organisations which were deemed significant to the study.

This rapid review served to inform the extent to which the social development intents highlighted in the policy statements, strategies, plans and findings of evaluations of the organisations reflected systems ideas or not. The aim was to establish the general paradigmatic orientation of social development management approaches and compare with field data to deduce explanation on their influence on project management service delivery practice. We do not seek to demonstrate that the referenced organisations had deliberately and formally adopted systems thinking as a paradigm or methodology within their policies and work or to measure their performance of systems practice. The document review process offered an opportunity for cross validating data from the field and PEAR, and together with other literature and theory, provided the 'explanatory theory' (Phillips and Pugh, 1994) and legitimacy on which the conclusions and interpretations of the study have been drawn. Data from the document review also served to provide legitimacy to the generalization of the meaning and application of the study to Southern Africa beyond Zimbabwe.

The Desk Review and Zimbabwe's Media

An important aspect of desk review was tracking media reports between May 2008 and May 2009, concerned with the political, economic and social situation in Zimbabwe and how this impacted on the vulnerability of children and service delivery for OVC and their families. This information has been used to demonstrate the milieu in which orphans grow up and to support data from field interviews. It has also served to confirm the generality of findings in the

selected study sites to the entire country. The majority of reports were derived from electronic media, given that at the time of conducting the field work, independent media had either been banned or restricted from printing and operating in Zimbabwe; thus most of the media houses had resorted to publishing online. Independent media journalists often operated under cover. Despite these challenges, the media continued to report on events that were taking place in the country.

Media reports on the situation in Zimbabwe were tracked. News reports were mainly derived from state owned news agencies, 'The Herald' and 'The Chronicle'; privately owned newspapers such as 'The Zimbabwean' and 'The Mail and Guardian', from South Africa, The 'Zimbabwe Standard', 'The Gazette' and exclusively web-based news agencies such as NewZimbabwe.com, Zimonline.co.za, and The Zimdaily.co.uk. The Government-owned newspapers tended to report less on what was going wrong in the country and tended to praise the ruling ZANU PF party. Inversely, some of the privately owned news agencies tended to exaggerate facts against ZANU PF, often in support of the MDC party. The authenticity of media reports was confirmed as follows:

- (a) Establishing, if such stories were reported by at least two news agencies, whether the storyline and characters involved were similar in the different news reports. In some cases, we witnessed first-hand some of the issues reported during regular visits to Zimbabwe; for example, Dzirikure had to carry food to give to starving relatives.
- (b) Tele-calling friends and relatives in Zimbabwe to validate news reports, on issues such as inflationary trends and political violence.
- (c) Tracking stories in which Government officials were reported to be acknowledging some of the challenges that were taking place in the country.
- (d) Confirming trends and origins of some stories by visiting the archives of the news agencies to get previous related stories that had been reported in the past.

The main categories of media stories that emerged and were applied in data analysis were as follows:

- (a) child abuse including cases of trading child prostitution for food
- (b) economic meltdown, including closure of the productive sector, hyperinflation and the eventual collapse of the Zimbabwe dollar as a national currency and unemployment that was reported to have gone over 90%

- (c) collapse of the health delivery system including shutting down of public hospitals in the absence of basic drugs, equipment and personnel as health workers left formal employment or remained on perpetual strikes
- (d) governance issues, including cases in which the Government acknowledged failure; and the infamous 'Operation Murambatsvina' during which the Government destroyed people's homes and livelihoods leaving more than 500,000 people homeless and millions deprived of their source of livelihood
- (e) collapse of the education system whereby public schools were shut down when teachers went on perpetual strike, and schools could not afford basic teaching materials, while national school examination papers were not being marked and graded
- (f) mobility of people across borders including child trafficking, reported regularly, including the plight of mothers and children who crossed borders illegally and often found themselves destitute in the South African townships, where they could experience being the targets of xenophobic attacks
- (g) Government policy on aid organisations that included restricted operations, the distribution of food based on political affiliation and the ban on aid organizations, that left millions of people on the verge of starvation, and those on HIV and AIDS and tuberculosis drugs left to die quietly
- (h) prolonged drought and poor harvests that exacerbated the already dire food situation
- (i) expropriation of productive farms from white commercial farmers through the controversial land reform programme that left the country – a former bread basket for Southern Africa, being a 'basket case'. This also transformed hundreds of thousands of formerly employed farm workers into homeless destitutes
- (j) political polarization, violence, and persecution of members of the opposition, burning their homes, and the incarceration of children of political activists in maximum prisons alongside their mothers
- (k) workers strikes and effects on service delivery, sometimes going for a whole year
- (l) rampant human rights violations and abuses
- (m) reports of children who were dying from eating wild fruits which for many families had become the only source of food, and thousands on ARVs who could no longer access drugs; and
- (n) a collapse in water reticulation, refuse disposal and sewerage maintenance that resulted in an unprecedented cholera outbreak that had claimed more than 2000 people at the end of January 2009 and affected close to 50,000

others. Reports of residential areas going for months without running water, with families digging shallow wells in the townships and drinking sewerage water flowing in urban streams, became a common occurrence in one of the study sites-Mabvuku and Tafara townships.

Synthesising Primary and Secondary Data

Media stories were compared with those told by participants during field interviews, and with observations and practical experiences in Zimbabwe and the SADC region. They responded to the research questions, and painted a gloomy picture of extreme vulnerability for ordinary people and much worse for orphans.

Data analysis sought to establish the potential of social development management approaches in use to achieve adequate and holistic development of orphans, and to identify opportunities to improve on their 'fitness for purpose' (APM, 2003) using systems theory. Data from the stories, observations and literature, was analyzed seeking to extricate the real world of orphans and their adult 'significant others' in Zimbabwe, as well as 'extrapolating to similar situations' (Hoepfl, 1997:600) in Southern Africa. Minimal quantitative analysis in the form of simple averages and percentages supplemented and strengthened the data analysis. The use and comparison of information from different sources of data served a triangulation function (Denzin, 2006; Patton, 2001; Jackson, 2003) to provide a deeper and balanced understanding of the situation (Altrichter, Posch and Somekh, 2006). It also served to identify irregularities (O'Donoghue and Punch, 2003) as well as confirming known tradition, reduce subjectivity and bias, and increase the credibility and validity (Golashshani, 2003) of the data to confirm confidence in drawing conclusions from the field work.

The 'objects' (Blanche and Durrheim, 1999; Andrews, et al., 2009) or 'units' of analysis (Babbie, 1989) and 'basic orientation' (Mouton and Marais, 1990), for this study can be distinguished at four levels:

- Individuals: through stories and statements, the study established the meaning of the service delivery expectations, perceptions, experiences, emotions and aspirations of orphans, carers and practitioners, for social development management practise. The stories of orphans and carers regarding their experiences served as primary 'orientation' (forms of data) for analysis. Orphans and carers spoke for and of themselves as recipients of development assistance, whereas project practitioners mirrored

their organisations, and professional management practise, rather than themselves.

- Organisations: by appraising management approaches used and the extent to which they were systems oriented, through deduction of their intents based on language and meaning attached to the content of their policies, strategies, plans of action, and evaluation reports. The primary sources of data were the interviews with project practitioners, literature and document review.
- Theories and ideas: through deduction, the study derived explanation and meaning for the applicability and relevance of theories and literature on project management, child development and systems thinking to OVC development management practise within a particular context of Zimbabwe, and Southern Africa in general. To some extent, the theory provided the lenses for the research study, influencing observations, experiences, interpretation and analysis of data, and conclusions and recommendations of the study. Theory also facilitated the identification of explanatory relationships within the entire data set drawn from project/programme management, child development, systems world view, and the milieu of OVC. Opportunities were taken to improve both theory and practise.
- The practitioner (PEAR) aided mediation between deduction and induction to provide practical interpretation and meaning to field findings of the study and to new theory.

Consistent with the tradition of interpretive and constructivist research (Blanche and Durrheim, 1999), no categorical measurement scale was used to analyse data. Analysis began during data collection to determine which phrases or statements by the participants were captured and later used in the write up of the field work, ensuring that respondents' own language was used to capture the essence of their stories. In addition, the research instruments were designed to derive lessons and recommendations from participants, which contributed to drawing the conclusions of the study.

Responses were considered to be key if they consistently emerged across two or more of the sources of data namely, (a) guided storytelling and interviews among orphans, carers, and project practitioners; (b) document review from media reports, and policies, strategies and programme plans and evaluations of selected organisations; and (c) practical field experiences and observations. In addition, the frequency with which particular issues were reported, as quantified through simple averages, percentages and counts also served to determine the importance of the issues. However some themes specific to

orphans were prioritized, particularly those that contrasted adults' view of children and those not commonly identified in the reviewed literature. Inconsistencies between the different sources of data and with known literature and theory also drew attention. Analysis of orphan and carers data was initially done separately for urban and rural participants, but subsequently combined when preliminary analysis revealed that there were no major differences in the themes that emerged from the range of stories told to us.

Analysis for orphans, carers and practitioners comprised of systematic reviewing, grouping and categorization of every statement or expression or remark that constituted responses to each question for every participant, allowing for themes to emerge naturally. This began with grouping together statements with similar meaning into similar headings for example 'children not listened to...or not involved at all', which led to the next level of grouping of more than one such related statements into categories such as 'low child participation'. The categories were further grouped into themes such as 'communication and participation challenges'.

Theory emerged as the 'supra meaning' – a product of synthesis or what is referred to in this study as 'whole reflection' on the collective of themes derived from different pieces of data. 'Whole reflection' entailed a systematic process of connecting the patterns of causal relationships of different themes and identifying those that offered explanation and options that addressed the main research question which was: 'What should be done to social development projects and programmers in order for them to attain effective and sustainable benefits for orphans in Zimbabwe and Southern Africa in general?'

The study involved talking to vulnerable children and their carers on a sensitive subject that triggered memories of unpleasant experiences. 'Safe practices when talking to children' (REPSI, 2007) used in psychosocial support and research approaches with children (Save the Children Sweden, 1997; 2005; Neil, 2005, among others) were adapted and used during interviews with carers and orphans.

Consent was sought and granted from the University of KwaZulu-Natal Research Ethics Committee (Human and Social Sciences), where Dzirikure was a doctoral student and Allen is an Adjunct Professor, local authorities in Zimbabwe, and all participants prior to conducting the study. Participation was voluntary, and participants were aware that they could withdraw from the study at any point if they wished to. Guardians were allowed to be present when children were being interviewed in a few cases where they insisted. The real names of participants were neither required nor used in order to protect and respect participants for research Cresswell (2003). Interviews were conducted after building trusting relationships with participants particularly with children.

This was achieved by demonstrating genuine interest in understanding their lives and allaying fears and mistrust of intentions of the study. In some cases this involved paying more than one visit to the child at home. Trusting relationships were also established through the school teachers/head masters at school. At times, the school authorities referred us to seek consent from parents, while in other cases, the headmaster considered themselves to be sufficiently authoritative to give consent. The interview guides were designed to settle down participants and to build trust with us.

No judgmental or sympathetic comments were made during interviews. Each child was regarded to be unique in their responses. Age and gender differences were considered during interaction with both children and carers. The involvement of translators/community facilitators served to ensure use of contextually appropriate language and cues. Arrangements were made with local counsellors and volunteers to provide counselling services to children and carers in case this became necessary. However no such cases occurred, suggesting that the research approach was appropriate. The interview guide emphasized eliciting precious memories, and avoiding dwelling on orphans and carers' problems. Nevertheless, children shared sad memories and experiences such as illness and the death of parents, incidents of rape and abuse with eagerness and ease. This suggests that the interviews served a therapeutic function and an opportunity for respondents to speak out 'for the first time', some of their problems and experiences that they had not shared before.

The purpose of the study was explained clearly to participants to avoid 'deception bias' which normally occurs when participants understand one purpose for a study but the researcher has a different purpose in mind (Cresswell, 2003). No promises of personal benefits to participants were made. To the contrary, efforts were made to allay expectations that participation to the study was linked to efforts to establish who was eligible to receive aid, not surprising given the general destitution among vulnerable families in Zimbabwe at the time of the study.

Summary of the Research Approach

An empirical study of this magnitude-this breadth and depth, is rare in Africa. Hence the detail of what we did, where we did it, and why we adopted our research design, methodology, and methods. The study sought to explore an effective and sustainable project management approach for the development of orphans specifically in Zimbabwe, and Southern Africa in general based on systems theory. This is a complex social and management issue which

traditional scientific approach is acknowledged to have failed to address to date. This acknowledgement necessitated the use of methodological pluralism in this study to understand the technical, social, management and philosophical factors underlying this failure and to seek improvement. The mix of complementary data collection methods, in particular storytelling and structured interviews; document review including media reports on the social, economic and political situation affecting orphans and their families in Zimbabwe; and practitioner-experiential action research –PEAR (new term) approaches in combination served to gather comprehensive data and a pluralist cross validation function. This provided important insights that gave credence to the research process and its conclusions, and served to guard data analysis and conclusions from subjectivity. The participation of children of different age groups–7–18 years, enabled diversity of responses. The stories established the realities experienced by orphans and carers and an understanding of their individual differences (Egan, 1995 and 1999). The use of basic statistical averages and percentages associated with quantitative analysis to a socio-anthropological management research design framework strengthened the credence of data analysis and conclusions.

Document review provided a general understanding on the extent to which systems ideas were integrated in project management practice in Zimbabwe and Southern Africa, and enabled deduction to be made of the extent to which field findings in Zimbabwe could be explained in the light of existing global knowledge. It supplemented induction on the stories of orphans and carers and practitioner experiences to social development management practice, resulting in the new framework for sustainable social development project management proposed in Chapter 10. This study is a product of negotiation between: (a) the truth as it was experienced and narrated by orphans and carers; (b) deductive theory as it represented the wealth of existing academic, professional work and the wisdom of early philosophical ideas, and; (c) inductive preferences informed by professional experiences and by the emotive effects arising from experiences documented through the stories of participants.

Based on experiences during the study, our conclusions and recommendations are grounded in a holistic judgment of the social myth surrounding the pursuit for the truth on the lives of ordinary people. The methodology demonstrated how a story, as a form of someone's narrative, exemplified how humans translate their individual private experience of understanding into a public culturally negotiated form (Bruner 1986; Mello, 2001). In its design and character, storytelling was aligned to both interpretive, emancipatory and the post-modern paradigms of systems thinking. It allowed orphans and carers the free will to express their personal and emotive stories, giving them the voice and

power to communicate, which they were often denied by society. This ensured that their voices are at the core of our work. The lessons and recommendations provided directly by participants and collected as research data form the basis of the conclusions of the study. The research design facilitated reflection on the project management body of knowledge (PMI 1996; 2005 and APM, 2006) from the perspective of carers and orphans, leading to its adaptation to social development project management for OVC. The research design is captured as follows (Heron 1981:1):

The kind of research on persons in which the subjects of the research contribute not only to the content of the research, i.e. the activity that is being researched, but also to the creative thinking that generates, manages, and draws conclusions from the research. And the researchers... contribute not only to the creative thinking and management, but they also participate, like the subjects, in the activity that is being researched.

The postmodernism of the research design is partly demonstrated in its non-prescriptive character; for example, during data collection, any person who qualified and requested to participate in the study was interviewed even in cases where they were not originally targeted as participants. In this sense the research population grew through 'snowballing', picking up respondents through the referral of others and through selective opportunism, and declined through projected respondents melting into the invisibility of their private lives, resisting our attempts to work with them. The study generated meaning about social development project management practise from the stories and responses provided by participants in their natural settings at homes, school and workplace environments using guided, open ended interview and story-telling instruments.

The study is not entirely free from subjectivity; we used induction to arrange research data into meaningful patterns of themes and conclusions relevant to responding to research questions that were of our own design. However, the influence of this subjectivity was neutralized by methodological pluralism. For example, through PEAR, we got to experience the study and its milieu 'at the moment of action...establishing dialogue [with] grass-roots people,...in order to discover and realize the practical and cultural needs of those people' (Reason 1988:2), recognizing that 'my work is not a thing separate from me' (McNiff, 2000:37). This empowered us as the narrators of stories of other people, to mirror their faces and echo their voices at the same time reflecting on applicability of their aspirations and the proposed social development project management alternatives.

Morality and Truthfulness in the Research Work

The 'deliberate' design and 'consciousness' of the researcher's multiple roles in the study and the need to 'protect' the results and its conclusions from subjectivity, as well as consciousness of our vulnerability to being corrupted by theory, emotions, and the urge to defend the failures of the profession of social development, can be argued to have served to dilute intuitive influence on the outcomes of the study. Immersing ourselves into practitioner experiential learning was humbling, particularly as the study glaringly revealed the failures of social development efforts to achieve sustainable benefits for orphans and vulnerable populations in Zimbabwe and in Southern Africa. This evoked emotions and a sense of self guilt on and on behalf of the professional community of social development management, and conscience compelled us to tell the true story in this study. Such is the strength, and weakness, of the design of our field work. It empowered the vulnerable communities to communicate their local contextual realities, and also empowered us to attempt to play the 'honest, incorruptible messenger' that conveyed the voices of the participants to the world.

The study adds to the literature on child development management processes and research, and generated many themes on the subject. The comprehensive data gathered allowed for a broad representation of child development, project management and systems issues and ideas in the analysis and conclusions of the study. This representation was considered adequate to inform proposals on a new framework for OVC social development project management practice in Zimbabwe, which can be generalized to other geographies in Southern Africa.

What Orphans Want

Voices from the Field

This chapter presents a description and analysis of the data gathered from the empirical work, categorized in themes that respond to research questions, consistent with the theories and practices of systems thinking, child development and project management. The details of the context, sampling of participants and how this data was derived and analyzed were outlined in Chapter 6. The field study was conducted in Zimbabwe between October 2008 and March 2009, complimented by a document review of experiences in Southern Africa and globally conducted between October 2007 and October 2010, media reports from Zimbabwe tracked and documented between May 2008 and May 2009, as well as PEAR, which formally begun in October 2007 to October 2010. This chapter describes the orphan care and support system in Zimbabwe as narrated by orphans, carers and project practitioners, drawing linkages with project management practice. Data are presented and substantiated by excerpts from the stories highlighting the perspectives, experiences and the emotions of orphans and carers, and those of practitioners, and media reports on the situation in Zimbabwe at the time of the study. In the description of responses from orphans, carers and project practitioners, comparison of responses from these different groups of participants has been made where appropriate to confirm the validity of the findings.

The chapter provides a demographic and socio-economic profile of participants, followed by a description of participants' understanding of key aspects of the language used in orphan care and support management practice. A detailed presentation and analysis of findings is provided from the perspective of orphans, carers, and project practitioners, highlighting key practices and factors that determine success and failure of OVC care and support project management service delivery efforts. The chapter concludes by sharing an appreciation of orphans as responsible children, who aspire to be successful.

The People in Our Study

We begin with what is known of the profile of participants in terms of their age distribution, gender, and level of education. In the case of orphans and carers, this also included relationships between carers and orphans, as well as

household livelihood situations. These factors are important determinants of vulnerability for the poor in terms of their access to services and resources; participation in societal decision making and productive processes; ability to communicate as well as understand communication; and generally, societal stereotypes and perception of them. In the case of project practitioners, this served to establish their level of technical expertise and experience; and their positions and potential for influence in organisations, which often determine one's inclination and ability to understand and appreciate organisational policies, processes and approaches, and the broader context in which they are developed and implemented. This was considered important to confirm the truthfulness of data provided by the practitioners.

One hundred and eight (108) orphans between the ages of 7 and 18 years were purposefully sampled and interviewed at home and at school, with 56 from rural areas and 52 from urban areas. Fifty seven (57) of the children were boys (32 of them rural and 25 urban), and 51 were girls (25 of them rural and 27 urban). It is important to note that the traditional definition of a 'child' according to the United Nations Children's Fund (UNICEF) is a person below the age of 18 years (0–17 years). However, some 18 year olds were still in secondary school and were among those who participated in this research study, and thus were considered as children. The details of sampling procedures have been elaborated in Chapter 6. The age and gender distribution of children who were interviewed is shown in Table 10.

Table 10 shows that the 108 children who participated in the research study were fairly equally distributed according to gender. However, with regards to age, children aged 7–9 years were under-represented in the study, only 9.3%. The study was originally meant to target children 10 years and older to avoid exposing younger children to sad memories. The dynamics during the field

TABLE 10 *Social characteristics of orphan participants*

Age of orphan (years)	Number of participants			Percentage of Total
	Male	Female	Total	
7–9	6	4	10	9.3
10–14	25	25	50	46.3
15–18	26	22	48	44.4
Total	57	51	108	100.0

survey resulted in younger children participating in the study; those who volunteered or were referred by carers or school authorities could not be ignored. Children in the age categories 10–14 and 15–18 were nearly equally distributed at 46.3% and 44.4% respectively. The study also established the orphan hood status of the 108 children who took part. Figure 5 shows that most of the children were either paternal orphan (44%) with father only dead or double orphans (43%) with both of their parents' dead. A few were maternal orphans (8%) with mother only dead, and 5% did not indicate (were likely not to know or never have met one of their parents, mainly the father).

With regards to school attendance, 11 children (10%) were not enrolled in school at the time of the study, with 6 of them boys and 5 girls. Eight of these children were aged 15 years and above.

One hundred and two (102) adult carers were interviewed, with 28 male (14 rural and 14 urban) and 74 female (38 rural and 36 urban); with 52 from rural areas and 50 urban. The age and gender distribution and level of education of carers who were interviewed are shown in Tables 11 and 12. These variables often determine the potential of the carers to secure livelihoods for the household. Old age and poor education are often associated with low income earnings and low household livelihoods capabilities than those of younger and better educated adults.

Out of a total of 102 carer participants, 42% were older people, 50 years and above, 45% were 30 to 49 years, and the remainder 13% were below the age of 30 years. Most carers (73%) were female, while 27% were male. This age and sex distribution is consistent with the trend in Zimbabwe and Southern Africa which shows the majority of carers for OVC as being female particularly older people.

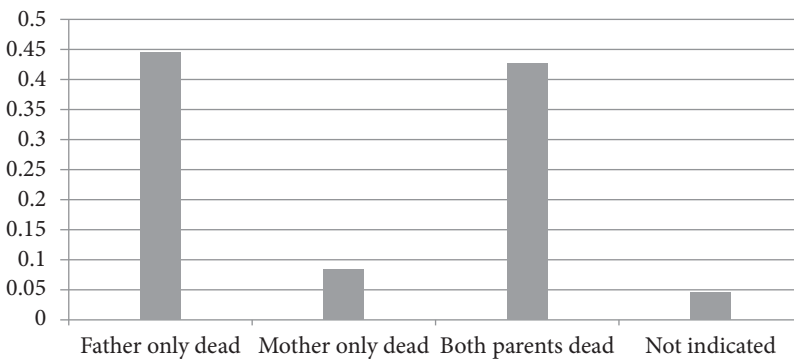


FIGURE 5 Percentage distribution of child participants by orphan hood

TABLE 11 *Social characteristics of carer participants*

Age (years)	Number of participants			Percentage		
	Male	Female	Total count	Male	Female	Total
Below 19		1	1		0.98	0.98
20–29	1	11	12	0.98	10.78	11.77
30–49	18	28	46	17.65	27.45	45.10
50–64	6	24	30	5.88	23.53	29.41
65+	3	10	13	2.94	9.80	12.74
Total	28	74	102	27.45	72.55	100.00

TABLE 12 *Level of formal education by age category of carers*

Age (years)	Level of formal education				Total
	None	Primary	Secondary	Tertiary	
Below 19		1			1
20–29		6	6		12
30–49	3	7	31	5	46
50–64	10	16	1	3	30
65+	11	2			13
Total	24	32	38	8	102
Percentage of participants	23.5	31.4	37.3	7.8	100.0

Carers with no formal education represented 23.5%; 31.4% had up to primary education, 37% secondary education, and 8% post-secondary education as shown in Table 12. The level of literacy among most carers ranged from literate to semi-literate. About eighty seven percent (87.5%) or 21 out of 24 of people with no formal education were aged 50 years and older. Only 4 (9.3%) of the 43 carers aged 50 years and above had attended secondary and tertiary education. The only carer below the age of 19 years who participated in the study suggests a case of a child headed household. This carer had not advanced beyond primary education.

Figure 6 indicates that all 13 of the younger carers aged below 30 years had not attained tertiary education, with most 7 (53.8%) of them having only attained primary education.

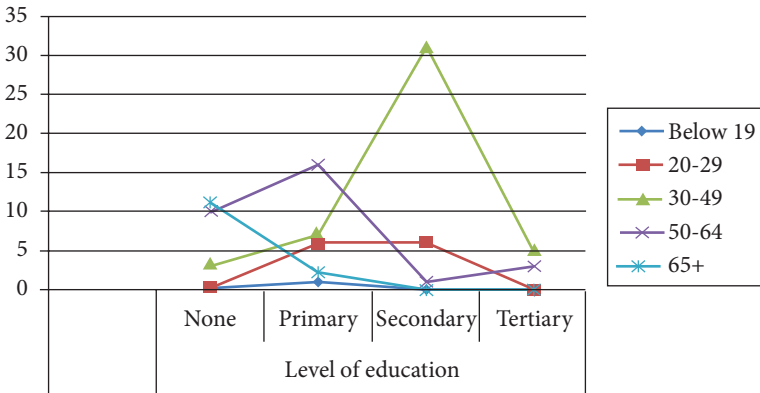


FIGURE 6 Percentage distribution of carers by age and level of education

Table 13 shows that out of a total of 23 practitioners, 14 were male and 9 were female. Twenty one had tertiary education – mainly university degrees, while 2 had attained secondary education.

With regards to professional positions, 13 practitioners described themselves as project/programme officers or coordinators, 2 as monitoring and evaluation officers, 5 as directors and 3 as social workers. Fifteen of them had more than 5 years working experience and only 2 of them had 2 or less years of experience. Nine of them worked for national NGOs, 5 worked for community based organisations, another 5 for Government, and 4 of them worked for regional and international organisations. Nine (9) of the organisations represented had worked for between 11–20 years, 6 for more than 20 years, 7 between 6–10 years and 2 between 2–5 years. The profile of practitioners who took part in the study shows that they had the appropriate level of education and

TABLE 13 Age and gender distribution by level of education of project practitioners

Age (years)	Level of formal education				
	Secondary	Tertiary	Male	Female	Total
20–29		5	2	3	5
30–49	2	15	11	6	17
50+		1	1		1
Total	2	21	14	9	23

occupational responsibilities and experience that could enable them to reflect and talk to us about technical OVC and project management issues.

OVCs, Carers and Well-Being

Orphans were asked to indicate their relationship to their carers, while carers were asked to indicate their relationship with the orphans. The responses showed striking similarities that served to validate the main types of orphan-carer relationships in Zimbabwe at the time of the study as depicted in Table 14 below. Female carers were commonly reported, representing an average of 69% of the total number of carers, comprising of grandmothers (29.8%), mothers (28.4%), auntie (7.5%), sister (1.6%), community caregiver – all were females (1.7%). It is important to note that a carer in our study was the person living with the child in the same household (sometimes known as the primary caregiver), whereas a community caregiver (sometimes known as secondary caregiver) was a person or member of the community who did not live in the same household as the child, but would check on the child or the household of the child from time to time, representing support for OVC that was external to

TABLE 14 *Common relationship between the carer and the orphan in Zimbabwe as reported by carers and the orphans*

Relationship to orphan	Frequency of reporting by type of respondent				
	Carers	%	Orphans	%	% Average
Mother	28	31.8	27	25.5	28.4
Father	7	8.0	2	1.9	4.9
Grandmother	20	22.7	39	36.8	29.8
Grandfather	6	6.8	8	7.5	7.2
Grandparent (not specified)	2	2.3	6	5.7	4.0
Auntie	4	4.5	11	10.4	7.5
Uncle	4	4.5	9	8.5	6.5
Brother	1	1.2	2	1.9	1.6
Sister	1	1.2	2	1.9	1.6
Teacher/headmaster	12	13.6	–	–	6.8
Community care giver	3	3.4	–	–	1.7

the household in which they lived. Children were asked to identify the person that they stayed with and provided their daily needs. The findings showed that women were overburdened with care for OVC, and demonstrated a reversal of the common 'head of household' in Zimbabwe of 62.3% (male) and 37.7% (female) as reported in the ZDHS 2005–06. Among reported carers, males comprised 20.2% with grandfathers topping the list (7.2%), followed by uncles (6.5%). Fathers were 4.9%. Generally, grandparents emerged as the most common carers with a total average of 41% of all reported carers. The gender of 11% of the carers reported by children was not specified.

Figure 7 illustrates data on Table 14, and clearly demonstrates a fairly similar pattern of the type of relationships reported by carers and orphans. This comparability suggests that the data collected was reliable and valid.

Apart from people who lived with them reported in Table 14 and Figure 7 above, children also identified non relatives who provided external support. These included non-Governmental organisations, teachers, Government and members of the community. These people/institutions provided food especially *'porridge at school'*, clothing, school fees, and stationery. Responses indicated that teachers often played a significant but unrecognised role in caring and sometimes fostering children from destitute households as reported by a 10 year old grade 4 boy (double orphan), *'my teachers sometimes give me money to give grand mum when they get paid'* their salaries at the end of the month.

When asked who the people most important in their lives were, orphans identified those who provided for their daily needs (carers), and friends. They trusted these people and they looked up to them for guidance and support. In comparison with the 11 types of relationships depicted in Table 14 and Figure 7, the people commonly mentioned as trusted by orphans were mothers,

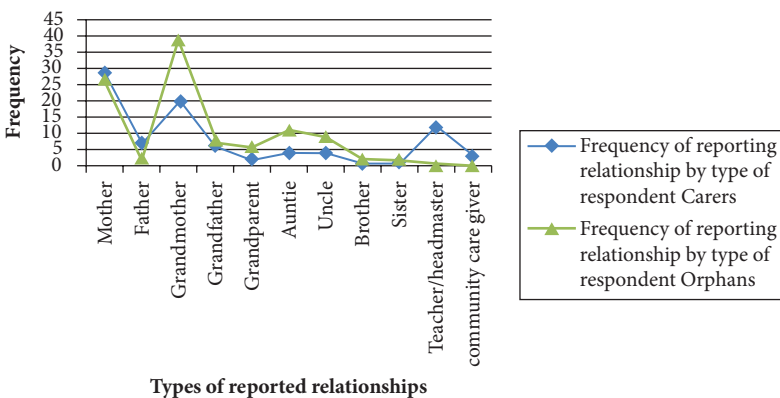


FIGURE 7 Common relationships between carers and orphans in Zimbabwe as reported by carers and orphans

siblings, aunts, friends, and school teachers. Specific reasons why these people were most important were that: they provided care and support for them, played with them, and *'give me advice and encouragement'*. In the words of child respondents:

'...she is the one who looks after me...gives us whatever she finds for us (9 year old boy)...because they are the ones with whom I share problems with'; (16 year old boy).

These were also the people whom they would approach first if they wanted something, or if they had worries or concerns, because they understood them better and could provide assistance when they need it. For example:

'First of all I tell my sister. I know she understands me better because we are in the same situation. She is the one who gives me counselling if I need it (14 year old boy - double orphan)...my aunt because she is the one who cares for me. When my step mother beat me every day, I have sometimes told my father but this did not stop, it actually increased. She [aunt] is the one who secured me the support of [a local organisation for OVC] (11 years old boy)...my form teacher...he acts like a parent...gives me counselling (13 year old girl double orphan)...grandmother gives me the comfort that I need', (9 year old boy).

Male carers were generally in the category of 'not to be trusted' by the children. Our data shows that 8 out of 9 children who reported being abused were living with male only carers, especially grandfathers. The total number of male carer participants was 29; thus, 1 in every 4 among the children living with male only carers reported having been abused. While the numbers are statistically small, they have significance particularly because male carers represented only 27.5% of the total number of participants who were carers. Households with male only carers, were a fairly good predictor of child abuse and in particular, the abuse of girls.

To establish the average size of households in which orphans lived in the study areas, children were asked how many people they were staying with. As depicted in Table 15, orphans were likely to live in households with 4 to 7 other people (59.2%) followed by more than 7 other people (24.1%). This is higher than the average size of household of about 5.1 and 4.0 for Bulilima and Plumtree districts (also known as Bulilimamangwe, and Bulilima and Mangwe) respectively, established by a specific census of orphans in these districts (Munyati, et al., 2006), and with national average of 4.5 (ZDHS 2005–06).

To establish the number of orphans in their households, carers were asked how many children they were looking after. As depicted in Table 16, 52% of the carers were more likely to look after 2 to 4 orphans, and about 30% were likely to

TABLE 15 *Number of people living in the same household with orphans*

Number of people living in the same household with orphans	Frequency	
	Number	%
1	2	1.9
2–3	16	14.8
4–7	64	59.2
More than 7	26	24.1
Total	108	100.0

TABLE 16 *Number of orphans being looked after by carer(s)*

Number of orphans being looked after by carer	Frequency	
	Number	%
1	19	18.6
2–4	53	52.0
5–7	12	11.8
8 or more	18	17.6
Total	102	100.0

look after as large as many as 5 or more orphans in their household. Together with data shown in Table 17, this shows that orphans often lived in large households.

Carers were asked to say how long they had been living with the orphans, while orphans were asked to say how long they had been living with their current carers. Responses ranged from less than one year to more than 5 years and also since the child was born (reported mainly by surviving parents). Table 17 and Figure 8 shows that the commonly reported length of time that either orphans had lived with carers or carers had lived with orphans was more than 5 years, reported by 29.7% of carers and 30.6% of orphans; followed by 'lived with since birth', reported by 28.7% of orphans and 24.7% of carers. Just over

TABLE 17 *Orphans and carer(s): duration of living together*

Period living together between orphans and carers	Frequency of reporting				
	Carers	%	Orphans	%	% Average
less than one year	8	8.0	11	10.2	9.1
1–2 years	13	12.9	10	9.2	11.1
3–5 years	25	24.5	23	21.3	22.9
more than 5 years	30	29.7	33	30.6	30.2
since child was born	25	24.7	31	28.7	26.7
Not stated	1		0		
Total	101	100.0	108	100.0	100.0

80% of orphans reported that they had lived with their current carers for at least 3 years, and about 59% had lived with current carers for at least 5 years. This duration was considered long enough to have created an economic or emotional bond between carer and orphan which was useful to provide long term experiences on which rich and reliable stories could be told. The findings also indicates stability in some relationships: that orphans were staying in the same households with same carers for long periods.

Figure 8 below shows that carers reported fairly the same longevity of living with orphans, to that reported by orphans of living with current carers.

The story telling guide elicited responses about coping mechanisms for carers. Carers were asked to indicate their sources of income while orphans were asked to indicate the sources of income for their carers. A comparison of the results of responses by carers and orphans separately highlighted in Table 18, shows consistency in the sources of livelihood for families and households of orphans. Such consistency in the responses, as indicated elsewhere, suggests that the quality of data gathered was good. Table 18 indicates that the majority of carers were informally or self-employed, largely vending and small businesses/informal trade including cross border trade, brewing traditional beer for sale and piece work. About 18.5%, almost exclusively older people, had no source of income of their own and survived on aid and handouts from community well-wishers. They could be classified as chronically poor. The situation of older carers was summarized in the following excerpts:

I only wait to get assistance from my children working in town. Due to poor health, I cannot do any work for the young ones that I am looking after.

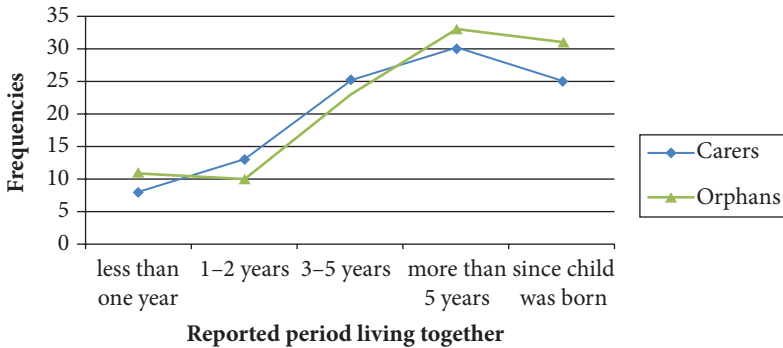


FIGURE 8 Orphans and carer(s): duration of living together

TABLE 18 Sources of household income reported by carers and orphans

Source of income	Reported frequency				
	Carers	%	Orphans	%	% Average
Informally employed or self employed	38	37.3	48	44.4	40.9
Subsistence farming	25	24.5	18	16.7	20.6
Formally employed	23	22.5	19	17.6	20.0
No source of income	16	15.7	23	21.3	18.5
Total	102	100.0	108	100.0	100.00

There are no any other things that I do besides gardening because of my ill health. I am asthmatic...I only wait for well-wishers to assist...my other grandchildren and great-grand children also do come with some assistance.

These responses painted a general picture of extreme poverty for most families or households. In a separate study conducted in two of the districts covered by this study (Bulilima and Plumtree), Munyati et al. (2006:xvii) observed that ‘between 49 and 80% of households across Bulimamangwe (covering some of the study areas) reported having only one meal a day with almost half of these indicating that there were actually some days that households went without any food’.

A closer analysis revealed that carers engaged in a number of livelihood initiatives among which were:

- (a) Rentals from tenants and pensions. All the women who reported receiving widows' pensions indicated that the latter had limited purchasing power, given the hyperinflation in Zimbabwe at the time of conducting the survey. According to a 73 year old grandfather looking after 2 orphans, *'My pension is useless. It cannot buy even a single exercise book'*.
- (b) In some cases, carers were resorting to selling their property and possessions. A 63 year old grandmother who was looking after her terminally ill daughter and her two children described her own experience – *'This year I sold two beasts to get food for my family and for the money to send my daughter to hospitals'*. A 70 year old grandmother from the same area also shared similar sentiments, *'I have sold all my possessions to get money for food for the children'*. 'The Standard' online newspaper of 4 October 2009 reported how villagers were entering into desperate deals to secure maize by giving away their livestock. An example was given of how a 56 year old sold six cows, all his stock, in one year, in exchange for six buckets of maize meal, meant to feed 8 orphaned grandchildren and a sick nephew.
- (c) In other cases, single mothers reported resorting to prostitution, highlighting the self-reinforcing risk of poverty and HIV and AIDS. For example, a 37 year old widow and mother of 4 children indicated that *'Life in town as a single mother who is caring for a large family like mine is not easy. You will end up doing anything (including prostitution) to make a living'*. The risks associated with this were clearly described by one 45 year old widow who indicated that *'Some people go into prostitution – it is not good – most have died (of AIDS)'*.
- (d) Small scale informal trading including cross border trading and vending was another source of livelihood. A 23 year old female carer described how she *'bought things like tomatoes, sweet potatoes and clothes from Botswana for resell to get money to support the children'*.
- (e) Sawing clubs were also reported although carers were quick to indicate that they were no longer successful because of the poor economic environment in the country at the time of the survey. A 57 year old grandmother indicated that she and a group of other women had been *'trained to make soap, sweets and camphor cream so we make these things and sell to get some money to support the children. But the current situation is making it hard for us to do these things'*. Their efforts were being hampered *'due to high cost of living and the bad economic environment'*. This situation was reiterated by a 34 year old unemployed widower and father from

Mabvuku who indicated that *'I used to own a barber shop but now it's not working because of electricity black out...The political and economic situation is not good for business.'*

Communities were reported to be assisting each other through mobilizing resources from donors. This included participating in community care initiatives and providing neighbourly support such as neighbours sharing food with each other. Some community church groups were providing food hampers, while in Plumtree Township, members of the community offered accommodation and food for children who were travelling long distances from surrounding rural communities to attend school in the township. A 31 year old teacher talked of community organized *'dancing galas...community bank account opened...and parents donations to schools'*. School children were also raising funds for their peers. According to a 46 year old school teacher and caregiver, *'children perform arts to entertain at special events and raise money for their colleagues to pay school fees. Currently there is a group that raised money and paid school fees for two of their colleagues'*.

Households, Child-Work and Livelihoods-Seeking Roles and Responsibilities for Children

Children reported that they often supported carers with household chores at home. Most children reported doing more than one chore and these are presented as frequencies in Table 19 below.

Children from rural and urban areas, and of all age groups and gender, did multiple household chores (25.7%), worked in the garden and fields, cleaned and washed, and fetched water and firewood. Boys in rural areas, but not usually girls, were more likely to herd livestock and gather wild fruits for eating than those in urban areas. Girls were more likely to clean the house and wash clothes and dishes than boys. Children considered studying hard as a responsibility to their families. Girls aged 15–17, living in rural and urban areas, were more likely to engage in income generating activities than any other children, such as plaiting people's hair, welding, moulding bricks, 'piece jobs', selling thatch-grass and selling vegetables.

Most orphans did not find work abusive or difficult – they enjoyed doing chores in the household:

TABLE 19 *Frequencies of household and livelihoods chores performed by orphans*

Type of chore	Gender		Area of residence		Age (years)			Total	
	M	F	Rural	Urban	<10	10–14	15–17	Count	% total
All chores	18	18	16	20	4	20	12	36	25.7
Gardening & farming	14	9	13	10	1	10	12	23	16.5
Cleaning & washing	7	14	8	13	–	12	9	21	15.0
Fetching water & firewood	8	8	14	2	1	7	8	16	11.4
Income generation	4	10	8	6	–	2	12	14	10.0
Studying hard	5	4	4	5	1	5	3	9	6.4
Cooking	4	3	3	4	–	3	4	7	5.0
Herding livestock	4	1	5	–	1	4	–	5	3.6
Gather wild fruits	2	–	2	–	–	2	–	2	1.4
Going to grinding mill	1	–	–	1	–	1	–	1	0.7
N/A	3	3	1	5	2	2	2	6	4.3
Total frequencies	70	70	74	66	10	68	62	140	100.0

I like to lessen the burden of work that my mother has to do at home,' (14 year old girl)... 'I also benefit from doing the chores at home,' (14 year old boy)... 'I am happy to assist my grandmother and my ill mother...I do all household chores' (11 year old boy).

Children acknowledged the efforts of carers for example, *'I am not having enough food...but my grandparents try very hard to get us food'* (16 year old boy in Form 3). There were times when children were asked to do things by carers and they did not like it. These included situations such as when they were asked to do work/chores when they were sick; or *'I was asked [by step mother] to dig in the garden on a Sunday when I wanted to go to church'* (11 years old boy); and *'My uncle said I should go and herd cattle when it was raining...and I didn't have a rain-coat'* (10 year old boy and 13 year old girl – double orphan). Other times, children did not like being given *'lots of tasks...hard tasks to do'* when they were hungry or when other children (in the same household) *'are doing nothing or playing'*. Children also did not like it when *'they wanted to send me to the shop and I was playing with friends'* (16 years old boy who ended school in Form 3). Children ascribed a high value to schooling, and complained that

they were sometimes not able to go to school: *'my grandfather asked me not to go to school so that I can assist him to do piece jobs in the village'*.

Other responses reflect the need to educate and train children in gender roles at an early age. For example, some boys did not like *'doing domestic chores because sometimes you will be given a task that is supposed to be done by ladies'*, (17 year old boy -double orphan staying with an uncle)...*'I was asked to sweep the bedroom but I didn't want because I took it that my sister is the one who is supposed to do that'*, (11 year old boy).

The Perception of Basic Needs

Carers and project practitioners were asked to describe what they meant when they talked and wrote about (in reports, for example) the 'basic needs' of OVCS. The questions sought to establish the terms (language) used, and the understanding and perception held of these terms, with a view to draw implications for systems oriented care and support for orphans. The language and meaning attached to these terms is an important factor in determining the nature of the relationship between orphans, their carers and communities, and the broad social support network.

Orphans, carers and practitioners were asked to describe the basic minimum needs that they considered to be comprehensive and adequate for OVC to survive and grow up well. The responses are presented separately and highlighted in Tables 20, 21, and 22. To establish their own perception of basic needs for them, children were asked to identify those needs that present themselves on a daily basis. Children often reported more than one need. In their responses, orphans particularly emphasized those services that were lacking. These were mainly identified and prioritized as follows: (a) food – *'since we are many at home sometimes the food is not enough'*; (b) good clothes – *'so that other boys wont segregate me'* and *'such that I won't look different from other kids of my age'* (11 year old grade 6 girl); (c) education (school fees, uniforms, stationery); (d) good shelter; (e) recreation/play; (f) sanitary requirements particularly soap; (g) to be protected including from stigma; and (h) love and good family environment to grow up in – *'I need someone I can stay with'* (16 year old boy living by himself). The responses suggest that orphans longed to live and to be considered as indivisible from other children, and that deprivation made them feel that they were different and inferior. We shall return to this point about inclusion, invisibility or normality, and exclusion in our concluding chapter

As shown in Table 20, the three common needs frequently identified by orphans in order of priority were food, clothing and education. There were no major differences between boys nor girls and between age groups for the three most commonly identified needs. However, older girls 15–18 years noticeably

TABLE 20 *Priority needs of orphans according reported by orphans*

Basic need	% distribution by age group (years) and gender						% total all orphans
	<10		10-14		15-18		
	M	F	M	F	M	F	
Food	100.0	100.0	100.0	100.0	92.0	95.5	97.2
Clothing including blankets	100.0	100.0	96.0	92.0	92.0	100.0	95.4
Education	100.0	100.0	96.0	88.0	80.8	81.8	88.0
Shelter	0	0	4.0	8.0	23.1	18.2	13.0
Recreation/Play	0	25.0	4.0	8.0	11.5	9.1	8.3
Sanitary (soaps)	0	0	12.0	8.0	3.8	9.1	7.4
Protection	0	0	4.0	4.0	11.5	0	4.6
Family love/ guidance	0	0	4.0	0	11.5	0	3.7
Total count	N=6	N=4	N=25	N=25	N=26	N=22	
(participants)	N=10		N=50		N=48		N=108

prioritized clothing ahead of food and education. With regards to other needs, both older boys and girls aged 15–18 years generally reported shelter more than their younger counterparts. Young girls aged below the age of 10 years, and older boys aged 15–18 years reported recreation or play more than boys and girls in other age categories. Older boys aged 15–18 years reported family love and guidance more often than girls and boys of all other age groups, while girls between the ages 10–14 years and 15–18 years identified sanitary needs and soaps for bathing more than boys and girls in other age categories.

These responses were consistent with the basic needs prioritized by carers and project practitioners as shown in Tables 21 and 22. Follow up analysis indicates that most of the orphans who mentioned shelter were from urban areas.

Carers were asked to identify those needs required every day in order to care and support for OVC. Carers often mentioned more than one need and these are shown in Table 21. The three commonly reported needs mentioned by carers in order of priority are food, education and clothing, including blankets. Older men and women carers generally identified these three needs and other needs overwhelmingly more than their younger counter part carers. Women

TABLE 21 *Priority needs of orphans reported by carers*

Basic need	% distribution by age group (years) and gender								% total all carers
	<30		30–49		50–64		65+		
	M	F	M	F	M	F	M	F	
Food		92.0	67.0	89.0	83.0	86.0	100.0	100.0	87.3
Education		92.0	83.0	93.0	67.0	86.0	100.0	77.0	86.3
Clothing including blankets		83.0	67.0	79.0	83.0	83.0	100.0	100.0	81.4
Health & sanitation		17.0	22.0	18.0	0	33	33.0	31.0	25.5
Shelter		0	33.0	25.0	0	17.0	0	46.0	22.5
Family love/guidance		8.0	28.0	14.0	0	8.0	0	8.0	12.7
Protection		0	0	14.0	0	8.0	0	8.0	6.9
Total count (participants)	N=1	N=12	N=18	N=28	6	24	3	10	
	N=13		N=46		N=30		N=13		N=102

carers in the age group 30–49 years mentioned food more than men carers of the same age category.

