

UNIVERSITY OF KWAZULU-NATAL

**TOWARDS A MANAGEMENT APPROACH FOR
SUSTAINABLE SOCIAL DEVELOPMENT PROJECTS
FOR ORPHANS IN SOUTHERN AFRICA:
APPLICATION OF SYSTEMS THEORY**

**By
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the Degree of Doctor of Philosophy in Leadership Studies**

**Graduate School of Business
Faculty of Management Studies**

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November 2010

DECLARATION

I MANASA DZIRIKURE declare that

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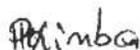
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cc. Supervisor (G Allen)
cc. Dr. K Pillay
cc. Mrs. C Haddon

Preface and acknowledgements

My interest in Project Management dates back to my first job as Programme Officer for Consumers International ó Regional Office for Africa in 1996. I assumed this position immediately after my graduate studies that I completed with an MSc Degree in Population Studies in 1995, following a BSc. Degree in Psychology that I attained in 1993. My professional life up to the time of completing the thesis has been in project /programme management. This includes working for the United Nations Children's Fund (UNICEF) country office, and Catholic Relief Services (CRS) in Zimbabwe between 1998 and 2001.

My interest in professional and academic project management training was motivated in 2003 while I was managing a regional HIV and AIDS Project for the Southern African Development Community (SADC) (a regional grouping of, at that time, 15 countries of southern Africa), funded by the UK's Department for International Development (DFID). I identified the University of Kwazulu Natal and registered for a Master of Commerce in Project Leadership and Management at the beginning of 2004. Upon completion of the Master of Commerce Degree in 2005, and having been introduced to the flexibilities of Systems Thinking and Practice, I noted that the field of project /programme management for social development was devoid of intellectual stimulation and therefore not evolving to match the growing complex challenges of poverty and vulnerability in southern Africa. This motivated me to pursue doctoral studies building on the Master of Commerce Degree.

The application for doctoral studies, which was accepted in December 2006, coincided with my appointment at SADC as Technical Advisor for Orphans, Vulnerable Children and Youth (OVC&Y). Faced with unprecedented and increasing numbers of OVC&Y in the SADC region, and a generally weak service delivery system in the region, I noted that the position was very challenging. It required me to develop / establish and manage a programme on OVC&Y that would seek to provide advice and guidance to SADC Member States to improve on their work on OVC &Y. I therefore decided to explore sustainable project management options for orphans and vulnerable children (OVC) drawing on Systems Theory. I also took a decision to link the study to my work ó generating lessons and experiences from it, at the same time bringing intellectual stimulation into my work, and seeking robust and innovative solutions to service delivery for OVC.

Many people have contributed to my thesis. I wish to extend my sincere appreciation and gratitude to my principal supervisor, Professor Garth James Allen for the guidance and review of my work. Our face to face meetings, discussions and your comments were intellectually stimulating and encouraging. I also wish to thank my co-supervisor, Professor Kriben Pillay, for facilitating learning and sharing opportunities through the Leadership Centre of the Graduate School of Business at the University of Kwazulu Natal, and for all the guidance. Many thanks to Doctor Ityai Muvandi (PhD) my colleague who guided me and encouraged me to persevere when I felt like slowing down. Many thanks also to my brother Anotida Dzirikure and cousin Stanley Madera for facilitating my interaction with communities in Zimbabwe during data collection. My sincere gratitude goes to all the children, carers and practitioners who responded to the interviews ó without your co-operation, it would not have been possible to write this thesis.

And to my children ó this is dedicated to you!

Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ACRWC	African Charter on the Rights and Welfare of the Child
APM	Association for Project Management (in the United Kingdom)
APMBoK	Association for Project Management Body of Knowledge
ARV	Anti-Retroviral
AU	African Union
AYC	African Youth Charter
BC	Before Christ
BEAM	Basic Education Assistance Module
BEE	Black Economic Empowerment
BoK /BOK	Body of Knowledge
CATWOE	Customers, Actors, Transformation, World view, Owners, Environmental
CBO	Community Based Organisation
CEL	Critical Experiential Learning
CIDA,	Canadian International Development Agency
DANIDA	Danish International Development Agency
DFID,	Department for International Development (of the United Kingdom)
CoS	Circles of Support
CPM	Critical Path Method
CRBA	Child Rights Based Approach
CRC	Child Rights Convention (of the United Nations)
CSD	Comprehensive Service Delivery
CSDSC	Comprehensive Service Delivery Spiral Cycle
CSO	Central Statistical Office (of Zimbabwe)
CSP	Critical Systems Practice
CSTL	Care and Support for Teaching and Learning
DRC	Democratic Republic of Congo
EDV	Extreme Deprivation and Vulnerability
EU	European Union
FHI	Family Health International
GDP	Gross Domestic Product
Govt	Government
GoZ	Government of Zimbabwe
GPG	Global Public Goods
HDA	Health Development Africa
HIV	Human Immuno Virus
HRBA	Human Rights Based Approach
HSRC	Human Sciences Research Council
ICP	International Co-operating Partner
IDS	Institute for Development Studies
IEG	Independent Evaluation Group
ILO	International Labour Organisation
IMF	International Monetary Fund
IOM	International Organisation for Migration
IPM	Institute for Project Management
JFTCA	Joint Financing and Technical Co-operation Arrangement
LOE	Level of Effort
MDC	Movement for Democratic Change
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MiETA	Media in Education Trust Africa

MoPSLW	Ministry of Public Service, Labour and Social Welfare
NAP	National Action Plan (for OVC)
Natl	National
NGO	Non Governmental Organisation
OSISA	Open Society Initiative for Southern Africa
OVC	Orphans and other Vulnerable Children
OVC&Y	Orphans and other Vulnerable Children and Youth
PACT	Name of an American Capacity Building Organisation
PEAR	Practitioner-Experiential Action Research
PEPFAR	President's Emergency Plan for AIDS Relief
PERT	Programme Evaluation and Review Technique
PLC	Project Life Cycle
PMBok	Project Management Body of Knowledge
PMI	Project Management Institute
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PRS	Poverty Reduction Strategy
PSC	Project Spiral Cycle
Pvt	Private
R&D	Research and Development
REPSSI	Regional Psychosocial Support Initiative
RISDP	Regional Indicative Strategic Development Plan (of SADC)
SADC	Southern African Development Community
SADCC	Southern African Development Coordination Conference
SCCS	Schools as Centres of Care and Support
SIDA	Swedish International Development Authority
SSM	Soft Systems Methodology
TQM	Total Quality Management
UK	United Kingdom
USA	United States of America
USAID	United States Agency for International Development
USG	United States Government
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
WVI	World Vision International
ZANU PF	Zimbabwe African National Union Patriotic Front
ZDHS	Zimbabwe Demographic Health Survey

Abstract

The study explored transforming social development project management practice into delivering sustainable benefits for orphans in Zimbabwe, in particular and more generally, in southern Africa. The endemic failures to deliver basic services to vulnerable children despite increased efforts necessitated this enquiry. Applying multiple research methods in combination, namely, guided story-telling and interviews, document review and media tracking, and practitioner-experiential-action-research (PEAR), the study confirmed that orphans in Zimbabwe lived under conditions of extreme deprivation and vulnerability (EDV). Management of service delivery for orphans was dependent on unpredictable short-term donor funding, undermined by a hostile adult-world and political environment, bad governance, poverty, and AIDS. Public service delivery and social welfare system in Zimbabwe had collapsed, marred by corruption. Programmes were not informed by an accurate understanding of orphans and their desperate carers. Social development intents were not practiced. The situation was conducive to corrupting the otherwise spiritual - responsible, astute and ambitious child. Within such a milieu, traditional project management designed for ordered situations became inappropriate. Based on new understanding of orphans and their service delivery milieu derived from research findings, I propose a systems-oriented project management framework based on pluralism, holism, totality and experiential learning. The framework takes a multi-paradigmatic approach to solving complex problems of vulnerable children, mixing positivist, interpretive, emancipatory and postmodern systems ideas. The framework requires a balancing of morality and scientific empiricism in order to attain sustainable child development. In this regard, the thesis proposes moral capabilities and additional project management knowledge suitable to the challenges of orphans in southern Africa. The systems approach promotes comprehensive delivery of basic needs of orphans, and continuous improvement of their long term holistic development. According to the framework, success of projects is measured by accrued benefits from the perspective of orphans, and not that of service providers. For its application, the framework adapts the project-spiral cycle, replacing the project life-cycle, recognizing that the needs of orphans go beyond single short-term project cycles. The spiral cycle builds on the strengths of conscious-experiential-learning in service delivery, and on dialogue and collective consensus with poor communities targeted by service delivery management systems.