Other needs identified included, health and sanitation, shelter, family love and guidance and protection from abuse and stigma. Older women aged 65 years and above, and men aged 30–49 years, tended to identify shelter more than women and men of other age groups. Men aged 30–49 years also generally identified family love and guidance more often than men and women of all age groups. They were no major differences between participants in urban and rural areas.

Participants often broke down some of the basic needs into component parts to emphasize their importance and the level at which they were needed. Educational support, for example, was broken down into school fees (further distinguished as tuition and levy), stationery, and school uniform, and food was categorised as breakfast, lunch and supper.

Practitioners were asked to identify children's needs that were considered by their organisations as necessary for children to survive and grow up well.

Practitioners often mentioned more than one need. The three needs most frequently reported by practitioners in order of priority were food, education (both mentioned by all 23 practitioners), and shelter (mentioned by 18 out of 23 practitioners). Other needs identified included health and sanitation (16), clothing (14), psychosocial support (13), family/guidance (9), recreation/play, protection (4), and identity/birth registration (3).

Unlike carers and orphans, practitioners specifically described psychosocial support to include emotional stability, good mental stability, and participation, sense of security and safety, spiritual support, love, belonging to a family, respect and recognition. When the description of psychosocial support by practitioners is applied, it is important to note that psychosocial support (which also include family love/guidance, and recreation/play) in Table 22, was mentioned a total of 26 times by the 23 practitioners. Practitioners did not always equate family care/guidance and or recreation/play with psychosocial support, and therefore would mention them as if they were separate from psychosocial support.

TABLE 22 *Priority needs of orphans reported by practitioners*

Service/need	Practitioners				Total count	Total %
	M (Count)	% M	F (Count)	% F		
Food	14	100.0	9	100.0	23	100.0
Education	14	100.0	9	100.0	23	100.0
Shelter	11	78.6	7	77.8	18	78.3
Health & sanitation	8	57.1	8	88.9	16	69.6
Clothing	7	50.0	7	50.0	14	60.9
Psychosocial support	5	35.7	8	88.9	13	56.5
Family/guidance	6	42.9	3	33.3	9	39.1
Recreation facilities/Play	3	21.4	1	11.1	4	17.4
Protection	2	14.3	1	11.1	3	13.0
Identity/Birth registration	1	7.1	2	22.2	3	13.0

The responses demonstrate that psychosocial support was in fact considered as a major need for OVC.

A comparison of the ranking of prioritization of services between orphans, carers and practitioners in Table 23 show that unlike carers and project practitioners, children did not mention health as a priority need for them, perhaps because they were in good health at the time of the study and therefore it was not an experienced and felt need at that time. Practitioners also specifically mentioned psychosocial support which was not mentioned at all (in this language guise or its equivalent in local dialect) by carers and orphans; this suggests that psychosocial support as described by practitioners was an aspired need on the part of practitioners but not a felt need on the part of orphans and carers. The meaning of the term ‘psychosocial support’ appears not to have

TABLE 23 *Prioritisation of needs compared: orphans, carers and practitioners*

Service/ need	% of total reported frequencies for each category of participants			Order of ranking/priority for each category of participants		
	Orphans	Carers	Practitioners	Orphans	Carers	Practitioners
Food	97.2	87.3	100.0	1	1	1
Clothing including blankets	95.4	81.4	60.9	2	3	4
Education	88.0	86.3	100.0	3	2	1
Shelter	13.0	22.5	78.3	4	5	2
Recreation facilities/Play	8.3	0	**17.4	5	n/a	7
Health & sanitation	7.4	25.5	69.6	6	4	3
Protection	4.6	6.9	13.0	7	7	8
Family/ guidance	3.7	12.7	**39.1	8	6	6
Identity/Birth registration	0	0	13.0	n/a	n/a	8
Psychosocial support	0	0	**56.5	n/a	n/a	5
	N=108	N=102	N=23			

** All these are by definition categorized as psychosocial support

been known or understood by orphans, unsurprisingly, and carers, also unsurprisingly; as well as some practitioners, more of a surprise, who mentioned it separate from recreation and family love/guidance. Carers did not identify recreation and play, which was mentioned by children and practitioners. Children and carers did not mention identity/birth registration, which was mentioned by practitioners, and yet four of the orphans who participated in the study reported that they were not in school because they did not have birth certificates. A summary of the comparison in Table 23 shows that practitioners did not prioritise clothing and blankets, and yet these were a major priority for children (even more than education), the absence of appropriate clothing being associated with social exclusion and stigma. Children often felt different from their peers or shunned if they wore torn clothes or did not have shoes at school.

People in Zimbabwe we talked to who were not part of the research population continue to describe themselves as 'orphans' long after they are no longer children; such people are not included as orphans in this study. All participants referred to as 'orphans' are children and young people below the age of 18 years who have lost one or both parents consistent with international UNICEF definition, also adopted by the Government of Zimbabwe, and in all countries in Southern Africa.

Carers and practitioners often described vulnerability in more than one way. As depicted in Table 24, the frequencies with which different categories of definitions were mentioned indicate that the three key descriptions considered by carers to be defining vulnerability were: (a) being deprived of basic needs, mentioned 43.6% of times by carers, (b) a weakened child support system, mentioned 28.6% of times by carers, and (c) orphan hood, mentioned by 11.4% of the carers. A comparison between the responses of carers and those of project practitioners indicate that the understanding of vulnerability was not always the same. Project practitioners prioritized the following descriptions as defining vulnerability: (a) weakened support systems, mentioned 8 times out of 25 (32%), (b) child protection requirements, mentioned 5 times (20%), (c) orphan hood and deprived of basic necessities, each mentioned 4 times (16%). Orphan hood was not most commonly described as typifying vulnerability among carers and practitioners alike. Consistent with existing literature, this finding shows that while it is a significant factor, orphan hood is not always a measure or sole measure of vulnerability. Participants at the Global Partners Forum on Children Affected by HIV and AIDS held in Dublin in 2008 (UNICEF, et al., 2008) heard that orphan hood was not necessarily a predictor or indicator of vulnerability for children; it is therefore important to identify and support all children in need, indiscriminately, regardless of the HIV and AIDS

TABLE 24 *Definitions of vulnerability: carers and practitioners*

Category of definition	Frequency mentioned (times)			
	Carers	% of total carer reports	Practitioners	% of total practitioner reports
Deprived of basic necessities	61	43.6	4	16.0
Weakened care and support system	40	28.6	8	32.0
Requiring child protection	5	3.6	5	20.0
Orphan hood	16	11.4	4	16.0
Physical condition of child	3	2.1	3	12.0
Gender of carer	9	6.4	0	0
Child headed household	6	4.3	1	4.0
Total	140	100.0	25	100.0

status within their families and/or orphan hood status. In their definition of vulnerability, practitioners applied expert language such as ‘child in difficult circumstances...child at risk according to the Child Protection Act...children whose well being is compromised’.

Vulnerability is often understood to be defined in terms of risk assessment—the probability that a child will be deprived of a basic need, while deprivation is the absence or lack of basic needs often for a long period of time. In our study, 43.6% of carers and 4 out of 23 project practitioners defined vulnerability as deprivation, despite having the generally accepted understanding of deprived children as ‘*children with unmet/unfulfilled needs*’ – physical, emotional, spiritual and social, ‘*regardless of whether parents are surviving or not*’. This was linked to a weakened immediate care and support system such as a child living in a household in which surviving parent, guardian or carer was unemployed, chronically ill or was an elderly person who ‘*are no longer able to look after them...with no source of income*’ (70+ year old grandmother). The emphasis on failure to meet basic needs, and not the risk or probability that basic needs would not be met, shows that carers did distinguish risk

(vulnerability) from actual deprivation as a result of the generality and sustained nature of deprivation.

An unusual definition of vulnerability mentioned by carers and not by practitioners was that of gender of carer described as, '*particularly girls staying with male only carers...because most fathers cannot give motherly care*' (33 year old female guardian). Some men concurred, that:

'It is not easy to raise children alone as a father because I am not always there for my children. My mother is giving me help. I am surviving on illegal gold-panning and the police are sometimes chasing us away' (34 four year old widower). Eight of the nine children who reported having been abused were being looked after by a male and largely elderly person (five with grandfathers, two with uncles, and one with their father).

On the other hand, the absence of fathers was also argued to be a cause of vulnerability because '*fathers traditionally are the ones to fend for the family*' (fifty four year old widow living with five orphans).

'It is not easy to raise children as a single parent. Boys in particular don't respect you and they don't even listen to your advice' (forty two year old widow)...'*children who are older don't respect you. You try to explain to them the dangers which are there in life but they don't listen'* (fifty four year old widow living with six orphans).

A vulnerable child can be described as one who is deprived consistently over a period of time or at risk of being deprived of basic needs and rights regardless of whether parents are dead or alive; and requiring protection from harm and abuse as a result of them living within a weakened immediate (family/household) support system or environment that can no longer cope to provide them with basic needs. This definition does not acknowledge that children with no services are worse off than those at risk of losing services, an unfortunate failure of separation in policy terms.

Practitioners were asked to describe conditions that they perceived to be predisposing children to vulnerability, while carers were asked to describe how they were perceived by community members in their capacity of caring for OVC. Responses to these questions, together with responses by carers to the question that requested them to talk about any other issues that they wanted to share with us, pointed to the following as factors that determine vulnerability of orphans and carers:

- (a) diseases: practitioners emphasized HIV and AIDS
- (b) orphan hood: unprecedented numbers of orphans
- (c) poor household/family parenting and social conditions, characterized by neglect and abuse of children, overcrowding, and to a lesser extent step parenting, and child delinquency
- (d) economic collapse: both carers and practitioners referred to economic conditions typified by hyperinflation, unemployment, economic migration, and poverty. Carers specifically lamented that their income generating projects were no longer viable; for example, in the words of a 47 year old widow of 3 children, *'a club exists which used to brew beer for selling, but as it is now, customers cannot afford to buy'*. The collapse of the economy had also led to the collapse of the service delivery system
- (e) political violence and polarization: The political environment was characterized by polarization, and politically enforced displacement.
- (f) bad governance and unaccountability: depicted by corruption and bad Government policy choices
- (g) stigma and discrimination: some carers indicated that they felt being stigmatized by members of the community who had negative attitudes towards them. In particular, young widows felt that married women did not trust them with their husbands; they were often being labeled as HIV positive on the basis of suspicion that their husbands had died of AIDS. Orphans also felt stigmatized on the basis of their poor clothing, as did:

physically impaired children
 children living in households without an adult carer, and
 children living in households with male only carer.

These responses were consistent with the widely publicized media reports on the situation in Zimbabwe at the time of the study. The media also specifically pointed out the food crisis, the banning of aid organisations from supporting poor communities in Zimbabwe, the politicization of food aid, child abuse, a collapsed basic service delivery system (health, education, water and sanitation), political violence, corruption and bad governance, as key factors of vulnerability.

Carers and project practitioners were asked to describe what constitutes adequate care and support for orphans as a way to establish their understanding of comprehensive or holistic care and support. There was a consensus that comprehensive support for orphans entails fulfilling all their needs, both physical and psychosocial. Carers and children often broke down some of the basic needs into component parts to emphasize their importance and the level at which they were needed. This indicates that comprehensive services for OVC

should not be generalized, but should also be defined for specific service areas or basic needs.

The combined responses from carers and project practitioners are categorized as follows:

- (a) *'All inclusive, at least holistic'* (Monitoring & Evaluation specialist). The *'children need education, health, clothing, food so that they don't feel the pain of being orphans'* (76 year old grandmother), and *'all these things together make the child grow up well'* (31 year old carer).
- (b) Project practitioners described it as *'covers all basic rights such as education, protection from abuse, health delivery, right to play and food and shelter...both social, physical, mental...in recognition of the children's rights'*.
- (c) Reintegrating or rehabilitating: In the case of children on the streets or who had run away from home for whatever reasons, comprehensive support, in the words of a 48 year old social worker entails *'full support for reintegrating the vulnerable child into the community'*. Others described it as,

...reuniting the children with their families....building in the child, a sense of belonging or of being part of a 'normal community' and family...the child should be imparted with an understanding of their rights and responsibilities to themselves and their family and community.

- (d) Entrenching values and principles: Such support should result in a child conforming to a set of religious or cultural value systems, norms, social rules or obligations. In addition, service providers would, for example, adhere to the *'Christian concept of unconditional support to the needy'*.
- (e) Home based and palliative care for children in terminal illness. This was indicated to mean that *'spiritual, physical, social, mental needs must all be met at any given time'*.
- (f) Sufficient all the time *'and provided in a balanced manner'*.
- (g) Complimenting other services such that *'the child receives enough of what they need every day'*.
- (h) Dignifying support – which as summarized by a 45 year old widow, *'support being provided in a way that children and carers do not feel pitied or less human'*.
- (i) Project practitioners used technical words to describe comprehensive support such as *'covering welfaristic and protection issues...seeing to it that*

social and psychological needs of children are met, being at a balance' (24 year old social worker).

Carers called on service providers to provide comprehensive support, noting for example, that:

'Children need clothing, food, love and protection so that they won't feel that they are orphans (76 year old grandmother)...ngos should offer full support to the ovcs in the community (82 year old great grandmother)...support should not only focus on children when they are going to school. They should also support them after they complete school – give them career opportunities such that they can look after themselves (67 years old grandmother)... orphans should be assisted to secure jobs after school', (70 years old grandmother).

Carers also called on the Government to resume social welfare grants for the elderly that were provided in yester-years;

'...so that we can look after ourselves and the ovcs without looking for assistance from ngos' (81 year old grandfather looking after 2 OVCs)...years back it was easy to access health care, food and education assistance for ovcs without any problems' (76 year old grandmother).

There was a declared wish that all the children in need should be supported, regardless of HIV and AIDS status:

'All orphans should be given assistance because some people died of aids but were not necessarily registered/ recorded with [name of aid organisation given] as having died of aids (32 year old widow)...the orphans should not be grouped according to whether their parents died of aids, or those without fathers and those without mothers. An orphan is an orphan!' (82 year old great grandmother).

The descriptions provided by carers and practitioners, in summary, indicated that comprehensive care and support for OVC is all inclusive, nondiscriminatory and dignifying service delivery covering all basic needs and rights of children in a balanced manner including those of a psychosocial nature, and available in sufficient quantities and quality all the time. It includes imparting values and principles on OVC, palliative care for the terminally ill, integration of OVC within family environment, and social protection of OVC and their families.

A Holistic Approach to OVC Support

When asked to outline conditions that they perceived as necessary for comprehensive or holistic support to be provided, project practitioners identified several factors as follows:

- (a) A conducive environment in terms of social support system, political inclusiveness and economic capabilities. This was not present in Zimbabwe at the time of the study. The Zimbabwe Times online of 28 September 2008 entitled 'Residents take Chihuri (Zimbabwean Police Commissioner) to Court over Food' reported how 'A Government ban on the operations of NGOs published in a June edict has spawned severe food shortages and starvation among both urban and rural communities'. Due to the highly publicized economic meltdown in Zimbabwe, with inflation reported by The Zimbabwe Times online of 6 October 2008 to have shot to about 531,000,000,000% (531 billion), coupled with drought and a ban on food aid distribution, it had become difficult for people particularly the elderly to depend on their traditional livelihoods. This is summarized in the words of an elderly 76 year old grandmother:

I used to brew traditional beer for sale but now since there is drought, the inputs are not there. Even if I get the inputs, at my age, I cannot do it every day'. With regards to political support, one respondent remarked 'the local authorities play a major role because for any ngos to operate in the area, they should first see the council to be granted permission'.

In addition, an enabling policy framework, such as the availability of minimum service standards that could be enforced/promoted and the 'Government commitment to favourable policies' was considered critical. Citing an example of his experiences, a 40 year old Director suggested that it is necessary to have:

...children's policies that obligates service providers to ensure that they provide the required minimum services for children. For example, in Mozambique, organisations are obligated to ensure at least 6 services are given to a child. This does not necessarily mean that this should be done by one organisation, but ensuring that there are other partners who will complete the service [requirements].

- (b) Adequate funding and resources and equitable distribution of humanitarian support: As a result of the ban on NGOs together with targeted

sanctions on the ZANU PF Government, funding for aid had dwindled in Zimbabwe at the time of the study.

- (c) Absence of stigma: some caregivers were self-stigmatizing. An 82 year old great grandmother lamented that:

‘God gave me punishment. I raised four grandchildren when my son and his wife died- they are now grown up people with their own families. Then now, I have these great grandchildren (three of them) left after two of my grandchildren died. It is not easy to raise orphans at my age.’ Such cases also highlight the pain and challenges that older carers were going through often with little or no external support. A 34 year old widow described how:

‘In my case, I don’t want my children to grow up knowing that they are orphans when I am still there for them. I should offer them the same support like when their father was still alive although this is tough for me.’

- (d) Commitment of all stakeholders: In particular, participants pointed out that communities should understand their obligations to orphans.
- (e) Understanding of child rights and equality: Participants called on society to recognize that children have rights and they are all born deserving of dignity. According to one respondent, this includes *‘parents who know their children and are excited to see their growth...adding that) a very supportive family will enhance child growth.’*
- (f) Functional management systems: Participants gave examples of effective monitoring and evaluation, coordination and service delivery operations as key components of a system’s capability to provide comprehensive support.
- (g) Community based approach: supportive family structures should be available for the child including *‘strengthening the extended family support system.’* NGOs were required to *‘visit the ovc’s at home and offer career guidance and counselling because some ovc’s are misguided – they lack respect particularly when they stay with older people’ (65 year old grandmother).*
- (h) Fostering child participation: giving children space to participate fully in activities that concern their lives. Carers highlighted the need to provide skills for OVC required to secure household livelihoods and to equip them for gainful employment and entrepreneurialship in adult life.
- (i) Social security and protection: having in place effective social safety nets and support systems that guarantee social security for children.

- (j) Centred on sustainability: Participants noted that care and support could be considered comprehensive and holistic if it ensured continuity of sufficient services for the child. In addition such support should be responsive to the evolving needs of the child. Further, participants also argued that support should be acceptable to the communities and the child.
- (k) Network of service providers: comprehensive and holistic care and support required the presence of a strong network of service providers who collaborate and coordinate their services to ensure adequate capacity and support for the child. Participants suggested that service providers should constitute themselves into joint service delivery partnerships, such as *'networking with Government institutions such as Department of Social Services, Zimbabwe Republic Police, etc. in identifying orphans'*.
- (l) Informed by needs assessment: Practitioners acknowledged that it was also important to *'find out the need first'* or establish the situation of OVCS, and highlighted that this could be done through conducting home visits, conducting research and monitoring activities at community level, and setting up and maintaining community information data bases and management information systems for OVCS at community level, to improve the effectiveness of support and to minimize subjectivity and corruption.

When asked to demonstrate the ways through which their organisations were providing comprehensive care and support to orphans, project practitioners highlighted the coordination of support for complementarity between organisations. According to a 42 year old District Education Officer, the *'Ministry of Education Sports and Culture normally coordinates support given by NGOs like UNICEF, World Vision, SNV in the district'*. However, the study showed that such coordination was very weak in practice – only one project practitioner indicated that his organisation referred children to other service providers. Even this claim of comprehensive support appeared to be largely hypothetical:

As an organisation we do provide support which covers all the 6 basic services. However, working through local partners means that some (of the partners) limit their support to one or two services. We do however try and help to link (our) partners to other partners providing the other services which they may not be providing. So yes to a large extent although with some limitation because of our support strategy and our partners of choice, Faith Based Organisations who tend to specialize in providing one or two support interventions.

They also emphasized needs based support, summarized in the words of a practitioner who described that aid organisations *'provide assistance based on need, that is pay (school), fees but look at other needs as and when they arise such as medical care/groceries'*; together with the reintegration/rehabilitation of children. According to a 48 year old social worker, *'children living and working on the streets are given equal opportunities to reintegrate them in the society'*. A 44 year old programme manager suggested that *'providing psychosocial support to the traumatized children brings them back to life to live the same way every child with parents are living'*.

Other participants indicated that they were providing all the needs. A 41 year old project officer claimed that *'we are providing both home based and palliative care to children. We address such needs as physical, social, spiritual, mental as well as nutrition education'*. A Director of a boarding house for boys indicated that his organisation was *'providing all necessities every month...'*

Good Intentions, Poor Practices and Communication Challenges

There was a significant gap between what the practitioners wished to be done to deliver comprehensive services for OVC, and what was being done in practice. OVC were far from receiving comprehensive services. The reasons for this were, as summarized by one project practitioner, *'the current economic condition and the dollarization (of the economy) is making this (comprehensive support) impossible'*. Only 5 out of 23 of the organisations represented by participants were said to be making efforts to provide 'all the services', and only one organisation was reported to refer children to other service providers to get services that they did not provide. According to a Government Social Worker, *'there is inadequate assessment such that many organisations support the same children whilst other orphans are not covered'*.

The story telling interview guide elicited responses from orphans and carers that enabled a better understanding of who the children really are, and what they value and aspire for in comparison to what adults and service providers consider to be and to want. The responses suggest that OVC programmes and carers do not often have a good understanding of children. Using the story telling guide, the study elicited the extent to which orphans and carers shared their needs and challenges with others within and outside their families and households. Like carers, orphans generally did not share the challenges that they faced, and often did not seek for support when they needed it.

Orphans were asked to recall and narrate situations during which they were hurt or needed something important to them, but they could not communicate these to anybody. The question sought to measure the extent to which orphans were prepared to seek support when they needed it. All 108 orphans had hurtful experiences that they did not talk to anybody about. These included identifying material and emotional resources that they needed and wished for most. We highlighted the most hurtful situations faced by orphans that they kept to themselves, for different reasons, according to circumstance:

- (a) Dropping out of school: According to a 16 year old out of school girl who ended in Form 1, the most hurtful experience she could not share with anybody was *'when my mother failed to pay for my school fees'*. All 11 children who reported dropping out of school indicated that this was the biggest disappointment of their lives, demonstrating that given a chance, children would rather be in school;
- (b) The death of parent(s): was among the most hurtful things in children's lives that they mentioned but found it difficult or were reluctant to elaborate on. This confirmed the view that children who experienced the death of a parent required special bereavement counselling services to help them communicate their feelings;
- (c) Experiencing sexual and other forms of abuse: In the words of an 18 year old girl in Form Three (double orphan staying with grandmother), *'it was when my step father raped me, but I didn't tell mum because I knew she would not buy that kind of story'*. A 7 year old boy narrated how *'my father when he was alive...he used to beat us and our mother but I did not talk to anybody about it'*. A 17 year old double orphan living with an aunt reported that *'my cousin used to beat me but I didn't tell auntie because I suspected that she would accuse me of wrong doing as well'*. According to an eleven year old girl, *'we were alone at home and we prepared super for everybody and then my cousin ate all the meat by himself. We slept without eating'*.
- (d) Abandonment by parent(s): For example a 16 year old boy, a maternal orphan staying alone, told us about *'when my father lost interest in me and abandoned me – I didn't tell anybody about it'*.
- (e) Disposal of things the children valued and owned or perceived as theirs without their consent: Children were hurt when for example *'my grandmother sold my goat (inherited from deceased parents), but there was no one I could tell because she had used the money to buy mealier-mea'* (10 year old boy -double orphan). A 14 year old boy told of how he was very hurt *'when my father sold one of my late mother's cows'*.

While children did not communicate their needs, carers and practitioners noted that children's participation in identifying their needs was key to the success of the care and support resources they received. Some carers and project practitioners underscored the need for the involvement of children in care and support efforts targeted at them. In the words of a 44 year old counselor and guardian:

Orphans want to be listened to with attention and understanding. They want to be allowed to express themselves...they want time to rest and play... they want to be treated as human beings not as animals...they must be respected as they have dignity like everyone...they must grow up healthy with enough food, decent clothes and a comfortable home.

Children had genuine reasons why they did not communicate their needs and challenges. Compelling reasons were given by children on why they did not communicate hurtful experiences or their needs and wishes. The four most commonly reported reasons include: the perception that they will be troubling carers if they demand certain things because they knew that the carers did not have the money. Children also reported that they knew that their carers were going through difficulties trying to fend for them and did not want to compound their burden. According to a 16 year old girl, this included even, *'when I was sick and I needed some pills. I did not talk because I knew grand-mother had no money'*. In the case of a 9 year old boy *'there was no food for supper but I didn't ask grand mum because I knew there was nothing she could do about I'*. Others, represented by the words of a 17 year old young woman, reported that *'I wanted books but I didn't tell her because this year there is drought...the money that she might find will go towards buying food'*. These findings pointed to the notion of 'The Noble/Saviour Child who made sacrifices for the good of others' (Sorin, 2005:14) and that of 'The Agentic Child' (Corsaro, 1997), rationale beings who understood what happened in their lives and milieu and deserved to be consulted on decisions that affected them. Other children and young people also feared being punished by the carers/guardians; and from experience, they would know that the carers would not do anything about their communication. In the words of a 13 year old girl (double orphan), *'a family relative asked me out but I didn't tell grand mum because she won't listen to that'*. Finally, we identified responses which can be summarized as a fear of being blamed: *'I was beaten by an electric cord, then my head became swollen, but I couldn't tell anyone because everyone at home was saying I was wrong'* (14 year old boy).

OVCS Aspirations for the Future

When asked to share their visions of the future, all children reported positive hopes, ambitions and optimism about the future regardless of the restraining conditions that they were going through at the time of the study. These contradict common societal or adult perceptions of the defining features of being a 'child': that they do not know what they want in life and should be told what to do by adults. But it was not easy being a carer of orphans. One adult, a 45 year old widow, argued that *'orphans are prone to becoming delinquent – not respecting me as a single parent'*. A 63 year old grandmother looking after her terminally ill daughter and two grandchildren told us that, *'young boys need a lot of counselling when they stay with grandparents because they tend to just do whatever they want'*.

As shown in Table 25, all orphans had strong aspirations classified as finding jobs and being successful; successfully completing school; being able to look after family members (grandparents, mothers, siblings, other community members in need), including a girl who aspired to being 'President', and *'have family of my own'*. Children's aspirations to be employed did not differ much by age, gender, or whether they were in rural or urban areas. However, more girls and young women than boys in the age categories 10–14 and 15–17 years, mainly living in rural areas, expressed a desire to be married and have their own families. A greater proportion of children in urban areas, mainly those aged 10–14 years, expressed a desire to complete school. Rural young children (distributed fairly equally between boys and girls) in the age category 10–14 years, aspired to look after others (mainly siblings, parents and grandparents) when they became adults. This further demonstrates that the needs and aspirations of OVC were not always uniform across place of residence, age and gender, yet service providers often provide general services to all children, finding it difficult to have topical policy interventions, targeted at specific people and the particular needs and aspirations of individuals.

'I want to finish school up to university and become a manager...and look after my grandmother and my mother'; (11 year old boy); 'I would like to be a nurse and look after my young sister and have a family of my own'; (13 year old girl); while 'I hope I will be in a position to look after myself after completing school. I want to pay back my grandparent for taking care of me after my parents died' (18 year old boy - double orphan).

All children knew what to do to achieve their goals. The two key determinants to success singled out by orphans were, first, working hard at

TABLE 25 *Aspirations of orphans*

Type of aspiration	Gender		Area of residence		Age (years)			Total	
	M	F	Rural	Urban	<10	10–14	15–17	Count	% total
Successful with a good job	44	40	43	41	8	38	38	84	41.2
Successfully complete school	33	31	25	39	7	34	23	64	31.4
Take care of others	17	16	23	10	1	18	14	33	16.2
Married with own family	6	14	12	8	–	8	12	20	9.8
Be president of the country	–	1	1	–	–	1	–	1	0.4
N/A	2	–	2	–	–	2	–	2	1.0
Total frequencies								204	100.0

school *'even though I do not have enough school material'* (9 year old boy). As shown in Table 25, studying hard in school was perceived as a responsibility to the family. And, second determinant, being obedient, respecting and listening to their carers, particularly grandmothers and mothers. Orphans identified parents, guardians, teachers and NGOs among those whom they expected to support them to realize their dreams. The story telling guide elicited rich descriptions of personal lives of carers and orphans, in keeping with some strong African indigenous oral story telling traditions.

While project practitioners acknowledged that orphans needed comprehensive services, with a few exceptions, their organisations provided only one or two of those needs. The twenty three project practitioners identified the specific services provided by their organisations as shown below.

Psychosocial support, food and education appeared to be the most common needs of orphans provided by organisations in Zimbabwe. Psychosocial support was the most common service provided by aid organisations, and yet, it

TABLE 26 *Services provided by aid organisations reported by project practitioners*

Type of service/basic need	Number of organisations
psychosocial support	8
Food	5
Education	5
all basic needs	5
Shelter	3
Health care	2
Clothing	1
protection from abuse	1
Referrals	1
Total count	31*

* – some organisations were reported to be providing more than one service

was not mentioned as being experienced by children and carers, nor associated with the work of NGOs.

Care and support for OVC was reported to be inadequate and not reaching all children in need. Responses from carers also confirmed that aid organisations '*are only providing a small fraction of the children's needs*' (46 year old female guardian) which, '*may be due to the high cost of living*'. An 82 year old great grandmother lamented that '*the assistance is little because we are asked to pay levies at school and the ngos only pay tuition fees*'. But as summarized by a 47 year old widow looking after 3 children:

Money is a problem here in the rural areas. So if ngos decide to pay school fees, they should pay the whole school fees because it's no use to pay only tuition fees, which is too little, and expect us to pay the levy which is very high and more than tuition fees. At the end of the day, the child will be chased away from school for not paying the school levy.

These sentiments demonstrate that support for OVC was often ill-thought through, with NGOs hitting targets which were worthy but adding little to people's welfare.

Food, Education and Clothing and Happiness: What OVCS Really Needed

Table 27 shows that lack of food was the most reported of all the things that made orphans unhappy, followed by not going to school, lack of basic needs, abuse by carers and abuse by peers. Tables 20, 21 and 22, also show that food was the number one priority need for children as indicated by orphans, carers and practitioners. Yet it was prioritized by only five of the twenty three organisations that were represented by practitioner participants. As shown in Table 20, orphans under the age of 10 years were most likely to mention food as a priority than their older counterparts although the difference was minimal. Hunger was a major source of unhappiness for children in Zimbabwe at the time of the study: *'sometimes there won't be any food to eat at home'* (9 year old girl)..., *'food is a problem'* (7 year old girl), and *'food is always a problem'* (15 year old boy). These responses were also confirmed by several media reports. 'The Standard' online newspaper of 25 October 2008 reported that 'a 15-year-old boy from Lower Gweru choked to death after swallowing a nut from a wild fruit as reports of villagers surviving on tree leaves, roots and wild fruits intensified throughout the country'. During field interviews, children reported of *'times when we sleep without eating'*. 'The Zimbabwean' online of 4 September 2008 quoted a 70 year old woman saying *'This fruit has become our staple food. We don't have mealie-meal [maize-meal] and our vegetable gardens have been overwhelmed by the daily demand, leaving whole villages in this area to depend on wild fruits'*. 'The Zimbabwe Times' online of 21 November 2008 carried a report on how 20 people had died of starvation in Masvingo province. These responses, together with media reports, were consistent with UN estimates which confirm the lack of food for the general population in Zimbabwe at the time of this study.

Forty one children had primary school education, sixty four had secondary school education while three had no education at all. Ninety seven children were currently enrolled in school at the time of the survey while eleven had either dropped out of school or had never enrolled. Among those out-of-school, five had 'both parents dead' and another five had 'father only dead' and one did not indicate orphan hood status; two were being looked after by the mother, five by grandparents, two by auntie and the other did not indicate. Most of the children who were out of school were staying in households of more than four people. The main reasons for orphans not being enrolled in school at the time of the survey included: *'I don't have a birth certificate. My mother also doesn't have a birth certificate'* (7 year old); and *'I stopped going to school when my uncle failed to raise money for school fees... I am raising myself working as a herd boy'* (thirteen year old double orphan

TABLE 27 *Orphans views on their sources of unhappiness*

Reason for being unhappy	Reported frequencies by age group (years) and gender					
	<10	10–14	15–18	M	F	Total
Lack of Food	3	12	11	14	12	26
Not going to school/no teachers and school materials		1	10	6	5	11
Life is tough/daily needs to guaranteed	1	5	3	5	4	9
Bullying from peers and at school		5	2	2	5	7
Abuse by carers		5	2	4	3	7
No good clothing		1	2	2	1	3
Stigma			2		2	2
Total count (frequencies)	N=4	N=29	N=32	N=33	32	N=65

who had ended school in Grade 6). While responses suggest that most orphans were in school, media reports indicated that next to no teaching had taken place as teachers were on strike for the entire year. Calling for national school examinations to be scrapped, a leader of the Progressive Teachers' Union of Zimbabwe (PTUZ) was quoted in NewZimbabwe.com online news on 9 October 2008 saying, 'For the record, there was no meaningful learning and teaching in 2008 and all examination classes are not prepared'. According to a 44 year old care giver, education was particularly important and '*children must be given the opportunity to make the best of themselves through education*'. Even in cases where education support was provided, it did not include everything required for children to learn effectively. Stationery, for example, was said to be very expensive and yet it was not being prioritized as part of educational support.

Tables 20, 21 and 22 show that clothing was a major concern for carers, orphans and practitioners. Orphans described how they wished to '*look like other boys...girls of my age*' (fifteen year old boy). Children with torn school uniforms or without school uniforms often felt inferior to other children at school. In the words of an 18 year old double orphan, in Form 3, living with grandparents: '*At school, other children segregate me because I will be wearing an old uniform*'. There was also concern raised by carers that even in cases

where education grants were being provided in the form of school fees, lack of support with school uniforms was a major concern for them.

A total of nine children (six girls and three boys) reported having been abused, with four of them, all girls, having been sexually abused. Four were aged between 10 and 14 years, and five were aged between 15 and 17 years. Of those who reported having been sexually abused three had *'both of the parents dead'* and one had *'mother only dead'*. Five of the nine children who reported having been abused also had *'both parents dead'*. Two of the sexually abused girls were aged between 10 and 14 years and the other two were aged between 15 and 17 years. Eight of the nine children who reported having been abused were being looked after by a male and largely elderly person (five by a grandfather, two by an uncle, and one by their father). Children who were abused also tended to come from large households of at least five people and more. This is consistent with responses from carers that suggested that children whose primary carers were men were more vulnerable than those whose primary carers were female. The Zimbabwe Times of 8 October 2008, confirmed that as a result of hunger and starvation in the Midlands province, children as young as 12 years had *'turned to prostitution in a desperate bid to get food and money'*. In the same news report, a 15 year old girl was quoted as saying, *'The truck drivers give us 20 kg bags of mealie meal after sleeping with them. There is nothing we can do because we need to get food and if we don't, we will die of hunger'*.

Abusive guardians were also a source of sadness for some children. A 13 year old girl (double orphan) spoke sadly about how *'my grandmother always shouts at me...she always say that if my parents were not promiscuous, they would be alive...because of grand mum's moods, I am always sad when at home. I only enjoy when I come to school'*. Others such as an 11 year old boy reported that his *'step mother is abusive and she gives me some hard tasks to do. If one refuses to do the tasks, she gives little food'*. Other times, *'my grandmother gives me hard tasks to do. I get sad when my grandmother sends me to fetch water from the borehole. I will be spending the whole day there since they is always a long a queue'* (7 year old boy from Mabvuku town-ship). Others reported how school bullies made their lives miserable at school and also as put by an 18 year old girl (double orphan) how, *'at school, other students discriminate against me because I will be wearing an old school uniform'*. Some carers identified child protection from abuse as a major priority: *'children must be protected from all forms of abuse... must not be given hard work, and should work for fewer hours than adults'* (44 year old care giver).

To establish the general state of their psychosocial wellbeing, orphans were asked whether or not they were happy at the time of the study. Two thirds (74) indicated that they were generally happy despite numerous problems and

about a third (34), were not happy at all. Of the eleven children who were out of school, ten reported that they were not happy at all. Seven of the nine children who reported having been abused were also not happy at all at the time of conducting the interviews. When asked to describe memorable moments and things that made them happy, the common things that orphans mentioned include:

- (a) going to school with all necessary things
- (b) receiving presents from family members. Several children mentioned birthdays and birthday presents as memorable moments that brought happiness.
- (c) just having the basics such as enough food, shelter and being healthy; the most memorable moment for a 9 years old, grade 4 boy was when: *'there was a party in our neighborhood so there was plenty of food, music and drinks'*
- (d) knowing that they did not have HIV and AIDS; a 14 year old Form 1 boy, said he had his happiest moment:
...when I went for an hiv test and I was found to be negative. I am healthy. There are others of my age who are sick. I have my brothers who are on arv... and my mother and grandmother also.
- (e) personal achievements and play: *'I was happy when I scored while playing soccer for my school'* (12 year old boy)
- (f) having someone to share and rely on when they have problems; and
- (g) visiting or being visited by relatives.

When asked to tell the things that got them sad (unhappy), orphans described several situations: lack of food and basic needs, not going to school or not having uniforms and stationery, living with abusive guardians, school bullies, being stigmatized and discriminated, and being asked to do difficult tasks/work. In the words of a 38 year old widow of three children, labeling OVC resulted in their stigmatization: *'children should not grow up knowing that they are orphans. It affects them mentally'*. In Table 27 orphans described how they often got sad thinking about their deceased parents and *'the things they used to do for me... I am not happy because I do not have a father and life is not easy since my mother is struggling'* (13 year old Form 1 girl).

Table 27 shows that there is a close relationship between psychosocial well-being and access to basic services such food, health care, clothing for OVC. As noted in Tables 20, 21 and 22 on priority needs, psychosocial needs such as recreation and play, counselling, love and family belonging, and child protection related services were generally at the periphery of services prioritized by

carers and children, probably because of the excessive deprivation of other basic physical and immediate needs such as food and health. Practitioners, however, consistently identified psychosocial support as a priority which, unsurprisingly, was also most commonly being provided by aid organisations.

Other services that were identified by the study to be associated with psychosocial wellbeing of children were:

- (a) Family love and care: As shown in Tables 20, 21 and 22 orphans, carers and practitioners mentioned family environment and love among the needs they considered basic for orphans. Having a family and relatives was also among the things cited by children as bringing happiness to their lives. Specifically, this included *'I am happy that I have a family that cares for me'* (17 year old girl), visiting relatives and meeting surviving parents who do not live with them, and receiving presents from family members and relatives such as on their birthdays. Summarized in the words of a female school teacher, who was also a foster parent to an orphan, and a 36 year old guardian:

Children need to grow up in a well-organized and nurturing family environment. They need moral support and protection (and) must not be shown that they are disadvantaged...These children want to be accepted in the community, and they need our love.

According to a 45 year old Social Worker:

every child has a relative somewhere who can look after that child with support from aid organisations and Government...orphans originate from communities, therefore community based approaches work best with orphans and are cheaper than institutional approaches.

Children needed to *'belong to a family, community and country'* (44 year old volunteer care giver).

- (b) Life skills: Respondents noted that orphans must be taught life skills including vocational skills so as to be self-reliant and to withstand difficulties. In the words of a 63 year old grandfather:

Children must be taught about aids and hiv because it is the root of all these problems. We are left behind, we the old ones to look after our children's children after they have all died. Another thing is the political

situation in our country and drought which is making it difficult for us to support the ovc.

This was reiterated by a 70+ years old grandmother:

Children should be told about the dangers of adult life such as aids... (particularly because) there are so many orphans in this area as a result of aids.

- (c) Recreation and play: Tables 20 and 22 indicate that orphans and practitioners mentioned that recreation and play were important needs for children. This was not among the priority of services that were being provided to orphans. Young girls under 10 years and older boys aged 15 years and above were more likely to mention recreation/play as a priority daily need for them.
- (d) Stigmatization: Children often felt stigmatized ‘*when people call me an orphan*’, as well as not having good clothing compared to that of their peers. Table 27 shows that being stigmatised was mentioned on six separate occasions by children who reported that they were not happy. Some carers stressed that ‘*children needed to be treated fairly, without discrimination on the basis of gender, religion, mental capacity, language, colour and race*’ (44 year old volunteer caregiver).

Children condemned the Government sponsored ‘*operation murambatsvina which destroyed our house*’ (16 year old girl) suggesting that they were aware and had personal opinions of the macro-factors that affected their lives. Older carers and older children were more likely to mention shelter as a basic need as shown in Tables 20 and 21. Four of the eleven children who were out of school cited the lack of birth registration as the reason for not being enrolled in school. Birth registration was not among priorities identified by children, carers and practitioners, perhaps because it was not specifically mentioned during interviews.

Health services, particularly the supply of antiretroviral drugs, were identified as priority needs for OVC. Some children were reported to be living with HIV and AIDS, and taking antiretroviral drugs. Local health facilities offered antiretroviral drugs to some people living with HIV and AIDS. Older carers identified soap ‘*for bathing*’ as a priority. Media reports described how poor sanitation had led to an unprecedented cholera outbreak in Zimbabwe. On Jan 16, 2009, ‘The Mail and Guardian’ quoted United Nations estimates indicating that about 2,206 people had died from cholera, with over 41,986 infected within

five months of the outbreak. Most of the deaths were occurring outside health care facilities in rural areas, with 87% of the country's districts affected by the disease.

Basic Human Needs, Deprivation and Vulnerability

Children in our research population were being deprived of basic human needs most of the time. Most orphans were suffering from multiple deprivation of basic needs and also from extreme deprivation and vulnerability. Testimony from an 11 year old boy and 13 year old girl:

I am not happy because life is tough. My grandfather is struggling to feed me and to provide clothing for me. Sometimes he will be at the bar and I will be home alone. Sometimes we sleep without eating anything. A 13 year old girl (double orphan) living with neighbours complained that *'I am not happy because I don't have anything to make me happy as such because on Christmas day, I sometimes don't eat anything...I don't have relatives... I don't have food.'*

Carers and practitioners were requested to identify the things that were being done well and should continue to be done more often and those that were being done, but not so well in the care and support for orphans in the communities. This question intended to identify some of the successes in service delivery for OVC in these communities, as well as gaps. Forty eight percent of carers indicated that they were receiving external support for the care and support of orphans. A few people reported receiving clothing from individual well-wishers and churches, including shelter.

Schools fees, including money for stationery and uniforms, was being provided by Government and NGOs for a minority of OVCS. As a result, in the words of one project practitioner, *'some children who have never been to school are finding their way to school'*. Participants were, however, quick to raise concern that only a few children were receiving assistance due to financial constraints. The Government welfare assistance programme including the Basic Education Assistance Model (BEAM) education grant was reported to have been discontinued. Despite reports of educational support being offered, some children remained out of school due to lack of school fees support. Basic educational needs were not being provided comprehensively.

Food aid was being provided, according to some practitioners, *'every month for especially child headed households'*. Food aid was also being provided in the

form of porridge for primary school kids in all the study areas as well as *'maize seed, cooking oil and beans for carers'* (82 year old great grandmother). Given the acute food shortages that had gripped Zimbabwe at the time of the survey, participants complained that *'child feeding must not be limited only to children in primary school, but should be extended to all children in and out of school and in secondary schools'*. Some guardians were also reported to be abusing the food handouts by selling the food and not using the income to benefit the children. The abuse of food directed at orphans is also reported in a study conducted in Botswana (Human Science Research Council et al., 2007). The diversion of food meant for OVC was also widely reported by the media.

Carers, Community Mobilization and Service Delivery

During the period of the study, more and more families were reported to be taking in OVC for foster parenting. In the words of a community volunteer care giver, *'people are very supportive because some are giving us tip-offs to locate houses where children are being abused. They are encouraging us to continue with our work'*, (community volunteer). Support was received largely from a *'few close relatives who sympathies with you'* (33 year old female carer) and *'those from my church. Otherwise the rest do not even care'* (76 year old grandmother) as well as from association and club members *'since we are in the same situation'* (54 year old widow looking after 6 orphans). A great grandmother told how *'My grandchildren and my great grandchildren are always coming to support as well as the local church...neighbours started to offer me assistance when my son and his wife and their three children died the same year'*...According to a 67 year old grandmother, *'other people do sympathies with me because at the moment, one of my grandchildren in grade 5 is being taken care of by a woman who stays in Old Mabvuku'*.

Support groups for children and adults with HIV and AIDS had been established and served their members. Respondents indicated that such initiatives needed to be expanded to reach out to more children. Widows were being encouraged to form support groups to enable them to share ideas and provide support to each other. Carers noted that *'because of the AIDS pandemic, we have a lot of orphans in our community so we won't face any resistance from the community when we are doing our duties'* (56 year old community volunteer care giver)...*nowadays orphans are everywhere. There is no one who can laugh at you'* (47 year old widow).

Community members were also said to be appreciating the work of volunteer care givers, for example, *'people are now appreciating the work of volunteer*

care givers. There are others who think we should end all their problems, forgetting the fact that our main objective is to help orphans (56 year old community care giver)...but they want us to give enough assistance...my workmates also support me because they are a lot of children that we assist here' (school teacher and carer).

Table 28 below shows that the main areas that required strengthening commonly reported by both carers and practitioners in order of priority were, first, strengthening training and support for income generation and vocational skills for both orphans and carers; second, providing adequate comprehensive services; third, accurately establishing the situation of orphans at community level including setting up community data bases; and lastly, providing

TABLE 28 *Practitioners and carers: reported inadequacies in the delivery of services for ovc*

Things not working well	Practitioners				Carers			
	M	F	Total	%	M	F	Total	%
Limited training & support on income generation and vocational skills	5	1	6	31.6	12	34	46	40.4
Weak support for family based continuum of comprehensive services	3	4	7	36.8	12	14	26	22.8
Limited resources for support	2	1	3	15.8	2	5	7	6.1
Inadequate situation assessment and community data for ovc	2	–	2	10.5	3	7	10	8.8
Weak ovc/community participation	–	–	–	–	4	4	8	7.1
Selective targeting all children in need	–	–	–	–	2	5	7	6.1
Lack of governance & leadership accountability	–	–	–	–	1	3	4	3.5
Collapsed Government social welfare support	–	1	1	5.3	1	2	3	2.6
Poor motivation/incentives for volunteers	–	–	–	–	–	3	3	2.6
Total	12	7	19	100	37	77	114	100

adequate funding. Carers also noted the need to enhance the participation of orphans and communities in service delivery efforts while practitioners highlighted the need to increase resources to orphan care and support efforts. These responses match with what carers considered as untapped opportunities for care and support as shown in Table 35.

However, the range of services that was reported as being received by carers generally fell far short of those services reported by project practitioners as being provided by their organisations (Table 26). All these findings indicate that service delivery for OVC was rather piece-meal.

Responses indicated that external services for OVC were largely delivered through projects and project management. The key features of this project management approach are described below. When asked to indicate the level at which their organisations operated, four of the project practitioners indicated that their organisations operated at regional/multi-country levels and eight at national level, as shown in Table 29. Table 29 also shows that eleven of the organisations had operational structures that ranged from village up to national levels, six of which operated directly at individual, village and district levels, where they interacted with orphans and their families/households, while five had outreach programmes that enabled them to operate at sub-national levels.

Project practitioners were asked to describe ways through which their organisations got services to reach to orphans. The different ways through which organisations provided services to OVC are shown in Table 30. Thirteen organisations operating at national and regional levels reached OVC through intermediary organisations. Most of the nongovernmental organisations operating at national level preferred to deliver services directly through their own staff

TABLE 29 *Aid organisations' administrative levels*

Level operation by organisation	Frequency	%
Individual/village	3	13
District	3	13
Village to Provincial	2	8.7
Village to National	3	13
National	8	34.8
Regional/Multi-country	4	17.4
Total	23	100

members or through small nongovernmental organisations and government departments. Delivery of services directly through *'own staff'* was the most preferred form of service delivery reported by nine practitioners (Table 30).

The responses indicate that community structures were not being used to deliver services to OVC. Aid organisations used staff or volunteers on their pay roll to do the work. Meanwhile, carers complained that aid organisations needed to consult them before they introduced aid services in the communities. Such community criticism is the reciprocal of top-down management approaches in development work, the latter still too commonplace in development work.

Project practitioners were asked to indicate the total number of OVCs supported by their organisations in Zimbabwe. Reports from project practitioners regarding the level of support for OVCs offered by their organisations indicated that the capacity of aid organisations was rather weak and so they could not reach out to all children who needed support. Table 31 shows that among those who indicated the number of children benefiting from the support provided by their organisations, ten project practitioners reported that their organisations provided support to a total of not more than 2,000 OVC and only three provided support to an estimated total of between 2001–10,000 OVC. Nearly half (10) of practitioners did not know the number of people served by their programmes. Practitioners reported that community mobilization was said to be among the ways by which they delivered services to OVC.

TABLE 30 *Service delivery to orphans*

Service delivery approach	Type of organisation					Total frequencies	
	CBO	Natl NGO	Intl NGO	Pvt Sector	Govt	Count	% total
Directly through own staff	1	6	1	1	–	9	36.0
Community mobilization	3	2	1	–	1	7	28.0
Implementing partners (CSOs, Government departments and structures)	–	3	2	–	–	5	20.0
Workshops	2	–	–	–	1	3	12.0
Toll free calls	1	–	–	–	–	1	4.0
Total	7	11	4	1	2	25	100

TABLE 31 *OVCS supported by aid organisations*

Total no. of OVC supported	Frequency of organisations reporting level of support	
	No. of organisations	%
500 and less	4	30.8
501–2000	6	46.1
2001–5000	1	7.7
5000–10,000	2	15.4
Total	13	100

Not stated = 10

This included training community members, mobilizing volunteer care givers, delivering services through community structures, conducting community outreach/home visits and follow-ups on re-integrated children, and monitoring activities through the M&E department. In the words of one regional respondent, *'We work through well-defined structures right to the community level!* Implementing partners/sub-grant recipients meant NGOs, Government line ministries and local authorities, National AIDS Council, Ministry of Education and through schools and other organisations. Technical staff employed by the organisation provided services through, for example:

'community walk-in centres for children who receive psychosocial support and child development activities...town outreach work is done on the streets – children are invited to the Drop-In-Centre (48 year old Social Worker)... social workers together with community volunteers in eservice department who move in the community mobilizing, teaching, advocating and distributing information and resources; they also identify the orphans', (26 year old Project Officer)...Workshops were being held for example for orphans, caregivers, support groups, hiv and aids clubs, peer educators, life skills education' (42 year old District Education Office).

Yet in comparison, the responses of the carers indicated that community mobilization efforts were rather weak and did not include engaging communities to support OVCS within their areas and to determine and lead service delivery efforts. Instead, it was determined and led by the aid organisations. The story telling guide elicited responses among carers to establish the extent to which they were being supported by members of their families and

communities to provide care and support for orphans. Responses depicted mixed feelings among carers; some were supported while others were not.

The findings also indicate that carers to a large extent bore the burden of care alone. When asked to talk about the extent to which they were receiving external support, fifty-three carers (52%) reported not receiving any form of aid support and reported that their families and communities were not being supportive to them. while 48% (49) indicated that they were receiving it, but that the support was not enough. For other carers *'there are promises but we do not know whether the promises will be fulfilled or not'* (76 year old grandmother). Some did not know who to approach for support. Seventeen of the participants who reported receiving some form of external support were looking after eight and more orphans.

Among the forty-nine carers who reported receiving external support, twenty-eight were not happy with the level of support. Forty seven of the fifty-three who were not receiving any support indicated that they were not happy that they were not receiving support, suggesting that they needed and expected it. Carers cited reasons for lack of adequate support for OVC:

- (a) Political polarization and persecution which hampered community collectivism, *'we have also been divided along political lines so we cannot work together nicely anymore'* (40 year old widow);
- (b) Wide spread poverty, economic hardships and despair, which created suspicions, jealousies and animosity and reduced altruism. Local leadership was seen as serving a political agenda. Income generating projects were no longer viable,

'a club exists which used to brew beer for selling, but as it is now, customers cannot afford to buy...things are tough for everybody and there is no one who can give you assistance (47 year old widow of 3 children)...these days there is no one who is concerned about the welfare of the other. Everyone is concerned about where they can find food for their families' (63 year old grandmother looking after a terminally ill daughter whom she described as having aids and two grandchildren)...they don't even want to know what is happening next door (46 year old widow)...even my mother's brothers who are my only relatives don't even care' (32 year old widow).

- (c) Stigmatization and undermining of carers. In a few cases, volunteers felt that they were being looked down upon because *'people think we are not educated or that we want to benefit from food aid. I grew up as an orphan myself and I understand why it is important to volunteer care and support*

for orphans' (27 year-old volunteer tutor at a local school for orphans) (and) people look down upon you...as poor. They are not concerned' (80 year old grandfather).

Widows were reported to be shunned by married women who as observed by some widows, feared that *'we can take their husbands away from them.... they think you might be a threat to their marriage, not knowing that not all widows like that'*. In other cases it was said to be a case of HIV and AIDS related stigma: *'if you are a [young] widow of my age, people do not even want to associate much with you'* (27 year old widow) because they presume the husband died of AIDS. In a few cases, in the words of a 61 year old maternal grandmother looking after seven orphans, *'some even suggest that I should chase them (orphans) away but I can't do that since they are my grandchildren. Their father's relatives don't even want to see them'*.

Respondents highlighted that more efforts were required to mobilize communities to take leadership and ownership of care and support initiatives within their areas. Responses also show that caring and supporting OVC should be seen as a joint collaborative function of all stakeholders (OVC, community, Government, NGOs, donors and private sector): *'all the parties need to put their heads together to assist'*. Carers noted that NGOs are a critical element in providing social welfare. Representing the sentiments of several participants, a 33 year old guardian had a heart felt wish that *'Government should lift the ban on NGOs and allow them to operate freely'*.

A 46 year old foster parent proposed that:

All people who are receiving support from NGOs should form co-operatives so that the NGOs can easily assist us as a group rather than individuals. This will make the NGOs' work easier because we will all have a common objective.

Contending that *'I work by myself'*, a 50 year old widower and guardian of seven OVCs noted that the advent of AIDS meant any child could be orphaned:

...otherwise we must work as a community so that we help the ovc because one day these children will be left with no one of their relatives when we have all died (of aids). So we must work together.

Carers noted that it was important for people who look after OVC to share problems, for example *'through social or community groups and not keep problems to themselves'*, because in the words of a social worker *'care and support for OVCs is not an individual role but it is a community issue'*.

To establish the extent to which carers were communicating or reaching out for support of their needs and concerns, we asked carers to tell us about how they shared their concerns and needs particularly with those who had potential to support them. The responses were varied and indicated that effective communication did not always take place. There were challenges which hindered communication which affected the extent to which services were being delivered. As shown in Table 32, fifty-two carers, representing 51% of total carers, did not attempt to communicate their needs to others. An analysis of the figures in Table 32 below also shows that there were no major differences in lack of communication as a result of the carer's gender, level of education, or whether they were from rural or urban areas. This indicates that the reasons that were given for not communicating were genuine. It shows that the data collected for this aspect of the study was reliable.

When carers failed to share the challenges facing them, this clearly increased the possibility for OVC that they would not receive support for their basic needs.

Responses pointed to the following three main barriers to communication among the 52 carers who did not communicate: most people did not know how to communicate or who to communicate with. According to a 50 year old mother, *'You cannot communicate to these people unless they first introduce themselves that they can help. Second, the communication channels are not very open at present'* (30 year old guardian). Third, mistrust of aid organisations and leadership, and as remarked by a 55 year old care giver referring to rampant corruption, *'leadership should be disciplined and put the interests of the kids first'*.

TABLE 32 *Failure to communicate needs by carers*

Communicate needs?	Rural				Urban				Total								
	No Educ	Primary Educ	Secondary Educ	Tertiary Educ	No Educ	Primary Educ	Sec Educ	Tertiary Educ									
	M	F	M	F	M	F	M	F									
	F	M	F	M	F	M	F	M									
Yes	0	8	2	4	4	8	2	0	1	3	0	6	3	8	1	0	50
No	0	8	4	6	4	5	0	0	3	4	3	7	2	5	1	0	52

Those who communicated their concerns and needs narrated different ways through which this was taking place. These included presenting concerns to organisations including NGOs, businesses, government and individuals that could offer help through writing letters and physical visits to their offices; and, community structures such as schools invited carers to meet NGOs representatives when they visited schools to identify community needs. Community leaders, such as headmen, were said to be communicating to government officers about local OVC needs. Other opportunities included using community events for example, *I talk to them at Parents Teachers Association meetings, burial societies, at church meetings and at workshops*' (59 year old school teacher and care giver). In some cases, there were deliberate structures set up for communication between families, local leadership, government and donors:

'We first of all communicate in our local wards and we approach the field workers with our plans – the field workers will approach the ngos – we then hold meetings with our donors (56 year old care giver)...as a community, we do have meetings with the councilor and tell him that we need such and such assistance for ovcs. The Councillor will in turn approach the ngos and the donors. The Government can ask the Headmaster to identify those children who are in need. The Headmaster will in turn convene a meeting with the members of the community who are responsible for ovcs' (36 year old guardian who was also Secretary for OVC in the local community).

Government and Community as Service Delivery Providers to ovcs in Zimbabwe

Government Social Workers and NGO workers and community volunteers were holding workshops with local leadership and community members to sensitize them to OVC support:

I regularly hold sensitization workshops with traditional leaders so as to identify these children. We also have a National Action Plan for ovcs and there are some Child Protection Committees which monitor the situation of the ovcs at village level up to the district level (Government Social Worker)...[other times] we hold workshops with our donors and meet with children every weekend. We visit the ovcs at their homes during the last week of the month. We also hold regular community meetings in the villages' (55 year old volunteer care giver).

Community volunteer caregivers were conducting home visits to ovcs and their families *'to assess the situation at their homes...asking about the problems we meet*

daily in looking after orphans' (70+ years old grandmother). Regular meetings were being held with people living with AIDS '*during which we receive [ARV] drugs*'. Local support groups and social clubs offered platforms for communicating problems and needs. In the words of a 34 year old widower, '*We have a support group that was formed recently. So we meet every time and discuss the problems that we face every day*'. A 42 year old widow indicated that '*At our social club, we discuss the problems we meet every day in caring for orphans*'. Neighbours also shared information on the support networks that were available locally that they knew of. In the case of a 47 year old widow, '*I approached [name of local aid organisation] for assistance after a neighbor advised me to do so*'. Most participants emphasized the importance of communication with relatives and family members and according to one respondent, '*even in cases where they do not necessarily provide physical assistance*'. Some participants indicated that they presented their problems and needs to family members when they visited them, while, others would deliberately '*visit my elder child who is married in the next village if I have any problem. I haven't received any assistance from the local NGOs*' (76 year old grandmother). For others such as a 57 year old grandmother, '*usually people do come to provide me with assistance without even asking them to assist*'. This was largely the case for people who were known to be living with HIV and AIDS.

Project practitioners were asked to describe any evidence known to their organisations suggesting that OVC may not have been having their basic needs met. The question was meant to establish the extent to which practitioners were aware of the gaps in the delivery of services for OVC. Out of twenty one project practitioners who responded to this question thirteen conceded that there were indeed several signs that suggested that orphans may not have been receiving enough or all the support that they needed, while eight of them indicated that '*no information on this has been received*' or there were '*no indications found yet*' by their organisations. Those who indicated that OVC were not receiving adequate care and support cited the following as evidence.

OVC were not receiving support due to disruptions in the distribution of food aid due to the Government ban of NGO operations, the collapse of the Government social welfare system, political polarization and economic collapse, including hyperinflation. Participants, represented by a 33 year old M&E officer, noted that: '*The hierarchy of needs for OVC are plenty and the support that is provided is not adequate as witnessed by many who are falling through the cracks of social welfare programmes...child protection safety nets are no longer being implemented due to unavailability of resources*' (33 year old M&E Officer). Education services were affected immensely due to mass resignations by teachers and recurring industrial action for higher wages. According to a 35 year old Coordinator:

Some orphans still remain out of school despite educational support being provided because their carers are not interested in the education of these children.

Large numbers of eligible children were not receiving early childhood education. Programmes were not always successful: *'Our reunification programme has some challenges. Some children return to live on the streets following reunification with their families. Family support and love is limited...the society is not fully acceptable of the street children'* (48 year old Social Worker). An absence of options to sustain services for OVC when aid support was withdrawn or discontinued largely because income generating activities were failing was evident: *'Programmes fail to offer self-sustaining skills to OVC and the families to rely on when assistance is withdrawn.'*

Reports of corruption in the selection of beneficiaries: *'In some cases there has been reports that leaders select their relatives or they make use of the support given for their own purposes...Unscrupulous relatives taking advantage of OVC and going on to abuse them'* (41 year old Project Officer). Participants noted that NGOs were overwhelmed, and could not cover all the orphans in need of support. Due to resource limitations, *'organisations are not able to give the full package and thus prioritize food packages and clothing'* (38 year old M&E Officer).

When asked to describe evidence/indications known to them which suggested that the way (approach) that orphans were supported may have been inappropriate, twelve out of the twenty one practitioners who responded did not see anything wrong with the approaches used to provide services to OVC. This included some who had conceded that OVC were not receiving adequate support. The approaches were not responding to priorities of the community: *'At times community structures have brought it up that, instead of paying school fees only, the organisation should rather give food or both'* (40 year old Project Manager). Organisations were not providing comprehensive services for OVC, and according a practitioner: *'Most of the partners focus on one aspect of development-food relief which is not sustainable...programmes are short term, instead of running a comprehensive support programme – it's just an emergency and not planned programme. We cannot have children catered for only when they are alarms of danger and then not continue after the threat has disappeared. Educational support programmes need to continue for a long time.'* Others acknowledged that centralization/bureaucratization of beneficiary selection and the distribution of services by aid organisations *'which tends to happen in Faith Based Organisations'*, resulted in the inefficient delivery of services.

Children were not being consulted, and in the words of some practitioners: *'Yes they are not involved in the planning'* (35 year old Coordinator) *...they are not*

also given sufficient space to mention their needs' (41 year old Project officer). The selective support to orphans in households resulted in their stigmatization: *'In cases where families take in orphans, carers end up abusing and labeling orphans because they will be seen to be privileged, receiving better services at the expense of their own children who will not benefit from the services given to orphans'* (48 year old Social Worker).

Services were duplicated by different service providers; according to a 32 year old Director, *'yes, there is need for consulting the orphans and to avoid "double dipping" (duplication) of services'*. Service delivery approaches were not coping with nor matching the socio-economic and political realities in Zimbabwe. Whereas project practitioners generally indicated that OVC were not adequately receiving the basic needs that they needed, they were not always prepared to concede that this was a result of the service delivery systems and approaches that they represented.

Table 33 shows that much of the funding for OVC came from donors (56.5%) comprising of the private sector (4.3%) and international aid organisations (52.2%). Those who reported support from Government represented 13.1%. It is important to note that 30.4% of participants reported that funding was from local communities and from own resources -a sign of community efforts towards self-sustenance in the care and support for OVC.

Project practitioners were asked to describe the factors that determined the duration of funding cycles for orphans that were applied by their organisations in any community. The responses are classified under four categories: organisational strategies; resources and conditions of funding; needs of orphans; and HIV and AIDS status of the child, carer or as cause of death for parent(s). Organisational strategies including strategies for engaging with the community were said to be outlined in the project implementation document or proposal and determined by the funding organisation in advance of engaging

TABLE 33 *Sources of funding for organisations working on orphan care and support*

Source of funding for aid service	Frequency	%
Intl aid organisation donors	12	52.2
Local community/membership	6	26.1
Govt	3	13.1
Own resources	1	4.3
Private sector donors	1	4.3

with the communities, summarized in the words of a project practitioner: *'The project proposal is an instrument that allows (name of organization) to monitor how partners will use and will make sure the resources go to children. Cyclic evaluations also are used as a way of monitoring effectiveness of the support to meet children's needs.'*

Table 34 shows that seven of the fourteen organisations represented by practitioners who provided annual budget estimates reported budgets of US\$50,000 or less, five reported between US\$101,000–1,000,000 and two international donor agencies reported annual budgets of more than US\$1,000,000.

These budgets did not match the needs of the OVCs. Support was provided in the form of emergency aid and rather for short periods. It was also not continued the moment the child turned 18 years and was no longer considered by age based definition, to be an orphan. Thus age and not the individual and household circumstances was a key component of determining who received services and who did not. The sentiments of participants are summarized by the following excerpts: *'After the child finishes school, we re-integrate them with the community (Director at House for Boys)...we wean them off when they become self-sustaining'* (45 year old Social Worker from a Children's Foundation).

Yet carers required that orphans continue to be supported to secure livelihood security opportunities upon entering adulthood, and as put by a 62 year old widow, *'opportunities should be opened for OVCs after they leave school'* and *'we want OVCs to be assisted right through up to the end, until they complete college education'* (53 year old widow who never attended formal schooling). These sentiments were also echoed by some practitioners, for example, a 24 year old Social Worker working for an organisation that was funded through

TABLE 34 *Annual ovc budget allocation of aid organisations*

Annual budget ('000 US\$)	Frequency	%
50 and less	7	50
51–100	–	–
101–500	3	21.4
501–1000	2	14.3
+1000	2	14.3
Total	14	100

Not stated = 9

membership contributions, remarked that support should rather be continuous than be short term and piecemeal: *'There will always be orphans and our organisation will always provide support even in times when there is no funding. Progress can only be stalled when there is no one to make follow-ups within the community'*. HIV status of the carer or the child or AIDS having been the cause of death of the parent(s) was also an important factor in determining who received support and who did not. Those children or carers known to be HIV positive or those children whose parent(s) were known to have died of AIDS were being prioritized for support, with the danger of cries of unfairness from others not afflicted.

Participants emphasized that the Government welfare system had been severely weakened and this had further undermined social welfare services for the OVC and their carers. In particular, Zimbabwe's Department of Social Welfare could no longer provide the services that it used to provide as a result of the collapse of the economy. The Government Basic Education Assistance Module (BEAM) was no longer effective at the time of the study, and pensions received by widows and pensioners had lost value and were not enough *'to even buy an exercise book'*. 52% of carers indicated that they were not receiving any form of support from Government, non-Governmental, and any other organisations and community members. Among those who indicated that they were receiving some support, 58% were not happy with the level of support that they were receiving. The sentiments of carers with regards to the failings of the social welfare system are represented by the following excerpts: *'Social welfare should be returned back to us. In the past older people were not paying medical bills at Government hospitals, but now we are asked to pay (63 year old grandparent)...the Government and the NGO must be advised about people like us so that they can come and assist us. We need social welfare'* (64 year old grandparent).

Carers also complained that the service delivery approaches were not participatory. Things were being imposed on them by service delivery organisations: *'They should give assistance to all the children who are in need or who are orphans because there is no one who is having enough these days due to harsh economic conditions (62 year old grandparent)...NGOs should ask us what we need, and not just put programmes for us. All the NGOs should be easily accessible to ordinary people like us (51 year old widow and grandmother)...the NGOs should first consult us about what we need, not just come with programmes which might be of no use to us'* (61 year old grandmother).

The support system focused on emergency type service delivery approaches – distributing food and education grants, and was not always responsive to the economic empowerment and other requirements of carers: *'We need fence for*

the garden, a borehole, and perhaps a dam so that we can do better farming and gardening and raise money to send orphans to school (51 year old carer).... we need more funds to do our baking programme as well as sewing machines to produce school uniforms and other clothes to support our families and orphans. As widows, we don't want to depend entirely on aid – we should be given the tools to assist ourselves (54 year old widow)...NGOs need to give legal advice to the OVCs and their carers because in my case, the relatives of my daughter's late husband took everything when she [and the husband died] and they are not offering assistance to look after the orphans' (81 year old grandmother).

Assessing the Effectiveness of Donor Support

Project practitioners were asked to describe how their organisations established the extent to which the services that they provided reached orphans. Conducting monitoring and evaluation exercises to measure results and the effectiveness of service delivery efforts and to account for aid funding were constantly cited. In practice, *'care givers write regular reports and case studies which are kept in a database (55 year old programme coordinator)...feedback from children also shows whether parents, caregivers or teachers would have spread the information on child protection (26 year old project officer)...we monitor them daily since we stay with them'* (Director for a House for Boys Institute). Conducting financial audits were also mentioned. And networking enabled some regional organisations *'to influence decisions on how to have the children's lives improved'*. Practitioners also talked about instituting accountability mechanisms and instruments: *'(Name of organisation) has also developed what we call beneficiary accountability in which children determine mechanisms through which they would like to give feedback of any kind about the project. This is done in a non-threatening environment'*. Conducting research to establish needs and challenges of OVC was another mechanism, together with establishing contact with caregivers and periodically with children mainly through field visits, interviews and counselling sessions with orphans and home visits by volunteers. However, sentiments raised by carers regarding their participation indicate that consultations with carers and children were far from satisfactory.

Carers were asked to identify things that were not being done, that if done, could significantly improve the care and support for OVCs in their communities. This question was meant to elicit opportunities that could be tapped to improve care and support for OVC. As depicted in Tables 28 and 35, it is clear that most carers expected to be supported to improve their income generating activities so that they could be self-reliant and reduce dependency on aid.

TABLE 35 Carers' perceptions of practices that could improve the lives of OVCs

Activity	Gender		Area		Age (years)			Total frequency	
	M	F	Rural	Urban	<30	30-49	50+	Count	%
Livelihood self-reliance	8	39	29	18	7	17	23	47	45.2
Enough basic services	12	17	11	18	3	13	13	29	27.9
Transparency,& accessibility among Govt. & NGOs service providers	3	16	6	13	1	10	8	19	18.3
Empower OVC& enhance their participation	4	1	3	2	0	3	2	5	4.8
Support volunteers	1	2	2	1	0	2	1	3	2.9
Legal advice	1		1				1	1	0.9
Total frequencies	29	75	52	52	11	45	48	104	100

Note: some participants reported more than one practice and some did not report any.

Table 18 reports on the sources of household income provided by orphans and carers, and indicates that most carers were informally or self-employed, and would have needed to be supported to improve their sources of livelihoods. This was not prioritized at all in the practitioner's reports on the services that were being provided by their organisations, as shown in Table 26. Carers also highlighted the need for community members to be organized to do collective projects to raise income for the support of OVC. They also expected adequate basic services (27.9%) to be provided, both in terms of the range of services as well as the quantities. The services mentioned included food, shelter, recreation facilities, and education support.

An unexpected trend was the mention of the need to improve transparency and accessibility (18.3%) among both Government and NGO service providers. This suggests that corruption was high and accountability low. A comparison of Tables 18, 28 and 35 clearly demonstrate that strengthening income generation, self-reliance and livelihood initiatives, such as facilitating markets for local produce, providing inputs to improve on productivity, and training for vocational skills and income generation initiatives, were major priorities for carers. These were not provided at all by service providers. Carers said:

'We need more funds to do our baking programme. As widows, we don't want to depend entirely on aid. We should be given the tools to assist ourselves.'

There are a lot of things that one can do to raise the family if given the resources. Private sector needs to come in to help the orphans, not just leave the work to ngos'. (54 year-old widow looking after 6 OVC); 'ngos should sponsor us to do viable projects such as irrigation schemes, commercial poultry and goat rearing so that even if there is drought we can fend for ourselves and not look up to donors for everything' (47 year old widow looking after 3 children); and

'We need to be given capital to improve on our small businesses because if they give us food and school fees, we will continue to look to them for assistance all year round' (46 year old female foster parent).

This included empowering OVC to engage in income generating/self-help projects:

'We do not want to see the children doing nothing when they complete school. They should be given money to start income generating projects (emotional 76 year old grandmother)...children must be taught basic skills of survival especially those who stay by themselves and those who stay with older grandparents' (47 year old widow of 3 children).

We have presented themes from the stories told by orphans and carers of their life experiences in Zimbabwe, in particular regarding vulnerability and deprivation. These stories were complimented by responses from project practitioners, and backed by media reports on the situation in Zimbabwe at the time of conducting the study. The basic needs of orphans were acknowledged to be many, and needed to be delivered holistically and comprehensively, and yet they were largely unmet or inefficiently provided. The households of orphans were generally larger and uncharacteristically, significantly so, headed by females when compared to the average household nationally. Vulnerability largely emanated from a hostile political environment and unhelpful or non-existent Government policy decisions, from diseases, especially HIV and AIDS, and from a collapsing economy.

The burden of care and support for orphans rested mainly on poor, less-educated, and elderly women. Orphans and carers often suffered in silence and did not communicate their problems and needs, largely due to lack of opportunity to communicate and participate in issues that affected their lives. In the case of children, this was largely because of a general perception of a hostile and victimizing social milieu. Political polarization and endemic poverty in Zimbabwe reduced a traditional altruism and community collectivism, historically characterizing the care and support for orphans. Priorities of

orphans and carers were not always consistent with those of service providers or practitioners/experts. A comparison between what carers wished for in Tables 18, 28 and 35, and the services prioritized by service providers in Table 26, shows there was a big mismatch between how carers aspired to be supported and the services that were provided to them by aid organisations and Government. Yet, practitioners did not always acknowledge that poor service delivery was a result of the non-responsive service delivery approaches adopted by their organisations. This raises moral and professional concerns on project management practice.

Through an analysis of carers, practitioners' and children's narratives, we can confirm a stereotypical and ideological view of children as 'innocent, miniature adults, victims, saviours, and Agentic'. In particular, children's own narratives demonstrated that they were inherently good, rationale, responsible critical thinkers, sacrificial, fully aware of their often hostile social milieu within which they were perceived to be powerless. Apparently small things, such as non-stigmatizing clothing, can make a huge difference in bringing happiness to orphans, and yet service providers ignored such factors or were unaware of them.

The Role of Theory in Social Planning for OVCs

We now need to provide an interpretation of the findings described in Chapter 7 in terms that are relevant to project management for OVC service delivery, for the social milieu in which OVCs live and for systems theory. The diverse definitions used by respondents to understand vulnerability suggest that this was perceived to occur within specific contexts and experiences of human relationships and interaction. As depicted in Table 24, forty five out of the one hundred and two carers characterized vulnerability more with deprivation or the absence of direct benefits (basic needs) compared to only four out of twenty three of the practitioners who participated in the study. Seven out of twenty three practitioners placed emphasis on inefficiency and ineffectiveness in service delivery (weakened support system) compared to thirty out of one hundred and two carers. Unlike, project practitioners, carers also highlighted the gender of the carer and children in child headed households as vulnerable. Practitioners stressed child protection more than carers, as to be expected, given their professional training.

Vulnerability and Derivation

The differences in priority definitions and language used by carers and practitioners suggest that the perception and meaning attached to vulnerability was not always the same, and appeared to predictably reflect the different roles and experiences of carers and practitioners. Practitioners were technical, taking an ‘impersonal’ perspective, while carers took a personal, experiential perspective, providing rich emotive and often personified stories to describe vulnerability. The differences also suggested that carers did not always consider the distinction between experiencing loss or lack of basic services (deprivation) and the *risk* of experiencing loss or lack of basic services (vulnerability), perhaps because they were already witnessing extreme and prolonged deprivation that was generalized to the entire population in Zimbabwe at the time of the study.

According to carers, deprivation occurred when the basic needs of the child had not been met regardless of the survival status of the parent. It can be said that deprivation is an ‘absolute indicator’ of vulnerability, meaning that a child who is deprived has certainly experienced extreme vulnerability and may remain vulnerable even if basic services were to be restored for as long as the

underlying cause of their deprivation has not been addressed. It implies that the risk of deprivation should always be distinguished from actual deprivation when defining vulnerability. The actual absence or lack of basic needs being met is a violation of the child's basic rights, while the risk of deprivation may not mean the same. The distinction is important because it implies that those who are deprived require targeted restoration or provision of basic services, while those who are at risk need medium to long term preventive services, which may include livelihood/self-reliance/empowerment or social protection support to avoid deprivation. Current definitions of vulnerability applied in OVC development tend to mix the two. In other cases, it may be difficult to distinguish between deprivation and vulnerability. What is considered vulnerability, such as children in 'child headed households' is, in fact, the deprivation of adult care. Children are not normally expected to grow up heading households. Nevertheless failure to acknowledge the distinction between vulnerability and deprivation may result in generalized and untargeted interventions.

Drawing on the responses, a distinction can be made between 'extreme vulnerability' which, in this case, is defined as prolonged deprivation, often of multiple services, and 'vulnerability', which is defined in terms of the risk of loss of basic services as a result of the social and physical condition of the child-orphan hood, disability. Vulnerability is also associated with the absence of an immediate adult carer, a weakened immediate support system such as an unemployed carer, a male only carer, and exposure to abuse. It includes experiencing emergency situations or an environment which may be generalized to the population or to specific contexts – chronic poverty and unemployment, war/social conflict, or natural disasters.

An analysis of our field work also indicates that vulnerability was specifically associated with the socio-economic and political conditions of the child, and that of their immediate family support system. Noticeably, this is in contrast to a rights based approach to child development, which puts an obligation on the extended family, community, Government and international community support systems to be duty bound to serve as a support system for the child when the immediate system can no longer cope.

The responses to the factors associated with vulnerability pointed to the hostile political environment as exacerbating the vulnerability of children and their families, and reinforcing other vulnerabilities such as poverty and HIV and AIDS, in Zimbabwe. Determinants (exogenous) of the nature, incidence and intensity of vulnerability for orphans were by definition beyond their control and that of their immediate or household carer and support system. Vulnerability emanated from a relationship between orphans and their milieu. The findings suggested that the social system corrupted, shaped and

determined the vulnerability and deprivation of orphans. The vulnerability of orphans can only be addressed sustainably in the long term by addressing causal factors in the broader milieu and not just seeking to solve the immediate problems of individual children or households. A wider social support system beyond carers was and is required to address the challenges orphans pose in project management and service delivery.

The study depicted different categories of vulnerability for orphans and children in Zimbabwe. These include, 'generalized vulnerability' in which all children were at risk of being deprived irrespective of whether they were orphans or not, caused by economic collapse and the prolonged absence of teachers from schools. The second category can be described as 'induced vulnerability', largely caused by harmful political polarization and misplaced Government policy decisions. Under such conditions, some children could drift casually in and out of vulnerability, resulting in them not receiving the attention they would require. The third category, 'extreme deprivation and vulnerability' (EDV), is characterized by a combination of prolonged multiple deprivations and risk factors, to which there were no short term solutions. Vulnerability can erode social values/morals, leading to corruption, nepotism, political polarization to access and share scarce resources, and a disregard for the rights and dignity of children.

Contrary to expectations, none of the younger carers below the age of 30 years had tertiary education and six out of twelve among them had primary education, compared to seven out of forty six carers aged between 30–49 years who had primary education and five who had tertiary education. This suggests that the age of OVC carer may not always be a good indicator of their level of education attainment and by proxy, economic self-reliance. These findings also suggest that there could be a new generation of young carers who have little or no education. This also confirms that a cycle of poverty was becoming evident among vulnerable families and households in which OVC were becoming poorer carers as they moved into adulthood, perhaps as a result of the impact of HIV and AIDS. With the number of orphans and vulnerable children on the increase, it has become urgent for Governments in Southern Africa to come up with preferential policies and empowerment programmes that guarantee education, skills development and employment and income earning opportunities for vulnerable children, youth and their families in order to break this induced cycle of poverty and vulnerability. We make suggestions for such policies in our concluding comments.

Lack of food, as reported to us, was a major source of misery for carers and orphans. It had an immediate effect on other basic needs. Children complained of being '*sad*', and '*going to school without eating*'. Poor nutritional outcomes

affected the health of orphans, and as confirmed in the child development literature, potentially had a negative impact on the long term cognitive development and social capabilities of a whole cohort of children that could last into adulthood. Children were prone to experience and even encourage sexual and other forms of abuse in return for food, and they spent time away from school searching for wild fruits to eat. Orphans were also more likely to engage in child work and child labour, taking time off school. All these effects had the potential to reinforce the cycle of poverty among orphans and their families. Orphans in Zimbabwe at the time of the study experienced extreme deprivation and vulnerability. In situations of widespread hunger such as characterized Zimbabwe at the time of the study, child feeding programmes were required, but rarely reported as being in place, to target all children both in primary and secondary school.

We found that maternal and double orphans were more likely to drop out of school than paternal orphans, implying that the absence of a mother increases vulnerability for children more than the absence of a father. Orphans cared for by an older person were also more likely to drop out of school than those under younger carers. In addition, orphans living in large households were more likely to drop out of school than those in smaller households. The absence of a birth certificate also kept orphans out of school. Efforts to keep children in school should be strengthened among maternal orphans, children without birth certificates, those living with older carers and in large households. The study indicated that children whose parents had no birth certificate or national registration documents were also likely not to have birth certificates. Media reports indicated that even those children who could afford quality teaching and learning were not receiving proper teaching and learning at school, as teachers remained on strike for living wages for prolonged periods. Thus a whole cohort of (potential) learners was adversely affected by the economic and political problems that existed in Zimbabwe during the time of the study.

Clothing was prioritized by all categories of respondents and yet service providers were not prioritizing it. Poor clothing was a source of stigma and low self-esteem among orphans. The responses suggest that there is a relationship between psychosocial wellbeing of OVC and access to basic cultural artifacts, such as appropriate (gender/age/custom) clothing, and yet clothing and other basic needs such as food, are not often linked with efforts to address psychosocial support challenges facing OVC. Fulfilling basic needs is a 'proxy' for preventing and addressing psychosocial problems. The factors that are often ignored in the care and support for OVC, such as a lack of age, gender and culturally appropriate clothing are referred to in this study as 'covert factors of vulnerability'. These should be prioritized in planning service delivery for

OVC, but sit uncomfortably at best and invisibly at worse outside the intervention apparatus targeting orphans and other vulnerable young people in Southern Africa.

Our study revealed that double orphans, children living with male only carers, and those living in large households were more at risk of physical and sexual abuse than orphans with one surviving parent especially the mother, with female only carer and from smaller households. Child protection efforts do not often enough focus on household factors that place children at risk of abuse, assuming that children are not safe from being abused by people who are close to them – this trust can be significantly misplaced.

The mention of the absence of suitable shelter, largely by older urban orphans (15–18 years), suggests that they were more sensitive and affected by shared and crowded accommodation arrangements within their households. Older carers (65+ years) also mentioned good shelter as a priority basic need. Households headed by older carers and children should be prioritized by housing schemes for the poor. The mention of seemingly small things such as soap as basic to decent living demonstrated the high levels of desperation among carers, particularly older people, at the time of the study. Children were aware of the impact of HIV and AIDS on their health, and having HIV and AIDS was a source of unhappiness, while being HIV negative brought happiness for OVC. One child was most happy ‘...when I went for an HIV test and I was found to be negative. I am healthy. There are others of my age who are sick. I have my brothers who are on ARV...and my mother and grandmother also’.

Under the conditions of Extreme Deprivation and Vulnerability (EDV) that characterized Zimbabwe’s poor households at the time of the study, small deprivations such as the lack of soap can cause the occurrence of serious health deprivations and vulnerabilities such as illnesses and disease outbreaks, and psychological damage. Sanitation and hygiene should not be ignored in prioritizing service delivery for poor families, especially older carers and child headed households. The study shows that these services were not being provided and their absence was a significant loss to the respondents in our study. We highlight again the importance of providing comprehensive services to OVC and their families.

Disempowerment through Inappropriate Language and Other Cultural Insensitivities: An Old Story

An analysis of responses from carers, orphans and practitioners regarding the basic needs of OVC indicated that psychosocial support was considered an

important basic need, and yet the term, or label, is too technical and not commonly understood by non-professionals. The need to use age and culturally appropriate language is too well known to have to more generally document here. Yet still we witnessed the misuse of language.

Most carers and some project practitioners often mentioned other needs, such as recreation and family love and guidance as if they were separate from psychosocial support. This demonstrated the need to use simple and contextualized language when developing and delivering programmes and services to ensure that communities can easily understand, relate and take ownership of service delivery programmes. Applying expert terminologies which displace, rather than compliment, local knowledge dis-empowers community members, who end up requiring training to understand the meaning of the very things that they apply and experience every day, simply because they have been named differently. This is an irony of social development work. Practitioners assume power over communities by creating and applying new complex terminologies and meaning to what would be common knowledge among communities, and as a result, deny communities an understanding of their own knowledge systems and experiences, and create demands among communities to learn useless knowledge. We have known this failing in development work for a long time, but the problem persists.

The factors that bring happiness and psychosocial wellbeing to children are not always as big and expensive as adults and the current care and support system for OVC may imagine. 'Small things' make a huge difference in children's psychosocial wellbeing. The study demonstrated that factors such as a sense of belonging particularly to a family, and love and guidance, recreation and play, maintaining a close connection with relatives and visiting them, receiving presents, and personal achievements at school, were very significant for a sense of personal wellbeing: *'I was happy when I scored while playing soccer for my school'* (12 year old boy); *'there was a party in our neighborhood so there was plenty of food, music and drinks'* (9 year old boy), These factors were rarely prioritized by governments and NGOs when planning and delivering services for OVC.

As shown in Table 20, older boys aged 15–18 years reported requiring family love and guidance more than girls of all age groups and boys of other age groups. Together with young girls aged less than 10 years, these children also reported requiring recreation and play more than children in other age categories. This suggests that older boys may be less secure, requiring family love and guidance, than society assumes. The reasons for this insecurity were not apparent from the study. When young OVCs turn 18 years and are no longer considered OVC, services that were targeted at them as OVCs are discontinued, leaving them worse off, less insecure and more vulnerable than their younger

counterparts. Discontinuing care and support for OVCs when they turn 18 years could be a major source of heightened vulnerability for older children and young people as they are likely to engage in attention seeking behaviours that may put them at risk. Statistics on HIV and AIDS indicate that new infections are highest among young people aged 15–24 years.

Men between 30–49 years also mentioned family love and guidance as a priority need for OVC, more than any of other age group or gender of carers. Eight of the nine children who reported having been abused were being looked after by a male, elderly person, usually a grandfather. They also tended to be from households with many people. The mention of family love and guidance by men 30–49 years suggest that men and fathers do have compassion for children despite a tendency from NGO staff from the North, in our study, to stigmatize older men as indifferent to the needs of children and young people. It also shows that men recognized that they were not providing adequate attention to children as they would have wished to. Raising children as a single parent and carer was considered to be a major challenge. Male guardians were more likely to report finding it more difficult to take care of children on their own than their female counterparts; this because they were more sensitive to the needs of the OVCs, a surprising finding in the context of wide-spread pejorative gender stereotyping of African males. This suggested that parenting skills and sensitization about gender roles is critical in preparing either parent to effectively provide care and support for their children as single parents following the death of either of them. In the words of a 62 year old grandfather:

To raise children as a single parent is not easy. The children need all the support and love from both parents – they need good counselling. You have to work hard to secure the means to support the children and not just depend on NGOs because they don't offer all the needs that children need to grow up well.

The role and responsibilities of raising orphans was commonly considered by many participants as difficult and requiring commitment. In the same vein, a 46 year old male foster parent urged carers to:

...work hard in order to support the children not just to look up to NGOs for help...there are a lot of OVC in this area and NGOs cannot provide the needs of everyone.

The study indicates that care and support services should not be generalized to all orphans and all carers. Older carers require more support than younger carers.

Male carers may need support with parenting related skills and to gain a better understanding of child rights and developmental needs. The study confirmed existing literature on OVC which indicates that they need moral support, and psychological and social support, over and above physical and material support. The issues that caused happiness and unhappiness among OVC should be prioritized in child protection and psychosocial support programmes. These issues are often ignored because they appear to be trivial in the eyes of adults and experts, who would rather prioritize physical needs such as food. The findings also indicate that most of the unhappiness that children experience is caused by adults, and other people of their age group, and the specific features of the localized social and cultural milieu in which OVCs grow up.

And we stress that the lack of a birth certificate was a major hindrance to being enrolled and progressing in school. The major causes of failing to obtain birth certificates highlighted by the study were the death of the mother and the lack of national identity documents on the part of the mother. A child needed some form of identity *'to belong to a family, community, and country'* (44 year old caregiver). We have full documentation from numerous studies that in Southern Africa, children who lack birth certificates are often denied social welfare services. The lack of a birth certificate is a major form of vulnerability for OVC, and yet birth registration is generally low in the majority of countries in Southern Africa, and remains a low priority for redress by governments and NGOs.

The Limitations of Service Delivery

We can identify and stress key observations on the perceived effectiveness of OVCs' service delivery arising from our study:

- (a) Not all children who needed support were receiving it.
- (b) Those receiving support, got a fraction of what they needed.
- (c) Participants generally tended to identify a partial array of what would be considered basic services for the child. Carers tended to identify more with the immediate physical needs and education while project practitioners tended to include psychosocial needs and protection of children from abusive situations and neglect. Project practitioners tended to identify more with those services that were provided by their organisations, as expected.
- (d) Consistent with findings from our document review on the extent to which organisations adopts systems ideas (see Chapter 4), project

practitioners and service providers knew what constituted sufficient comprehensive services for orphans, and yet as demonstrated by the study, their organisations provided fractional and insufficient services. Good policy and strategic statements and plans on paper did not guarantee the well-being of orphans.

- (e) The wide range of comprehensive needs for orphans identified by participants suggested that service provision should be context specific and simultaneously meet certain minimum standards of care and support for orphans. This suggested that a minimum standards/package should be set and agreed upon at national and community levels and used as a reference by all service providers. We know that a lot more needs to be done to transform human intent into practical action that achieves social justice ideals and comprehensively fulfills all the basic needs of OVC.

Implementing Comprehensive Service Delivery Programmes for OVCS

Reflecting on the responses from participants, it is possible to facilitate comprehensive service delivery for OVCS. As suggested by project practitioners' description of how their organisations were providing comprehensive support to OVC, and as highlighted by carers regarding their preferred choices of support, this could be done through:

- (a) Coordinating service delivery processes between service providers.
- (b) Establishing referral systems between providers of different services for OVC.
- (c) Organisations extending their services for OVC to include other basic needs that they would not traditionally provide under their sectorial mandate.
- (d) Building capacity of OVC and families/communities to ensure that children are reintegrated with their families/communities and receive adequate services within family settings.
- (e) Identifying gaps and providing those services not received by OVC.
- (f) Empowering carers and older children with livelihood self-reliance or income generation and employment opportunities that can help them to meet all their basic needs.

Carers and practitioners stressed that, to achieve comprehensive support for OVCS, service delivery systems needed to be strengthened to be able to

meet all the basic needs of orphans. It also required service providers to do away with piecemeal support, and to provide a family based continuum of services up to the period of transition from childhood into adulthood. Carers argued that orphans should be supported with income generating skills and employment opportunities beyond just providing them with primary and secondary education. Responses also indicated that the capacity for comprehensive support did not exist although it was wished for. The conditions reported as required to meet comprehensive services for orphans were largely dependent on a functional, coordinated, 'consciously responsible' or obligated social support system. These conditions were rarely observed in our study.

In Zimbabwe, a comprehensive policy framework for OVC had been in place and the social welfare system was reported to have been working well prior to the recent period of social and political turmoil and the collapse of the economy. Participants blamed the political environment, a hostile Government policy that banned aid organizations; and economic sanctions imposed for bad governance as responsible for the lack of funding of social welfare services. This reinforces the notion that orphans' vulnerability in Zimbabwe was largely a deliberate 'socially created reality' that could be reversed with the necessary commitment by the social and political system. The language and phrases used by carers and practitioners to describe comprehensive support, in all cases, resonated with systems ideas. The responses suggested that support to orphans should not be time bound as often done through short term projects; should be based on fulfilling the rights and dignity of the child; be guided by morality and social values; must address the entire needs of orphans; and be sustained overtime.

These observations form part of the thinking which is the basis of the proposed framework we describe in Chapter 10. We believe our study offers a better understanding of orphans from their own perspective in comparison to how they are commonly perceived by the adult world through the perspective of government and the development community. Building trust is a major factor for promoting communication among orphans, and for creating opportunities for OVCs to better understand and articulate their otherwise private selves. Children communicated their hurtful situations and needs to people that they trusted. Children gave reasons for not communicating hurtful experiences and needs to all and sundry. These reasons included being afraid to be seen as too demanding, a fear of reprisal or being blamed by adults/carers, and internalizing the belief that nothing would be done to address their problems or needs. This picture depicts orphans as often victims of an often unwitting hostile adult environment.

Children were forgiving of their parents who had abandoned them: *'my father is important because he put me on earth even though he doesn't do anything for me'* (11 year old boy). OVCS demonstrated a level of maturity; responsibility; self-awareness; critical thinking; aspirations and a sophisticated, telling, and accurate understanding of their social, economic and political, confounding the low expectations on these fronts by many adults taking responsibility for the OVCS. OVCS understood societal expectations of them as children and how this changes when they become adults. The study suggested that policies and programmes for child and OVC development may not always be tapping into children's cognitive, social, economic and political capabilities and aspirations, and instead, are based on an inadequate understanding of who OVC or children in general really are, what they can do and what they aspire to become. Policies, programmes and relationships developed for children may not represent the truth of what it is to be a child and an OVC in particular in the 21st century in Southern Africa.

Rejecting Stereotyping and Resilience

Our findings reflect the image of the 'Agentic Child' (Corsaro, 1997) which views children as thoughtful, responsible and critically aware of the challenges of their social milieu and making reasonable judgments when the social system is unfair to them, just as some adults do. Aspiring to *'have family of my own'*, suggested that children considered the sense of belonging and being socially acceptable as important aspects of life. In contrast society may justify the neglect of its moral and child rights obligations towards those who are vulnerable on the pretext that children can fend for themselves, and that they must be trained to be 'resilient' and learn to grow up. This notion that OVC should be prepared to be 'resilient' is universally promoted by organisations working with vulnerable children, especially psychosocial support programmes. But, as the reasons for lack of communication of abuses and needs among OVC in our study suggests, promoting resilience could have negative effects on children, creating a sense of obligation to 'accept' their undesired deprivations and vulnerabilities, including sexual abuses, as normal. In the long term, they may also grow up to accept these situations as acceptable, and practice them on others even as adults – reinforcing social injustices in social systems.