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CHAPTER 1 PROBLEM AND SIGNIFICANCE OF THE STUDY

1.1 Introduction

Zimbabwe, shown in Figure 4, like most of the countries of southern Africa, is facing an unprecedented and alarming growth in the number of orphans and vulnerable children (OVC). 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. In this thesis, SADC will be used interchangeably with southern Africa despite references being made in literature to few other countries in southern Africa that are not members of SADC. As depicted in Table 1, SADC is home to approximately 16.8 million orphans aged 0-17 years - 1.4 million of which are from Zimbabwe (UNAIDS and UNICEF, 2006). UNICEF estimated that by 2010, nearly 20% of all children in Botswana, Lesotho, Swaziland, Zambia and Zimbabwe will be orphans and that number is projected to grow at a steady pace in most countries until around 2030. In Zimbabwe, orphans represent about 12% of the entire population of approximately 12 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 this thesis, the words orphans, OVC and vulnerable children will be used interchangeably.

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 orphanhood 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). Orphanhood 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: Estimated number of orphans in SADC by country

Country	Total # of orphans	% of children who are orphans	# of orphans due to AIDS	Children orphaned by AIDS as a % of all orphans
Angola	1,200,000	14	160,000	13
Botswana	150,000	19	120,000	76
DR Congo	4,200,000	14	680,000	16
Lesotho	150,000	17	97,000	64
Madagascar	900,000	9	13,000	1
Malawi	950,000	15	550,000	57
Mauritius	23,000	6	-	-
Mozambique	1,500,000	15	510,000	34
Namibia	140,000	14	85,000	62
Seychelles ¹	-	-	-	-
South Africa	2,500,000	13	1,200,000	49
Swaziland	95,000	17	63,000	66
Tanzania	2,400,000	12	1,100,000	44
Zambia	1,200,000	20	710,000	57
Zimbabwe	1,400,000	21	1,100,000	77
Total	16,808,000	14.7 (average)	6,388,000	44 (average)

Source: Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS. UNICEF /UNAIDS 2006

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%), 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 about 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,

¹ No data is available

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, all countries fall far short of fulfilling the basic needs of OVC (SADC, 2008). In Zimbabwe, a decade of economic collapse during the period 2000 up to the time of the study in

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 ó GoZ MoPSLW, 2008:8). Major causes of vulnerability for children in Zimbabwe are similar to those in most southern African countries.

1.2 Statement of the problem

The main challenge being explored by the study is how to transform social development project management practise into sustainable benefits for the development of orphans and vulnerable children in Zimbabwe, in particular, and more generally in southern Africa.

1.2.1 Socio-economic challenges to attaining universal development outcomes for orphans

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 on child poverty conducted in Ethiopia suggests that very often, children are not aware when some of their basic rights are not met (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 migrancy (time poverty), the propensity for human trafficking, low birth registration rates and harmful traditional practises 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 (UNDP, 2004): HIV and AIDS affect productive members of a society by directly undermining their ability to work, and increasing the number of dependants 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. For example, 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. For example 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 lives 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 practises 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.

According to Harper (2004), 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 or Governments, donors, civil actors or individuals, are duty bound 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 practises 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 separation of families or 'time poverty' (Bardasi and Wodon, 2006). For example, as a result of collapse in the socio-economic and political situation that began in the 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).

According to Kimenyi (2006), 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 (Tibaijuka, 2005).

1.2.2 Gaps in programmes of orphans in Zimbabwe and southern Africa

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 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 their 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 MPSLW, 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 remain 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).

A study conducted by the SADC Secretariat on the needs and challenges of OVC and the quality of programmes responding to these needs indicated that 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 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. Orphan support programmes also emphasise on 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). Koskela and Holwell (2002) observe that the underlying theory of project management is obsolete; project management lacks theoretical capacity to deal with the need to improve its practise. It relies on what Jackson (1995) refers to as management fads - ridden with over emphasis on linearity and empirical objectivity to solve problems that may not be purely scientific.

Notwithstanding the systemicity and complexity of human relationships, social development projects apply Project Management Body of Knowledge (PMI, 1996; 2002) and the Project life cycle (Burke, 2003) as if they were dealing with inanimate objects. Programmes are mechanistic (Ackoff, 1997) in approach, employing rigid methodologies and tools that may be less applicable to complex soft systems issues (Checkland and Scholes, 1999) such as orphans, HIV and AIDS and poverty. In other cases, the available tools and techniques are not applied and project management professionals rely on behavioural and personal competencies relevant for their workplace performance (Crawford, 2005; 2006) rather than the tools and techniques emphasised in the standards (Thomas and Mengel, 2008). Poor planning and control are rampant resulting in high failure rate of projects globally (Flyvbjerg et al 2003; Morris and Hough 1991; Standish Group, 1994). Churchman (1979) argued that there are no experts on matters of aims and objectives which involve ethical considerations and moral judgments. Current project management practise needs to open itself to ongoing criticism if it is to be dynamic, grow and become relevant (Mason and Mitroff, 1981).