The study also revealed that the adult perception and treatment of children could be a hindrance to their development and to the development of trust in their social milieu, and to self-expression. This exacerbated the vulnerability of orphans, and was in turn reinforced by the inhospitable political and economic

environment in Zimbabwe experienced by the mass of citizens and children and young people. Experience in Zimbabwe, as in most countries of the SADC region, indicates that addressing problems of OVC that have multiple causality and manifestations is, as put across by one participant, *'no longer a case of either one or another intervention'* but of implementing all technical effective, efficient, equitable and empowering interventions to address all the problems simultaneously. Hitting all targets within such a complex policy function is daunting but necessary.

'Almost everything is a problem because my mother is not working and there is drought this year' (10 year old boy in Grade 5); *'clothing is difficult to get because grandmother is using the little money that she gets to buy food'* (17 year old boy in Form 3) and *'food is so expensive such that grandmother cannot afford to get it at times'* (16 year old girl in Form 3).

The entire OVC service delivery system comprising different Government Ministries, civil society and private sector, provided partial and not comprehensive services; different service providers focused on selected services targeted at few OVC. Participants portrayed a situation in which service provision was characterized by poor coordination, communication and collaboration between service providers. Networking efforts were said to be limited only to the sharing of information and not to coordinating service delivery in communities: *'there was no sense of obligation, either moral or technical or legal on the part of implementers to ensure that the child receives all the support they require'*. Media reports on the situation in Zimbabwe at the time of the study confirmed acute deprivation among orphans and poor families because of the absence of basic services. Even those services that were being provided were reported by carers and orphans as *'not being enough'*. Reports from project practitioners on the level of support provided by their organisations to OVC indicated that the capacity of aid organisations was too ineffectual or limited to reach out to all children needing support.

When asked to propose recommendations for strengthening service delivery for OVC in Zimbabwe, participants' responses stressed that in politically polarized environments riddled with corruption, such as characterized Zimbabwe at the time of the study, the identification of OVC who need support in the communities should be done by independent people because the local leadership and community members could not be trusted. All those in need must be targeted with assistance and as described by a 65 year old grandmother *'if NGOs are assisting, they should not discriminate OVCs'*, and *'OVCs should not be grouped for example those whose parents have AIDS, or those*

without fathers or without mothers. An OVC is an OVC' (82 year old great grandmother looking after 3 children). The challenge raised by project practitioners was that NGOs were being forced to channel aid through local politically biased leadership structures. Once they received the food, these structures decided who should receive it based on allegiance to the political party that was in power at the time of the study. The morality of local leaders became compromised. OVC and those most vulnerable and in need were not always guaranteed of support—they were not voters. Eliminating this form of policy and programmes basis would be part and parcel of more widespread political and moral reform of power structures and power and wealth holders in Zimbabwe.

Whereas responses by project practitioners suggested that psychosocial support was among the services commonly provided by aid organisations (see Table 26) and that it was also commonly reported as a priority basic need by practitioners (Table 22), the general lack of communication of hurtful situations and deprivations among orphans indicate that such support was far from adequate and perhaps not targeted appropriately. An analysis of things that were being done, but not being done well, as reported by practitioners and carers and highlighted in Table 28, indicate that the prioritization, targeting and provision of OVC services was not being informed by an adequate understanding of the situation of OVC. Services were selectively targeted mainly to children in families with HIV and AIDS. The findings revealed a concern that programmes were not being implemented effectively or efficiently. A Government social worker acknowledged that, *'the selection process (of beneficiaries) leaves a lot to be desired. At times we end up targeting the wrong people'*. The criteria for selecting OVC were not being communicated to all guardians/parents of OVC resulting in suspicions of unfairness.

'District AIDS Action Committees (DAACs) need to improve their selection process because some children who are in need are denied the right to assistance when those who are better off are benefiting. Government should provide comprehensive support – tuition fees and uniforms, instead of paying school fees only. (46 year old school teacher).'

A 23 year old guardian complained that *'if a child has got one parent, they (donor organisations) refuse to pay school fees for the child even if the parent is poor'*. Participants also complained that donor organisations, in the words of a 32 year old widow, *'only target people living with AIDS and orphans from AIDS related deaths'*. This was confirmed by a 31 year old community volunteer caregiver working for a donor organisation:

'We mainly concentrate on those children whose parents died of AIDS and also those with parents or guardians with AIDS. These children are guaranteed of assistance.'

A review of an evaluation conducted by the Centre for the Study of AIDS at the University of Pretoria (2007) on the regional UNICEF life skills programme in Zimbabwe and eight other Southern Africa countries namely Botswana, Lesotho, Namibia, Swaziland, South Africa, Malawi, Mozambique and Zambia, indicated that the programme only targeted children's cognitive and emotional capacities at an individual level and not their broader social, spiritual, political and economic consciousness or holistic understanding of their milieu. Yet, evidence from our study indicates that children were aware of the broader Zimbabwean political, social and economic milieu that failed them and their carers – this was consistent with young children's sophisticated and accurate understanding of their social situation. Yet life-skills programmes were reductionist, focusing only on individual competencies and not holistically addressing broader socio-cultural, economic and political issues that defined the milieu in which children were expected to apply their individual competencies.

This approach is reminiscent of the world view of 'The Innocent Child' (Sorin, 2005) – passive and fragile-being, requiring to be blind-folded/protected from the hostilities of the adult world and to be served by adults. This ideological view of the child should no longer apply to AIDS and poverty ravaged situations, such as is predominant in Zimbabwe and Southern Africa, where children increasingly live in households headed by other children, ailing adults, elderly and poor women.

The Politics of Aid: Corruption, Greed and Deliberate Confusion

Corruption, nepotism and lack of transparency on the part of both Government officials and field workers representing aid organisations were frequently reported as rampant. A detailed selection of excerpts from the stories told by carers which demonstrates the endemic nature of corruption in the distribution of aid meant for care and support for OVC in Zimbabwe indicate that OVC were not guaranteed care and support, even in cases where they would have been identified as priority recipients of development aid. A 36 year old guardian who was also the Secretary for OVC in the local community association provided an elaborate description of the situation:

'People are greedy such that if any food or clothing has been donated to the orphans, some people who are not in need take these things for their own use

thereby depriving the orphans of their rights. The way they provide assistance is not open. In fact the goods do not reach those who are in real need. Me as a Secretary in my community, I am only made to sign that we have received such kind of goods. But where these goods will go is what I do not know. I think the (collapsing political and economic) situation in the country and corruption causes this.'

Incidents of corruption, partisanship, and lack of transparency among both Government and NGO service providers at community level raised skepticism and mistrust of NGOs among community members, for example that *'some people are forming NGOs so that they can benefit themselves'* (81 year old grandfather). Carers called on NGOs, Government and political leaders to be exemplary and disciplined in their conduct, embracing appropriate principles and philosophies that promote universal care and support to OVC such as that *'the interests of the child should come first'*. Others called on the establishment of universal systems of accountability for local NGOs:

'...some are corrupt...some [NGOs] are only formed to benefit the directors and their workers. We see good cars and good offices and we see nobody who has benefited from the organisation. (48 year old guardian)'

The study recorded widespread stories by participants of cases where community leadership from the ZANU PF party diverted donor assistance meant for the poor to reward party cadres. These stories were backed by media reports on the politicization of food aid, examples of headlines included

'Political pressure as Bacossi food distributed; Bacossi politicized, collapses; Zimbabwean Chiefs to screen NGOs; and War veterans block donation.'

The political situation in the country, at the time of the study, aspects of which were shared by other Southern African countries, was a major impediment to care and support for OVC and one of the main causes of vulnerability for OVC. Participants called for an urgent redress of the situation for the benefit of OVC. This situation highlighted a major moral and social justice paradox in human relations, leadership and development, in which those who were looked upon to protect the poor and weak, particularly children, became the primary causes of deprivation and vulnerability for OVC and their poor families. This suggested that for some poor families of OVC, the external community protection system had collapsed, leaving them destitute and hopeless. This signified excessive exposure to extreme deprivation and vulnerability which in this study, has been coined Extreme Deprivation and Vulnerability (EDV).

Government was urged to provide a conducive policy environment such as reviewing adoption laws to make it easier for well-wishers to support orphans. However, political polarization, which was led by the machinery of the same Government, meant that this situation became difficult for the service delivery management system to address without becoming too political, in which case the system would find itself in confrontation with Government. Under such situations, traditional project management practice became inappropriate. The role of project management practice in addressing service delivery in politically charged and poor environments needed rethinking. In the absence of guidance on how to manage service delivery under such conditions, the extent to which services could be delivered to benefit OVC was left to the whims of individual organisations and personalities. We found a perceived over dependency on international donor funding that was neither always assured nor adequate, nor predictable. The way in which aid was being provided (in the form of emergency services and not empowering self-reliance) was entrenching dependency among some families. A 27 year old volunteer tutor at a local school for OVC cautioned against the tendencies by some guardians and parents to be over dependent on donors and to neglect their child care and support responsibilities:

‘Some parents are neglecting their kids because they expect that (name of local aid organisation) will provide for ovc.’

Donor supported services were not always predictable, as, in the words of an 81 year old grandfather looking after 2 children, *‘some of the things we were receiving when I first registered are no longer given’*. The impact of donor dependency in Zimbabwe was felt immediately the moment the Government instituted a ban on NGOs, resulting in massive deterioration in access to basic needs such as health and food as highlighted by media news headlines:

‘Zimbabwe food ban see 5 million going hungry...UK sets aid condition for Mugabe...Education Ministry blows up budget in 6 months...Zim reverses education gains.’

Aid organisations determined the type and form of assistance to be provided based on the funding agreement with donors. This was not always consistent with the priority needs of children and carers. We found that the implementing or intermediary organisations, often called *‘local partners’*, were expected to match resources received from primary donors with those of their own to demonstrate their commitment and ability to sustain development initiatives,

as a condition for funding. This is paradoxical in the sense that most of the implementing or intermediary partners were not for profit organisations, and relied on donor funds for their survival, while local communities at the time of the study were virtually destitute. Similarly, the State was virtually broke and could not meet basic welfare support obligations, and yet Government policy at the time turned hostile to donors for political (power and control) reasons.

As a result of donor dependent funding, the medium to long term planning of donor assistance was not possible by community service delivery organisations and carers. However, in comparison to international NGOs, the few organisations, largely community based, that relied on local sources of funding often reported longer funding cycles in some cases, of up to 10 years. This suggested that tapping local resources, even in small quantities, was critical to attaining sustainability and predictability in OVC care and support. It also highlights the need to promote local community based organisations that could contextualize and sustain orphan care and support.

Participants argued that they were not being involved in the entire cycle of service delivery efforts, including, identifying problems, conceptualizing, planning, implementing, monitoring and evaluating the service delivery process. One project practitioner conceded that in the case of his organisation, participation was being experienced only *'at the tail end of service delivery and not throughout the cycle, particularly excluding the planning process'*. In few situations where this 'tail-end' participation took place, community ownership and leadership of the process was not considered and children were excluded. Ironically, children demonstrated willingness and derived happiness from assisting with household chores. They also aspired to help their carers and siblings when they grew up and became employed. In the absence of participation by carers and orphans, it can be concluded that the service delivery approach adopted by service delivery organisations was not always informed by the reality and priorities of orphans and carers. In particular, carers also recognized that OVC needed to be empowered and to participate in programmes:

'orphans should be empowered so that they can sustain their lives in future (42 year old male carer),...children can be taught to work for themselves because their future is not clear (42 year old widow)...They should participate in programmes which affect their lives. They must be allowed to participate in meetings so that their views can be heard (46 year old male volunteer caregiver)...they must be some projects which will be done mainly by OVCS themselves so that they can be able to support themselves after finishing school (30 year old caregiver – teacher)...these children need to be taught

to work for themselves so that if the worse comes to the worst, they can be able to work and fend for themselves (48 year old widow)...functional projects being manned by the OVCs themselves so that they gain experience to fend for themselves when they leave the projects (45 year old carer – teacher)...if these children can be given a chance to start their own projects so as to raise money to support themselves (36 year old carer – aunt/sister of 3 orphans)...kids need to be taught basic skills of survival, especially those who stay by themselves and those who stay with older grandparents (47 year old widow with 6 children and 2 grandchildren)...the OVCs should be given projects which they can administer for themselves (33 widow year old with 2 children)...train OVCs so that they can be able to work for themselves (28 year old carer – sister)...if they could be some projects like poultry production for the children...and also these children must be taught about HIV and AIDS because it's the disease that has finished us (50 year old widow with 6 children)...if there can be a garden for the OVCs where the children can work so that they acquire skills for work (57 year old widow with 6 children and grandchildren)...the children must be taught mabasa emaoko [vocational skills] and how to work for themselves' (65 year old grandparent who never attended formal education).

The Zimbabwe Demographic Health Survey of 2005–2006 indicated that 62.3% of heads of households in the country were male and 37.7% were female; this is not surprising as Zimbabwe is a patriarchal society. National socio-economic and political policies and decisions including land ownership are built on this and related demographic findings. What worries us, however, is that these policies and decisions are generalised, often at the expense of the less understood demographic realities of the very poor. In our research population, 69% of OVC households were headed by female carers and 31% by male carers. Orphans reported that the majority (36.8%) of female carers were grandparents, most of whom hardly had basic formal education, with no source of income. Socio-cultural, economic, political and religious decisions, policies and programmes should be informed by an adequate understanding of the peculiar realities of the poor and most vulnerable households and communities.

Unless society provides a supportive environment and incentives for children to communicate their needs and abuses easily, it will remain difficult to facilitate genuine child participation, and to ensure that they assume leadership of programmes consistent with their evolving capabilities. In this regard, a significant number of children will remain uncared for even in a support system in which the resources are available for all children in need. Some

children will continue to ‘fall through the cracks’ of the support system. Lack of communication of needs and challenges by 51% of the carers exacerbated poor access to external support by the community and from aid programmes. As shown in Table 32, lack of communication of needs and challenges among carers was not dependent on age or level of education of carer, or whether they lived in rural or urban areas. It was largely a reaction to the socio-economic and political situation that prevailed in the country. A combination of corruption, poor targeting of families of OVC, political polarization, the collapsed economy, and limited aid, led to mistrust and lack of confidence by some carers on the care and support system for OVC and their poor families. The collapse of the Government social welfare system for older people only worsened the situation. Most carers chose to suffer in silence, in destitution, bearing the burden of care and support alone. The responsibilities of older people as carers, in particular, is a constant feature in some grandparent’s lives; respondents acknowledged that responsibilities often began long before the death of the parents of the grand children they looked after: *‘in fact prior to their death (of the parents of OVC) the older carers go through a stage where they look after both the children and their terminally ill parents’*. Older people reported selling their livestock to provide health care for their ailing children as well as to fend for their grandchildren. They also often lamented that without external support, they were left destitute.

Community and family support to carers of OVC was not provided for most carers. Whether or not carers received support from other members of the community often depended on their personalities and relationships with other members of the community:

‘Those who are friendly...free...socialize with other members within their community, easily receive assistance from community members than those who are not free and don’t socialize. 36 year old care giver’

Efforts to increase access to basic services for OVC should seek ways to raise awareness of the expressed needs of carers and children. Since the likelihood of an older person caring and supporting OVC was high, universal social protection programmes would be required to cover all older persons, with additional support provided to those caring for orphans depending on the number of children living with them.

The study confirmed that the gender dimension of care and support for OVC appeared institutionalized, leading to a stereotypical view that males were not capable of playing an OVC role effectively. This stereotype appeared to trickle down to children, with some boys complaining that they did not like being

asked to do household chores such as sweeping the house because they considered this job to be for their sisters. This stereotype, which appeared to be reinforced by the local cultures' determination of the social roles of men and women, appeared to have incapacitated some men as carers. As a result, children living in male only career households were likely to drop out of school and to be sexually abused and generally to be worse off than those in female career headed households. The findings suggest the need to develop supportive policies for protecting children in households where the only career is male.

The responses of project practitioners to our enquiries about how their organisations got services to OVCs exposed a long and wasteful aid-chain of service delivery agencies which often began with tax payers in donor countries, multi-lateral and bilateral donor institutions, international development organisations, national development organisations, community based organisations, community volunteer care givers, local leaders, the carer of OVC and, eventually, the child. The findings indicated that characteristically aid service organisations adopted a top-down approach in the management of service delivery efforts with little or no coordination between the links in the supply 'chain'. Care and support for OVC was administered through a chain of intermediary organisations and structures that posed challenges for effective representation of the real situation of OVC.

We could not establish the proportion of the funding for OVC translated into actual service delivery, as a proportion of earmarked funding, or, by implication, determine the amount that is lost through the administrative chain that sustains the social development management practice. We have no accurate measures for either effectiveness or efficiency in the distribution and impact of donor resources on the well-being of OVCs. Practitioners reported that the monitoring of service provision and needs at community level was conducted largely through community workers under the payroll of the NGOs. Carers often complained that these community workers were not always reporting the interests of the communities and instead promoted the NGO's agenda at community level. They called for independent people to monitor and evaluate service provision at community level. We often found carers suggesting that monitoring and evaluation was often conducted to satisfy the performance targets or the monitoring and evaluation protocols of donors, and not to assess the tangible benefits to OVCs or their carers accruing from service delivery.

This is in line with the Association for Project Management (2006)'s Body of Knowledge (APM BoK) finding that project practitioners and donors are concerned with the 'efficiency' of their work such as meeting targets on time and cost effectiveness (yet have no reliable measures, as we have seen), and not

with the 'benefits' accrued to communities. The APM asserts that benefits can only be measured from the perspective of those who are targeted by the services. In the absence of adequate community and child participation systems, and the existence of poor communication of needs and hurtful situations for carers and orphans, service delivery performance measurement was being established from the perspective of service providers, and not the targeted beneficiaries and users of services. In this regard, it can be argued that the OVC care and support system in Zimbabwe neither had the capacity to measure nor to truly understand the extent to which it was meeting the needs and rights of OVC. Such measurement and true understanding could only emanate from a considerable investment of effort in communicating with the carers and OVC who experienced the hardships and attempted to utilize the services that were provided. The findings demonstrated that those organisations that were based in communities and worked directly with children were better positioned to monitor benefits accrued to children than those that operated nationally or internationally. This suggests that service delivery management for OVC needed to promote community based organisations and community ownership of service delivery processes. This is not revelatory but in our study, was rarely achieved or even sought. We confirm a key finding of our work that people know how benefits should and can be generated for OVCS, but rarely act on this knowledge, preferring the convenience of tradition and bureaucracy, and a faith based rather than evidence based *modus operandi*.

The absence of a robust and sensitive and appropriately targeted monitoring and evaluation and data management system for OVC meant that service delivery systems did not have the capacity to adequately evaluate themselves and opportunities, rather, imperatives, for improvement within the service delivery milieu were missed or ignored. A major omission highlighted by participants was the potential for Government involvement to set up and implement a strong community oriented monitoring and data management system that would establish and guarantee the effectiveness of service delivery especially in rural areas, and to assess the situation of OVC. Under such a system, all donations would be tracked to ensure that they really reached intended beneficiaries. Modern ICT technologies make this a real possibility yet within the SADC community, there is a wide and unhelpful variation in definitions of 'orphan' and in the ways in which data on OVCS is gathered, stored and disseminated.

The lack of community engagement and leadership in the service delivery management processes also meant that relevant community oriented opportunities were not being identified. Carers lamented improved consultation of local communities on priorities for support and the participation of orphans:

'If donors are coming to provide support, they should first of all ask the people on the ground what they need and not just come with their programmes without asking us (55 year old volunteer care giver)...NGOs should ask us what we need not just bring programmes for us. All the NGOs should be easily accessible to the ordinary people or communities...orphans should participate in programmes which affect their lives. They must be allowed to participate in meetings so that their views are heard (62 year old grandmother of 4 OVCs).'

Non-Governmental organisations were urged to *'be based in communities where people live or have local representatives'*. Participants also implored aid and other support organisations to *'make themselves known'* to communities that they sought to serve. Communities needed to be mobilized to collectively produce and preserve food for vulnerable children along the old tradition of 'Zunde raMambo' (Chief's/community granary concept), a form of traditional social protection meant to guarantee food for the poor. The desire for self-reliance and discomfort with dependency on aid on the part of carers was manifest. Focusing on empowering families to attain livelihood self-reliance had the potential to enhance comprehensive service delivery for OVC as well as breaking the cycle of deprivation and vulnerability poverty – by minimizing dependency on aid.

OVC Projects and Programmes: Who or What Wields the Power?

The bulk of NGO services was delivered through projects and programmes, described by John Cropper, Programme Director at Oxfam in a feature article in the magazine of the Association for Project Managers, as *'the lifeblood of international non-Governmental organisations...contracted by donors to manage projects on their behalf'* (Cropper, 2010). These programmes and projects are time framed, with limited resources, funded largely by donors who sought to champion a well-intended philanthropic cause, delivered through technical professional organisations whose websites claimed they had the skills and know how on how best to deliver services to vulnerable populations. They followed the time-honoured project cycle of concept, design, and implementation, and monitoring and evaluation, followed in modern progressive project management practice, aiming for immediate impacts.

Our study reveals that most of the donor funded organisations received funding in the form of short term cycles of three years or less, and delivered services directly through their own staff, or through supporting community programmes. In some cases service delivery organisations committed funding

to community OVC programmes in cycles of less than one year. In the words of a 54 year old widow looking after six OVC, such an approach '*can only last for a few days because it is too little*'. The Government of Zimbabwe initiated a once-off subsidies programme, the Basic Commodities Supply Side Intervention, better known as 'Bacossi' – supposedly for political grandstanding, which was criticized by carers as unsustainable. And as echoed by a 60 year old grandfather looking after five OVC, '*we cannot rely on bacossi as it was only provided once*'. Donors were said to be unilaterally defining the duration and priorities for support. As a result, aid agencies also often decided on the type and duration of support in advance, without consulting communities on their needs, dependent on funding agreements signed between themselves and the donors, and the financing cycles being determined by donor's Governments. So the initial impetus to provide services was perceived to be a long way from the realities of the lives and needs of OVC and their carers.

The funding agreements between the primary donors and intermediary service providers stipulated the conditions and duration of funding. The ability of the implementing organisations or intermediary organisations (Government and NGOs that interacted directly with communities) to mobilize resources and diversify sources of funding was said to be critical to sustaining community OVC care and support initiatives. We found a power triangle between international donors, NGOs operating in Zimbabwe, Government, and at the tail end – community/carers and orphans (who appeared to be powerless observers or recipients). The levels of power and hierarchy of influence in the resourcing and management of service delivery for orphans were as follows:

Level one: primary multilateral and bilateral international donors (most powerful). These had scaled down support to Zimbabwe for political reasons, and made the primary decisions on the duration and levels of funding based on the budgets of their home Governments and other sources of funding.

Level two: service delivery organisations (Government and NGOs) – despite being bankrupt, the Government could still demonstrate its power over that of NGOs by banning and restricting the work of aid organisations, often accusing them of being politically motivated (against Zanu-PF).

Level three: community members and political leaders. Community leaders decided on who received aid assistance, largely based on political affiliation.

Level four: carers and orphans. These were severely disempowered by factors and events that were driven by the hierarchies above them. They needed to devise coping mechanisms to survive – most of which were desperate measures, measures of the last resort.

These power levels further confirms the charity-based orientation of OVC care and support efforts as opposed to an approach that would have been

committed to empowering children, their families and communities to take responsibility for their own destiny. The charity based approach was not and is not sustainable. Decisions to continue to mobilize resources to sustain service delivery rested entirely with service delivery organisations (Government and NGOs) and primary donors; recipient communities and in particular OVC, had no influence over such decisions at all. If it was their wish, as shown in Tables 28 and 35, the majority of carers would rather be supported to strengthen their livelihoods and self-reliance initiatives in the medium to long term than receive aid resources designed to meet daily needs.

We found that the funding cycle for local self-financing member organisations and private sector owned community service organisations, considered continuity of services and needs; while those relying on donor aid depended on Funding Agreements with donors. However, the organisations that were reported to be self-financing were few and their ability to mobilize resources was limited due to the poor economic situation and the hostile political environment.

Project practitioners indicated that political and economic conditions and financial and human resource challenges were the main barriers preventing their organisations to do more of the things that were working well. As a result of the government's economic policy failings, one practitioner stressed:

'Core home based care programmes are not fully operational which therefore limits extent to which OVC can be supported.'

We have earlier reported that eight out of twenty three project practitioners indicated that their organisations were not aware of any evidence that orphans were not receiving all the support that they needed. This gives an impression that everything was working reasonably well. Further analysis of a follow-up question we put to project practitioners about how far they considered the approaches used by their organisations to be appropriate or not, showed that thirteen out of the twenty one practitioners who responded indicated that the approaches were appropriate, including some who had conceded that OVC were not receiving adequate support. These findings were surprising given the obvious economic and political melt down in Zimbabwe at the time of the study. The majority of the Zimbabwe population at the time of the study was thought to be destitute, as highlighted by all carers, orphans, and some project practitioners, reported in the media and directly witnessed during the field work. This situation was summarized by a 26 year old Social Worker:

'With the economic, social and political situation in the country, all children in the country are in need of assistance...due to resource constraints and hostile economic and political environment, our organisation cannot provide children with all their needs.'

Some project practitioners did not want to show their limitations and those of their organisations as agents of social development. Table 31 indicates that ten out of a total of twenty three project practitioners who participated in the study could not indicate the number of orphans that were reached by their programmes. In addition, nine could not provide annual budget estimates for their programmes/organisations. This suggested that some practitioners may not have been in touch with what was happening on the ground, or simply did not rely on sound monitoring and evaluation systems within their organisations. Ignorance of the reality of effectiveness and impact of programmes, and tendencies to glorify performance of programmes is not new to social development management practice. In the words of Bunmi Makinwa, UNFPA Regional Director for Eastern and Southern Africa in his address during a SADC conference on HIV prevention held at Indaba Hotel, Johannesburg, 8–9 June 2009, 'the notion that we know what works (in HIV prevention) is not driven by evidence – it's an illusion'. We found that this applied to OVC project management practice as well.

Project Management Competence in Southern Africa and Our Findings

The lack of project management professional competence among social development practitioners in the SADC region has been highlighted by many commentators (Dzirikure, 2005). Cropper (2010:23) has noted *that* 'project management is not a major priority for organisations...lip service (is) being paid to project management...there is no clear awareness of what good quality project management is...there are no clear standards or guidelines'. In view of these findings, it can be argued that project practitioners were not always honest or knowledgeable enough about the quality, effectiveness and impact of their programmes and the approaches that they used.

The findings we present in Chapter 7 were derived from data gathered through different methods in particular, field interviews, document review and tracking media reports, and through practitioner enquirer action research (PEAR). We now describe how this multi-method approach we believe enriched

and lent credence and validity to the research study; we also point out the limitations of this approach. The different methods and techniques applied in the study in combination enabled the study to elicit understandings of project management for OVC from the individual carers and orphans, and from project practitioners or service providers. Whereas field interviews focused on selected districts and communities in Zimbabwe, a review of documents at national, regional and global levels and the tracking of media reports in Zimbabwe at the time of study enabled the study to get an appreciation of issues at national, regional and global levels; this enabled a generalization of our recommendations for future OVC to the SADC region.

The story telling technique encouraged orphans and carers to communicate a diverse set of deep seated concerns and aspirations, and in the case of orphans, this included hurtful experiences that they said they had not told anybody before. The guided interview schedule used among project practitioners was structured to elicit specific actual project management experiences, and to their personal experiences and perceptions. In our study, 'the untold', ordinary and contextualized stories of orphans and carers – a category of vulnerable persons who Socrates described as 'containing an intimation with the truth', were heard. This offset the otherwise deafening technical voices of the experts.

Whereas story telling elicited contextual 'untold stories' of the orphans and carers, the standard interview guide elicited the technical, generic voices of project management practice. It provided insight into service delivery management practices as perceived and directly experienced by the vulnerable. In its pursuit of facts which illuminated to performance measurement, the tool appears to have intimidated some of the project practitioners, who in some cases, were drawn into glorifying successes of their efforts in an environment where deepening deprivation was self-evident, overwhelmingly confirmed by documentary data. A comparison between responses elicited by the two tools helped to distinguish what project practitioners said they were doing or what they wanted to see happening, from what the beneficiaries were receiving or wanted to see happening. The responses were not always compatible. This suggests that on its own, the interview guide may not have led the study to the same conclusions.

We simultaneously switched in between: (a) doing our paid work, to (b) being an observer of our own work and that of others, to (c) seeking to understand the work of other project practitioners in relation to our own work, to (d) listening to the voices of orphans, carers and from the broad environment, to (e) understanding the implications of both our work and that of other social development practitioners on the real lives of orphans and their carers.

In this study, this is described as practitioner-enquirer action research (PEAR). PEAR insists on impartiality and neutrality being maintained in the judgment and conclusions made during the study, at the same time enabling experiential learning. Our own experiences, subjectivity and ideals were not only tested, but also considered together with the 'whole' of those of other project practitioners, and mirrored against the real life experiences of orphans and carers on the ground. Our role in the research allowed for self-reflection on our management practice.

The review of literature on social development project management practice and media reports in Zimbabwe served to validate the findings and conclusions of the study, and their generalization to Zimbabwe and the SADC region. Media reports confirmed the stories provided by carers, orphans and project practitioners on the social, economic and political challenges in Zimbabwe at the time of conducting the study. Project management plans, strategies and policies focused on the national, regional and global aspirations of aid organisations, and not necessarily on what was being practiced; this concurred with the rather 'glorified' responses of some project practitioners in Zimbabwe, whose comments demonstrated their aspirations about their work rather than what others, their potential beneficiaries, claimed was actually being achieved.

The use of methodological pluralism served to protect the research process from the possible corruption effects of subjectivity on the part of the researchers; from blind confirmation of theory, and from the biases of participants. The 'deductive' and 'inductive' conclusions in our study could no longer be influenced by our own judgments or by literature and theory or by the responses of orphans, carers and practitioners alone, but by all of them combined. To a large extent, the themes that emerged from the study were consistent and common across the different data collection techniques, indicating the robustness of the research methodology.

Consistent with the philosophy of Socratic dialogues, our storytelling technique, the phrases and language of participants have been extensively quoted to describe and interpret findings in this study. The 'voice' of respondents needed to fill the latter part of this book. The research study sought to understand the needs and challenges facing OVC and their caregivers within their natural environments, and solicited their opinions on how to improve service delivery. These opinions were blended with theory with a view to drawing conclusions that could contribute to improving social development project management practice. The lessons learnt and the recommendations of the study were also drawn from those provided as research data by participants.

A comment on the Research Design, Methodology and Methods of the Zimbabwe Study

The study confirms the following lessons, well known in the research methods literature:

- (a) Applying different methodologies in combination – methodological pluralism-increases the robustness of a research design, with different research methods serving as checks and balances on each other. For example, in the process of applying PEAR there was often a compulsion for us to emphasize certain research findings that were consistent with our own experiences and world view rather than interpreting the bigger picture. Had this not been guarded against, it could have risked reducing the research to a process of validating what we already knew and our own experiences at the expense of generating new understanding of the subject of study. This subjectivity was effectively controlled by applying methodological pluralism, in which case PEAR served to confirm findings from field research, documentation and tracking of media reports. Similarly, methodological pluralism evidently controlled a tendency for project practitioners' glorification of the performance of their service delivery management efforts.
- (b) Researching one's work elevates the researcher from a mere deductive object relying on existing theory and literature, to a subject of experience relying on practical and tested phenomena to create new meaning as well as to assess the practicality of existing theory and literature.
- (c) Experience with designing research instruments and with field interviews in particular, revealed that it is possible to conduct an enquiry on technical project management issues among 'non-technical' people such as orphans (children) and ordinary community members. To be effective, such an enquiry should be designed from a 'benefits' perspective – which in the case of this study, meant empowering orphans and carers to tell their personal stories of experiences with vulnerability and service delivery. The traditional methods of technical project management enquiry, which in this case was conducted among project practitioners, often focus on the effectiveness, efficiency and equity of project designs and management practices as perceived from the perspective of project practitioners, missing the perspective of beneficiary populations. The strength of this study we believe is that relevant tools were designed for different respondents in ways that ensured that data received was complimentary – thus maximizing the strength of each data source.

- (d) Story telling as a management research method: the stories told were not lengthy. In some cases, they were as brief as a long sentence. What distinguished a response as a story from an 'ordinary' answer was the demonstrated 'genuine sharing of personal life experiences, emotions and aspirations by participants – opening up and sharing their inner self', which did not require any technical understanding of the subject matter they were asked about. In this process, questions that had a personal appeal were more likely to elicit genuine experiences than those of a technical nature.
- (e) Children in the research population shared their personal experiences better through writing by themselves unsupervised by an 'authority' than when they were requested to provide oral face to face responses. Similarly, the presence of a known adult authority tended to intimidate children from sharing their true stories. Story telling facilitated the building of trust between the vulnerable child and what in this study is referred to as the 'vulnerable researcher' (who in this case hoped that the 'truth' was being told by research participants).
- (f) Used among vulnerable and voiceless populations, story-telling as a research technique can serve as a therapeutic tool, enabling participants to reflect on their lives and to speak out deep seated emotions and experiences that they may have kept to themselves for long.
- (g) Researching among people in extreme vulnerable situations such as the one that characterized the study population, is conducive to 'respondent bias'. Some participants saw the research as an opportunity to draw the attention of authority figures or well-wishers to their plight. This could have led them to exaggerate their situations – exposing the research to the vulnerability of establishing and concluding 'falsehood'; such a situation leaves the researchers themselves vulnerable to the research process.

Like any other form of enquiry into the unknown, particularly on complex social development issues such as vulnerability, orphaning and poverty, the methodology of the study can be argued to have inherent weaknesses related to the nature of social enquiry (Marcus and Fischer, 1986; Guba and Lincoln, 1994; Greenwood and Levin, 1998; Punch, 1998; Bernard, 2002; Patton, 2002). The reflection on methodological philosophy and theory described in Chapter 6 depicts several issues that exposed us to the risk of failure to establish the 'truth' during this enquiry.

The failings of scientific empiricism to address complex social issues and the limitations of human senses to establish the ultimate truth (Stringer, 1999); the challenges posed by the 'Meno paradox' and the difficulties of guaranteeing social development enquiry that is value free (Rosen, 2000b; Guba and

Lincoln, 1994); the immaturity of project management, orphan care and systems thinking as rigorously researched and tested academic and professional disciplines, and the lack of sound project management theory (Koskela & Holwell, 2002); the exploratory nature of this research study and in particular, its pursuit to discover a new way of delivering complex social development issues grounded in empiricism (Greenwood and Levin, 1998), all pointed to the philosophical and methodological dilemmas facing this social enquiry.

Language, Truth and Politics

The polarized political environment in Zimbabwe limited the extent to which some relevant questions related to the impact of politics in specific contexts could be asked or probed. For example, when asked the question: 'Of the things that you think should be happening in your programmes that are not currently happening, what is required to get them to happen?', a 32 year old Director of a private sector funded CBO refused to provide the reasons citing that, '*This is a political question which requires political settlement*'. Participants were generally cautious not to emphasize that the vulnerabilities of orphans may have emanated from the political culture of discrimination against ruling party advocates, with some noticeably initially skeptical of whether the research did not have a political agenda. While most of these fears were allayed and there is no evidence to suggest that this compromised the overall outcome of the study, the political situation certainly compromised the freedoms of the researchers and participants to engage politically related issues and this may have compromised the richness of responses. Indeed, a few respondents such as a 38 year old M&E officer were brave enough to tell us that '*when the political environment is not stable, children's welfare is compromised*'.

The effects of economic collapse in Zimbabwe created a near homogeneous poor and helpless population sample – and potentially stifled the diversity of responses. Evidence suggest that participants may have been tempted to exaggerate their situations with the hope of qualifying as recipients of aid, on the basis of assuming that the study was part of efforts to identify people who deserved donor assistance. Despite repeated assurance that this was not the case, this may have affected the way some participants chose to respond to us. In addition, some participants expressed research fatigue, complaining that they had taken part in several studies in the past, in which promises were made to bring them aid which had not been met. While no evidence emerged indicating that this may have affected the study, the comments demonstrated the potential of badly conducted and unethical practises in research to demoralize participants

from fully expressing themselves during research interviews. A comparative study in an economically viable country would have been illuminating – this was not possible due to cost, time and logistical limitations. However, literature from the SADC region indicated that most of the key thematic challenges found in Zimbabwe were similar to those of other SADC countries.

Much of the existing literature and information on orphan care and support is recent, largely necessitated by the impact of HIV and AIDS in the past 20 or so years. Information on OVC is often generated for programme planning, often using ‘intelligence gathering’ (Phillips and Pugh, 1994) related research techniques synonymous with base line studies, impact evaluations, progress reviews and social audits conducted within the spirit and techniques of social development practice, than through the rigor of academic research. We relied more on ‘naturalistic’ enquiry in which the methodology, research findings and conclusions emerged from the research process as an academic and action-oriented inquiry.

The story telling approach could have elicited richer data had it been focused on a very specific aspect of orphans’ lives, or had it taken a stronger anthropological bias. Rather, the story telling guide was general and open ended, and thus elicited several strands of themes, a number of which would require further research to unpack them. In this regard, the study could be said to be serving a formative function, as well as releasing really useful knowledge for immediate planning purposes. In addition, time and cost limitations did not allow for longer periods of stay in the communities which may have allowed for better understanding of the intricate and sophisticated day to day lives and relationships of orphans within their natural environment. However, attempts were made to apply different techniques of data collection synonymous with participatory research, in particular, transect walks, observations, and social mapping which allowed for an appreciation of the specific contexts in which the orphans lived. Media reports also provided additional confirmation on the situation of orphans in Zimbabwe at the time of the study.

Chapter 7 provided a rich outline of data gathered during the study. Chapter 8 provided an interpretation of the data described in Chapter 7. Chapter 8 also provided highlights of how language used in OVC care and support has potential to create and sustain the vulnerability that it seeks to address. Project management practitioners were not always accurate and were possibly dishonest when judging the efficacy of their service delivery efforts. The reductionist approaches applied in OVC service delivery, evidenced by vertical, uncoordinated provision of few services on a short term basis to a limited number of orphans, limited the efficacy and potential for comprehensive service delivery for OVC.

OVCS*Policy and Practice in a Holistic Tradition*

The research study provided rich data from which we hope to develop a true understanding of the extent and challenges of service delivery for orphans in Zimbabwe, and in Southern Africa in general. This chapter builds on the interpretation of findings in Chapter 8, and provides an analytic synthesis of the implications of this interpretation for policy and programming, as well as for the understanding of social development project management for orphans. We focus on the following themes: (a) the development of orphans as children; (b) orphan care and support and the project management milieu; (c) systems philosophy and orphans' development project management practice; and (d) the implications for the sustainability of orphan care and support efforts. The chapter also provides recommendations for improving social development project management for OVC drawn directly from an analysis of the findings of the study. In this regard, participants were asked to share their lessons on orphan care and support as well as to make recommendations for improving services directed at orphans. These lessons and recommendations have also been synthesized and applied to draw recommendations of the study in this chapter.

The study revealed that systems' ideas of holism existed in social development project management intents but rarely in practice. Organisations and practitioners promoting social development projects, and beneficiaries of social development assistance, understood what was required to provide comprehensive services and to attain sustainable developmental outcomes for orphans. They aspired to achieve social justice for poor and vulnerable populations. This was demonstrated during our document review in Chapter 4, on the extent to which systems ideas were reflected in social development intents of aid organisations operating in Zimbabwe and in Southern Africa, and through the responses provided by project practitioners and carers particularly in their definitions of comprehensive care and support for orphans in Chapter 7, and in the untapped opportunities for improvement of care and support to OVC. This indicates abundant potential for beneficially applying systems thinking to OVC project management practice.

The narrow definition of orphan (which implies that a child's well-being is the exclusive responsibility of the biological parent) indicates that the meaning ascribed to orphan hood and in the language used in OVC care and support,

is in itself a cause of vulnerability for children. The multiplicity of vulnerabilities which were often reinforced by bad Government politics, policy and practice, and the multiplicity and chronic nature of deprivation, all point to the fact that social development efforts failed to fulfill the basic developmental needs for OVC in Zimbabwe and by reasonable extension, in Southern Africa, as depicted in Chapters 2 and 3.

Instances of a mismatch between service delivery needs described by orphans, carers and project practitioners, and the reality of a very weak service delivery system were echoed in the voices of orphans and carers in Chapter 7, and interpreted in Chapter 8. They indicated that in practice social development project/programme management remained simplistic, vertical, rigid and mechanistic in design to address complex and evolving challenges of orphans. This created paradigmatic incongruence between ideals and intentions on one hand and reality and practice on the other. It exposed the lack of a sound philosophical and theoretical anchorage to guide social development project management practice. Social development project practitioners lacked the philosophical and professional guidance and capacity required to translate sound ideals and intents into real and sustainable benefits for vulnerable populations.

Vulnerability is often understood to be the probability that a child will be deprived of a basic need, while deprivation is the absence or a lack of basic needs often for a prolonged period. The emphasis by carers on the lack of, or absence of basic needs (deprivation), and not on the risk of lack of basic needs (vulnerability) as defining vulnerability, suggests that carers could no longer distinguish risk from actual deprivation as a result of the generality and sustained nature of deprivation and vulnerability. Consistent with existing literature, the descriptions of what defines vulnerability by carers and project practitioners show that while it is a significant factor, orphan hood is not always a measure of vulnerability. In Zimbabwe at the time of the study, carers described every child as vulnerable regardless of whether they were orphans or not. Under such circumstances, it was therefore important to identify and support all children in need, indiscriminately, regardless of their HIV and AIDS or orphan hood status. Yet, aid organisations often prioritized support for orphans and children who were known to be living with HIV or lived in households affected by HIV and AIDS. This approach to child development was clearly discriminatory and inappropriate, and excluded many children and families who needed support.

Orphans required comprehensive services to meet basic developmental needs and rights. Zimbabwean orphans suffered severe traumatic deprivation of basic rights and needs, perpetually living in conditions of what we describe

as Extreme Deprivation and Vulnerability (EDV) characterized by going for days without meals often surviving on wild fruits, children engaging in sex work for food and being exposed to HIV infection, and living under unsanitary environments and drinking untreated water which caused cholera. The entire care and support system at household and national levels was severely strained to an extent that '*all children are vulnerable*'-basic services for orphans were not being provided adequately and predictably, and in some cases, not at all. This level of deprivation among many children we met suggests that the capabilities of a generation of future adults, represented by the cohort of affected children in Zimbabwe at the time of the study, would be affected, with potentially negative consequences to future productivity, national development and social order. In any case, the here and now matters, and OVCs were living lives unnecessarily poorer than they need be.

Despite the societal hostilities towards them, most children we met and worked with remained generally happy. This can be interpreted to mean that they had developed resilience to cope with EDV and 'accepted' their condition as normal. As we have argued, this resilience and acceptance of EDV had the potential to perpetuate vulnerability in as far as it shaped the personalities and 'being' of OVC, in which it was acceptable for society to be unjust. Resilience is a two-edged sword. In this study, the negative effect of this 'resilience' is demonstrated when children were not communicating to anybody, their basic needs and extreme cases of emotional, physical and sexual abuses and, lack of food and education. These findings also demonstrate that violations of children's rights were not always exposed and child protection efforts did not reach out to some of the worst affected children. This depicted the notions of 'The Child as Victim' and 'The Child as Hero' (Sorin and Galloway, 2005). Silence and 'resilience' in the face of deprivation and abuse among children had the potential to affect their psychosocial wellbeing in the long term. Misguidedly, most psychosocial support programmes in Zimbabwe and Southern Africa we are familiar with promote resilience among OVC. Why should children be taught to be resilient in the context of adult made, unnecessary vulnerabilities?

We have stressed that programmes for orphans were not always designed with an adequate understanding of children's situations, thoughts and aspirations. If, as we should do, we measure children's state of happiness as a proxy for psychosocial well-being, the findings demonstrated that small, low cost aspects of life can create wonderful and lasting experiences and memories for orphans. Children derived lasting memories of happiness from such things as going to school, having a ball point pen, a new coat or pair of shoes, being shown affection, receiving presents and celebrating their birth days. Of course

we are here diminishing the significance of basic needs such as food, shelter and good health care being met, and raising the significance of personal aspirations, such as in sport and in school, having a family and reliable adult person or peer to share problems with, and maintaining contact with relatives. Cognitive psychologists tell us that memories from our early days could have lifelong impacts on individual and societal behaviour and wellbeing. And yet, under EDV, the Zimbabwean society failed to provide for these basic and often small needs. The fulfillment of the universality and sanctity of the rights of children as enshrined in the United Nations Child Rights Convention (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) was not a reality in Zimbabwe for our OVCS. Studies have also pointed that the same situation applied to most of the countries in Southern Africa. This unwelcome state of affairs calls for a review of the approach to the management of OVC development efforts.

Children and their Social, Economic and Political Understandings

Children in our study from an early age demonstrated a sense of responsibility, and could distinguish between mentorship, being responsible and 'assisting family', from abusive and demeaning work. Orphans often derived satisfaction from supporting their families/carers with household chores, as long as it was within their evolving capabilities, not harmful, and did not interfere with priority needs such as going to school and to church or denying them play and rest. They also made what seemed to us to be reasonable and realistic demands on the older people in their lives, aware of the socio-economic realities of their carers. Children were rationale and empathetic, and could be assigned responsibilities consistent with their developmental capabilities as recognized in the ACRWC. From as young as seven years, orphans could already have a vision about and aspirations for their long term future, notably '*to be successful and be able to support siblings and carers*', and '*to have a family of my own*'.

In addition, the carers expected orphans to be mentored, and similarly orphans expected to receive education and training and in particular, vocational skills so that they could find jobs, be entrepreneurial and able to fend for themselves and their families when they became adults. This demonstrated a social concept of the child as an 'Adult-in-Training'. The study revealed that mentorship, leadership and training programmes for children should not underestimate the potential of children, but build on their ambitions and aspirations and direct their efforts consistently so that they can attain their goals in life. Other times, children generated income to supplement family livelihoods.

They were aware that to succeed, they needed to work hard in school and listen to advice from their carers. They could also identify those that they expected to support them to realize their dreams. These findings highlighted the need to distinguish between child labour, child work, and child mentorship activities. Currently, policies and programmes do not provide clear definitions and most of our respondents were oblivious to these significant policy distinctions.

Efforts to eradicate child labour are difficult to initiate and sustain and dependent upon individual interpretations. In addition, such definitions and distinction may not recognize the contextual realities of OVC and their families in Southern Africa, which often require that children contribute to family livelihoods at an early age in order to survive. In other cases, as depicted in media reports children's rights were violated when EDV forced them to engage in sex work to get food. It was also reported to us that some children were also being abused by relatives for sexual gratification. Efforts to address the abuse of children and to safe guard their rights do not always take into account and address the specific cultural and historical mix which defines contemporary social definitions and perceptions of childhood.

The study exposed significant flaws in most orphan care and support programmes – designed exclusively from the perspective of adults' understanding of children, and not the perspective of children, despite years of NGO and government and international agency rhetoric about 'working from the position of the child', and similar assertions. Adding to their 'silence' and mistrust of the adults, children were not consistently consulted, and project practitioners decided what was best for children. This is clear from the discussion of the determinants of funding cycles discussed in Chapter 7. These funding cycles assumed and depicted a societal view of 'The Innocent Child' (Sorin and Galloway, 2005). In addition, seemingly small things that were important to children such as desisting from '*sending me to herd cattle on Sunday when I wanted to go to church*', and remembering birthday presents, and visiting family relatives, were not being prioritized or even identified by service providers.

Children's views, needs and worries were not being used to inform care and support efforts; this confirms similar and well publicized findings from studies conducted in Southern African countries (SADC, 2008). Projects and programmes that targeted orphans were short term, and did not prioritize building livelihoods capabilities and empowerment for them when they turned 18 years and were no longer targeted by programmes for children. This depicted a view of children which we coin 'The Mis-represented and Mis-understood Child'.

Children's level of understanding of their social milieu should not be underestimated. They should be given space and opportunity to participate in

matters and decisions that affect them, not only because it is their right, but also because they understand themselves better than adults claim. The aspiration to *'have a family of my own'* demonstrated that the sense of belonging to a family is an important priority for child development. This is a two-edged sword; this aspiration also had the potential to expose girls to sexual abuse.

The study revealed a new construct that we have coined the 'The Untrusting Child'. Orphans were skeptical of adults and selectively communicated their needs and hurtful experiences to those with whom they had trusting relationships including in some cases, teachers and friends, who were not necessarily their immediate adult carers, family members or relatives. Children did not report serious harmful events such as sexual abuse because there were often no adults they trusted to tell. Typically they feared that they would not be listened to, that nothing would be done to protect them, and they would be blamed and victimized. There is a manifest need in OVC policy to: (a) build consistently trusting relationships and open communication channels with orphans as a major prerequisite for child protection efforts, and (b) to attach or pair children to adults that they can trust. Such efforts would need to acknowledge that in some cases, neither the surviving parent, nor immediate carer, nor a family member, may be the people who understand the child the most. Instead, the latter could be a friend, community member or a teacher.

Gender and the Well-Being of ovc's

Gender is a key issue in the care and support for orphans, and in the development of children. We showed in Chapter 7 that the care and support for orphans was done more by women particularly elderly women, than men. These findings are consistent with those from several studies, for example, the Zimbabwe Demographic Health Survey 2005–06 and regional studies conducted by UNICEF and Help Age International. In addition, we found that men were generally poor carers that put children at risk of deeper deprivation and vulnerability, including sexual abuse. The study also revealed gender-role stereotypes among children; for example, those boys who considered household chores such as sweeping the house and cleaning dishes, as meant for girls and not boys. Those orphans living in male headed households with step parents, and with non-relatives, were likely to be more vulnerable to physical and sexual abuse than those who lived in female headed households, particularly when living with their mothers and grandmothers. The relationship of the carer to the child, and the gender of the carer, determined the sustained happiness and well-being or otherwise of orphans. The gender of the primary carer

for OVC can be argued to be a predictor of child abuse. With the orphan care and support system in Zimbabwe overwhelmed with immediate needs such as food, these factors were not likely to be prioritized in determining 'the best interests of the child'. The findings pointed to the need to openly discuss gender roles in the care and support for orphans and to socialize children on non-discriminatory gender roles at an early age. It also demonstrated the need to impart parenting skills among both men and women. Follow-up studies, however difficult to construct and carry out, are required to establish the specific circumstances that expose OVC who are cared for by male-only carers to a higher degree of risk to abuse.

Children were not passive recipients of support, but critical analysts of issues that affected their lives. At the tender age of seven years, children in our research population understood the social, economic and political factors that affected their lives. They empathized with the hardships of carers and appreciated their efforts, even when they were not always able to meet their basic needs. They understood the choices that their carers made, for example, spending on food rather than on clothing. Consistent with the findings and proposals of an evaluation of the UNICEF life skills programme conducted by the University of Pretoria in nine SADC countries (UNICEF, 2007), our study suggested that child psychosocial development efforts should focus beyond individual child's relational, cognitive and emotional capabilities, and include capabilities for leadership and to deepen their ability to understand and negotiate the broader socio-cultural, political and economic environment. Such efforts have the potential to holistically improve the individual and social consciousness of children, and cumulatively improve social justice for future generations. These findings also suggest that child and OVC development policies and programmes, and parenting and teaching practices should be centred on children. Genuine child participation and leadership of efforts to address their development is a key factor to the success of social development efforts. We confirm what others recommend at the policy creation level but we rarely saw implemented.

Failure to meet the basic needs of poor and vulnerable children, exerted pressure on OVC to access these needs through risky behavior, especially for girls and young women, such as sex work, having affairs with older men and early marriages. Efforts to address these risks were often inadequate, focusing more on providing information and other short term measures, rather than on providing the basic needs, the lack of which cause children to take these risks. Orphans did not have peace of mind, anticipating whether or not they would get a meal for the day, thinking about what their peers thought of their 'old clothes' and lack of shoes, keeping sexual and other abuses to themselves,

among other deprivations highlighted in the study. A close relationship exists between access to basic physical needs such as food, health care, clothing and education, and psychosocial or spiritual well-being for OVC. Psychologists argue that children growing under such environments and experiences will normally express these experiences through their behavior with others. Our findings confirm that the needs of children are not only physical but also spiritual, social and psychological, and these are bound up in a holistic way. They cannot usefully be disaggregated, though OVC policy makers assume they can be.

Further analysis revealed a new Zimbabwean perception of a social environment that 'corrupted' the child. Zimbabwean society portrayed different contextual constructs of the child depending on 'convenience to adults' and to the service delivery management system. Documented constructs of the child (Sorin and Galloway, 2005) that were also depicted in our work were that of the child as: 'Innocent', 'Victim', 'Miniature Adult', 'Saviour/Hero', 'Agentic', 'Commodity', and 'Adult-in-Training', as we have argued. In some cases, these constructs were applied with positive intentions of serving the 'best-interest-of-the-child'. Whether this best interest as defined in those contexts was in favour of holistic child development or not is a separate matter. In other cases, these constructs demonstrated total neglect for the child; in this vein, the study revealed new constructs of children in Zimbabwe as 'Mis-represented', 'Mis-understood' and 'Un-trusting'. Closer analysis of the context and ease with which all these constructs could be applied highlighted a new concept: of an adult-led social perception of the reality of children that in its architecture, intent and purpose, defines 'The Subservient Child', treated as a human being whose sole purpose was to serve the interests of adults.

OVC Aspirations for a Feasible Future: Morality and Realism

The discussion and issues raised in Chapter 7, people most trusted by orphans; household and livelihoods-seeking roles and responsibilities of children; and Table 20, basic needs of OVC, children's understanding of their milieu and their future; and the psychosocial wellbeing of orphans, all point up the values and attitudes dimensions of children and young people. In detail:

- (a) Developing trusting relationships. Orphans selectively developed trusting relationships with people that they considered to be having their interests at heart. This is depicted in the stories of orphans: *'I tell my grandmother because she is the one who is close to me and she listens to me.'*

When I was three years, I was raped by a close relative, then I came and told my grandmother. I always tell my grandmother everything that happens to me' (13 year old girl in Grade 7 – both parents dead).

- (b) Moral awareness and understanding the difference between right and wrong.

'I sometimes feel sad when my grandmother scolds me after I have done something wrong...my grandmother is the most important person in my life...but most of the time I am happy' (12 year old boy in Grade 5).

- (c) A concept of reciprocity. Children could also tell the difference between abusive work and normal household chores assigned to them by their carers:

'I plait people's hair and do household chores, and I am happy because I raise money for us to buy food and sometimes to buy things for school and pay my school fees. I will be helping my mum...When I grow older, I would like to own a hair salon and help orphans' (14 year old girl in Form 1)?

- (d) A sense of responsibility and communality. *'I help cleaning the house and I am happy doing that'* (12 year old boy in Grade 5).

- (e) Being hopeful and recognizing purpose in life and longing to have their inherent dignity respected and fulfilled. They had aspirations to succeed and to be good citizens: *'I want to be educated and become wealthy so that I help my family and my aunt'* (15 year old boy in Form 1).

- (f) A commitment to normality. Children overwhelmingly indicated that they wished to have families of their own when they reach adulthood: *'I was happy when my brother got married...I would like to have a family of my own'* (17 year old girl in Form 3)

- (g) Offering unconditional service. Orphans demonstrated a desire to support their carers with household chores as well as to look after their families when they became adults and working: *'I help with all household chores when I am at home. I do this on my own and there is no one who forces me to do the tasks'* (14 year old boy in Form 2)...*I must study hard and pass so that I will be helpful to the people I stay with who are currently helping me'* (11 year old girl in Form 1).

- (h) Appreciating and recognizing the support and services provided to them by others, and when people around them displayed kindness, generosity and compassion:

'My mother and my aunt are most important to me because they buy things that I need in life and they send me to school. Actually, they look after me well' (14 year old girl in Form 2)...*My mother works hard to make us happy'* (17 year old girl in Form 3)...*My aunt whom I stay with just treats me like her own child...she doesn't abuse me mentally or physically. My friend who*

is in a similar situation like me always complains that her guardians always beat her' (10 year old girl in Grade 4).

- (i) Demonstrating intellectual affinity and awareness of their social, economic, political, physical and spiritual environment. Children knew what was happening around them, and what caused deprivation and vulnerability for them and their families; they had contextually specific sophisticated social understandings (which need broadening): *'Food is a problem to get these days because of high cost of living. But I am happy the way we live. Things are tough but my grandparents try their level best to care for us. XXX (name of Community Based Organisation) is paying school fees for me...but my sister doesn't go to school if the fees are not paid. She is not getting assistance from XXX like I do. I look forward to XXX to continue paying my school fees (11 year old girl in Grade 6)...I wanted some money to pay for an educational trip at school,, but I could not ask for it because I knew my mother could not afford' (13 year old girl in Form 1).*

Child and social development policies and programmes should be informed by greater scrutiny and understanding of children as individuals, particularly those in situations of extreme deprivation and vulnerability (EDV). Child development efforts should emanate from an understanding of the longitudinal impact of EDV of children on future social, economic and political development, and the linkages between investing in child development and in targeting family, national and international development. Child protection efforts should be driven by strategies that build trusting relationships, motivating and enhancing child communication and participation in shaping, implementing and measuring the performance of a social development agenda. Development of children's psychosocial competencies should be holistic, built on their aspirations, evolving capabilities, and socio-cultural, spiritual, political and economic aptitude, including gender-role socialization.

HIV and AIDS in the Lives of OVCS

'Project context' refers to the environment within which a project is undertaken (APM 2006). Existing literature and evidence from field interviews show that the deprivation and vulnerability of children in Zimbabwe took place within a specific cultural milieu. This milieu was characterized primarily by HIV and AIDS and other health problems; by political instability and polarization and corruption; poverty and economic decline; cultural practices not in the interest of the child; and by failure to conform to the protective legal

frameworks in place for children. These factors created and perpetuated the problems that orphans and their families encountered. They also determined the nature of social relationships, behaviours, perceptions, and productive capacities that affected the entire care and support system for OVC. The review of literature indicates that to a large extent, the situation in Zimbabwe could, to varying degrees, be generalized to that of many countries in Southern Africa.

HIV and AIDS posed the greatest threat to the rights, survival and development of orphans at the time of the study in Zimbabwe and in Southern Africa. As shown in Table 1, AIDS was responsible for about 77% of cases of orphaning in Zimbabwe, near equal to 76% in Botswana, 66% in Swaziland, 64% in Lesotho, but well above the average of 44% in the entire SADC region (UNICEF, 2006), excluding Seychelles and Mauritius where HIV prevalence is very low. The impact of HIV and AIDS was most visible in the number of terminally ill people, including children, who were reported to be taking ARV drugs. This placed a heavy burden on the care and support system at family, national, and regional levels, mostly affecting women and older people who were caring for both orphans and their parents during illness before death.

The danger to effective and equitable OVC policy, as we have demonstrated, is that in some cases, it is used as the sole defining criterion for directing care and support to orphans. Yet, it has long been established that there is a bi-directional causal relationship between HIV and AIDS and development factors such as poverty and political turmoil (SADC's 'HIV and AIDS Strategy, 2003–2007'). This practice was reinforced by international commitments (UNAIDS 2008) that prioritized allocation of funding for AIDS activities ahead of other human development priorities, and signified global acceptance of reductionist approaches to development. As a result, holistic approaches to orphans' and other social development challenges were not being implemented.

Bad Politics and Systematic Chronic Poverty in Zimbabwe

The study revealed and confirmed the centrality of governance to the effective management of service delivery for OVC and human development in general. Bad politics played a major role in creating vulnerability for children and communities in Zimbabwe. Access to resources to meet the basic needs for children was determined by the political affiliation of their carers; anyone not demonstrating loyalty to the ruling party was more likely not to benefit from support programmes. Political polarization also affected the productive capacities and care and support systems of families and communities by instigating

fear and hatred among members of the community, disrupting community livelihood initiatives, and displacing people. Such polarization displaced the community values of respect of the dignity of others as well as of collectivism, consensus building and altruism that characterized traditional orphan care and support systems in Zimbabwe. At the height of political polarization, the Government banned and restricted the operations of aid organisations. This affected service delivery for orphans and their families, who were no longer being prioritized by social welfare and aid programmes. The restoration of political and economic stability was necessary in order to reduce and reverse vulnerability among the poor and OVC.

The situation that prevailed in Zimbabwe raised questions regarding the morality and meaning of the state and its role over the well-being of the citizens. At the time of the study, the Government of Zimbabwe did not protect citizens from systematic impoverishment. Political power play, the disregard of the rule of law, and bad policy choices accelerated the collapse of the economy. Under such conditions, traditional project management principles and practices were no longer applicable, and most social development efforts in the country collapsed under the strain of political gamesmanship. These conditions pointed to the need to adopt or develop project management approaches that suited less predictable and chaotic social development contexts. In the absence of clear knowledge and professional guidance for managing projects in economically, socially and politically unstable environments, service delivery for OVC was left to the instinct and situational coping strategies of individual service providers. This milieu promoted and reinforced inappropriate OVC service delivery management approaches; there was little sign of the creative intellectual response needed nor of the moral courage to take hard decisions, namely, to sacrifice general standing in the country in order to ensure that immediate OVC needs were met.

The bad governance that characterized Zimbabwe was largely a product of the disreputable politics of patronage which severely undermined service delivery for orphans, amongst other manifest public 'bads'. The many sentiments raised by careers in Chapter 7 and interpreted in Chapter 8, and reported by the media regarding rampant corruption in the distribution of food aid by Government and representatives of aid agencies, demonstrated the breakdown in accountability and stewardship that characterized service delivery management practice for OVC in Zimbabwe. Aid workers, politicians and community leaders diverted resources for personal gain, and in some cases, used aid resources as a tool of political manipulation and demonstrating personal power and control. Aid had to squeeze through the clogged sieve of corrupt and manipulative politics, and bankrupt economic policy, to reach the orphans

and their families. This macro politics and economics was reinforced by the micro-feature of project practitioners not always being aware of programme/project budgets and of the number of beneficiaries targeted and actually served by their programmes/projects. We have already stressed the tendency of some practitioners to glorify the performance of their service delivery management processes.

Politics was a major determinant of the efficacy of service delivery; yet, we saw little evidence of creative solutions in social development project management practice in order to remain effective in politically polarized environments characterized by violence, corruption and the absence of accountability. Project practitioners were not always honest in acknowledging the weaknesses of service delivery management that were exogenous, largely, to them, imposed by the social, economic and political conditions that prevailed in Zimbabwe at that time. They also could not always acknowledge that these conditions were rendering their service delivery approaches ineffective. This dishonesty at worse, or an understandable lack of moral courage at best, could be attributed to pressures of the expectations of the performance management system that requires project practitioners to demonstrate evidence of success in order to attract donor funding for their organisations. Whatever the justification could have been, this practice demonstrated that the perceptions of project practitioners could not always be trusted when seeking to establish the performance of orphans' development management efforts. We question the morality of some social development project management practice.

Project management practice was being rewarded for pursuing short term gains that did not translate into sustainable benefits for OVC. Primarily, the findings revealed that a major potential weakness of project performance management for OVC was to emphasize the demonstration of verifiable, short term results, and to ignore the challenge of providing long term benefits of social justice for OVC and their families. The tendency to glorify successes was likely to reinforce existing weaknesses in the management of OVC service delivery, resulting in OVC continuing to 'fall through the cracks' of the service delivery system. Social development project management needed moral regeneration and a re-balancing of the physical results orientation with the non-physical social justice orientation in order to achieve comprehensive developmental outcomes for OVC.

A major factor of the service delivery management milieu for OVC was the socio-economic situation. The socio-economic environment was primarily characterized by poor household livelihoods capacity and a generally weakened service delivery system for OVC as we discuss below. The high levels of unemployment, coupled with hyperinflation and the severe economic

meltdown, resulted in a general state of destitution among the majority of the population in Zimbabwe, including the middle class. This undermined the ability of families and communities, and the traditional extended family support system to cope and meet the basic needs of orphans. As a result, the majority of children, orphans and non-orphans, became vulnerable. The Government social welfare system which traditionally cushioned orphans, the elderly and poor families, had collapsed. Despite the Government ban/restriction on the operations of NGOs and the 'restrictive sanctions' imposed on the ZANU PF led Government, orphan care and support programmes remained largely dependent on aid from Western Governments. The Government of Zimbabwe instituted a policy compelling all aid to be distributed through community leadership structures which favoured ZANU PF faithfuls, in contrast to a fair distribution. Community collective livelihood initiatives also became embroiled in partisan politics, discouraging the participation of those carers who depended on them, pushing them into destitution or else unwillingly into the arms of ZANU PF.

Regardless of severe socio-economic and political difficulties, carers continued to adopt desperate income generating opportunities to fend for vulnerable children. Carers lamented how they wished to be supported to improve their income generation initiatives to cushion them from economic adversity, to be self-reliant and to avoid dependence on aid. As noted earlier, this type of support was not being prioritized by Government and aid agencies alike; these provided short-term emergency inadequate, unsustainable and undependable relief for beneficiary communities.

The research study also confirmed that even in extremely poor environments, the immediate carer, who is most likely to be an unemployed women and elderly, often remained the only available defense mechanism for fulfilling the needs of orphans. Yet, aid assistance for OVC often targeted individual children and not the entire household support system. The ideals of child rights based programming promoted by the United Nations globally in which the broader family, community, institutions and Government have a duty towards orphans, were not being practiced.

The collapse of the Government social welfare system in Zimbabwe created a huge social welfare gap that placed a heavy burden on aid organisations, whose activities were in any case ironically or restricted by Government. This gap intensified vulnerability and widened the mismatch between what carers expected to be supported and what NGOs and Government prioritized and provided. The collapse of the social welfare system demonstrated that Governments could not always be trusted with safeguarding the basic needs of orphans and fulfilling national policy, legislative and programmatic

commitments. According to human rights based programming principles, under such circumstances, a higher level system of support above that of Government, would be required to oblige and bind the Government to implement international child rights commitments. This *supra* system did not and does not exist and as a result, Governments decide which obligations for children and for the poor they should fulfill, when and how, in Zimbabwe's case under Zanu-PF, if at all.

The capacity of service providers to monitor and establish the extent to which support was reaching the intended OVC and their families was reported to be weak and thus requiring to be strengthened. Aid organisations were also not collaborating and coordinating their efforts to maximize benefits for orphans; consequently, services were thinly spread reaching very few children. The study demonstrated that services were not being provided comprehensively but in a piece-meal fashion. This exposed the need for a social development service delivery framework that guided comprehensive and adequate service delivery for OVC. Government-led social protection policies and programmes and monitoring mechanisms were required to guarantee the basic needs and rights of all children particularly OVC.

An Agenda for Action and Reflection

We offer the following strategic recommendations, all drawn from the study, none new, yet cumulatively, they add up to an agenda which would stand a good chance of achieving a sustainable improvement in the well-being of OVCs in Zimbabwe and elsewhere in SADC:

- (a) Specific standards should be developed to guide the design, implementation and monitoring and evaluation of holistic service delivery policies, strategies and programmes for vulnerable populations.
- (b) The international community of nations should put in place enforceable legislative frameworks and standards compelling Governments and other stakeholders to adhere to the Child Rights Convention (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), and to protect children in situations of social and political conflicts and economic collapse. The professional conduct and accountability of social development management practitioners should also be regulated.
- (c) Social development project management for OVC should be designed to be long term and comprehensive, and include support during the

transition of OVC to adulthood. Such support should be targeted at strengthening family and community livelihood generation capacities.

The study triggered some questions fundamental to promoting social justice.

- (a) What is the truth and sincerity of human development efforts, the sanctity and universality of human rights/child rights, if fund holders and policy makers know what should be done to eliminate deprivation and the vulnerability of children, and yet adopt management approaches which practitioners know are incapable of attaining these aims, despite a deepening in the vulnerability of children?
- (b) Who protects the orphans and the vulnerable when the system that is supposed to protect them turns against them, becomes dysfunctional, unaccountable, and the cause of their vulnerability?
- (c) What does sustainability mean in a milieu of sustained extreme deprivation and vulnerability in which the majority are deprived and vulnerable?

The 'impossibility' of deriving immediate answers to these questions demonstrates that humanity is far from attaining social justice imperatives, and that management systems are intellectually and morally poverty stricken in the face of such challenges. It signals failure, perhaps for a long time to come, to realize the many global, continental and national commitments to human rights and social justice imperatives, and to the fairness targets of equality and universal access to basic services.

We now move on to discuss systems' philosophy and practice in social development project management, and to shed light on the reasons why the questions above could not be directly addressed by the study. In particular, it reveals the paradox of human relationships, demonstrated by the failure of human efforts to fulfill commitments and intents to social justice imperatives. These failures are emotionally and intellectually unacceptable considering the advances brought by science and the innumerable human possibilities that it has created. The study places the policy failings on the lack of moral capability within social development management practice to translate good intentions and evidence about 'what works' into real benefits for orphans and their families.

The factors that were considered as defining orphan hood and vulnerability, as indicated in Chapter 7, were not within the control of the orphans and their immediate carers. These factors were largely influenced by human relationships and the political significance people attached to these relationships. These included the adult societal perceptions and understanding of children

in relation to who the children believed they were and wanted to be and deserved to be. These factors and perceptions could not always be justified as representing 'the truth' of sustainable human relationships and social justice imperatives. In Table 24, orphan-hood was identified by sixteen out of one hundred and two carers and four out of twenty three practitioners as a factor in predicting the incidence, degree and nature of vulnerability for the child, and was defined as denoting a child who had lost one or both parents.

This understanding of orphan hood and vulnerability gives the impression that biological parenthood and not the broader social system was viewed as an omnipotent determinant of whether a child realized his or her rights or not. For example, whether a child had food to eat, went to school, remained in good health and alive, was protected from sexual abuse, and that these rights were threatened immediately the biological parent (s) died. Similarly, an analysis of the responses of carers indicate that on a day to basis, vulnerability was linked to the inability of the immediate carer or household support system and not the broader community and social system to meet the basic needs of the child. The broader care and support system was not obliged to account for service delivery for orphans, and for the support of carers to meet the needs of orphans. As a result, carers were receiving little or no support. Children were perceived as 'objects of charity', instruments of adult self-gratification, 'little adults' to be groomed, 'evil things' that needed to be purified through punishment, malleable creatures that needed to be nurtured, and 'blank slates' on which the rules of life should be implanted by adults. These perceptions often led to a misrepresentation of the child's best interests, led to the corruption of the 'Spiritual Child' and also reinforced children's mistrust of the adult social milieu. Yet, as we demonstrate, children often demonstrated cognitive, social, emotional and spiritual competencies to understand their social roles and their milieu far better than adults thought they could. Significantly, children in our study also demonstrated a transparent value system, with good hearts, endless patience and empathy, and with good intention to help deserving others.

Societal perceptions of children and child development practices were contrary to the global commitments defined in the UNCRIC and the ACRWC which recognize the sanctity and universality of child rights regardless of the status of their parents, as noted in Chapter 3. Child Rights Based Programming defines a broader care and support system of 'duty bearers' for the child that is not limited to biological parents. Other factors that were noted as defining vulnerability are also largely defined within social contexts and thereby determined by human world views, relationships and perceptions of the truth about life. They are social constructs that can be altered by changing worldviews, relationships and perceptions of the truth.

Current language usage, definitions and meaning applied in social development project management for orphans is unacceptable in as far as it promotes or allows social injustice to occur among children. It is a human imperative to seek to understand that which we do not know about social injustice experienced by children if we are to be better able to root out the injustices perpetrated against them. As Socrates asserted 'the belief in the duty of inquiring after what we do not know will make us better and braver and less helpless than the notion that there is not even a possibility of discovering what we do not know, nor any duty of inquiring after it' (Rosen, 2000b:424).

The loss of a parent was viewed as synonymous with loss of care and support, loss of rights and of developmental opportunities for the child – thus an orphan was in this case regarded as an object of charity and not a subject of rights. The definition of orphan denoted an orphan as a lesser or inferior child, and pointed to the failure of the broader family, community, national and international support systems towards orphans and their immediate carers.

A change in the definition of an orphan, which is currently understood to be 'a child who has lost one or both parents', to one that is compliant to child rights based programming and systems ideas, is necessary. We offer one such definition:

A child whose immediate parenting and care and support arrangement must immediately be transformed by a new arrangement, as a result of death or incapacity or neglect in the previous immediate parenting and care and support arrangement.

Adopting such a definition could kick-start an overhaul of societal perception, norms and values, policies, laws and legislations, programmes and service delivery arrangements for children particularly OVC, that could improve social justice outcomes for vulnerable children and their families.

Deprivation was often identified as a measure of vulnerability (the risk or probability of a failure to meet basic needs or the loss of basic needs), and yet, it is a clear demonstration that the rights and basic needs of the child have already been lost. Defining vulnerability as a loss of basic needs and a probability/risk of loss of basic needs was likely to result in the generalization of services for children, and a failure to distinguish those who were no longer receiving services from those who were receiving services but were at risk of losing them. This is a weakness in current OVC management practice and requires interventions and monitoring and evaluation systems to develop indicators that distinguish deprived children from those that are vulnerable, or at the minimum, distinguish different levels of vulnerability. Policies and

programmes ought to consider deprived children as requiring rehabilitation and emergency services in addition to, and ahead of, services that will eliminate deprivation in future; while those at risk may require interventions that largely focus on preventing deprivation and minimizing vulnerability.

This analysis suggests that some terminologies commonly utilized in OVC management work are utilized loosely without common understanding of their meaning and implications. Respondents often demonstrated different types of psychosocial support without necessarily identifying them as psychosocial support. It would, therefore, be useful to unpack terminologies used in OVC work into simple words that have contextual relevance and easy to understand and to be appreciated by ordinary people in the communities. This would empower communities to relate social development efforts with their own local inter-generational knowledge systems and experiences of life and of coping with adversity. It would save communities from overly relying on experts to understand in different words, that which they live and experience daily. The application of technical jargon by experts, which is hardly understood by local people, reflects a major challenge of social development management practice. This is very well known; policy makers and funders claim to only use culturally appropriate language, yet the problem remains. It is a continuing demonstration of power play and manipulation by experts at worse, laziness at least, that disempowers knowledgeable communities. Our carers knew what they wanted in order to provide better care and support for orphans. They wanted to be supported to improve their own sources of livelihoods and efforts towards self-reliance, rather than being perpetually provided with aid. Service providers had a different understanding of what carers and orphans wanted and how it should be provided.

The findings indicate that what project practitioners perceived as priorities were not always congruent with what communities viewed as priorities to be supported. We have shown that while carers wanted to be empowered to improve on their livelihoods initiatives, this was not provided for in the package of support offered by aid organisations. In addition, Table 31 shows that almost half (10 out of 23) of the project practitioners did not know the number of people that was being served by their programmes; they also could not estimate their annual budgets for OVC. This indicates that even given the world wide push in social development work towards evidence based policy and practice, the care agencies we talked with had little idea of the fundamental metrics of their work.

The study also demonstrated that project management practice was not responding to the weaknesses of project delivery systems even though these were well known to be failing the vulnerable. The majority of organisations

provided, at best, short term, quick wins that were quantifiable consistent with 'physical sensation' and not long term qualitative or difficult to measure targets that defined sustainable social justice outcomes and are synonymous with 'moral sensation' and the comprehensive well-being of the 'Spiritual Child'. Chapter 4 demonstrated that social development efforts appeared to be characterized by big plans, good intents and little delivery and hence resulting in unfulfilled promises. Social development management efforts in Zimbabwe generally focused more on addressing problem manifestations (providing food for the day), than on addressing the root causes such as political violence and partisanship, poverty, gender stereotypes, corruption, bad Government policies and governance. The findings portrayed a picture of an OVC service delivery management system that was severely compromised and dependent on inadequate, unpredictable, conditional and limited short term international aid.

The biggest moral paradox noted by the study was the Zimbabwe Government decision to ban aid organisations from distributing aid to a populace that was in all intents reduced to destitution in Zimbabwe. The reasons for the ban could only be traced to Government wanting to demonstrate power and political control over the social and economic dynamics that were taking place in the country at that time. This demonstrated a disregard for the universality of the sanctity of human dignity and wellbeing; a disregard for the truth perpetrated ironically, by a self-defined democratic Republican Government.

In practice, this implied an emphasis on the use of physical, often technically defined methods and targets based on performance management systems to address complex challenges of poverty and vulnerability. This approach kept service providers and Government pre-occupied with demonstrating competency, self-efficacy and control at all costs, and less on achieving real benefits for the poor – thus morally disregarding the 'truth'. Such an approach neglected important nonphysical service delivery outcomes that define social justice and the common good, and benefits that are difficult to measure such as happiness, equality, spiritual well-being. In our study, the lack of moral capacity has been generally expressed by the corruption of the 'Spiritual Child' by a social system that failed to understand and serve them adequately.

The summary of the implications of these findings can be derived from the well-known criticism levelled against 'experts' and 'management fads' (Jackson, 1995) as distorting and misrepresenting the real management challenges – reducing social development management efforts to 'some kind of a game of deceit'; defining human life, borrowing from William Shakespeare's 'Macbeth', as 'a tale told by an idiot, full of sound and fury, signifying nothing'.

Chapter 7 clearly demonstrates that the role of the extended family and the participation and support of communities in the care of orphans was weak

and required strengthening. Service providers exacerbated these weaknesses by targeting support for orphans at individual children rather than at families and communities. Carers, represented by the words of one participant, lamented that *'NGOs should play a coordinating role with viable project exit strategies that capacitate communities to carry on with programmes without external assistance.'*

Carers and orphans were not always consulted, and did not participate in the service delivery decisions of aid organisations; hence their priority needs were not always known to project practitioners working for aid organisations and Government programmes. As a result, they complained that *'NGOs should ask us what we need and not just put programmes for us'*. Similarly, orphans typically suffered in silence, not communicating their needs to carers and service providers. Service providers were largely making decisions for beneficiaries, and ironically as noted in Chapter 4, the plans and intents of service providers portrayed a beautiful picture of community consultation and engagement in social development efforts. This irony has been noted in management literature. Those who have discussed the merits of Ackoff's Interactive Planning approach to stakeholder participation caution that it should not be assumed.

'that there is a basic community of interests among stakeholders, which will make them willing to enter into interactive planning and to participate freely and openly in idealised design'

JACKSON, 2003:175

Carers were the primary source of care and support for orphans. In this regard, they were the most appropriate advocates for children and for the resources that they needed to care for children. And yet, they were not systematically consulted and most of them claimed that there was no point in telling their agency what they were hearing from the field. Similarly, children did not feel comfortable in communicating their deep pains and needs, and thus were not advocates for themselves. The reasons for not communicating given by both orphans and carers, as we earlier illustrated, demonstrate that a hostile care and support environment inhibited the full participation and leadership by carers and children in care and support efforts:

'You cannot communicate to these people unless they first introduce themselves that they can help (50 year old widow)...communication channels are not very open at present (30 year old guardian)...leadership should be disciplined and put the interests of the kids first (55 year old care giver)...a family relative asked me out but I didn't tell grand mum because she won't

listen to that' (13 year old girl and double orphan)...I was beaten by an electric cord, then my head became swollen, but I couldn't tell anyone because everyone at home was saying I was wrong' (14 year old boy).

In some cases, widows were being stigmatized and shunned by other women who feared that:

'We can take their husbands away from them...they think you might be a threat to their marriage, not knowing that not all widows are like that.'

These words show that when people do not have faith in the service delivery system or in their milieu, they will not share their needs with those who may be in a position to help them no matter how desperate they might be. Therefore, to improve targeting of OVC and increase the scope of care and support, it is important to stress the obvious need to improve the dialogue of needs and problems among OVC and carers. This has potential to increase their participation and confidence in managing their lives and in seeking out support. In this regard, specific efforts should be targeted at addressing the reasons that inhibit communication among carers and OVC.

On the other hand, efforts to facilitate communication should build on communication channels used by those carers who indicated that they were communicating their concerns. For children, a priority is to build trust between them and carers or adults and service providers, and that the latter maintain consistency in paying attention to OVC needs. It is also important to be open and sincere to OVCs about the reasons why it may not be possible to provide them with the support that they need.

The study depicts a hierarchical structure in the carer support system. Government and donor agencies were most influential, followed by 'expert' service providers, then carers, and orphans at the bottom (dependent but with no influence). Children knew their situation better than anybody else but, as we have seen, they were reluctant to disclose their innermost pains and needs. Ironically, this information was needed, both ideologically and practically, by social development practitioners, funders and Government to inform policy and programme priorities on care and support for OVC. The most welcomed, but rarely experienced, service delivery and caring efforts for orphans were those that regard and consult children as equals in the care and support relationship.

The lack of common approaches, standards and coordination between organisations working for and with orphans suggested that social development project management efforts for orphans failed because they were based, at best, on experiential approximations and at worst, on management fallacies

devoid of theoretical and practical rationale and experience. Claims by some project practitioners that services were being coordinated between different service providers appeared to have been largely hypothetical. Coordination was noticeably very weak in practice. Only one project practitioner indicated that his organisation referred children to other service providers. Project practitioners could not commonly justify or agree on why they did things in a particular way. As a result, the culture of service delivery was that of 'anything goes' that could be rationalized in terms of a creative report to headquarters which showed 'effort'.

Field responses clearly demonstrated that comprehensive support for orphans and children in general need to go beyond meeting the physical and material needs to include psychosocial, emotional and spiritual needs, which are behavioural and long term, and, therefore, complex to fulfill and measure, and need a holistic child centred approach. Yet, different service providers were reported to be working in isolation. To meet the basic minimum of a wide range of services for each orphan, services' providers needed to be flexible, to collaborate, to integrate, and coordinate their efforts. Service providers needed to ensure a continuum of services that met the basic needs of orphans at different stages of their development from childhood to early adulthood, and until such time that they could sustain their own lives. These efforts required a service delivery approach that was more complex than the prevalent traditional, over-simplistic project life cycle approach.

In Chapter 7 we offered an outline of the factors that were considered by participants as necessary for comprehensive service delivery to take place; and indicated that many of these factors were considered to be outside the control and capacity of any individual. These factors included an enabling policy framework, a permissive and progressive social environment, characterized by the absence of stigma, the commitment of all stakeholders, and the recognition and respect for children's rights. We argued that efforts to provide services to orphans were often undermined by structural factors that created vulnerability: HIV and AIDS, political conflict, corruption and bad policy decisions, poverty and a collapsing economy and service delivery system in Zimbabwe. These factors often had complex causal relationships that required cumulative, multi-pronged and coordinated efforts to address them; such efforts were never observed by us nor reported by our research population.

Focusing on immediate or short term observable results was never sufficient because the outcomes achieved were endemically temporary and unsustainable, and could be revoked. The study revealed that traditional short term, emergency type project cycles were not being effective in addressing orphans' development issues. We suggest that different projects for orphans should be

designed to build cumulatively on each other, to address their problems in the short as well as long term. In this regard, it is important that service delivery efforts for OVC be designed as programmes, comprising of a series of interconnected service delivery projects that build on each other and on cumulative experiences (Dzirikure, 2005). This would work towards a guarantee of a continuum of services for orphans in the long term. We saw no sign of such an approach.

In poor resourced and politically unstable settings characterized by extreme poverty and collapsed service delivery systems, as was the case in Zimbabwe at the time of the study, the notions of linear and simple short term project life cycles, and service delivery approaches that terminated at the end of the project life cycle, were neither appropriate nor relevant to adequately and sustainably meet the needs of orphans. Vulnerability or risks facing orphans are known to be developmental, many, interrelated, complex and long term and not easily modelled or predicted using tired and knowingly limited project management techniques.

The Limitations and Potential of Project Management for OVCS

Project management knowledge areas span a wide range of performance areas and skills all of which are necessary for any organisation or service delivery effort to be successful. The study revealed specific areas that are critical to social development project management for orphans and their carers that were not being addressed or emphasized in the project management approaches we reported. The major omissions include:

- (a) Managing benefits as the basis of success in social development efforts. There were no common standards of monitoring quality of service delivery in social development project management particularly for orphans. Project managers placed less emphasis on achieving benefits (outcomes and impact) for orphans and their families and were more preoccupied with efficacy (inputs, processes and outputs) on delivering project designs – such as meeting timeframes and setting and hitting targets within budgets. Project practitioners glorified the performance of their projects suggesting that they were either not aware of the reality of deprivation and destitution on the ground due to weak monitoring and evaluation or because of deception, or lack of trust in people's comments. In the absence of universally set service delivery quality standards, the study triggers a question: how can the universality of quality of services

for orphans in any context (community, national, regional) be ascertained and enforced; and how can vulnerable populations be protected from the whims of service delivery experts (some of who, as the study noted, are not always honest at worst, and inaccurate at best, in their assessment of their own service delivery performance)? Hard work needs to be done to establish universal quality standards for social development project management practice.

- (b) Successfully managing projects in complex environments. Whereas APMBok singles out 'project context' as dealing with the management of political, economic, sociological, technical and environmental issues, and that the project may need 'configuration and value engineering' during its life cycle, it is not clear on how these can be managed in social development projects and politically unstable environments.
- (c) Managing social development efforts within a theoretically justifiable framework.
- (d) Managing morality in social development efforts. Whereas 'professionalism and ethics' are recognized by the APM body of knowledge, they speak more of the expected qualities of project practitioners than about the values and principles that should underpin service delivery processes, particularly in the context of social development. Morality was not on the agenda, given the paucity of Government and development organisations and experts paying more than lip service to the UN Child Rights Convention.
- (e) Managing a continuum of comprehensive developmental needs of vulnerable populations. The nature of problems for orphans required a comprehensive continuum of services and a monitoring and evaluation system that ensured that children did not 'fall through the cracks' of service delivery systems. Such service delivery management systems would not follow a linear and clear cut project cycle. It would require a spiral cycle of interconnected project cycles that allow for reflection and feed back in the care and support environment to identify new vulnerabilities, new cases of orphans and vulnerable children, and new needs of individual children as they evolve through different age groups.
- (f) Managing collective social development responsibilities. The study demonstrated that social development challenges such as orphaning and vulnerability among children require collective action by different stakeholders towards common goals and outcomes in order to address the latter effectively and sustainably. Whereas managing partnerships is prioritized in APMBok, this does not address how partnerships can be used to address complex social development challenges such as

orphaning. In current Southern African social development management practice, partnerships are not binding, emphasizing loose networks for sharing lessons and experiences and not long term joint management of specific project interventions.

Our Core Argument: A Vision for Change

We now summarize our position so far. Social development management for orphans should review, adopt and promote within its practice, a glossary of symbols, language, definitions and meaning that facilitate the elimination or reduction of vulnerability and guarantee fulfillment of the rights and social justice for OVC. This includes developing or adapting language, definitions and tools that facilitate the application of key instruments such as the CRC/ACRWC, drawing on systems ideas. Child development management practice should be defined and measured in terms of satisfaction of physical needs and fulfillment of moral benefits such as equality, happiness, dignity and well-being. The project oriented service delivery cycle for OVC care and support should be redesigned to address the long term comprehensive developmental needs of orphans. This requires a review of the current project lifecycle management approach. And social development management practice should adopt a philosophical/theoretical framework on which to build its' knowledge and practice drawing on systems ideas.

The study confirmed that typical of project management, orphans' development projects are designed as short term efforts to address a long term problem – the idea, as put by a project practitioner, *'is to wean off beneficiaries'* on the assumption that they will be able to take over and sustain the support initiated by the project when the project comes to the end of its lifecycle. Evidence from document review, field surveys, and the recollection of field experience suggested that there is no documented project on orphan care and support that has met this criterion in Zimbabwe and Southern Africa. In our study, the notion of sustainability is portrayed as ironic, particularly given that the majority of carers were unemployed women and older people, most of whom were dependent, with many testifying that they were *'surviving on wild fruits'* at the time of conducting the study. The findings demonstrate incidents of destitution, perpetual dependency among the majority of families of orphans, and extreme deprivation and vulnerability. In particular, the findings suggest that the reinforcement of the cycle of deprivation and vulnerability was already taking place in the communities that were covered by the study.

For example, based on the assumption that access to education has improved in Zimbabwe over the past years, one would expect that young adults would be better educated than their older counterparts. Contrary to this expectation, as we have shown, none of the younger carers below the age of 30 years had tertiary education and six out of twelve among them had primary education, compared to seven out of forty six carers aged between 30–49 years who had primary education and five who had tertiary education. This suggests that the age of OVC carer may not always be a good indicator of their level of education attainment and by proxy, economic self-reliance.

These findings show that there is a new generation of young carers who are increasingly excluded from formal schooling. A cycle of poverty among vulnerable families and households of OVC appears to be in effect, and OVC appear to be turning into economically poorer carers as they became adults. This could be largely as a result of the wide spread impact of HIV and AIDS. With the number of orphans and vulnerable children on the increase, in Zimbabwe and in Southern Africa, these findings point to the need for Governments to come up with preferential policies and empowerment programmes that guarantee education, skills development and employment and income earning opportunities for vulnerable children, youth and their families in order to break the cycle of poverty and vulnerability.

In reality, the majority of programmes were funded by international donors, with little support from local communities. Thus the notion of sustainability in social development project management for orphans needs to be revisited and redefined on the basis of the contextual realities of Southern African countries. The proposed framework for social development project management outlined in Chapter 10 attempts to provide ways through which sustainability can be achieved in orphans' development project management efforts.

The study showed that families and immediate communities and children themselves are at the frontline of care and support for orphans, often adopting desperate income generation and survival measures, including '*...widows turning to prostitution to support their families*'. There is consensus in the field of care and support derived from research and experience, that orphans are better cared for when in family and community settings than within institutional care. It would be more appropriate for service delivery management to channel more resources directly to support families and communities' livelihoods initiatives. Social protection initiatives could, according to a 36 year old community caregiver and vendor,

'Provide finance for us to begin some livelihoods projects in order to support the children. This should also be extended to children themselves so that they can start a poultry project on their own.'

Such support should be built on what communities are already doing for themselves, by themselves and not create dependency or undermine community innovation. The spirit of community collectivism and support that the study noted to exist, although not always translated in real terms, could be tapped on to mobilize family and community support for orphans. To the contrary, as shown in Tables 26, 28 and 35, the study noted that much of the support provided did not address livelihoods self-reliance for vulnerable families. Support was targeted at orphans/children and not families. Interestingly, as noted again in Tables 28 and 35, carers and practitioners placed little emphasis on external funding, and emphasized training and skills development for income generation, and strengthening community support systems for comprehensive service delivery. This was not being provided by aid organisations, as shown in Table 26.

The study shows that poverty among families of orphans was becoming cyclical; when parents died, vulnerable and poor older people and women who had difficulties to fend for themselves took over the care of orphans – orphans in these vulnerable households grew up without having their basic developmental needs met and were maybe likely to grow up to become vulnerable adults/carers – who in turn would be likely to have vulnerable children of their own, reinforcing the cycle. Carers expressed the desire to be supported to improve on their small incoming generating projects so that they could look after their families and orphans – and break the cycle of poverty. While they appreciated the little support that they received, most carers were not comfortable with being dependent on aid handouts: *'as widows, we don't want to depend entirely on aid. We should be given the tools to assist ourselves'*. We have shown that sustainability is dependent on empowering people to engage in their own sustainable livelihoods *'self-help projects'* not in *'distributing aid handouts'*. Families and communities need to be supported with micro-financing for income generation activities to secure their livelihoods. This may include empowering orphans with entrepreneurial skills for self-reliance. We reveal a need to target support for OVC based on a contextual understanding of community needs rather than, as put by a carer, *'just assuming that all what people need is food'*.

When asked about what they wished for the future, orphans aspired to *'be successful in life'*, securing employment and supporting their siblings and carers when they become adults. And yet once they turned 18 years, orphans were automatically considered adults and no longer eligible for support despite that they continue to experience vulnerability. To break the cycle of vulnerability, social development management practice should deliberately build on these aspirations by creating employment and entrepreneurial opportunities for older orphans when they reach adulthood, and empowering them to look after their siblings and families. We know that such work orientated projects exist but none of our respondents claimed to have benefited from them. This

approach requires a review of the traditional project lifecycle to enable the delivery of a continuum of comprehensive services for orphans throughout their developmental stages from childhood to early adulthood. Deliberate Government social protection and human empowerment policies should be established to strengthen livelihood and income generating opportunities for families of orphans, such as through providing preferential vocational skills development, income generation and employment opportunities to older orphans and to carers of orphans.

The chapter summarized the realities uncovered by the study, in particular, that the apparent good intents of social development organisations were often unreasonably misguided. It highlighted the implications of these findings for practicing holism in social development project management practice for orphans. These are the realities that project management practice must acknowledge and address within its discipline for the practice to be relevant and responsive. The study indicated that social development project management is currently not addressing the numerous and diverse realities that affect orphans, and thereby bringing real benefits to vulnerable populations. The findings revealed that the rights and needs of orphans were either provided inadequately in bits and pieces in the form of charity or not met at all. Services were provided as short term solutions to pressing needs only, and service providers were not coordinating their efforts.

The developmental challenges of orphans and the care and support challenges of carers were not fully understood and addressed largely because of lack of trust and communication within the care and support system, summarized by one participant: *'there is no transparency and all the efforts are in vain since those who are benefiting are not supposed to be benefiting, such as field workers and their families'*; and a lack of participation of carers and orphans in decisions and actions regarding service delivery priorities. 'Small things', in reality 'big things', that we were told could make a difference in children's lives, were not identified nor, therefore, addressed. Orphans were not being perceived as responsible and spiritual beings, aware of their cultural milieu, with developmental potentials and aspirations. Instead, they were viewed as objects of charity – collectives of problems for adults to solve. Programmes addressed deprivations/problems as they manifested themselves, and were not designed to address causal factors and to prevent the deprivations/problems from occurring.

The social development intents, including commitment to the CRC, ACRWC, were not being fulfilled in practice based programming that promotes collective social responsibility for children. In its interpretation and application on programmes, the language used, ironically, appeared to reinforce rather than minimize vulnerability for orphans. No common service delivery

standards and benchmarks against which social development organisations could measure and compare their efforts were reported or observed. There was no common value system or theoretical framework that guided social development practice for orphans. Service delivery priorities were not always congruent with the needs and aspirations of carers and orphans. Sustainable community empowerment opportunities, such as support to families' livelihood and income generation initiatives, were not being prioritized in social development practice. Instead, aid organisations supported emergency-type charity oriented relief efforts that reinforced the dependence syndrome among families of orphans, and in some cases, *'the way that they provide the assistance is not quite open'*. In addition, the Zimbabwe Government adopted politically motivated policies that created and exacerbated extreme poverty and destitution among citizens, and destroyed community collectivism such that *'there is now no unity among us [community members] because of the political situation. Things are no longer going well'*.

Social development management practice needs to address the following key areas:

1. the efficacy of adopting systems' ideas of totality, plurality and holism in managing sustainable comprehensive service delivery for vulnerable children.
2. relying on dialogue with and about the leadership of beneficiary communities and children/orphans for beneficial and contextually relevant child and orphans development management efforts.
3. balancing physical, empirical demands and reality, with moral capabilities in social development management practice; and
4. transforming or otherwise adapting the project life cycle to suit the challenges of social development management for orphans.

The rich responses provided by orphans and their willingness to narrate hurtful events that they had *'never told anybody else before'* suggested that the story telling research method effectively demonstrated sincerity in our dialogue with them; this appeared to have convinced them to trust the researchers, and in the process, empowered them to communicate, often for the first time, their painful experiences. No child showed signs of emotional breakdown during and immediately after the interviews, including those who narrated stories of physical and sexual abuse. While this behaviour may be ascribed to other factors other than the effect of the study, it suggested that orphans found the story telling research approach appealing and therapeutic. And the stories they told we have tried to truthfully report in this study.

Project Management for OVCs in Zimbabwe and Southern Africa

The findings of the study described in Chapter 7, and interpreted and analyzed in Chapters 8 and 9, made a compelling argument for social development project management practice to explore new options that have potential to address the systemic failures of service delivery for vulnerable children in Zimbabwe in particular, and southern Africa in general. Reflecting on the analysis of these findings, and taking into consideration the intentions and the design of the study; the milieu and situation of vulnerable children; and the theories of Systems Thinking, Project Management, and Child Rights and Development highlighted in Chapters 1–6, we propose a comprehensive project management approach for the care and support for vulnerable children, designed to provide and sustain a continuum of basic care and support for vulnerable children up to the time they reach early adulthood, and are able to look after themselves and their families.

The Systems' idea of holism with its emphasis on totality, pluralism and comprehensiveness in approaches and in addressing life situations, underpins this comprehensive approach to the management of effective service delivery for vulnerable children, based on an understanding that the complexity of developmental challenges and the needs of vulnerable children requires a management approach that has systems' thinking oriented characteristics. The latter include:

- (a) the flexibility to accommodate emergency situations and manage diversity and multi-disciplinarity; awareness of the complexity of life and of human relationships
- (b) the ability and preparedness to accommodate new as well as different and competing world views; preparedness to construct new meaning through experiential learning
- (c) a willingness to engage into partnerships and collaboration between individuals and systems with different backgrounds and value systems towards a common goal
- (d) appreciation and respect of inherent capacity and dignity of local communities and vulnerable groups to take responsibility for their own destiny, and
- (e) a willingness to seek to emancipate the weak and poor from the situations that create vulnerability.

As reflected in Chapter 4, systems ideas are already embedded in social development policies, strategies and plans, but alas there was no sign or reports of them being practiced. So we move on now to present the justification and essence of the Comprehensive Service Delivery (CSD) framework. It outlines what is required to implement a comprehensive approach, including: an understanding of the basic needs of vulnerable children; their moral stance and the moral stance of significant other people in their lives; service delivery capacities; the social milieu; and the information, knowledge and skills competencies required to holistically deliver services for vulnerable children in a dignified manner. The concept of a Comprehensive Service Delivery Spiral Cycle (CSDSC) and its attributes is introduced, drawing on the theories of the Project Life Cycle (PLC) and the Learning Cycle (LC) described in Chapters 3 and 5. The Chapter ends by providing a theoretical elaboration of the CSDSC, which draws from an adaptation of the traditional project life cycle into what we describe as the Project Spiral Cycle (PSC). We describe how, in its design, the PSC is suited for the management and sustainability of service delivery for vulnerable children.

Comprehensive Service Delivery

Comprehensive Service Delivery recognizes the need to adequately address the immediate and long term developmental needs of vulnerable children in a continuum. It seeks to address the weaknesses of current reductionist service delivery challenges in social development project management practice that are depicted by the study. It is not a panacea, rigid and static, for it can be adapted to different contexts, and be improved overtime. It seeks a balance between scientific empiricism, and moral obligation in all human development endeavours. Morally, it challenges the failings in current human global development efforts to achieve human development and social justice commitments to the universality and sanctity of child rights and dignity. Ideologically, and practically, assuming that service providers and donors have fully attained the moral capabilities proposed by this Framework, the power and influence of social development management efforts for vulnerable children and communities should shift from Government, donors and experts in favour of children, their carers and communities. Children and their carers believe they understand themselves in their context of culture, friends, and family (what there may be of them), what they need and how it should be sourced. As a methodology, CSD is guided by systems ideas of holism, totality and plurality of approaches to solving any problem situation.

CSD can be applied as a practical reference guide and as a theoretical tool by practitioners, policy makers and service providers to determine and measure approaches to programming for vulnerable children. Its strength lies in its flexibility and accommodation of different ideas and worldviews in different settings, and in enabling project /programme management knowledge and practice to evolve, grow, and respond effectively to modern complex management challenges associated with vulnerable children. Being vulnerable, as noted in Chapters 7 and 8, children often rely on external support from Government and non-government service providers in addition to their immediate carers. External service providers are many and often provide partial services in vertical, uncoordinated ways; this is a challenge for CSD. In order to get the service providers to work together, CSD promotes the harmonization of worldviews and methodologies, dialogue and collective consensus building, building of trust, and the compromising of individual and organisational values, among other requirements for effective partnership and collaboration between different service providers and stakeholders. These challenges can be addressed by drawing on the philosophical and methodological strengths of systems thinking developed in Chapters 3 and 5.

Our argument for comprehensive service delivery (CSD) for vulnerable children, highlighted by our research findings, resides in the following. CSD defines and enables the harmonization and provision of minimum services and standards that are required to achieve full developmental outcomes for children; dignifies support to vulnerable children by enabling family centred holistic provision of both physical services (such as food, shelter, clothing, health and sanitation, and protection), and non-physical and morally enhancing services (cognitive, emotional, social, and spiritual) that result in real benefits and optimum development for vulnerable children and their families; promotes service delivery management processes and systems that address the self-reinforcing effect that deprivations and vulnerabilities have on each other, with a view to breaking the cycle of deprivation and vulnerability; maximises the efficacy of efforts towards comprehensive service delivery by promoting coordination, collaboration, referrals, and service delivery management competencies among different service providers and carers; has the potential to illustrate core service delivery mandates of different sectors, the barriers to achieving these mandates, and the support that each service provider or duty bearer can provide, and/or receive from other service provider sectors or duty bearers; promotes continuous reflection, learning and the improvement of vulnerable children needs and service delivery processes, ensuring timely identification and the addressing of deprivation and vulnerability through robust monitoring and evaluation; promotes and guarantees the provision of a continuum of

developmental services for vulnerable children by ensuring that they get adequate services all the time up until they reach early adulthood and are able to fend for themselves and their families; and; and enhances the understanding of needs and vulnerability of children and their families by ensuring that they are empowered and thereby inclined to apply their local capacities to source the services that they require, as well as direct Government and aid organisations to support them with services that they do not have capacity to address by themselves.

The overall purpose of CSD is to provide an intellectual and professional framework to guide management of the delivery of a continuum of sustained basic services that can achieve optimum development for vulnerable children. Its goal is the optimum development and well-being of the child as shown in Figure 9 (see also Figure 11, the Comprehensive Service Delivery Spiral Cycle, and Figure 12, Critical Experiential Learning under the Project Cycle). The CSD Framework outlines 3 main outcomes that are pre-requisites for achieving optimum development outcomes for children. These outcomes are: the restoration or rehabilitation of services among deprived children in the short term; minimizing or addressing vulnerability within the milieu of children that cause deprivation in the medium term; and the ultimate elimination of deprivation and guaranteeing a minimum of basic developmental services for all children in the long term. The goal and outcomes are summarized in Figure 9.

As depicted in Figure 9, the ultimate measure of the efficacy of a CSD management system is the elimination of deprivation (all basic needs of the child adequately met and sustained over time within a household /family environment), which would be achieved by rehabilitating deprived children (such as food distribution and nutrition therapy, or an education grant that can be provided in the short term), and minimizing vulnerability (for example, through social protection policies and programmes that provide free education to vulnerable children, or empowering families with skills and start-up capital for household livelihood self-sustaining which can serve to sustain rehabilitation of deprived services in the medium to long term). The ultimate benefit of CSD is the optimum development of the child when he or she fully attains a set of basic physical, cognitive, social, emotional, and spiritual well beings. This is achieved through a sustained elimination of deprivation. Keeping vulnerability (particularly from non-natural causes) under control is critical to ensure that rehabilitation and elimination of deprivation is achieved and sustained. It is also a preventative measure to ensure that future deprivation is anticipated and prevented before it occurs.

Drawing on the description of the Pillars of CSD given above, and furthering the application of findings and their interpretation in Chapters 7, 8, and 9 we

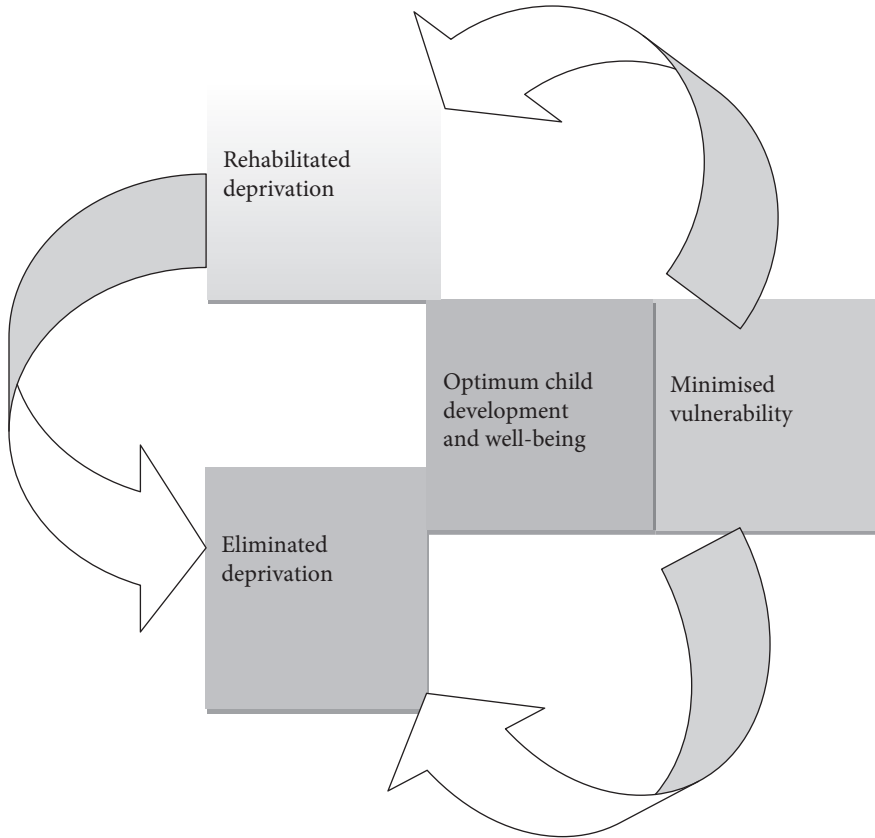


FIGURE 9 *Outcomes of CSD and their relationships*

identify the service delivery management Requirements for the delivery of CSD, as summarized in Figure 10. The middle circle (continuous reflection & learning to improve CSD outcomes) indicates the existence of a mutual interdependency between different Requirements which produces continuous improvement through a cycle of continuous reflection and learning within and between the different Requirements. Each Requirement is equally important. The Requirements interact simultaneously to achieve CSD, and are explained below.

Appropriate clothing was prioritized by children and carers – its absence negatively affected children in ways such as producing low self-esteem, and low self-worthiness, and produced the perception and reality of exclusion and discrimination. Yet clothing, and fashion, its first cousin, were rarely prioritised by aid organisations. Spiritual wellbeing emerged as key and yet it was often

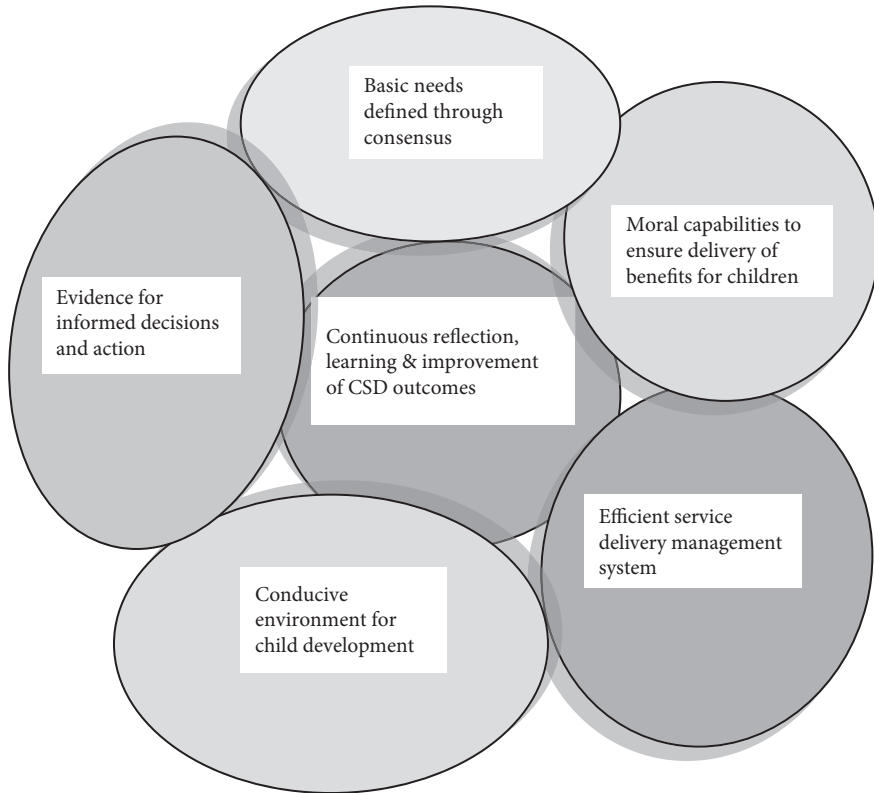


FIGURE 10 *Requirements for CSD and their relationships*

not adequately distinguished from other forms of psychological and social well-being. As revealed by our empirical work, current basic needs frameworks do not recognize and address children's awareness of their socio-cultural, economic and political environment and the need to provide broader psychosocial competencies that enable them to cope with these factors.

Morality and Science in Service Delivery

Fulfilling comprehensive service delivery for vulnerable children requires an optimal balance between the efficacy and the efficiency of the service delivery management system, and management knowledge and skills (scientifically measurable and achievable in the short to medium term), and moral capacities for the management of service delivery processes for vulnerable children.

Moral capacities may be non-scientific, relating to long term and ingrained values and spiritual attributes that adults or society must have in order to deliver holistic and comprehensive services for children. Moral outcomes are measured in terms of sustained behavioural and value outcomes related to adult or societal understanding, respect and fulfillment of social justice and child rights ideals. These are necessary to ensure that outcomes that are derived from efficacy in service delivery management, such as the physical ability to provide or delivery basic services, are translated into sustainable (non-physical) benefits for vulnerable children and can be measured in terms of happiness, love, longing for life and service to others, dignity, equality, and other non-negotiable outcomes related to the optimum development or blossoming of a child.

Traditional or current received-wisdom on project management practice place emphasis on knowledge, individual competencies, physical infrastructure and delivering immediate often short term child development outcomes. Modern scientific social development management theory and practice is rich in physical sensation or capabilities than cultural and moral sensation or capabilities. While this project management practice is necessary to attain efficacy with respect to the timely delivery of basic services, within budgets, reaching most deserving people, among other measures, this is not enough to guarantee child optimum development outcomes. In the context of CSD, the focus is on delivering comprehensive services; this requires a holistic and morally appropriate approach.

This approach includes defining the minimum standards of relevant infrastructure, environment and management competencies that are required. However, as we stress, a preoccupation with efficacy does not necessarily translate into benefits or outcomes such as sustainability, and spiritual wellbeing, and social justice. The study demonstrated that in a resource constrained and poverty stricken environment such as characterized Zimbabwe at the time of the study, existing APM and PMI project management knowledge required adaptation and additions to enhance project management competencies for promoting child development. Our framework acknowledges that all existing project management knowledge areas (APM, 2006; PMI, 2005) maybe relevant to social development management for vulnerable children, subject to being adapted to social development management contexts for vulnerable children. We have identified additional knowledge areas that are critical to the management of vulnerable children development as follows:

- (a) Managing complex project environments: deals with managing projects in situations of risk and uncertainty characterized by systemic challenges

- in human relationships. According to APMBok, this includes dealing with threatening and unstable political, policy, economic, technical, social, environmental challenges (APM, 2006), including extreme poverty.
- (b) Managing moral capacity in projects: ensuring that the approaches used are appropriate to benefitting orphans consistent with the values of sanctity and the universality of child rights and dignity. It defines values, relationships and obligations for the collective responsibility of duty bearers (social support system-funders, service providers, carers/community) towards orphans, that are not dependent on charity and chance; it includes the process of investing in understanding of children and nurturing their human capabilities to contribute to their own current and future development, and that of society.
 - (c) Managing comprehensive service delivery for orphans: defines the processes and partnership relationships and quality and regulatory and performance standards to ensure that orphans receive a consensus based minimum of adequate developmental needs all the time, in a coordinated and sustained continuum. It represents a shift from measuring service delivery performance for vulnerable children and their families that nurture them through their transition into adulthood.
 - (d) Managing the 'project spiral cycle': defines the use of experiential learning, traditional knowledge systems and cumulative projects to sustain comprehensive service delivery for orphans in the long term. It redefines a social development project in terms of its relationship and connectivity to other project efforts to attain common goals, and how it builds on traditional community practices.
 - (e) Managing project knowledge systems: includes declaring the assumptions, theories or ideologies that underlie particular project designs and building projects on sound theory, and appropriate language and meaning that promote, not undermine, the development of vulnerable children. It also identifies efforts to facilitate dialogue and collective consensus, and ensure that beneficiaries and practitioners communicate as equals, and that orphans' development efforts are built and led on existing community experiences capabilities and efforts, and a thorough understanding of children.
 - (f) Managing sustainability: ensuring that orphans' development projects derive long term incremental benefits for children and communities have no negative effects and are integrated with community experiences and efforts.
 - (g) Managing the governance of vulnerable children's professional development interventions: focuses on technical, legal, stewardship and managerial

- arrangements and structures that include and account to beneficiary communities.
- (h) Managing gender based vulnerability: deals with tapping on the capabilities of both males and females as equals in development and paying attention to the specific vulnerabilities that come from being male or female.
 - (i) Managing project spiral cycle financing and resourcing: defines the mobilization, utilization and accounting of material and non-material, including in-kind resources designated to consistently provide a continuum of long term comprehensive support for orphans throughout childhood and during transition to adulthood and self-reliance.
 - (j) Managing the scope and targeting of development programmes: defines efforts to cover all OVC /beneficiaries with adequate services. It includes building capacities to track and respond to onset of vulnerability and deprivation for every child, in order to rehabilitate deprivation, minimize vulnerability and eliminate deprivation.

Socio-cultural, economic, political, and governance issues can cause or address vulnerability and deprivation and have an overriding bearing on the managerial efficacy of service delivery systems and processes. They determine the extent to which vulnerable children can receive basic services as well as enjoy the developmental benefits of the services. Poverty, disease, corruption, political partisanship and violence, bad governance, deceit, lack of accountability, abuse, natural disasters such as drought and floods, economic problems, non-empowering social development management approaches, are among factors causing vulnerability for children. We know, but seldom act on the knowledge that the milieu in which children grow can corrupt their spiritual wellbeing. The environment should have the appropriate language and symbols that portray children in ways that do not promote, but minimize vulnerability and eliminate deprivation. In order for different levels of duty bearers within the care and support milieu to fulfill their obligations, they must be empowered with appropriate policies, legislative and moral capacitating instruments; there must be appropriate monitoring mechanisms to ensure that children are tracked and cared for as they move in and out of vulnerability; different levels of duty bearers must demonstrate capacity and readiness to take on their roles immediately a level below them shows signs of failure.

The performance of CSD is measured utilising two main outcomes. First, the efficacy of the service delivery system and environment. In particular, this focuses on the measurement of management processes and outcomes relating

to meeting a set of defined and agreed upon basic needs of children. It focuses on the extent to which deprivation has been 'rehabilitated' and 'eliminated', and vulnerability minimized. It should track emerging challenges, untapped opportunities, things that do not work or those that have negative impact in the long term; forecast, anticipate and model risks, to enable advance preventive planning; as well as inform the development of knowledge, policies and approaches for addressing vulnerability of children. Second, the benefits accrued in terms of optimum development of children, which include moral and spiritual outcomes and well-being such as longitudinal development and the use of human potentials during childhood and adulthood, and happiness and social responsibility that define continuous human improvement and development ideals. It should measure longitudinal impact of childhood deprivation and vulnerability on adult productive capacities.

Based on the findings of the study, the framework requires monitoring of vulnerability and sustainability of care and support for orphans to include the following processes:

- (a) Contextually defining the basic needs of vulnerable children through socially derived collective consensus informed by the stories of children and their carers, not solely expert knowledge, and benchmarking with global standards such as the CRC/ACRWC as highlighted above, and represented by LOE 1 and 7 in Figure 6;
- (b) A projection of the extent to which all basic needs of vulnerable children in a particular milieu will be fulfilled in future. This would include: the basic needs that are being met as a result of a particular service delivery intervention; the basic needs that are currently not being met (deprivation), including the severity of deprivation in terms of duration and effects on orphans (short term or long term); and the basic needs that are currently being met but likely not to be met in future (the risk of vulnerability). This constitutes anticipation of deprivation and vulnerability in terms of its timing, duration, severity, and identifying potential service providers.

Performance management should be determined by adequate monitoring and evaluation and community information management systems for these areas. A robust information management and monitoring and evaluation system allows for continuous reflection, learning and action that lead to improvement in the delivery and attainment of developmental outcomes for orphans. Such reflection should take place to track progress for each requirement, and also to measure the effect of the interaction between the different requirements as

shown by the inner circle (Continuous reflection & learning to improve CSD outcomes) in Figure 6.

To operationalize CSD, in project /programme environments, the framework introduces the Comprehensive Service Delivery Spiral Cycle (CSDSC), an application of the Project Spiral Cycle (PSC), which is theoretically elaborated in due course. The study demonstrates that the use of project management in social development has become pervasive, particularly involving external donor funding and some Government programmes. The idea of a CSDSC in project /programme driven service delivery for orphans is inspired by the need to address the challenges associated with inadequate, short term and piecemeal delivery of services, and the use of problem based service delivery approaches to solve complex, broad-based and long term developmental challenges and needs of vulnerable children, as revealed by the study.

The CSDSC goes through a cycle of Levels of Efforts (LOEs) or what is termed as phases/stages in the project life cycle. This is illustrated in Figure 11 and described below. The basic assumption of CSDSC is that care and support projects for vulnerable children are introduced to build on existing community efforts; they should respond to existing community capacity gaps. The aspirations of the project must be guided by community needs, as well as national and global standards or benchmarks for service delivery. However, national and global benchmarks must have relevance to local contextual realities with a view to recommending and facilitating improvement in services for vulnerable children. LOEs 2–5 represent the traditional Project Life Cycle, and LOEs 6–7 represent aspects of the extended Project Life Cycle.

LOE 1: Goal setting: Developing /reviewing and building consensus of common child development goal (s); at community level, this is led by beneficiary communities and involves other service providers /stakeholders. There is mutual reinforcement between community aspirations and international goals, guided by legitimate bodies of knowledge such as the Child Rights' Convention (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC), and the Millennium Development Goals (see also LOE 7). These goals become the basis from which learning and improvement are drawn. Note that LOE 1 is the same as LOE 7, but LOE 7 signals reflection and improvement on LOE 1. LOE 1 comes before LOE 2, because it is assumed that the process is community led, with the project service delivery effort only building on aspirations and experiences that already exist, including efforts by other service providers /stakeholders, built on community intergenerational experiences on OVC care and support; and reflects international standards.

LOE 2: Situation and gap analysis. This is evidence gathering: reviewing and building consensus towards an understanding of the situation of orphans such

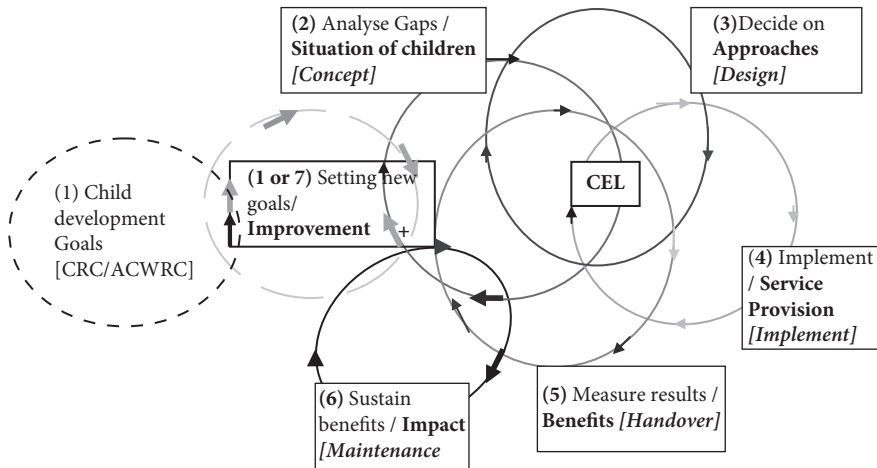


FIGURE 11 A Comprehensive Service Delivery Spiral Cycle

KEY:

- Numbers 1–7 represent the LOEs
- Circles denotes a LOE
- Arrows represent a visual demonstration of the direction of effort within and between LOEs. Arrows within an intersection such as +, represent a transfer of effort and of learning from one LOE (in this case, 7) to another LOE (in this case, 2)
- The points of intersection or loops represent experiential learning in between two or more LOEs, dialogue, and feedback. CEL particularly represents critical experiential learning between the four key levels of effort 2–5 which correspond to the four phases of the PLC.
- Spirals – These result from a pattern of processes depicted by circles, and the loops (overlaps) that connect different circles. They represent ongoing processes of efforts within a LOE or between LOEs, and progression from one LOE to the next. See also Figures 12, 13, 14 and 15.

as specific gaps and challenges in current service delivery or care and support efforts, vulnerabilities and their causal relationships. These should be derived from personal stories of orphans and their families, and the stories of other stakeholders. Gaps can also be measured against development intents /goals and standards. Efforts should be made to establish existing local opportunities to address the gaps.

LOE 3: Reflect and decide on approaches. Defining and agreeing on holistic community driven service delivery management approaches and targets for the specific project intervention effort, taking into consideration existing efforts by communities and other stakeholders. The management approaches must be those that are most relevant in terms of achieving benefits, in solving

the problems, be morally appropriate, responsive to the social milieu, and in facilitating dialogue and collective consensus in the monitoring and evaluation processes and empowering the beneficiaries. This LOE includes weighing and establishing best-fit methodological combinations, multi-stakeholder partnership arrangements that clearly identify duty bearers and their capacities, and define roles and responsibilities, guided by the child rights' based approach to programming.

LOE 4: Implementing policy/delivering the services. This is guided by the nature of vulnerabilities, and the creative adaptation of methodologies to achieve universal access to basic needs for vulnerable children. Implementation should include activities targeted at building community capacity towards self-sustenance. Most project management skills of PMBoK are applied at this LOE. Of importance to CSD are the capacities for partnership, collaboration, coordination and referral systems.

LOE 5: Reflect/measure outcomes or benefits accrued. This include taking stock of achievements from the perspective of beneficiaries, lessons learnt, the efficacy of processes and the extent to which vulnerable communities are empowered to sustain themselves. In practice, this should be a continuous process rather than an event. It is highlighted here to indicate special evaluation events that mark a break or change or transition from a specific funding source (s) to another

LOE 6: Maintaining and sustaining or rolling-out benefits. This is very much related to LOE 4, but in the case where a particular project funding may have ended, this may be supported through different funding sources, including by the community itself in cases where efforts to build community self-sustenance have been successful. In contexts where such efforts may not have been successful, this level of effort will focus on building it as well as transferring lessons to other human development efforts. Unless there are new technologies or international standards to aspire to, most service delivery efforts will be maintained at this LOE for a long time, and the cycle of efforts will move to LOE 2 through different project funding and continue using the same standards/goals.

LOE 7: Improvement or setting new standards/goals. Essentially this represents a revisit of LOE 1 of the CSDSC, reviewing existing standards and where necessary, based on new technologies or new national /regional or international standards or new needs /deprivations identified, setting new standards /goals and aspiring to a new level of improvement or quality of life. The extended PLC refers this to upgrade/expansion.

We have indicated that LOE 1 and LOE 7 are essentially the same particularly because any project meant to improve on the lives of orphans builds on

existing community efforts. LOE (7) emphasizes that at the end of the cycle, there is need to reflect on improvement – setting new goals and standards of quality. LOE (7) also represent cases in which projects may set objectives (sub-goals) towards the main goal, in which case it becomes a point of reflection on the extent to which child development ideals are being fulfilled. Overtime, the Outcomes and Requirements for CSD described in Figures 5 and 6 respectively can be improved.

The LOEs are meant to demonstrate the pattern of flow of efforts towards achieving sustained outcomes and continuous improvement and are not necessarily prescriptive stages. Adherence to the Requirements of CSD, in particular, the moral capabilities of organisations (stakeholders and service providers), would ensure that any project design process of one organisation meets the standard of other organisations; and that achievements made by any organisation can be built on by any other organisations. For example, organisation Y may decide to use existing information on gap /situation analysis derived at LOE 2 of organisation X, and commence its project support at LOE 3 instead of having to go through LOES 1 and 2, while another organisation Z, may decide to commence at LOE 6 to sustain ongoing services. This would ensure efficacy in service delivery for vulnerable children.

The preceding explanation and elaboration depict a CSDSC characterized by the Pillars of CSD. These Pillars and Requirements give CSDSC its systems orientation and a sustainable comprehensive service delivery is made possible by drawing on a combination of different systems oriented attributes that enable the service delivery system to attain its goals. The attributes of (Project Spiral Cycle) PSC being operationalized for the CSDSC, outlined below, distinguish it from the traditional (Project Life Cycle) PLC, and or business-as-usual service delivery operations.

- (a) Gravitating towards a common goal: means that different service providers share a common purpose, derived from the communities or beneficiaries and their experiences of coping with adversity. The beneficiary communities direct and lead different service provider efforts operating within their communities towards this goal. As a result, it is possible to set common and context specific service delivery targets between different organisations. In this situation, all project care and support management efforts for ovc are designed to build on a continuum of existing service delivery efforts and experiences.
- (b) Flexibility and non-linearity means that service delivery approaches are not rigid and can be adapted to complex situations. This means that approaches can be adapted to suit different situations and contexts,

including extreme vulnerability contexts, as well as emerging and evolving problem situations. The service delivery management process allows for a continuous reflection on progress and challenges. Different service delivery efforts and methods can be combined conveniently to maximize efficacy and benefits.

- (c) Self-reinforcing feedback system that allows for dialogue and collective consensus to take place among community stakeholders at different levels such as within and in between households, projects, programmes, organisations, countries and globally. The level of dialogue is depicted by the density of spiraling within or between LOEs as illustrated in Figure 13 of the project spiral cycle. Collective consensus allows for the development and enforcement of community sanctioning systems, language and quality and standards of care and support. Project efforts benefit from experiential learning within the broader service delivery milieu. The feedback loops also allow for reflection on progress and achievements at every level of efforts, and thus lessons and experiences can be shared within a particular LOE or stage of a service delivery project and between different LOEs or stages. In Figure 13, this process of critical experiential learning (CEL) is represented by the loops or points of intersection between the circles, and its transfer is represented by the arrows that take one LOE to the other.
- (d) Connectivity within the service delivery system allows for transfer of experiential learning from one LOE to another and from one project and or organisation to the other. This also allows for the building of partnerships, coordination and collaboration in the service delivery system, bringing about interconnected multiple /pluralist service delivery efforts and service approaches that are required to achieve a continuum of comprehensive service delivery efforts over the long term.
- (e) Elasticity and longitudinality, depending on the nature and duration of the problem situation, allows for the translation of the outputs of efficacy of the service delivery system such as development and implementation of new or revised policies and capacities bringing about outcomes, such as adequate services becoming available to OVC, which ultimately brings about sustained benefits or impacts such as physical, psychosocial and spiritual wellbeing, or more broadly, the fulfillment of social justice ideals. It enables the provision of a continuum of care and support services and continuous improvement of services overtime.

The theoretical evolution of these attributes and their explanation to social development project management for orphans demonstrates the CSDSC as an

application of the Project Spiral Cycle (PSC). The LOEs are connected by feedback loops. The loops represent experiential learning and consensus building in between the LOEs. A movement from one LOE to another only takes place once there is community consensus that the previous LOE has produced the desired results. Our study demonstrated that, current social development project management generally does well on LOEs 2 and 4, partially 3 and 5, and 'wishfully' 1, 6 and 7. The linkages between the various LOEs are described under the Project Spiral Cycle (PSC) below.

The CSDSC was adapted from the Project Life Cycle (PLC) and the Learning Cycle (LC). The description of the project life cycle in Chapter 3 shows that its application in the project management body of knowledge (PMBOK) predominantly took a reductionist character which, in the context of social development, assumed that problems of vulnerable children could be solved by individual project efforts – often short term. The deepening in problems for vulnerable children amid increased efforts to mitigate against these problems clearly demonstrated that the application of the project life cycle to service delivery management for vulnerable children was not appropriate; their problems are structural and developmental and cannot be solved by short term vertical and separate project life cycles. This led to the adaptation of the PLC to the Project Spiral Cycle (PSC). The CSDSC is an application of the PSC.

The CSDSC demonstrates a transformation or adaptation of the project life cycle into a spiral of cumulative, self-reinforcing project cycles aimed at guaranteeing and sustaining comprehensive services for vulnerable children, from childhood to adulthood. This section provides clarification on the project spiral cycle as a theoretical foundation for CSD and the CSDSC. The concept of a project spiral cycle as defined in this study denotes consciousness to learn and take the experiences of one stage (which is referred to under CSDSC as LOE) of the project cycle and feed them into the next stages and ultimately into other related ongoing project cycles or future improvement efforts for vulnerable children. The notion of a project spiral cycle is based on the experience that the life of a vulnerable child is a long journey. Projects seek to improve the well-being of the vulnerable child during this journey. Because they are often small, short term efforts relative to the magnitude of vulnerability for children and their continuous long-term needs, the contribution of individual projects during this journey is limited – thus different project efforts should be pulled together simultaneously and successively to provide a continuum of comprehensive services. The attributes of the CSDSC are essentially the attributes of the PSC that are applied in practice. These were noted as: (a) gravitating towards a common goal orientation, (b) flexibility and non-linearity, (c) having

a self-reinforcing feedback system, (d) connectivity, and (e) elasticity and longitudinality. These are further elaborated theoretically as follows:

Different LOEs of the Project Spiral Cycle, or what are referred to as stages in the Project Life Cycle, are related to each other and learn from each other. These stages or LOEs have a tendency to pull (gravitate) towards each other and towards a common point of intersection. The common intersection of the different LOEs in the PSC is the Goal of optimum child development and well-being and its related outcomes as shown in Figure 9. This gravitation is similar to that represented by the Critical Experiential Learning (CEL) in Figure 12 and 13, and also by the feedback loops or intersections shown in Figures, 1,12, 14, and 15. Figures 14 and 15 show that these overlaps do not only take place between different LOEs of one PSC, but also take place between different PSCs within or between different organisations which collaborate in a coordinated manner.

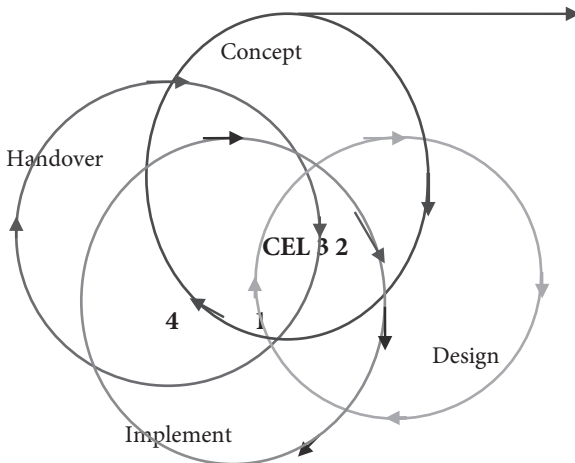


FIGURE 12 *The phases of the project cycle and feedback loops*
ADAPTED FROM THE PROJECT LIFE CYCLE (APM, 2006)

KEY:

- CEL: Critical Experiential Learning (intersection of all the four phases of the cycle) based on a common Goal
- Arrow 1: Represent a move from concept to design. Arrow 2: Represents a move from design to implement. Arrow 3: Represents a move from implement to hand over. Arrow 4: Represents a move from handover to concept of a new project; taking along CEL to improve on succeeding or other existing project
- α represents the cumulative transfer of experiential learning from a completed cycle. It represents continuity of efforts of the preceding project through its improved successor (s) that could be infinite – for as long as the problem exists.

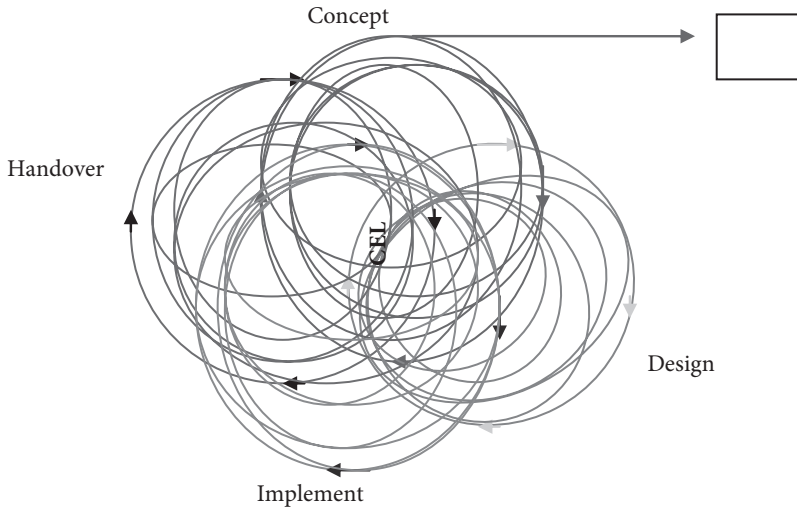


FIGURE 13 *Project cycle and the spiral nature of project processes in each stage*

Gravitation towards common goal orientation implies that any project effort relating to vulnerable children is guided by a common goal, and that the actions taken in any such project effort should be guided by the Goal and Outcomes of CSD (see Figure 9), the Pillars of CSD, and the Requirements of CSD (see Figure 10).

Using the analogue of a Venn diagram, Figure 12 demonstrates that the project cycle is not linear, but rather a spiral of interconnected and evolving patterns and processes of thoughts and actions.

The intersections of all the phases labeled critical experiential learning (CEL) represent two important features: (a) the ultimate project impact and utmost experiential learning that can be shared as 'best practices' to inform other efforts /projects, represented by α ; and (b) that the project cycle is 'greater than an assemble' of all its stages and is guided or held together by a common Goal; thus decisions made during one stage of the project, or as shown in Figures 14 and 15, between different related projects, affect and depend on other stages. Efforts at one stage should consider implications on other stages.

Chapters 7 and 8 demonstrated that for most vulnerable children projects, decisions to move from one stage of the project to the other, and to terminate the project or introduce a new one, are determined by efficacy related factors – primarily time, resources, strategic decisions, and the type and urgency of needs, community reception and enthusiasm, as determined by policy makers, financiers and experts; it is not determined by moral outcomes such as the fulfillment of benefits as a result of policy and practice. Chapter 8 also

demonstrates that the service delivery management system is affected by several human factors that deflect a focus on fulfilling child development ideals and social justice imperatives. These factors include weak and bad governance practices, gender biases and insensitivities, morally dubious performance management systems, failing systems, donor dependency, and professionals' personal driven agendas. The project spiral cycle seeks to address these project management weaknesses.

Figure 13, illustrates the spiral nature of the project cycle, demonstrating dialogue and participation processes with children and communities in the implementation of the CSD. Cyclical lines under each phase indicate the extent of efforts – dialogue, participation, other activities or intervention efforts, within a particular phase of the cycle. The denser the spirals, the longer the dialogue and or efforts made at that particular phase (LOE) of the cycle before moving on to the next phase. This density is not, however, a good indicator of time or resources spent or people reached by service delivery efforts, because a phase may be less dense simply because organisation Y has decided to use experiences and processes developed by organisation X to implement a similar intervention. However, dense spirals generally suggest a complex project environment or situation, attention to detail, or in some cases prolonged consensus building efforts, or low efficacy of management processes that take too long to achieve desired outcomes.

The spirals suggest that vulnerable children development projects should be designed as flexible and adaptive systems, whose paths (spirals) are negotiated through dialogue and consensus along the most plausible options, adjusting to emergence at any time or stage during the course of the project. The role of the project leader and team is to facilitate or drive the project along the best options through a process of reflection, dialogue and consensus building. The relevance of each phase to the overall project outcomes is defined by the value and nature of its connectivity or interrelationship with both preceding and successive phases and its gravitation towards the goal. It is the ability to recognize, interpret, understand and influence this spiral pattern of interconnected processes, infused by moral capacity that enables successful project practitioners to unravel complexity and be able to effectively direct the project towards benefits for orphans and their families/carers.

The project spiral cycle allows for ease of sharing lessons, experiences and resources between projects among the same or different organisations and between similar or dissimilar phases of different project cycles – guided by a common goal. In programming, connectivity is represented by applying implementing strategies such networking, collaboration and coordination (partnerships) between different stakeholders within a broad vulnerable child service

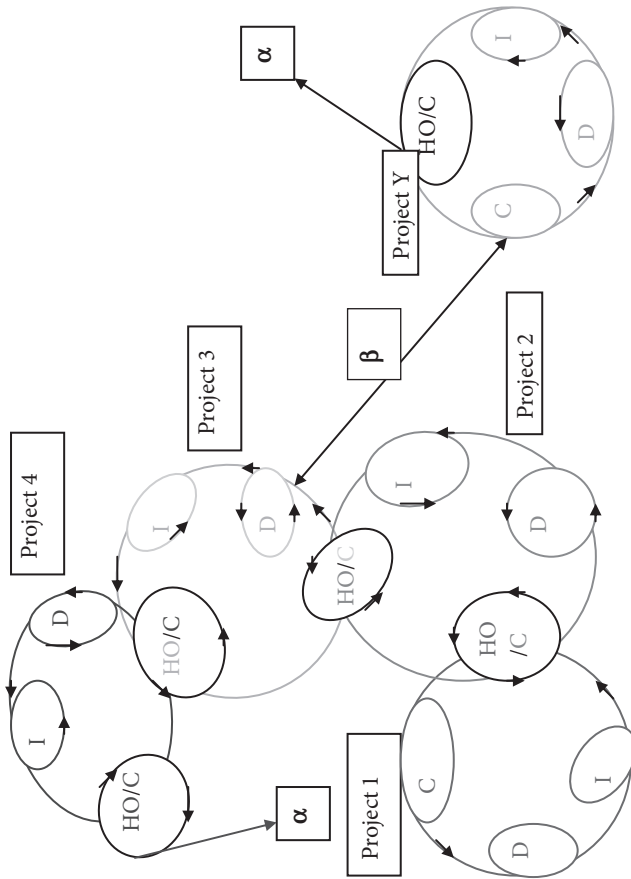


FIGURE 14 Spirals of the project cycle and transfer of learning between projects.

KEY:

β, represent sharing of lessons and experiences in between stages of two different project cycles running simultaneously. For example, project Y in Figure 14, implemented by a different organisation can learn from lessons of the successive projects 1–4 implemented by a different organisation, at any time in the duration or stages of any of those projects.

C: concept D: design I: implement HO: hand over

management environment. The findings of the study indicate that projects for vulnerable children were rushed through as emergency aid, with little or no dialogue among service providers and beneficiaries, and hence met only short term performance targets, at best.

Projects 1 to 4 in Figure 14 represent successive projects addressing a long term problem, implemented within the same community and perhaps by the same organisation overtime. The β demonstrates that transfer of experiential learning and collaboration can take place between projects (1–4) and Y implemented in different cultural milieu by different organisations. This demonstrates continuity and connectivity between project stages and successive projects, a vital feature of the reconstructed project management approach we advocate.

Moving Policy and Action Forward for the Benefit of ovc's in Zimbabwe Southern Africa

We were motivated to examine the social condition of ovc's in Southern Africa, especially in Zimbabwe, because of the continued increase in the number of orphans and vulnerable children who continue to be deprived of basic needs and of their fundamental rights, despite some resources being targeted at them through projects and other social development efforts. The main assumption of the study, from our analysis of secondary data and personal experience in the field, was that social development management practice was not applying appropriate approaches that could bring about universal well-being and optimal development opportunities for vulnerable children. It was also assumed that an application of systems theory could transform social development management practice into bringing sustainable benefits for vulnerable children and their communities.

An analysis and interpretation of the data confirmed that vulnerability had become cyclical and self-reinforcing and the ovc milieu in Zimbabwe, in particular, and Southern Africa in general, was instrumental in transferring vulnerability from generation to generation. Children's needs and rights were not being met despite there being internationally agreed and binding policy and programmatic commitments such as the Universal Declaration of Human Rights, the United Nations Child Rights Convention, the African Charter on the Rights and Welfare of the Child, among many global, regional, and national commitments to the well-being of children. The study revealed that those who manage social development efforts for vulnerable people are aware of where things are going wrong. They are also aware of alternatives that could improve the situation of children – it is all written in policy documents, mission statements, and strategic plans; well-articulated in studies and conference reports; and was also identified and confirmed by participants during this study. There is no legal or moral mechanism to enforce the translation of intents and policies into real benefits for the poor. This is left to the whims of individuals, organisations and Governments to determine, who do not always have the moral capabilities required to translate intents into real benefits for ovc and their families. An honourable or just war against the causes of sustained ovc vulnerability has yet to be initiated.

This Chapter outlines the major contributions of our study to research methodology, project management, orphan care and development, and systems philosophy and theory. It provides a summary of key findings of the study, and an agenda for future research in the field of social development project management particularly for OVC. The study could generally be viewed as broad and formative, through continually stressing that we have significantly contributed to project management practice, systems theory and OVC development.

Our Field Work: The Research Design in Retrospect

Whereas the concept of methodological pluralism in research is not unique to this study (Jackson, 2003), its application in this study, and in particular the use of systems ideas in social development for orphans and vulnerable children, is novel. The study applied multiple methods of inquiry, derived from competing, yet complimenting paradigmatic orientations to collect data. This allowed for the validation of findings, as well as their generalization to the national level in Zimbabwe, and to the region of Southern Africa. The research uncovered potential challenges to researching people in extreme poverty situations and politically volatile times, such as characterized Zimbabwe at the time of conducting the study. Some participants volunteered to be interviewed even when they were not initially sampled, while others were not convinced by the repeated explanation that the study was academic. They believed that the study was part of efforts by aid organisations to establish community social development assistance needs and to identify the people who would qualify for such assistance. This made the study vulnerable to 'respondent bias'. The use of methodological pluralism, in particular media tracking, observations and experiences in Zimbabwe controlled for this bias by confirming that poverty was generalized across social strata. Field data was also collected from orphans, carers and project practitioners. The study would not have been able to convincingly dispel the perception of this bias had it relied solely on, for example, interviews with project practitioners, as many agencies do when monitoring and evaluating project efforts.

A Novel Theoretical Basis for the Field Work

The approach adopted by the study to interrogate the three areas of project management theory and practice, systems theory and practice, and care and

support for orphans and vulnerable children in combination, is rare as far as we know. Literature searches did not reveal any previous research efforts that have applied this approach. The disparity between project practitioners' glorification of their projects performance and approaches, and the overwhelming responses by orphans and carers detailing poor service delivery, including the mismatch between what was prioritized for funding by aid organisations and what carers wished for, demonstrated the importance of methodological pluralism in cross validation; and in seeking to understand project performance from the perspective of the poor. Research that would have targeted only project practitioners as participants could have suggested that service delivery was satisfactory.

The benefits derived from fusing philosophical ideas, literature, field data, and PEAR in the research design demonstrated that current research and development methodologies that apply a singular, particularly mechanistic world view, only exacerbate and do not solve the world's growing complex problems. Over reliance on material scientific empiricism in research and performance and management systems that emphasize efficiency and effectiveness to define benefits accrued to vulnerable children, meant that service delivery management practice was incapable of ascertaining the truth about social justice, child well-being and improvement. A study conceptualized purely on the basis of project management ideals that emphasizes short term targeted material gains guided by timeframes and resource limitations, without reference to social justice philosophy, would not have appreciated an argument about the need to pursue long term sustainable benefits for OVC and their carers that are built on their priority needs and aspirations. This perspective characterizes the new social development management framework for OVC constructed from this study.

The open ended, non-prescriptive and explorative research design allowed for a wide range of conclusions to emerge from diverse data sources in a unique self-validating function. New themes on professional social development project management and on child development emerged from the study, demonstrating the complexity with which the subject matter should be treated. The patterns of responses and themes that emerged pointed to similarities of challenges, lessons and experiences in orphans' development management in Zimbabwe and across Southern Africa. The research design necessitated data analysis to be based on both 'deduction' in the traditions of systems thinking, project management and child development theory; and 'induction', derived from practical and real life stories, experiences, challenges and the aspirations of orphans and carers, and of project practitioners including ourselves.

The use of storytelling, particularly to infer the rather technical and specific issues of project management practice and service delivery for orphans,

yielded fertile data. The process through which the story lines were designed, and elicited rich and precise personal stories from both orphans and carers, and the extent to which this appeared to have empowered these participants and served as a therapeutic process, was a revelation. Orphans reported of personal experiences, including sexual abuse that they claimed they had found it difficult to tell anybody else before we spoke with them. While the use of dialogic techniques is common in clinical and psychosocial therapy situations, their use as emancipatory and postmodern tools for understanding social development management for orphans maybe rare. The emotions and personal experiences that were elicited by the story telling instrument exposed moral dilemmas at best, and paradox and deficiencies at worse in social development practice.

A new term and concept – practitioner experiential action research (PEAR) – emerged out of the action research experiences in the study in which researchers play multiple roles: investigator, observer, the subject of investigation, and narrator of stories. A major focus of the study was to establish the paradigmatic foundation on which projects and programmes for orphans are built, and the value that systems theory could add if applied to social development management for orphans.

Assessing Project Management Performance

Outcomes and impact in social development go beyond successful delivery of physical services such as food, water and health to include, primarily, non-physical indicators such as psychosocial and spiritual well-being measured in such outcomes as happiness, freedom, empowerment, dignity – which are not always quantifiable, and are difficult to measure using current project management performance measurement tools. These non-mechanistic, spiritual outcomes were not being considered in the disappointingly ad hoc application of professional project management body of knowledge to social development management for orphans. Whereas organisations may often outline specific values and principles that must be adhered to in the delivery of strategies and programmes, the extent to which these are utilized is often not measured. We proposed a set of moral capabilities that should be applied in all social development efforts for OVC and measured equally with traditional project management competencies. This is meant to ensure that project management efficacy, represented by traditional project management processes and competencies, are translated into sustainable benefits for vulnerable children measured through, for example, spiritual well-being outcomes such as, happiness,

responsibility, voluntary service, love for others, and kindness, and social justice.

Drawing from the analysis of data, the study identified new areas of project management competency that are not highlighted in current professionally recognized project management body of knowledge (PMBok), as well as redefined existing ones to suit social development project management for OVC as we elaborated in Chapter 10.

The new areas are we hope a useful contribution to professional social development project and programme management practice, and are outlined below:

- (a) Managing the sustainability of social development efforts particularly for OVC. The study noted that the notion of sustainability that was being applied was fallacious and incongruent, given the reality of chronic poverty that affected most families of orphans. Project management needed to focus its expertise on strengthening self-reliance of the immediate orphan care and support system and on breaking the cycle of deprivation and vulnerability among families of OVC.
- (b) Managing benefits as the primary outcome of social development efforts for orphans. We saw that social development projects and programmes were preoccupied with performance measurement in terms of the efficacy of service delivery efforts. This perspective is primarily concerned with meeting the timeframes and budget commitments of project processes from the perspective of practitioners and not from the perspective of maximizing sustainable benefits for OVC. The study identified benefits' measurement from the perspective of targeted vulnerable populations as a key aspect of OVC's competent development project management knowledge. The attainment of benefits requires understanding and managing moral capabilities in social development projects for OVC. Whereas ethics and professionalism is recognized in the APM body of knowledge, it largely addresses the expected qualities and behaviour of project practitioners. It does not address the moral imperative to fulfill social development intents and promises, and adherence to standards of outcomes or benefits of social development management for vulnerable populations.
- (c) Managing comprehensive developmental services for orphans. The study confirmed that the basic needs and rights of orphans were many, and yet not a single one was being adequately met, let alone all of them. Social development organisations were only providing limited services, short term and unsustainable – largely based on a charity welfarist approach

and not a human rights approach. Despite global intents, and a constant barrage of conferences and edicts, there is no known formal documented consensus and understanding on how to provide comprehensive basic services to fulfill the rights of the child, as promoted by the Child Rights Convention and the African Charter on the Rights and Welfare of the Child. As a result, these and other fundamental global and continental commitments on children remain ideals, far from being realised in practice. This is an area that requires social development project management competence. The new framework in Chapter 10 provides initial proposals on how this could be achieved but these are a first step, far from exhaustive.

- (d) Managing the project spiral cycle. The study introduces a new concept, the project spiral cycle, which places emphasis on continuity of service delivery for orphans beyond a single project life cycle through successive project spiral cycles. This is hopefully a contribution to project management. The concept of a project spiral cycle resonates well with social development project management for OVC where problems are complex and their needs often span their entire childhood and into early adulthood. A series of cumulative projects should be designed and implemented to build on each other to guarantee a continuum of services for children. Throughout the period of this study, we did not come across any such efforts to the extent proposed in this study.
- (e) Managing social development projects in complex and unstable milieu. In Zimbabwe, bad politics and Government policies and the resultant economic collapse were primary factors that created and sustained vulnerability of orphans and their families. As a result orphans experienced what has been coined in this study as Extreme Deprivation and Vulnerability (EDV). And yet, social development organisations and practitioners had no strategy or knowledge to refer to for guidance on how to operate effectively under such environments. The global political and economic system did not have any mechanism to enforce the Government to comply with international human and child rights instruments to which it is a signatory. No effective protection of the poor and powerless orphans and their families was witnessed, indicating that in a bad political environment, even the best of project management ideas and practices will not be sustained.
- (f) Managing social development projects based on theoretical justification. The study reviewed existing literature and we lament the absence of a common theoretical framework which social development practitioners can draw on to improve their management approaches. As a result, there

was no common understanding or standards among different organisations in order to define priorities, successes, approaches and to improve on practice. The study proposed that project management might adopt systems theory to fill this vacuum.

- (g) Managing collective social development responsibilities. Communities and organisations working on orphans' development efforts do not feel obliged to ensure that the entire needs of orphans are met, despite this being recognized as an important issue by the Child Rights Convention. Poor women, particularly the older women in their retirement years, generally bear the burden of care and support for orphans, often with little or no support. There does not appear to be any easily accessible comprehensive knowledge source (s) that guides social development management to ensure that the social system of 'duty bearers' fulfills this important mandate. Managing partnerships as outlined in APMBok, the World Bank's approach to the role of 'public goods' in service delivery, and efforts to promote rights based approach to orphans' development, may be simply an ideological rallying call for the free marketeers, and nothing more.
- (h) Social development risk management. We hope we have given new meaning to risk management applicable to OVC. How to reduce vulnerability with the view to minimizing or eliminating deprivation as well as restoring basic services to children who are already deprived is the core uncertainty in programme management.

On Resilience and the Moral Situation of OVCS

We depicted children as resilient (not always a good thing, despite the exhortations and illusions of some NGOs) to extreme poverty and generally happy despite chronic deprivation. They were aware of the hardships that prevailed within their milieu and appreciated the efforts made by carers even when they were often not able to provide them with basic needs, such as food. We caution that promoting resilience among children in hardships can create the wrong impression-that they are coping and content. But when they become 'resilient', children accept deprivation and vulnerability as normal. As a result, this increases their chances of being neglected by the social support system, and exacerbates deprivation and vulnerability. In this regard, we conclude that the application and promotion of 'resilience' and its prioritization as an outcome of OVC care and support programmes, may be inappropriate, and could be reinforcing deprivation and vulnerability of children; it is a simplistic and

reductionist understanding of complex OVC issues, typical of current care and support management systems.

In Chapter 9, we discussed the concept of the 'Spiritual Child'. The 'Spiritual Child' demonstrated the following characteristics: (a) developing trusting relationships with people that the child considered to have their interests at heart; (b) demonstrating a personal moral awareness and understanding of the difference between right and wrong; (c) offering unconditional love and support to carers and siblings and longing to be loved in return; (d) recognizing a purpose in life and longing to have their inherent dignity respected and fulfilled; (e) wanting a family and offspring to perpetuate and advance humanity; (f) offering unconditional service to family and community; (g) appreciating and recognizing the support and services provided to them when people around them displayed kindness, generosity and compassion; and (h) demonstrating intellectual affinity and awareness of their social, economic, political, physical and spiritual environment. We are not aware of any research or OVC development efforts that have constructed such a social and moral perspective on children. This understanding is a shift from the current view of children as problems-to-be-solved-by-adults or as helpless blank slates, to be scripted by adults.

Children as Miniature Adults

Orphans were willing to assist their carers with household chores; they aspired to support their carers and siblings in future when they become adults. Children demonstrated a sense of responsibility and thoughtfulness, and behaved like 'Miniature Adults'. We argue that viewing vulnerable children as 'Miniature Adults' does not mean that they have stopped being children. We mean that they are socially aware, can face up to the hardships, and accept difficult situations, because they understand their social lives. Orphans can be disempowered by a hostile adult environment, yet they had aspirations to live normal lives. A worrying finding is that orphans were not always communicating concerns, worries and abuses that they experienced because of fear of retribution or that nothing will be done to address their needs or worries. This indicates that many of the abuses that happen to OVC are not detected and many of the children miss opportunities for support and rehabilitation. The success of child protection efforts is dependent on the extent to which children are empowered to express themselves freely and participate in social phenomena within their milieu. Children in our study were aware of the political, socio-economic and cultural events that affect their social milieu. We must not

exclude vulnerable children from participating in and deciding on processes and outcomes that significantly affect their lives. The study reveals that subject to the capacities that are consistent with their particular age, children are a key resource in efforts aimed at improving their own lives, their communities and that of future generations.

The Roots of Personal Happiness and Despair

The study revealed that small things, such as *'play with my friend'*, *'meeting my father'* or *'my father's relatives'*, some of which barely cost anything to facilitate other than effort, are identified as bringing lasting memories of happiness to children. Similarly, small things such as *'wearing torn clothes and lack of sanitary materials'* have the potential to make children feel socially excluded and stigmatized. Yet these were not given priority in OVC care and support efforts we witnessed. Human development efforts should strike a balance between physical and moral sensations. Fulfilling physical needs alone does not necessarily translate into happiness or the optimum development for the child.

Perpetrators of abuses against OVCS are often people known to children and on whom they may depend for basic services such as accommodation and food. The gender of the primary carer could be argued to be a predictor of abuse among orphans. The majority of children who reported having been abused were from male carer only households. The study did not, however, identify the reasons why male carer only households posed the highest risk of child abuse. Poverty, and hunger in particular, was utilised by some adults as a tool for sexually manipulating and physically abusing children for personal gratification. These findings depict an adult society that is often immoral, neglectful and hostile to vulnerable children. We argue that children are misrepresented by the child development priorities promoted by most care agencies. The findings also indicate the obvious, but not to be underestimated point that developing trusting relationships with a protective adult figure is important for the development of the vulnerable child. We found an interesting trend in which younger carers aged 20–29 were on average, less educated than those aged 30–49 years. This depicted a situation in which the cycle of poverty had begun to take effect in Zimbabwe. This area has not attracted much attention in OVC care and support where older carers are generally assumed to be less educated, poorer and more vulnerable than younger carers.

The study revealed a novel phenomenon that depicted older boys aged 15–18 years as generally emotionally less secure (wanting play, family love and guidance more) than boys and girls of all age groups. While the reasons for this

insecurity could not immediately be established during the study, we conclude that it is important to continue providing vulnerable children with care and support beyond childhood, into early adulthood, to ensure that they are economically self-reliant, emotionally secure, and able to fend for themselves and their families. This will contribute to breaking the cycle of vulnerability.

The Language of Development

The findings demonstrate that the technical language used by practitioners in social development management, such as psychosocial support, is often difficult for ordinary people to understand. Such language has the potential to disempowering communities, who end up being told they need experts to explain to them their day to day life and experiences in programmatic jargon. Experts use technical language as a form of demonstrating power over poor communities, creating a demand among communities for an understanding of the things that they already know of and experience daily – thus sustaining an industry for the professional practitioners. The language used in social development management practice can be a cause and reinforcer of vulnerability for children and their families. The notion of community capacity building and empowerment that entail training people to understand this technical jargon was misplaced. All this is well known and fully documented in the development literature, so we were surprised to see that little of the disempowering critique of professionalism in social care had led to new practices. Ironically, the care and support priorities of empowerment for self-reliance for carers were not being prioritized by service delivery organisations.

Child development promotion, particularly for OVC, was not always informed by an adequate understanding of children's thoughts, aspirations, behaviours, capabilities, experiences and priorities beyond their physical needs. This is largely because children do not always communicate their deepest thoughts and concerns. When they communicate, children do so to people that they trust, who may not necessarily be those they reside with or in some cases, not even their relatives. Ordinarily, carers would be expected to be the natural advocates for children; yet they too, were not always communicating their needs for the care and support of vulnerable children. When carers and orphans failed to communicate, the result was that children did not receive the basic needs that they needed to grow up well. As a result, external efforts to protect children's rights that place emphasis on understanding children through their carers may not always be able to establish the truth about children. Every child requires a 'trusted person' in their lives to whom they can

confide; this person becomes the entry point for societal understanding of the child and for child protection efforts. The person may not necessarily be the immediate carer or family member, but could be a friend or school teacher.

Systems and Progress

We have stressed that orphans and children in general should be provided with holistic and comprehensive services in order for them to secure what UNICEF describe as 'full development of their human potential', particularly because individual deprivations and vulnerabilities characteristic of orphans tend to cause and reinforce on each other. The study demonstrated that orphans in Zimbabwe in particular, and Southern Africa in general, were not receiving this comprehensive support. Orphan care and support projects and programmes were reductionist, providing piecemeal services that were often not adequate and not sustained; service delivery systems for OVC needed to be designed and managed to provide comprehensive services in a sustainable manner. The new Framework described in Chapter 10, provides a systems oriented approach to holistic, comprehensive service delivery for vulnerable children. While literature indicated that some pilot initiatives have been conducted with regards to using the schools as centres for comprehensive care and support, these efforts have not sought to address the project and programme management challenges related to sustaining comprehensive services; they often make assumptions that Governments and communities will be ready to take over pilot initiatives originated by aid organisations. Existing efforts and programmes deliver services for orphans in discrete non complimentary ways through different sectors and service providers that barely communicate with each other to holistically meet the needs of the child.

Deprivation and vulnerability among orphans and their carers in Zimbabwe in particular, and Southern Africa in general, is endemic and perpetual, reinforced by a cycle of poverty, social and political conflicts, corruption and bad governance, weak and less effective service delivery systems and approaches and the burden of diseases particularly HIV and AIDS, and social and professional immorality. Orphans needed comprehensive basic services in order to realize their full human development potentials, and yet they were not receiving them. Ironically, the political and Government systems that are expected to address deprivation and vulnerability for orphans and poor families had become the root cause of these problems. Options to address these issues were known to policy makers, researchers and development practitioners as demonstrated in their declared intentions, the ratification of international social

justice instruments, the proliferation of development organisations and increases in aid funding. And yet, these options and intentions were not being fulfilled in practice. Project management needed to break the cycle of poverty, deprivation and vulnerability; yet in some cases, it was reinforcing it by applying reductionist, welfarist approaches that perpetuated dependency on aid. Projects were neither designed on a full understanding of orphans and carers needs, fears and aspirations, nor based on their capabilities and full participation as equal partners with development experts.

Orphans and vulnerability were defined from a charity perspective which views support to child development and dignity as dependent on well-wishing and philanthropy rather than as an entitlement as elucidated in international and continental Child Rights' instruments. Vulnerable and deprived children were viewed as problems or wrongs to be corrected by adults instead of human potentials to be nurtured and tapped on. This is contrary to the requirements of the child rights based approach to development promoted by the United Nations globally, which defines the social system as duty bound towards fulfilling children's rights. As a result, the burden of orphans' development was left to poor women, often older women, and a weak community care and support system. Development efforts supported individual children at the expense of broader community development, empowerment and livelihood self-reliance among carers and households.

Most community members did not support orphans within their person and social geographies because they had their own share of problems or viewed OVC as none of their business; as a result, orphans and their carers suffered in silence, often adopting desperate measures to survive a hostile political, economic, and social environment, and corruption. Orphans and their carers faced dual vulnerability in the form of deprivation, and the unfair treatment and non-recognition by development organisations, experts and Government, of their inherent capabilities to define their own destinies. Their dignity was dented when development assistance was introduced and ended through short term projects creating expectations that were not sustained, and when their wish to be empowered and to be self-reliant was not respected in favour of packages of welfares aid.

The Politics of Tribalism and Modernism in African Cultures

These developments signify a departure from systems oriented African values of collectivism and community support systems that characterized Zimbabwean communities for centuries, towards reductionist individualism

and self centred values. In Zimbabwe, this departure was being driven primarily by extreme poverty, migration and separation of family members, a culture of political conflict and polarization, social disempowerment, and also irregular social development support systems that were not driven by local knowledge tradition and experiences. In addition, in Zimbabwe, the Government was not protecting the poor from political coercion and harassment to serve individual political interests and ideologies. This depicted a paradox in which such government power created and perpetrated deprivation and vulnerability for orphans and their families. This practice was contrary to Government commitment to universal human and child rights and to human and social development commitments enshrined in the constitution and in many international legal instruments and development targets to which it was publically signed-up to.

A reflection on definitions provided during the study indicated that language, words and meaning attached to them had an influence on social interaction and relationships, and on outcomes such as deprivation and vulnerability. Vulnerability was contextually constructed partly from social power relationships exercised through the limits of language. Children were made vulnerable for example, by being viewed as the responsibility of only their biological parents. A definition that viewed child well-being and development as a responsibility of community and society, as promoted by the Rights Based Approach to child development, was likely to minimize vulnerability and deprivation among orphans. Children were not benefiting from the support provided by aid organisations because their families were not known to be directly affected by HIV and AIDS; at community level, such support was determined by the political party allegiance of the carers, who themselves were under no illusions as to what they had to be, politically. Social development management practice applied difficult technical language to describe day to day experiences of orphans and carers in ways that was not easily understood by orphans, carers and in some cases practitioners; ironically, this created a demand for expert facilitation to explain the meaning of this language to orphans and carers who lived the experiences that were being described by the same language. There was no social commitment, moral capacity or appropriate language in Zimbabwe, Southern Africa and globally, to implement child development ideals represented by a Rights Based Approach. The study revealed that people were aware of what is right but often lacked the will to do the right thing. There is overwhelming intent globally, in Southern Africa in general, and Zimbabwe in particular, to fulfill social justice imperatives. This intent is however far from being implemented in practice.

A Plea for the Primacy of Clear Language, Truth and Logic in Project Management for OVCs

Project practitioners were often compelled to assert and glorify the successful performance of their projects even when orphans and carers, media reports and observed experiences evidently demonstrated the contrary. In the same vein, we found a long supply chain of agencies in the channeling of aid from primary donors to the child. Regular and reliable intelligence to establish the proportion of the money that reaches OVC, compared to the total amount earmarked for them at the very beginning of the resource chain, and to determine the leakage that is lost through maladministration and corruption, is needed.

We noted that younger carers aged 20–29 were on average, less educated than those aged 30–49 years. These findings suggested that young girls, with little education and skills were increasingly taking orphan care and support responsibilities. Cohort studies are required to track the levels, patterns and trends of poverty and vulnerability among OVC up to the time when they become adults, to establish the extent to which vulnerability during childhood translates to vulnerability during adulthood, and to a cycle of vulnerability passed between generations. And children in male carer only households were more likely to be abused than those in households headed by female only carers. Follow-up studies are required to establish the specific circumstances that expose OVC who are cared for by male only carers to a higher degree of risk to abuse. We also depicted older boys aged 15–18 years as generally emotionally less secure than boys and girls of all age groups. The reasons for this insecurity were not established during the study but would be of considerable interest.

The study illustrated the impact of socio-economic and political disintegration on the majority of children particularly orphans and their families in Zimbabwe. The research literature indicated that the conditions and experiences of childhood have an influence on future adult behaviours and life outcomes. The extent to which the hostile milieu of orphans, described in this study as EDV, will affect the adult lives and developmental outcomes of an entire generation represented by the children in Zimbabwe, would be of significant interest.

A better understanding of the 'whole' of the OVC management system requires several researchers or teams researching collaboratively on different aspects of single phenomena applying different complimentary methodologies in order to understand each aspect in terms of its relationships to other aspects of OVC. This study would have been strengthened had it been conducted collaboratively and simultaneously with other studies being pursued to respond to the ambiguities and gray areas that constitute the research agenda

of this study. By applying methodological pluralism this single study revealed there is more that influences on project management than what is currently prioritized, and that social constructs of reality may differ, for example, for people in different contexts – project managers’ reality of service delivery differed from that of orphans and carers. The truth however, could be attained by cross examining the relationships that underpin differences between social groupings in their construction of the reality of similar social phenomena. In any case, we end with a plea for the appropriate use of language, truth and logic in OVCS project management, coupled with a clear and manifest morality which puts the child first.

References

- Abd-El-Fattah, S. & El-Gabbas, N. 2008, 'Child Abuse: Implications for Children's Cognitive Aptitude and Behavioural Problems', *Research Impacts: Proving or Improving*, AARE, pp. 1–17, Freemantle.
- Ackoff, R.L. 1974, *Redesigning the Future*, John Wiley & Sons, New York.
- Ackoff, R.L. 1981, *Creating the Corporate Future*, John Wiley & Sons, New York.
- Ackoff, R.L. 1997, *From Mechanistic to Social Systemic Thinking*, Pegasus Comms, Cambridge.
- African Union (AU). 2007a, *Africa Health Strategy: 2007–2015*, African Union Commission, Addis Ababa.
- African Union (AU). 2007b, 'Africa Health Strategy 2007–2015: Strengthening of Health Systems for Equity and Development in Africa', *Third Session of the African Union Conference of Ministers of Health*, 9–11 April 2007, Johannesburg, South Africa.
- Allen, G. 1997, *Education at Risk*, Cassell, London.
- Allen, G., Bastiani, J., Martin, I. & Richards, K. (Eds). 1987, *Community Education. An Agenda for Educational Reform*, Open University Press, Milton Keynes.
- Altrichter, H., Posch, P. & Somekh, B. 2006, *Teachers Investigate Their Work: An Introduction to the Methods of Action Research*, Routledge, London & New York.
- Amnesty International. 2004, 'Zimbabwe: Power and Hunger – Violations of the Right to Food', Report by Amnesty International, 15 October, 2004, in *Southern African Regional Poverty Network website*, viewed 23 May 2010, <http://www.sarpn.org.za/documents/do000972/index.php>.
- Andrews, D.H., Hull, T.D. & Donahue, J.A. 2009, 'Story Telling as an Instructional Method: Descriptions and Research Questions', *The Interdisciplinary Journal of Problem-based Learning*, vol. 3, no. 2, pp. 6–23.
- April, K., Macdonald R. & Vriesendorp, S. 2000, *Rethinking Leadership*, UCT Press, Cape Town.
- Arto, K., Martnsuo, M., Gemünden, H.G. & Murtoaro, J. 2009, 'Foundations of Programme Management: A Bibliometric View', *International Journal of Project Management*, vol. 27, Issue 1, pp. 1–18, Elsevier Ltd and IPMA, Orlando, USA.
- Arya, R., Nermaks, U. & Dunn, A. 2008, *SADC Trade, Industry and Investment Review 2007/2008*, SADC and Southern African Marketing Co. (Pty) Ltd, Gaborone.
- Association for Project Management (APM). 2006, *APM Body of Knowledge*, Association for Project Management, Buckinghamshire.
- Babbie, E. 1990, *Survey Research Methods*, Wadsworth Publishing, Belmont, CA.
- Baker, J.M. & Zigmond, N. 1995, 'The Meaning and Practise of Inclusion for Students with Learning Disabilities: Themes and Implications from Five Cases', *Journal of Special Education*, vol.29, no. 2, pp. 163–180.

- Bardasi, E. & Wodon, Q. 2006, 'Measuring Time Poverty and Analysing Its Determinants: Concepts and Application to Guinea', *World Bank Working Group Paper no. 73*, World Bank, Washington, DC.
- Bawden, R. 1997, 'The Community Challenge: The Learning Response', Plenary Paper, *Annual International Meeting of the Community Development Society*, Athens, Georgia, 27–30 July 1997.
- Beer, S. 1984, 'The Viable System Model: Its provenance, Development, Methodology and Pathology', *Journal of the Operational Research Society*, vol. 35, no. 1, pp. 7–25.
- Beer, S. 1990, 'On Suicidal Rabbits: A Relativity of Systems', *Systems Practise*, vol. 3, pp. 115–124.
- Beer, S. 1994, *Beyond Dispute: The Invention of Team Syntegrity*, John Wiley, Chichester.
- Bell, C.R. 1992, 'The Trainer as Storyteller', *Training and Development*, September, pp. 53–56.
- Bernard, H.R. 2002, *Research Methods in Anthropology: Qualitative and Quantitative Approaches*, AltaMira Press, Walnut Creek.
- Bernstein, B. 1974, 'Sociology and the Sociology of Education: A Brief Account', in J. Rex (ed.), *Approaches to Sociology: An introduction to Major Trends in British Sociology*, Routledge & Kegan Paul, London, pp. 144–159.
- Bickman, L. & Rog, D.J. (Eds). 1998, *Handbook of Applied Research Methods*, Sage Publications, Thousand Oaks.
- Blanche, M.T. & Durrheim, K. (Eds). 1999, *Research in Practise: Applied Methods for the Social Sciences*, University of Cape Town Press, Cape Town.
- Boje, D.M. 1991, 'The Story Telling Organisation: A Study of Story Performance in an Office Supply Firm', *Administrative Science Quarterly*, vol. 36, no. 1, pp. 106–126.
- Bornstein, E. 2005, *The Spirit of Development: Protestant NGOs, Morality and Economics in Zimbabwe*, Stanford University Press, Stanford, CA.
- Bredillet, C. 2002, 'Mapping the Dynamics of Project Management Field: Project Management in Action', in *Proceedings of PMI Research Conference, 2002*, Seattle.
- Bredillet, C.N. 2008, 'Learning and Acting in Project Situations Through a Meta-method (MAP) a Case Study: Contextual and Situational Approach for Project Management Governance in Management Education', *International Journal of Project Management*, vol. 26, no. 3, pp. 238–250, Elsevier Ltd and IPMA, Orlando, USA.
- Brenton, M. 1985, *The Voluntary Sector in British Social Services*, Longman, London.
- Brocklesby, J. & Cummings, S. 1996, 'Foucault Plays Habermas: An Alternative Philosophical Underpinning for Critical Systems Thinking', *Journal of the Operational Research Society*, vol. 47, pp. 741–754.
- Browne, L., Rice, J., Boris, N., Thurman, T., Snider, L., Ntaganira, J., Nyirazinyoye, L., Kalis, E. & Nshizirungu, E. 2007, 'Psychosocial Benefits of a Mentoring Programme for Youth-Headed Households in Rwanda', *Horizon Research Summary*, Population Council, Washington, DC.

- Bruner, J. 1986, *Actual Minds, Possible Worlds*, Harvard University Press, Cambridge, MA.
- Bruner, J. 1990, *Acts of Meaning*, Harvard University Press, Cambridge, MA.
- Bryde, D. 2008, 'Perceptions of the Impact of Project Sponsor Practises on Project Success', *International Journal of Project Management*, vol. 26, Issue 8, pp. 800–809.
- Buckle, P. & Thomas, J. 2003, 'Deconstructing Project Management: A Gender Analysis of Project Management Guidelines', *International Journal of Project Management*, vol. 21, no. 6, pp. 433–441, Elsevier Ltd and IPMA, Orlando, USA.
- Burke, R. 1999, *Project Management: Planning & Control Techniques*, Burke Publishing, Cape Town.
- Burke, R. 2003, *Project Management: Planning & Control Techniques*, Burke Publishing, Cape Town.
- Carr, D. 2004, Moral Value and Arts in Environmental Education: Towards an Ethics of Aesthetic Appreciation, *Journal of Philosophy of Education*, vol. 38, no. 2, pp. 221–239.
- Casti, J.L. 1994, *Complexification: Explaining a Paradoxical World through the Science of Surprise*, Abacus Ltd, London.
- Central Statistical Office (CSO). 2003, *Zimbabwe Population Census 2002*, CSO, Harare.
- Central Statistical Office (CSO) [Zimbabwe] & Macro International Inc. 2007, *Zimbabwe Demographic and Health Survey 2005–06*, CSO & Macro International Inc, Maryland.
- Centre for the Study of AIDS. 2007, *Regional Citizenship: The Politics, Philosophy and Economics of HIV and AIDS, An Evaluation of the UNICEF Multi Country Lifeskills Initiative in Botswana, Lesotho, Namibia, Swaziland, South Africa, Zimbabwe, Malawi, Mozambique and Zambia*, UNICEF, Nairobi.
- Chambers, R. 1983, *Rural Development: Putting the Last First*, Longmans, London.
- Chambers, R. 1994a, 'Participatory Rural Appraisal (PRA): Analysis of Experience', *World Development*, vol. 22, no. 9, pp. 1253–1268.
- Chambers, R. 1994b, Participatory Rural Appraisal (PRA): Challenges, Potentials and Paradigm, *World Development*, vol. 22, pp. 1437–1454.
- Chambers, R. 1994c, Participatory Rural Appraisal (PRA): Challenges, Potentials and Paradigm. *World Development*, vol. 22, pp. 1437–1454.
- Chatterjee, D. 1999, *Leading Consciously*, Vinod Vasishtha, New Delhi.
- Chaudhury, N., Hammer, J., Kremer, M., Muralidharan, K. & Rodgers, H.F. 2007, 'Missing in Action: Teacher and Health Worker Absence in Developing Countries', *Journal of Economic Perspectives*, vol. 20, no. 1, pp. 91–116.
- Checkland, P.B. 1981, *Systems Thinking, Systems Practice*, John Wiley, Chichester.
- Checkland, P.B. 1983, 'OR and the Systems Movement: Mappings and Conflicts', *Journal of the Operational Research Society*, vol. 34, no. 8, pp. 661–675.
- Checkland, P. & Holwell, S. 1998, 'Action Research: Its Nature and Validity', *Systemic Practice and Action Research*, vol. 11, no. 1, pp. 9–21.

- Checkland, P.B. & Scholes, J. 1990, *Soft Systems Methodology in Action*. John Wiley, Chichester.
- Checkland, P. & Scholes, J. 1999, *Soft Systems Methodology in Action*, John Wiley, Chichester.
- Churchman, C.W. 1968, *The Systems Approach*, Dell Publishing, New York.
- Churchman (1968:29) defined a system as 'a set of parts coordinated to accomplish a set of goals', and argued that the systems approach begins when first you see the world through the eyes of others.
- Churchman, C.W. 1979, *The Systems Approach*, Dell Publishing, New York.
- Clark, F.C. & McLean, S. 2004, '15th International Conference on AIDS', Bangkok, Thailand, *Int Conf AIDS*. 2004 Jul 11–16; 15: abstract no. ThPeD7881.
- Cleland, D.I. & Gareis, R. 2006, *Global Project Management Handbook*, McGraw-Hill, New York.
- Cohen, L. & Manion, L. 1994, *Research Methods in Education*, Routledge, London.
- Cohen, L. Manion, L. & Morrison, K. 2000. *Research Methods in Education*, Routledge, London.
- Cooper, R. & Burrell, G. 1988, 'Modernism, Postmodernism and Organisational Analysis: An Introduction', *Organisational Studies*, vol. 9, pp. 91–112.
- Correspondent. 2008, 'Residents Take Chihuri to Court Over Food', *The Zimbabwe Times*, 28, September, viewed 28 September, 2008, <http://www.thezimbabwetimes.com/?p=4922>.
- Corsaro, W.A. 1997, *The Sociology of Childhood*, Pine Forge Press, Thousand Oaks, CA.
- Covey, S. 1989, *The Seven Habits of Highly Successful People*, Simon and Schuster, London.
- Covey, S.R. 1991, *Principle Centred Leadership*, Simon and Schuster, London.
- Crawford, L.H. 2005, 'Senior Management Perceptions of Project Management Competence', *International Journal of Project Management*, vol. 23, no. 1, pp. 7–16.
- Crawford, L.H. 2006, 'Competencies of Project Managers', in Cleland David, I. and Gareis, R. (Eds), *Global Project Management Handbook*, McGraw-Hill, Inc, New York.
- Cresswell, J.W. 2003, *Research Design: Qualitative, Quantitative, and Mixed Approaches*, Sage Publications, Thousand Oaks.
- Cropper, J. 2010, 'Tough Love', *Project: The Voice of Project Management*, February 2010, no. 225, pp. 22–25.
- CSO. 2007, Zimbabwe Demographic Health Survey 2005–2006, Central Statistical Office and Macro International Inc, Calverton, Maryland.
- Das, J., Dercon, S., Habyarimana, J. & Krishman, P. 2007, 'Teacher Shocks and Student Learning: Evidence from Zambia', *Journal of Human Resources*, vol. 42, no. 4, pp. 820–862.
- Degeorges, A. & Reilly, B. 2007, Politicization of land reform in Zimbabwe: Impacts on Wildlife, Food Production and the Economy, *International Journal of Environmental Studies*, vol. 64, no. 5, pp. 571–586.

- Denning, S. 2004a, *Squirrel Inc.: A Fable of Leadership Through Storytelling*, Jossey-Bass, San Francisco.
- Denning, S. 2004b. 'Telling Tales', *Harvard Business Review*, May 2004.
- Dennis, L. 2007, *Project Management*, Gower Publishing, Burlington, USA.
- Denzin, N.K. 1978, *The Research Act: A Theoretical Introduction to Sociological Methods*, McGraw-Hill, New York.
- Denzin, N. 2006, *Sociological Methods: A Sourcebook*, Aldine Transactions, Chicago.
- Denzin, N.K. & Lincoln, Y.S. (Eds). 1998a, *Collecting and interpreting qualitative materials*, Sage Publications, Thousand Oaks.
- Denzin, N.K. & Lincoln, Y. S (Eds). 1998b, *The Landscape of Qualitative Research: Theories and Issues*, Sage Publications, Thousand Oaks.
- Derrida, J. 1976, *Of Grammatology*, Trans G.C. Spivak, John Hopkins University Press, Baltimore.
- Devarajan, S. 2008a, *Child Survival: The Most Elusive MDG*, Blog, posted on Tue, 09/23/2008-09:37, World Bank, <http://blogs.worldbank.org/africacan/child-survival-the-most-elusive-mdg>.
- Devarajan, S. 2008b, *Poverty in Africa and Elsewhere*, Blog, posted on Wed, 10/15/2008-09:12, World Bank, <http://blogs.worldbank.org/africacan/poverty-in-africa-and-elsewhere>.
- Dixon, K. 1973, 'Sociological Theory: Pretence and Possibility' in Cohen, L. & Manion, L. 1994, *Research Methods in Education*, Routledge, London.
- Dzirikure, M. 1995, 'The Relationship Between Household Farm and Non Farm Economic Activities and Reproductive Fertility in Zimbabwe: A Case of Rural Shurugwi', *Master of Science in Population Studies Degree Dissertation*, University of Zimbabwe, Harare.
- Dzirikure, M. 2005, 'Determinants of Systems Performance: An Enquiry into Project Practitioners Experiences with HIV and AIDS Projects in the SADC Region', *Master of Commerce in Project Leadership and Management Degree Dissertation*, University of Kwazulu Natal, Durban.
- Dzirikure, M. 2008, 'Comprehensive Care and Support for Orphans, Vulnerable Children and Youth in the Southern African Development Community', *Strategic Framework and Programme of Action 2008–2015*, SADC Secretariat, Gaborone.
- Dzirikure, M., Masabane, P. & Muvandi, I. 2009, *SADC Business Plan on Orphans, Vulnerable Children and Youth, April 2009 – March 2015*; Implementation of the Strategic Framework and Programme of Action 2008–2015: Comprehensive Care and Support for Orphans, Vulnerable Children and Youth in SADC, SADC Secretariat, Gaborone.
- Egan, K. 1995, 'Narrative Learning: A Voyage of Implications', in H. McEwan and K. Egan (Eds.). *Narrative in Teaching, Learning and Research*, Teachers' College Press, New York, pp. 116–125.

- Egan, K. 1999, *Children's Minds: Talking Rabbits and Clockwork Orange*, Teachers' College Press, New York.
- Engle, P. 2008, 'National Plans of Action for Orphans and Vulnerable Children in sub-Saharan Africa. Where are the Youngest Children?' *Working Papers in Early Childhood Development*, no. 50, Bernard van Leer Foundation, Hague.
- Family Health International. 2007, *Presentations from the Linking Reproductive Health and Family Planning with HIV/AIDS Programmes in Africa Conference Organised by Johns Hopkins Bloomberg School of Public Health and Addis Ababa University, October 9–10, 2006*, Addis Ababa, Ethiopia.
- Family Health Research. 2007, *Service Integration Expanding in Africa*, vol. 1, no. 1.
- Federal Ministry of Women Affairs and Social Development of Nigeria. 2007, *National Guidelines and Standards of Practise on Orphans and Vulnerable Children*, Government of Nigeria, Abuja.
- Feyerabend, P. 1993, 'Against Method', in S. Rosen (ed.), *The Philosopher's Hand Book: Essential Readings from Plato to Kant*, Random House, Inc, New York.
- Fish, S. 1972, *Self-Consuming Artifacts*, University of California Press, Berkeley.
- Flood, R.L. 1995, *Solving Problem Solving*, John Wiley & Sons, Chichester.
- Flood, R.L. 1999, *Rethinking the Fifth Discipline: Learning Within the Unknowable*, Routledge, London.
- Flood, R.L. & Jackson, M.C. 1991, *Creative Problem Solving: Total Systems Intervention*, John Wiley and Sons, Chichester.
- Flyvbjerg, B., Bruzelis, N. & Rothengatter W. 2003, *Mega Projects and Risk*, Cambridge University Press, Cambridge.
- Foster, G. 1998, 'Children and HIV/AIDS from an International Human Rights Perspective', *Presentation at the White Oak Project: Building International Support for Children Affected by AIDS*, held at the White Oak Conservation Centre, October 1–4, 1998, Yulee, Florida.
- Foster, G. 2005, *Under the Radar – Community Safety Nets for Children Affected by HIV/AIDS IN Poor Households in Sub-Saharan Africa*, United Nations Research Institute for Social Development (UNRISD), Zimbabwe.
- Foucault, M. 1972, *Histoire de la folie*, Gallimard, Paris.
- François, C. 1999, 'Systemics and Cybernetics in a Historical Perspective', in *Systems Research and Behavioural Science*, vol. 16, pp. 203–219.
- Futures Group. 2005, 'Rapid Country Assessment, Analysis and Action Planning (RAAP) Initiative on Behalf of Orphans and other Vulnerable Children in Southern Africa', *Policy Project*, USAID, UNICEF, UNAIDS & WFP, Washington, DC.
- Gabriel, Y. 2000, *Storytelling in Organisations: Facts, Fictions, and Fantasies*, Oxford University Press, London.
- Gail, A., Skinner, D. & Zuma, K. 2006, 'Epidemiology of Health and Vulnerability Among Children Orphaned and Made Vulnerable by HIV/AIDS in sub-Saharan Africa', *AIDS Care*, vol. 18, no. 3, pp. 269–276.

- Garcia, S. & Duplat, P. 2007, *Zimbabwean Exodus: Too Little but not Too Late...*, Refugees International, Washington, DC.
- Gareis, R. 1990, 'Management by Projects: The Management Strategy of the "New" Project – Oriented Company', *Handbook of Management by Projects*, Manz Publishers, Vienna.
- Gareis, R. 1991, 'Management by Projects – the Management Strategy of the New Project Oriented Company', *International Journal of Project Management*, vol. 9, no. 2, pp. 71–76.
- Garfinkel, H. 1968, 'Studies in Ethnomethodology', in Cohen, L. & Manion, L. 1994, *Research Methods in Education*, Routledge, London.
- Gerrig, R.J. 1993, *Experiencing Narrative Worlds*, Yale University Press, New Haven.
- Giese, S; Meintjes, H; Budlender, D; and Johnson, L. 2003, Children 'in need of care' or in need of cash? Questioning social security provisions for orphans in the context of the South African AIDS pandemic : A Joint Working Paper, Children's Institute, and the Centre for Actuarial Research of the University of Cape Town, Cape Town.
- Glaser, B.G. 1978, *Theoretical Sensitivity*, Sociology Press, Mill Valley California.
- Glaser, B.G. 1998, *Doing Grounded Theory – Issues and Discussions*, Sociology Press, Mill Valley, CA.
- Glaser, B.G. & Strauss, A.L. 1967, *The Discovery of Grounded Theory*, Aldine, New York.
- Golafshani, N. 2003, 'Understanding Reliability and Validity in Qualitative Research', *The Qualitative Report*, vol. 8, no. 4, pp. 597–607, University of Toronto, Ontario.
- Goldsbrough, D. 2007, 'IMF and Constraints on Spending', *One Pager*, no. 35, International Poverty Centre, Centre for Global Development.
- Gordon, D., Nandy, S., Pantazis, C., Pemberton, S. & Townsend, P. 2003, 'Measuring Child Poverty and Deprivation', *In Focus*, March 2004, UNDP International Poverty Centre, Brasilia.
- Government of Zimbabwe, Ministry of Public Service, Labour and Social Welfare (GoZ MoPSLSW). 2008, National Action Plan for Orphans and Vulnerable Children 2004–2010, GoZ, Harare.
- Greenwood, G.E. & Parkay, F.W. 1989, *Case Studies for Teacher Decision Making*, Random House, New York.
- Greenwood, D.J & Levin, M. 1998, *Introduction to Action Research: Social Science Research for Social Change*, Sage Publications, London.
- Guba, E. 1990, *The Paradigm Dialogue*, Sage Publications, Newbury Park, CA.
- Guba, E.G. & Lincoln, Y.S. 1994, *The Handbook of Qualitative Research*, Sage Publications, Newbury Park, CA.
- Harper, C. 2004, 'Escaping Poverty Cycles', UNDP IP Centre, *In Focus*, March 2004, pp. 3–4.
- Harper, C., Marcus, R. & Moore, K. 2003, Enduring Poverty and the Conditions of Childhood: Life Course and Intergenerational Poverty Transmissions, *World Development*, vol. 31, no. 3, pp. 535–554.

- Harré, R. & Secord, P. 1972, 'The Explanation of Social Behaviour', in Cohen, L & Manion, L. 1994, *Research Methods in Education*, Routledge, London.
- Harrison, F.L. & Lock, D. 2004, *Advanced Project Management: A Structured Approach*, Gower Publishing, Guildford, UK.
- Hart, R.A. 1992, 'Children's Participation: From Tokenism to Citizenship', *Innocenti Essays*, no. 4, UNICEF, International Development Centre.
- HelpAge International. 2003, *Older people as Carers of Orphans and Vulnerable Children: Intergenerational Programming to Support Families and Communities*, Help Age international, London.
- Heo, H. 2004, 'Story Telling and Retelling as Narrative of Inquiry in Cyber Learning Environments', in R. Atkinson, C. Macbeath, D. Jonas-Dwyer and R. Phillips (Eds). *Beyond the Comfort Zone: Proceedings of the 21st ASCILITE Conference*, pp. 374–378, 5–8 December, Perth, <http://www.ascilite.org/au/conferences/perth04/procs/heo.html>.
- Heron, J. 1971a, *Experience and Method*, University of Surrey, Guildford.
- Heron, J. 1971b, Experience and Method: An Inquiry into the Concept of Experiential Research, *Human Potential Research Project*, University of Surrey, Guildford.
- Heron, J. 1981, 'Experiential Research', *British Postgraduate Medical Federation*, University of London, and Human Potential Research Project, University of Surrey, Guildford.
- Heymann, J., Earle, A., Ramarajan, D., Miller, C. & Bogen, K. 2007, 'Extended Family Caring for Children Orphaned by AIDS: Balancing Essential Work and Caregiving in a High HIV Prevalence Nations', *AIDS care*, vol. 19, no. 3, pp. 337–345.
- Higgs, P. & Smith, J. 2002, *Rethinking Truth*, Juta, Landsdown.
- Hintikka, J. 2000a, 'Introduction', in S. Rosen (ed.), *The Philosopher's Hand Book: Essential Readings from Plato to Kant*, Random House, Inc, New York.
- Hintikka, J. 2000b, 'Questioning as a Philosophical Method', in S. Rosen (ed.), *The Philosopher's Hand Book: Essential Readings from Plato to Kant*, Random House, Inc, New York.
- Hoepfl, M.C. 1997, 'Choosing Qualitative Research: A Primer for Technology Education Researchers', *Journal of Technology Education*, vol. 9, no. 1, pp. 47–63.
- Human Rights Watch. 2003, Not Eligible: The Politicisation of Food in Zimbabwe, vol. 15, no. 17 (A), Human Rights Watch Report, October 2003, New York.
- Human Science Research Council, Kellogg Foundation & Masiela Trust. 2007, *Qualitative Research Report on Orphans and Vulnerable Children in Palapye, Botswana*, HSRC Press, Cape Town.
- Independent Evaluation Group World Bank. 2008, *Annual Review of Development Effectiveness 2008: Shared Global Challenges*, World Bank, Washington, <http://www.worldbank.org/ieg/ardeo8>.
- Institute of Development Studies (IDS) of the University of Zimbabwe. 2003, *Zimbabwe Human Development Report 2003: Redirecting Our Responses to HIV/AIDS*, Government of Zimbabwe and Poverty Reduction Forum, Harare.

- International Crisis Group. 2002, 'Article by J. Jacoby, Starving Time in Zimbabwe', The Zimbabwe Situation, http://www.zimbabwesituation.com/sept20_2002.html, posted 20 September 2002.
- International Human Rights Network (IHRN). 2008, *Human Rights-Based Approaches and European Union Development Aid Policies*, A Paper Produced Through Joint Collaboration Between International Human Rights Network, Action Aid International, Amnesty International EU Office, & Terre Des Hommes International Federation, Brussels.
- International Labour Organisation. 2003, 'Investing in Every Child', *An Economic Study of the Costs and Benefits of Eliminating Child Labour*, ILO, Geneva.
- International Labour Organisation (ILO). 2009, 'Report of the Committee of the Whole on the Crisis Responses', *Provisional Record: 98th Session – International Labour Conference*, ILC98-PR19-En.doc, pp. 1–72, ILO, Geneva.
- International Organisation for Migration (IOM). 2007, *Migrants Needs and Vulnerabilities in the Limpopo Province, Republic of South Africa*, IOM, Pretoria.
- International Peace Academy. 2002, *Democracy and Land Reform in Zimbabwe*, Conference organised by the IPA in New York, February 2002.
- Ivory, C. & Alderman, N. 2005, 'Can Project Management Learn Anything from Studies of Failure Complex Systems', *Project Management Journal*, vol. 36, no. 3, 5–16.
- Jackson, M.C. 1991, *Systems Methodology for the Management Sciences*, Plenum, New York.
- Jackson, M.C. 1995, Beyond the Fads: Systems Thinking for Managers, *Systems Research*, vol. 12, no 1, pp. 25–42, John Wiley and Sons Ltd, New York.
- Jackson, M.C., 1999, 'Towards coherent pluralism in management science', HYPERLINK "http://www.ingentaconnect.com/content/pal/01605682;jsessionid=6xt6j7mbu ykw.alexandra" Journal of the Operational Research Society, Vol. 50 (1), pp. 12–22
- Jackson, M.C. 2003, *Systems Thinking: Creative Holism for Managers*, John Wiley and Sons, Ltd, West Sussex, England.
- Jayakaran, R.I. 1996, *Working with the Urban Poor Using Participatory Learning and Action (PLA)*, World Vision of India, Madras.
- Kant, I. 1781, *Critique of Pure Reason*, Translated from the German of Immanuel Kant by J.M.D. Meiklejohn, Harvard Depository Brittle Book Digitalised by Google, Library of the Divinity School, Harvard University, London, <http://books.google.com/>.
- Katsui, H. 2008, 'Downside of the Human Rights-Based Approach to Disability in Development', *Working Paper 2/2008*, Institute of Development Studies, Helsinki University, Helsinki, Finland. http://www.sylff.org/wordpress/wp-content/uploads/2008/12/downside_of_hrba_katsui_hisayo.pdf viewed 28 August 2010.
- Kauffman, S.A. 1993, *The Origins of Order*, Oxford University Press, New York.
- Kennedy, D. 2004, *The Dark Sides of Virtue: Reassessing International Humanitarianism*, Princeton University Press, Princeton, New Jersey.

- Kimenyi, M.S. 2007, 'Ten Commandments of Pro-Poor Growth', in *Poverty in Focus, Analysing and Achieving Pro-Poor Growth*, UNDP International Poverty Centre, March 2007, pp. 26–27.
- Kiwanika, M. & Monson, T. 2009, 'Zimbabwean Migration into Southern Africa: New Trends and Responses', *Forced Migration Studies Programme*, Oxfam, UK and Wits University, Johannesburg.
- Klahr, D. 1992, 'Information Processing Approaches to Cognitive Development', in M.H. Bornstein and M.E. Lamb (Eds). *Developmental Psychology: An Advanced Text Book*, 3rd edition, Erlbaum, Hillsdale, NJ.
- Koch, T. 1998, Story Telling: Is it Really Research? *Journal of Advanced Nursing*, vol. 28, no. 6, pp. 1182–1190.
- Kolb, D.A. 1984, *Experiential Learning: Experience as the Source of Learning and Development*, Prentice Hall, Engelwood Cliffs.
- Koskela, L. & Holwell, G. 2002, 'The Theory of Project Management: Explanation to Novel Methods', *Proceedings at the 10th International Group for Lean Construction (IGLC-10)*, 6–8 August, 2002, Gramado, Brazil.
- Kousholt, B. 2007, *Project Management – Theory and Practise*, Nyt Teknisk Forlag.
- Kraut, R. 2010, *Aristotle' Ethics*, Stanford Encyclopaedia of Philosophy, <http://plato.stanford.edu/entries/aristotle-ethics/>, viewed 28 August 2010.
- Kreiner, K. 1995, *In Search of Relevance: Project Management in Drifting Environments*, Copenhagen Business School, Denmark.
- Kwak, Y.H. 2005, 'A Brief History of Project Management', in *The Story of Managing Projects: An Inter-Disciplinary Approach*, E.S. Carayannis, Y.H. Kwak and F.T. Anbari (Eds). Praeger Publishers – Greenwood Publishing Group, Westport, Connecticut.
- Lannon, J. 1998, *Untapped Potential: Turning Ordinary People into Extraordinary Performers*, Thomas Nelson Publishers, Nashville, USA.
- Laslo, Z. & Gldberg, A.I. 2008, 'Resource Allocation Under Uncertainty in a Multi-Project Matrix Environment: Is organisational Conflict Inevitable?' *International Journal of Project Management*, vol. 26, no. 8, pp. 773–788, Elsevier Ltd and IPMA, Oxford, UK.
- Laszlo, E. 1972, *Introduction to Systems Philosophy*, Gordon & Breach, New York.
- Laszlo, E. & Laszlo, A. 1997, 'The Contribution of the Systems Sciences to the Humanities', *Systems Research and Behavioural Science*, vol. 14, pp. 5–9.
- Lewin, K. 1946, 'Action Research and Minority Problems', *Journal of Social Issues*, vol. 2, no. 4, pp. 34–46.
- Lewin, R. 1993, *Complexity: Life at the Edge of Chaos*, Macmillan, London.
- Lincoln, Y.S. & Guba, E.G. 1985, *Naturalistic Enquiry*, Sage Publications, Beverly Hills, CA.
- Lock, D. 2007, *Project Management*, Gower Publishing, Adershot.
- Loening-Voysey, H. & Wilson, T. 2001, *Approaches to Caring for Children Orphaned by AIDS and other Vulnerable Children: Essential Elements of Quality Service*, UNICEF, Pretoria.

- Lofland, J. & Lofland, L.H. 1984, *Analysing Social Settings*, Wadsworth Publishing, Belmont, CA.
- Losch, W. 1979, 'A New Model of Grain Boundary Failure in Temper Embrittled Steel', *Acta Metal*, vol. 27, pp. 1885–1892.
- Lycett M, Rassau, A. & Danson, J. 2004, 'Programme Management: A Critical Review', *International Journal of Project Management*, vol. 22, no. 4, pp. 289–299, Elsevier Ltd and IPMA, Oxford.
- Lynn, M. 1990, *Culture of the Future: The Proletkult Movement in Revolutionary Russia*, University of California Press, Berkely, CA.
- Lyotard, J.F. 1984, *Postmodern Condition: A Report on Knowledge*, Manchester University Press, Manchester.
- Madhavan, S. 2004, 'Fosterage Patterns in the Age of AIDS: Continuity and Change', *Social Science and Medicine*, vol. 58, pp. 1443–1454.
- Marcus, G. & Fischer, M. 1986, *Anthropology as Cultural Critique: An Experimental Moment in the Human Sciences*, University of Chicago Press, Chicago.
- Martin, W. 1986, *Recent Theories of Narrative*, Cornell University Press, New York.
- Masazi Development Associates. 2008, *Literature Review on Integrating Gender into Programmes for Orphans and Vulnerable Children*, Report Prepared for USAID & PACT, Johannesburg.
- Mason, R.O. & Mitroff, I.I. 1981, *Challenging Strategic Planning Assumptions: Theory, Cases, and Techniques*, Wiley Press, New York.
- Maxwell, S. 1999, 'What Can We Do with Human Rights-Based Approach to Development?' *ODI Briefing paper*, no. 3, pp. 1–4, Overseas Development Institute, London.
- Mbaiwa, R. 2010, *Mining Sector Presents a Wealth of Opportunities*, Zimbabwe Investment Agency, Harare, viewed 13 June 2010, http://www.tradeinvestafrica.com/investment_opportunities/243420.htm.
- McGreevy, W., Bura, M., Semini, I., Soucat, A., Deering, J. & Ndyabangi, B. 2002, 'Integrating HIV/AIDS into Poverty Reduction Strategies in sub-Saharan Africa', Presented at the International Conference on AIDS, 7–12 July 2002, *Int Conf AIDS*, vol. 14, abstract number MoPeG4211, Futures Group International, Washington, DC.
- Mickinley, T. 2007, 'Terry Mckinley asks why Africa is being constrained in spending aid', *IPC OP No. 34*, UNDP International Poverty Centre, Brasilia, Brazil.
- McIntyre, A. 1981, *After Virtue*, University of Notre Dame Press, Notre Dame.
- McIntyre, A. 1999, *Dependent Rational Animals*, Carus Publishing, Chicago.
- McNiff, J. 2000, *Action Research in Organisations*, Routledge, London.
- Meadows, D. 2002, 'Dancing with Systems', *The Systems Thinker*, vol. 13, no. 2, <http://www.sustainer.org/pubs/Dancing.html>.
- Mello, R. 2001, 'The Power of Story Telling: How Oral Narratives Influences Children's Relationships in Classrooms', *International Journal of Education and the Arts*, vol. 2, no. 1., pp. 1–18.

- Midgley, G. 1996, What is the Thing Called CST?, in R. Flood and R. Romm (Eds). *Critical Systems Thinking*, John Wiley & Sons, Chichester.
- Millichamp, A.H. 1996, *Auditing*, DP Publications, London.
- Mold, A. 2006, 'Are Improving Terms of Trade Helping Reduce Poverty in Africa?' UNDP International Policy Centre for Inclusive Growth, *One Pager*, no. 24, pp. 1.
- Monasch, R. & Boerma, J.T. 2004, 'Orphanhood and Childcare Patterns in Sub-Saharan Africa: An Analysis of National Surveys from 40 Countries', *AIDS*, vol. 18, no.2, pp. S55–S65.
- Morgan, G. (ed.), 1983, *Beyond Method: Strategies for Social Research*, Sage Publications, Beverly Hills, CA.
- Morris, P.W.G. 1994, *The Management of Projects*, Telford, London, UK.
- Morris, P.W.G. & Hough, G.H. 1991, *The Anatomy of Major Projects: A Study of the Reality of Project Management*, John Wiley and Sons, Chichester.
- Mouton, J. 2002, *How to Succeed in Your Master's and Doctoral Studies*, Van Schaik Publishers, Pretoria.
- Mouton, J. & Marais, H.C. 1990, *Basic Concepts in the Methodologies of the Social Sciences*, (Revised ed.), Human Sciences Research Council, Pretoria.
- Moyo, S. undated, *Land Policy, Poverty Reduction and Public Action in Zimbabwe*, http://www.google.com/search?q=Pverty+Reduction+Strategy+Papers+in+Zimbabwe&sourceid=navclient-ff&ie=UTF-8&rlz=1B3GGGL_enBW275BW277:Viewed 29 August 2009.
- Mudiwa, T. 2008, 'Zimbabwe Admits Land Reform Failure', *The Zimbabwe Daily online*, 19 March, viewed on 19 March, 2010, <http://www.zimdaily.com/beta/news271227.html>.
- Mullen, P.E. & Fleming, J. 1998, Long-Term Effects of Child Sexual Abuse, Australian Institute of Family Studies, Melbourne.
- Munyati, S., Rusakaniko, S., Mupambireyi, P.F., Mahati, S.T., Chibatamoto, P. & Chandiwana, B. 2006, A Census of Orphans and Vulnerable Children in Two Zimbabwean Districts, HSRC Press, Cape Town.
- Nchabeleng, L. 2000, 'Making Change: A Challenge to Leaders in the New Millennium', in *OD Debate*, vol. 7, no 3.
- Neill, S.J. 2005, 'Research with Children: A Critical Review of the Guidelines', *Journal of Child Health Care*, vol. 9, no. 1, pp. 46–58.
- Nottawasaga Institute & Centre for Education Policy Development. 2008, Summative Evaluation of the Schools as Centres of Care and Support (SCCS) Programme, Conducted for Media in Education Trust – Africa (MiETA), MiETA, Durban.
- Nyamayaro, O.M. & Mbara, T. 2005, A Workshop Report on the Assessment of Poverty Reduction Strategies in Zimbabwe, Workshop 1, 12–13 May 2005, The Bronte Hotel, Harare, http://www4.worldbank.org/afr/ssatp/Resources/CountryDocuments/PRTSR_Zimbabwe_Workshop1.pdf.
- Nyambedha, E.O., Wandibba, S. & Aagaard Hansen, J.A. 2003, 'Child Vulnerability and Migration in Kenya: Changing Patterns of Orphan Care Due to HIV Epidemic in Western Kenya', *Social Science and Medicine*, vol. 57, no. 2, pp. 301–311.

- Nyathi, B. Manyame, B. & Chikandi, S. 2007, 'Circles of Support for Orphans and Vulnerable Children: A Community and Schools – Based Multi-Sectoral Approach to meeting their Needs', *An Evaluation of Lessons Learnt in Piloting the SADC/EU Regional HIV Initiative Conducted for the SADC Secretariat*, Implemented by SADC HIV and AIDS Unit through HDA, Gaborone.
- Oates, B.J. 2002, 'Co-operative Inquiry: Reflections on Practise', *Electronic Journal of Business Research Methods*, no. 1, pp. 22–37, University of Teesside, Middlesbrough.
- O'Donoghue, T. & Punch, K. 2003, *Qualitative Educational Research in Action: Doing and Reflecting*, Routledge, London.
- O'Neil, G. 2003, An Introduction to the Concept of Rights-Based Approach to Development: A Paper for Inter Action, *Inter Action*, Washington, DC.
- Organisation for Economic Co-operation and Development (OECD). 2001, DAC Recommendation on Untying ODA to Least Developed Countries and Heavily Indebted Poor Countries, OECD, Paris.
- Organisation for Economic Co-operation and Development (OECD). 2005, The Paris Declaration on AIDS Effectiveness, OECD, Paris.
- Organisation for Economic Co-operation and Development (OECD). 2008, The Accra Agenda for Action, OECD, Paris.
- OSISA. 2007, 'Comprehensive Care for Orphans and Vulnerable Children: The Role of Education in the Development of Sustainable Strategies', *Report of Workshop Proceedings Organised by Open Society Institute for Southern Africa (OSISA)*, 6–8 November 2007, Royal Swazi Conference Centre, Mbabane, Swaziland, OSISA, Johannesburg.
- Oxford Higher Education. 2007, 'Zimbabwe Beyond 2000: The Politicisation of Land Reform and the Crisis of Government – Zimbabwe's Human Insecurity Issues', *Collins: Contemporary Security Studies*, Oxford University Press, Oxford, viewed December 2009, http://www.oup.com/uk/orc/bin/9780199284696/01student/cases/case_study_zimbabwe.pdf.
- Patton, M.Q. 2002, *Qualitative Evaluation and Research Methods*, Sage Publications, Thousand Oaks.
- Pegasus Communications Inc. (no date) *What Is Systems Thinking?* <http://www.pegasuscom.com/systems-thinking.html>.
- Phillips, E.M. & Pugh, D.S. 1994, *How to Get a PhD: A Handbook for Students and Their Supervisor*, Open University Press, Buckingham.
- Portwood, S. 1998, The Impact of Individuals' Characteristics and Experiences on their Definitions of Child Maltreatment, *Child Abuse and Neglect*, vol. 22, pp. 437–452.
- Price, M. & Dolfi, J. 2004, 'Learning preferences and Trends of Project Management Professionals', *A Preliminary Report in Presentation at the PMI Global Congress*, 19–21 June 2004, Elsevier, Prague.
- Pirsig, R. M., 1974, *Zen and the art of Motorcycle Maintenance*, Bantam Books, New York.
- Project Management Institute (PMI). 1996, *A Guide to the Project Management Body of Knowledge*, PMI Publishing, North Carolina.

- Project Management Institute (PMI). 2002, Project Manager Competency Development Framework, PMI, Newton Square, PA.
- Project Management Institute (PMI). 2005, *PMBOK Guide: Third Edition Excerpts*, PMI, North Carolina.
- Punch, K. 1998, *Introduction to Social Research: Quantitative and Qualitative Approaches*, Sage Publications, London.
- Raftopolous, B. 2001, 'The Labour Movement and the Emergence of Opposition Politics in Zimbabwe' in B. Raftopolous and L. Sachikonye (Eds). *Striking Back: The Labour Movement and the Post-Colonial State in Zimbabwe 1980–2000*, 1st edition, Weaver Press, Harare.
- Rahe, P. 2000, 'Introduction', in S. Rosen (ed.), *The Philosopher's Handbook: Essential Readings from Plato to Kant*, 1st edition, Random House, New York.
- Randall, R. 1981, Doing Dialogical Research, in P. Reason and J. Rowan (Eds). *Human Enquiry*, Wiley, New York.
- Reason, P. (ed.), 1988, *Human Inquiry in Action. Developments in New Research Paradigm*, Sage Publications, London.
- Reporter. 2009, 'UN: Zimbabwe Cholera Death Toll Rises', Mail & Guardian online, 16, Jan 2009, viewed 17 January 2009, <http://www.mg.co.za/article/2009-01-16-un-zimbabwe-cholera-death-toll-rises>.
- Repssi. 2007a, *Making a Hero Book: A Guide for Facilitators*, Repssi, Johannesburg.
- Repssi. 2007b, 'Memory Work Manual: Facilitator's Guide', *Psychosocial Well Being Series*, Repssi, Johannesburg.
- Repssi. 2007c, *Weaving Hope for Our Children: Home Based Care as an Entry Point for Enhancing Psychosocial Care and Support for Children affected by HIV and AIDS*, Repssi, Johannesburg.
- Rex, J. (ed.), 1974, *Approaches to Sociology: An Introduction to Major Trends in British Sociology*, Routledge & Kegan Paul, London.
- Richter, L., Manefold, J. & Pather, R. 2004, *Family and Community Interventions for Children Affected by AIDS*, HSRC Press, Cape Town.
- Roberto, M.A. 2002, 'Lesson of Everest: The Interaction of Cognitive Bias, Psychological Safety and Systems Complexity', *California Management Review*, vol. 45, no.1.
- Rogers, F.H. & Vegas, E. 2009, 'No More Cuting Class? Reducing Teacher Absence and Providing Incentives for Performance', *Policy Research Working Paper*, 4847, The World Bank Development and Research Group, Washington, DC.
- Rosen, S. 2000a, 'Introduction', in S. Rosen (ed.), *The Philosopher's Handbook: Essential Readings from Plato to Kant*, 1st edition, Random House, New York.
- Rosen, S. (ed.), 2000b, *The Philosopher's Handbook: Essential Readings from Plato to Kant*, 1st edition, Random House, New York.
- Rozga, D. 2001, 'Applying a Human Rights Based Approach to Programming: Experiences of UNICEF', *Paper Presented at the Workshop on Human Rights*,

- Assets and Livelihood Security, and Sustainable Development*, 19–20 June 2001, London.
- Rukuni, M. 2001, 'The Land Issue as Part of the Zimbabwe Crisis', *Paper Presented at the 'Crisis in Zimbabwe: A Time to Act' Conference*, August 2001, Harare.
- Save the Children Sweden. 1997, *Children in Focus: A Manual for Participatory Research with Children*, Save the Children Sweden, Stockholm.
- Save the Children Sweden. 2003, *Children's Participation in Research: Reflections from the Care and Protection of Separated Children in Emergencies Project*, Save the Children Sweden, Stockholm.
- Save the Children UK. 2006, *Legal and Policy Frameworks to Protect the Rights of Vulnerable Children in Southern Africa*, Save the Children, Johannesburg.
- Sen, A. 1999, *Development as Freedom*, Oxford University Press, Oxford.
- Senge, P.M. 1990, *The Fifth Discipline: The Art and Practise of the Learning Organisation*, Doubleday Currency, New York.
- Singh, H. & Singh, A. 2002, 'Principles of Complexity and Chaos Theory in Project Execution: A New Approach to Management Cost Engineering', *Journal of Cost Engineering*, vol. 44, no. 12, pp. 23–32.
- Skyttner, L. 1996, *General Systems Theory: An Introduction*, McMillan Press Ltd, London.
- Social Impact. 2008, *What Does a Satisfactory Project Look Like?* Social Impact, www.socialimpact.com/services/performance-management.html.
- Sorin, R. 2003, 'Research with Young Children – A Rich Glimpse into the World of Childhood', *Australian Journal of Early Childhood*, vol. 28, no. 1, pp. 31–35.
- Sorin, R. 2005, 'Changing Images of Childhood – Reconceptualising Early Childhood Practise', *International Journal of Transitions in Childhood*, vol. 1, pp. 12–21.
- Sorin, R. & Galloway, G. 2005, 'Constructions of Childhood, Constructions of Self', Paper Presented at the Childhoods 2005 Conference, Oslo, Norway.
- Southern African Development Community (SADC). 2004, *Regional Indicative Strategic Development Plan (RISDP)*, SADC Secretariat, Gaborone.
- Southern African Development Community (SADC). 2006a, *SADC Framework for Developing and Sharing Best Practises on HIV/AIDS*, SADC Secretariat, Gaborone.
- Southern African Development Community (SADC). 2006b, *Windhoek Declaration on A New Partnership Between*, The Southern African Development Community and the International Cooperating Partners adopted 27 April 2006, SADC Secretariat, Gaborone.
- Southern African Development Community (SADC) HIV and AIDS Unit. 2007, *Circles of Support*, A Project of the SADC HIV and AIDS Implemented through HDA, SADC Secretariat, Gaborone.
- Southern African Development Community (SADC). 2008a, *Official SADC Trade, Industry and Investment Review 2007/2008*, SADC Secretariat, Gaborone.

- Southern African Development Community (SADC). 2008b, *Report of an Assessment and Analysis of the Situation of Orphans, Vulnerable Children and Youth in SADC*, SADC Secretariat, Gaborone.
- Southern African Development Community (SADC). 2008c, *Report on Summit Conference on Poverty and Development, Held in Mauritius in 2008*, SADC Secretariat, Gaborone.
- Southern African Development Community (SADC) and Media in Education Trust Africa (MiETA). 2008, 'Care and Support to Teaching and Learning', *Project Proposal for a Regional Pilot Initiative*, SADC Secretariat, Gaborone.
- Stacey, R.D. 1996, *Complexity and Creativity in Organisations*, Berret-Kohler, San Francisco.
- Staff Reporter. 2008a, 'Starving Villagers Barter Cattle For Maize', *The Standard*, 4 October, viewed 4 October, 2008, <http://www.thezimbabwestandard.com/business/19025-starving-villagers-barter-cattle-for-maize.html>.
- Staff Reporter. 2008b, 'Teachers' Union Calls for Exams to be Scrapped', *NewZimbabwe.Com*, 10 September, viewed 10 September, 2008, <http://www.newzimbabwe.com/pages/fees42.18859.html>.
- Staff Reporter. 2008c, 'The Digit: Zimbabwe's Inflation Estimated at 531 000 000 000%', *The Zimbabwean*, 6 October, viewed 6 October, 2008, http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=15593:-zimbabwes-inflation-estimated-at-531-000-000-000-&catid=28:zimbabwe%20business%20stories&Itemid=59.
- Staff Reporter. 2008d, 'US\$7,3m AIDS Funds Allegedly Embezzled', *The Zimbabwe Times*, 4 November 4, viewed 4 November, 2008, <http://www.thezimbabwetimes.com/?p=6768>.
- Staff Reporter. 2008e, 'Wild Fruits Instead of Food Aid', *The Zimbabwean*, 4 September, viewed 4 September, 2008, http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=15085:wild-fruits-instead-of-food-aid&catid=31:top%20zimbabwe%20stories&Itemid=66.
- Standish Group. 1994, *CHAOS Report*, <http://www.projectsart.co.uk/docs/chaos-report.pdf>, retrieved October, 21, 2010.
- Stevens, M. (ed.), 2002, *Project Management Pathways*, APM Publishing Limited.
- Steyn, H., Basson, G., Carruthers, M., du Plessis, Y., Kruger, D., Prozesky-Kushkey, B., van Eck, S. & Visser, K. 2003, *Project Management: A Multi-Disciplinary Approach*, FPM Publishing, Pretoria.
- Stine, G.G. 2003, 'The State of the Project Management Profession: Growth, Excitement and Challenge', *35 Years Advocating the Profession, 1969-2004*, PMI, North Carolina.
- Strauss, A. 1987, *Qualitative Analysis for Social Scientists*, Cambridge University Press, Cambridge.
- Strauss, A. & Corbin, J. 1990, *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, Sage Publications, Newbury Park.

- Strauss, A.L. & Corbin, J. 1998, *Basics of Qualitative Research Techniques and Procedures for Developing Grounded Theory*, Sage Publications, Thousand Oaks.
- Stringer, E.T. 1999, *Action Research*, Sage Publications, London.
- Subbarao, K., Mattimore, A. & Plangemann, K. 2001, 'Social Protection of Africa's Orphans and other Vulnerable Children: Issues and Good Practise Programme Options', *Africa Region Human Development Working Paper Series*, World Bank Africa Region.
- Sweeney, L.B. (no date: pages 1–2) Systems Thinking: A Means to Understanding our Complex World, Pegasus Communications, Waltham, <http://www.pegasus.com/PDFs/systems-thinking-introduction.pdf>.
- Taket, A. 2002, 'Facilitation: Some Contributions to Theorising the Practise of Operational Research', *Journal of Operational Research Society*, vol. 53, pp. 126–136.
- Taylor, R.G. 2001, *Action Research Project*, Leadership Centre: University of Kwazulu Natal, Durban.
- Thamhain, H.J. 2004, 'Linkages of project environment to performance: Lessons for Team Leaderships', *International Journal of Project Management*, vol. 22, no. 7, pp. 533–44.
- Theis, J. 2004, *Promoting Rights-Based Approaches: Experiences and Ideas from Asia and the Pacific*, Save the Children Sweden, Stockholm and Bangkok.
- Thomas, J. & Mengel, T. 2008, Preparing Project Managers to Deal with Complexity – Advanced Project Management Education, *International Journal of Project Management*, vol. 26, no. 3, pp. 304–315.
- Thomas, J. Mengel, T. & Andres, N. 2004, 'Surfing on the Edge of Chaos – Developing the Master Project Manager', in *Project Management Institute Global Conference, 2004, North America Conference Proceedings Report*, PMI, Newton Square.
- Thurman, T.R., Snider, L., Boris, N., Kalisa, E., Nkunda Mugarira, E. & Brown, B. 2006, 'Psychosocial Support and Marginalisation of Youth-Headed Households in Rwanda', *AIDS Care*, vol. 18, no. 3, pp. 220–229.
- Tibaijuka, A. 2005, *Report of the Fact-Finding Mission to Zimbabwe to Assess the Scope and Impact of Operation Murambatsvina*, UN Special Envoy on Human Settlement Issues in Zimbabwe, http://www.unhabitat.org/downloads/docs/297_96735_ZimbabweReport.pdf.
- Toffler, A. 1990, *Power Shift*, Bantam Press, London.
- Townsend, P. 2004, 'Fighting Poverty through Direct Policies', UND, *In Focus*, March 2004, International Poverty Centre, Brasilia.
- Turner, R. 1993, *Handbook of Project-Based Management*, McGraw-Hill, London.
- Ulrich, W. 1983, *Critical Heuristics for Social Planning: A New Approach to Practical Philosophy*, Wiley, Chichester.
- Ulrich, W. 2003, 'Beyond Methodology Choice: Critical Systems Thinking as Critically Systemic Discourse', *Journal of the Operational Research Society*, vol. 54, pp. 325–342.

- Ulrich, W. 2005, *A Brief Introduction to Critical Systems Heuristics (CSH)*, Website of the EOCENSUS Project, Open University, Milton Keynes. <http://www.econcensus.info/about/index.html>, retrieved 28 August 2010.
- UNAIDS. 2004a, *The 'Three Ones': Driving Concerted Action on AIDS at Country Level*, UNAIDS, Geneva.
- UNAIDS. 2004b, *'Three Ones' Key Principles*, UNAIDS, Geneva.
- UNAIDS. 2008, *2008 Report on the Global AIDS Epidemic*, UNAIDS, Geneva.
- UNDP. 2002, 'Zimbabwe Land Reform and Resettlement: Assessment and Suggested Framework for the Future', *Interim Mission Report*, Government of Zimbabwe and UNDP, Harare.
- UNDP. 2004, *Human Development Report 2004*, UNDP, New York.
- UNDP. 2009, *Poverty Reduction*, UNDP, Harare, <http://www.undp.org.zw/what-we-do/poverty-reduction.html>.
- UNESCO. 2007, 'Out of School Children: How Many Are They and Who Are They?' *Fact Sheet*, no. 1, UNESCO Institute for Statistics (UIS), Montreal.
- UNGASS. 2008, 'Country Progress Reports', in *UNAIDS Report on the Global AIDS Epidemic 2008*, UNAIDS, Geneva.
- UNICEF. 1999, *Training of District Facilitators for Community Triple A: For Boosting HIV/AIDS/STD's Prevention Control and Care*, UNICEF, Harare.
- UNICEF. 2004, *Summary Report: Study on the Impact of the Implementation of the Convention on the Rights of the Child*, Innocenti Research Centre, Italy.
- UNICEF. 2006a, *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS*, UNICEF, New York.
- UNICEF. 2006b, 'Conference Proceedings: Social Protection Initiatives for Children, Women, and Families: An Analysis of Recent Experiences', *International Conference*, jointly Hosted by UNICEF's Global Policy Division and the New School, 30–31 October 2006, Lang Student Centre, New York.
- UNICEF. 2007a, 'Children with Disabilities: Ending Discrimination and Promoting Participation, Development and Inclusion', *UNICEF Programme Guidance*, UNICEF, New York.
- UNICEF. 2007b, *National Plans of Action Status Report April 2007*, Inter-Agency Task Team on Children and AIDS, Washington, DC.
- UNICEF. 2008a, *A Situation Analysis of Orphans in 11 Eastern and Southern African Countries (draft)*, UNICEF, Nairobi.
- UNICEF. 2008b, 'Child Survival', *The State of the World's Children 2008*, UNICEF, New York.
- UNICEF. 2008c, *Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF*, UNICEF-ESARO, Nairobi.
- UNICEF. 2012, 'Children in an Urban World: The State of the World's Children 2012', UNICEF, New York.

- UNICEF & UNAIDS. 2004a, *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNICEF & UNAIDS, New York.
- UNICEF & UNAIDS. 2004b, *The Framework for the Protection, Care and Support for Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNICEF, New York.
- UNICEF, UNAIDS & USAID. 2004, *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*, UNICEF, New York.
- UNICEF, UNAIDS & Irish AID. 2008, 'Together for Children', *Report on the 4th Global Partners Forum on Children affected by HIV and AIDS*, October 6–7, 2008, The Royal Hospital Kilmainham, Dublin, Ireland.
- UNICEF, WHO & UNAIDS. 2008, *Children and AIDS. Second Stock-Taking Report: Action and Progress*, UNICEF, New York.
- UNICEF, UNAIDS, USAID, Measure DHS, FHI, The World Bank, Alliance, Save the Children & US Government. 2005, *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*, UNICEF, New York, <http://www.measuredhs.com/hivdata/guides/ovcguide.pdf>.
- UN General Assembly. 1986, *Declaration on the Right to Development*, adopted by General Assembly Resolution 41/128 of 4 December 1986, viewed on 8 November 2009, www.unhchr.ch/html/menu3/b/74.htm.
- UN Millennium Project. 2006, *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*, UNDP, <http://www.unfpa.org/rh/lifecycle.htm>; http://www.unmillenniumproject.org/.../MP_Sexual_Health_screen-final.pdf.
- United Nations. 1987, *Report of the World Commission on Environment and Development*, General Assembly Resolution 42/187, 96th Plenary Meeting, December 1987, viewed 8 November 2009, United Nations Department of Economic and Social Affairs (DESA), <http://www.un-documents.net/ocf-02.htm>.
- United Nations. 2006, *Frequently Asked Questions on a Human Rights-Based Approach to Development Cooperation*, Office of the United Nations High Commission for Refugees, New York, <http://www.developmenthumanrights.wordpress.com/2008/06/29/evolution-of-rights-based-approach/>.
- US Government (USG). 2004, *The President's Emergency Plan for AIDS Relief: U.S. Five-Year Global HIV/AIDS Strategy*, Office of the US Global AIDS Coordinator, Washington, DC.
- Uvin, P. 2004, *Human Rights and Development*, Kumarian Press, Bloomfield.
- Van der Walt, G. 1998, *Project Management for Strategic Change and Upliftment*, International Thomson, Johannesburg.
- Von Bertalanffy, L. 1968, *General Systems Theory: Foundations, Development, Applications*, George Braziller, New York.

- Voysey, L.H. & Wilson, T. 2001, *Approaches to Caring for Children Orphaned by AIDS and other Vulnerable Children: Essential Elements of Quality Service*, Report prepared for UNICEF by the Institute for Urban Primary Health Care, South Africa.
- Waddell, S. 2001, 'Societal Learning: Creating Big-Systems Change', *The Systems Thinker*, vol. 12, no. 10, Pegasus Communications, Waltham, Massachusetts.
- White, L.A. 1994, 'Let's Syntegrate', *Operational Research Insight*, vol. 7, pp. 13–18.
- White, L.A. 1998, 'Tinker, Tailor, Soldier, Sailor: A Syntegrity to Explore London's Diverse Interests', *Operational Research Insight*, vol. 3, pp. 12–16.
- Whyte, W.F. 1994, *Case Study Research: Design and Methods*, Sage Publications, Newbury Park.
- Witzel, M. 2003, *Fifty Key Figures in Management*, Routledge, New York.
- Woldehanna, T., Lanata, C. & Tuan, T. 2004, 'Stunted lives: Child Poverty in Ethiopia, Peru and Vietnam', *In Focus, an online bulletin of the UNDP-International Poverty Centre (IPC)*, September, New York, <http://www.undp.org/povertycentre/newsletters/infocus4sepo4eng.pdf>.
- Woodman, D. & Simms, A. 2006, 'Growth is Failing the Poor. The Unbalanced Distribution of Global Economic Growth', *UN-DESA Working Paper. No 2. March 2006*, New York.
- Woodrow, C. 1999, 'Revisiting Images of the Child in Early Childhood Education: Reflections and Considerations', *Australian Journal of Early Childhood*, vol. 24, no. 4, pp. 7–12.
- Woolcock, M. 2007, 'Toward an Economic Sociology of Chronic Poverty: Enhancing the Rigor and Relevance of Social Theory', *CPRC Working Paper 104*, Chronic Poverty Research Centre, Manchester, <http://www.chronicpoverty.org/newsevents/conceptshop-oct2006.htm>.
- World Bank. 2008, 'Child survival: the most elusive MDG'. Africa can end poverty: A blog about the economic challenges and opportunities facing Africa submitted by Shanta Devarajan on 23/09/2008. <http://blogs.worldbank.org/africacan/child-survival-the-most-elusive-mdg>.
- World Bank Group. 2007, *The World Bank Participation Sourcebook*, Appendix I: Methods and Tools, 'Participatory Rural Appraisal', World Bank, Washington, DC, <http://betuco.be/voorlichting/Participation%20Sourcebook%20-%20World%20Bank.pdf>.
- World Food Programme, 2008, 'FAO/WFP Crop and Food Supply Assessment Mission to Zimbabwe', *FAO Global Information and Early Warning System on Food and Agriculture World Food Programme*, Rome, <http://www.fao.org/docrep/010/ai469e/ai469e00.htm>.
- World Vision International. 2005, *An Overview of the HIV and AIDS HOPE Initiative*, World Vision International, [http://www.wvi.org/wvi/wviweb.nsf/272A45E3414F256C882573DB006D5814/\\$file/Hope-Initiative-Overview-v10-19-Jan-09-FINAL.pdf](http://www.wvi.org/wvi/wviweb.nsf/272A45E3414F256C882573DB006D5814/$file/Hope-Initiative-Overview-v10-19-Jan-09-FINAL.pdf).

- Worthern, B.R. & Sanders, J.R. 1987, *Educational Evaluation: Alternative Approaches and Practical Guidelines*, Longman, London.
- Wright, J.N. 1997, 'Time and Budget: The Twin Imperatives of a Project Sponsor', *International Journal of Project Management*, vol. 15, no. 3, pp. 181–6.
- Yeich, S. & Levine, R. 1992, 'Participatory Research's Contribution to a Conceptualisation of Empowerment', *Journal of Applied Social Psychology*, vol. 22, pp. 1894–1908.
- Zadek, S. 1994, 'Trading Ethics: Auditing the Market', *Journal of Economic Issues* Vol. 28 (2), pp. 631–645
- Zadek, S. 1999, *Beyond Fourth Generation Evaluation*, Earth Scan Publications, London.
- Zwizwai, B. 2007, 'Deepening Integration in Southern Africa: Zimbabwe – Missing SADC Macroeconomic Targets', *Regional Integration in Southern Africa*, vol. 10, Friedrich Ebert Foundation, Botswana.

Names Index

- Ackoff 10, 32, 33, 35, 52, 96, 220
African Union 45
Allen 50
Altrich, Poshland and Somekh 103
Andrews 28, 103
APM 32, 34, 189
- Babbie 103
Bardasi and Wodon 7
Bawden 35
Bell 91
Bernard 197
Blanche and Durheim 95, 103, 104
Boje 78
Bornstein 59, 63
Bruner 91, 107
Bulilima and Plumtree 120
Burke 11, 31, 36
- Casti 10
Chambers 59, 78, 83
Chaudhury 6
Checkland 56, 96
Checkland and Scholes 32, 44, 96
Churchman 29, 52, 70
Covey 32
CSO 20, 21, 26, 62
CRC 39
Cresswell 105, 106
Cropper 190, 193
- Denning 78
Denzin 86, 103
Derrida 79
Dewey 79
Drucker 34, 79
Dzirikure 2, 36, 41, 48, 51, 67, 85, 223
- Egan 107
Engle 8
Erikson 37
- Fish 79
Flood 42
Flood and Jackson 29, 31, 48
- Foster 8, 6
Foucault 79
Freud 37
- Gabriel 78
Gail 66
Galloway 37
Garzia and Duplat 7
Glaser and Strauss 78, 94
Golah and Shani 103
Gordon 5
Greenwood and Levin 78, 197, 198
Guba 91
Guba and Lincoln 197
- Habermas 33
Harper 6, 7, 10, 25, 28, 38
Hart 58
Heron 78, 108
Heyman 62
HSRC 65, 151
- IDM 7
ILO 10, 27
International Crisis Group 47
Ivory and Alderman 36
- Jackson 10, 31, 32, 33, 34, 35, 42, 47, 49, 70,
78, 79, 103, 219, 220
Jayakaran 59, 78
- Katsui 40
Kauffman 10
Kennedy 40
Kimeny 7
Kiwanika and Monson 7
Koch 91
Kolb 35, 75, 79
Kreiner 11
- Laslo 29, 70
Lewin 10, 59
Lincoln and Guba 86
Leoning-Voysey and Wilson 48
Lyotard 79

- Mail and Guardian 149
 Marcus and Fisher 197
 Martin 78
 Mbaiwa 16
 Mello 107
 McGreevey 45
 Midgley 7, 44
 Mold 6
 Monasch and Boerma 62
 Mouton and Maracs 103
 Moyo 45
 Mukiawa 193
 Muwyati 120
- Ncbiabeleng 9
 Neil 105
 Newzimbabwe.com 6
 Nyamayaro and Mbara 45
 Nyambedha 61
 Nyathic 47, 49
- O'Donoghue and Punch 103
- Patton 103, 147
 Phillips and Pugh 100, 199
 Piaget 37
 Pirsig 44
 Punch 197
- Randall 78
 REPSSI 92, 105
 Richter 66
 Robinson 4
 Rosen 197, 257
 Rozga 39
 Rukunc 47
- SADC 4, 8, 14, 20, 22, 48, 57, 66
 Save the Children 8
 Shakespeare 219
 Sen 43
- Senge 30
 Singh and Singh 11
 Socrates 194, 195, 217
 Sorin 37, 140, 182
 Sorin and Galloway 202, 204
 Steyne 2, 32
 Stine 2
 Stringer 79, 99, 197
 Subbarao 54, 55, 96
- The Standard 18
 The Zimbabwean 4, 18
 The Zimbabwean Times 18, 57, 135, 146
 Thomas and Mengel 10, 36, 74
 Thurman 62
 Tibaijuka 7, 19
 Townsend 4, 9
- Ulrich 46, 70
 UNAIDS 2, 33, 210
 UNICEF 4, 5, 20, 23, 36, 47, 51, 54, 55, 64, 66, 182, 206, 210
 UNDP 5, 9, 36, 44
 UNESCO 25
 UNGASS 27
 United Nations 39, 61
 University of Pretoria 182, 206
 USG 58, 59
 Uvin 40
- Waddell 30
 Woodman and Sims 6
 Woolcock 44
 World Bank 23, 35, 46, 54, 59, 64, 65
 World Vison International 53
- Yeiche and Levine 7
- Zadek 42, 70
 Zimonline 18

Subject Index

- Action Research 99, 193
- Birth certificates 8, 173, 176
- Charters and Treaties 3, 33, 40, 41, 47,
50, 52, 53, 54, 55, 56, 57, 65, 203, 205,
212, 251
- Child development 12, 69, 111, 280
- Children's Rights 30, 51, 213, 216
- Circle of Support 49
- Clothing 172, 234
- Community Schooling 50
- Comprehensive Service Delivery 231, 235
- Concept of the child 37, 39, 140, 179, 182,
202, 207, 216, 258
- Coping strategies 5
- Corruption 161, 182, 187
- Countries
- Angola 23, 25
 - Botswana 1, 2, 15, 25, 48
 - Democratic Republic of the Congo 1
 - Kenya 50
 - Lesotho 1, 2
 - Madagascar 1
 - Malawi 1, 23, 27
 - Mauritius 1, 2, 15
 - Mozambique 1, 14, 25
 - Namibia 1, 15, 25, 48
 - Seychelles 1, 15
 - South Africa 1, 15, 23, 33, 50
 - Swaziland 2, 15, 25, 27, 48
 - Tanzania 1, 23, 27
 - Uganda 6, 27, 50
 - Zambia 1, 6, 27
 - Zimbabwe 1, 27
- Deprivation and vulnerability 70, 73, 129,
150, 167, 169, 171, 183, 201, 215, 217, 223, 257
- Domestic violence 20, 62
- Evidenced based practice 64, 66
- Gender 36, 66
- Girls education 6
- Grounded Theory 94
- Health care 149
- HIV/AIDS 3, 5, 48, 53, 98, 121, 134, 149, 164,
170, 173, 209, 210
- International Agencies and Donors 1, 8,
10, 22, 27, 35, 40, 42, 43, 48, 56, 57, 59,
61, 62, 63, 64, 165, 188, 190, 191,
222, 226
- Interactive Planning 220
- Intergenerational transfer 5
- Learning cycles 75
- Life skills 148
- Malaria 15
- Market systems 5, 6
- MDGs 9, 23
- Poverty 6, 7, 9, 42, 43, 45, 46, 170,
210, 227
- Practitioner Experiential Action
Research 99
- Programme Management 2, 3, 8, 11, 60,
66, 73, 74, 78, 80, 127, 138, 162, 169, 178, 180,
189, 193, 200, 203, 214, 218, 220, 225, 230,
232, 236, 238, 239, 250, 254, 264
- Orphans
- Basic needs 230
 - Charity 228
 - Clothing 172, 263
 - Comprehensive Service Delivery 231,
235
 - Cultural insensitivities 173
 - Definition of 217, 263
 - Food 171, 172
 - Gender 66, 175, 187, 188, 238
 - Happiness 144, 259
 - Orphanage 56
 - Research 70, 78, 80
 - Resilience 179
 - Risky behaviour 206
 - SADC Countries 61
 - Victims 178
 - Welfare 67

- Psychosocial support 128, 172, 173
 Research study 85, 104, 112, 168, 194, 197,
 252, 254
 Social development 11, 42, 65, 69, 72, 73,
 79, 174, 225, 228, 229, 256
 Social protection 128, 172, 173
 Stakeholder Management 33
 Story telling 199
 Systems theory and practice 11, 13, 29, 32,
 42, 67, 68, 70, 72, 132, 200, 215, 219, 230, 281
 Tribalism 262
 Tuberculosis 15
- Zimbabwe
 Bacossi 191
 Charters and plans 3, 4, 7, 17, 18, 22,
 52, 186
 Children's Rights 50
 Denialism 58
 Geography 14, 17, 18, 25, 26
 Land reform 46
 Operation Murambatsvina 19
 Political structure 81, 85, 136, 159, 180,
 183, 184, 198, 211, 213
 Social structure 213
 Socio-economics 212
 Social welfare 213
 Surveys 1