The Project Management Institute recognises the need to adapt the Guide to the Project Management Body of Knowledge (PMBOK) to different application areas or disciplines (PMI, 1996). Social development does not appear to have adequately adapted PMBOK within its practise. In southern Africa, social development approaches appear to be less tailored to the socio-cultural, economic and political realities of the region.

In his unpublished earlier work Dzirikure (2005) notes that Projects must be built on context relevant, communitiesø 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 -victimsø of social development efforts and a -dependency triangleø arguing that as development practitioners õwe rarely ask what our target group can do. Instead, we focus on what they cannot do, or what they need. We play the -saviourø. This approach to social development appears to dis-empower communities

1.3 Justification of the problem and significance

1.3.1 Justification

Social development efforts do not appear to be making significant impact to achieve universal well being 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.

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.

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. For example, 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). Townsend (2004) argued that, 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 incongruency, 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 (Dzirikure, 2008).

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 modelled 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 this study 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 practise. Systems theory and practise has the potential to unravel the rigidity of project management approaches to make them responsive to complexity, uncertainty and emergence (Kreiner, 1995).

The study examines project management practise 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). Project management practises of existing programmes focusing on OVC in Zimbabwe, in particular, and southern Africa in general, will be analysed in the context of holistic and optimum child development. In this study, the pair of terms orphans and vulnerable children (OVC) and orphans, and project management and programme management will be used interchangeably notwithstanding the understanding that vulnerable children are not all orphans, and project management is a subset of programme management (PMI, 1996). The project management bodies of knowledge referred to in this study do not in themselves declare the paradigm (s) on which they are grounded.

In its methodology, the study adopts multiple approaches, borrowing on Kantian philosophy and the work of Althusser who conceived Social Totality as a system that, at various times, is dominated by one of its instances – economic, political, theoretical, ideological, etc. Althusser argued that in order to act to influence the Totality one must understand the relationships between these instances – how each is developing and which one is dominant in a particular era of history (Jackson, 2003: 314). Recent thoughts on pluralism are evident for example in the work of Morgan (1983) who calls for paradigms to confront one another on the basis of reflective conversation. Mingers and Brocklesby are cited by Jackson (2003; 304-305) as outlining three possibilities that they believe can exist under pluralism as:

[(a)] methodology selection where the systems practitioner regards a variety of different methodologies, based on different paradigms, as useful and chooses a whole methodology according to the nature of the problem context and what he or she is trying to achieve. That methodology, and its associated methods, tools and techniques is then employed throughout the intervention to try to resolve the problem situation; [(b)] whole methodology management [which] uses whole methodologies based on different paradigms, together in the same intervention; [and (c)] multiparadigm multimethodology, [which entails] using parts of different methodologies together on the same problem situation. Here the whole methodologies are broken up and the methods, models and techniques usually associated with them brought together in new combinations according to the requirements of the practical intervention.

1.3.2 Significance of the study

The study contributes to the body of knowledge on project and programme management practise and to improving performance and sustainability of social development efforts for OVC in Zimbabwe, in particular, and southern African in general. It enhances the understanding of challenges facing orphans and young people in Zimbabwe and points to possible ways through which they can be addressed. It also draws the attention of researchers and academia to issues of children and proposes improvements to social development project management practise drawing on systems theory. In a way, the study draws the attention of project and programme management practitioners and academics to project management challenges, creating a sense of urgency for action to holistically improve on the well being of OVC.

The study focuses on orphans recognising that investment in children (UNICEF, 2006) is investing in the future and therefore an effective way of getting them to contribute to addressing social development challenges. In addition, adequate development of children and young people reduces their vulnerability and can itself be a strategy for breaking the cycle of poverty and burden of diseases such as HIV and AIDS in the medium to long term in southern Africa.

The final thesis document will be shared extensively with project practitioners in the region. This is particularly important as summarised by the following request written at the end of the questionnaire by one of the practitioner participants in this research study:

“May we please have a copy of your final product? This is critical as this will ‘school’ us on other research based good practises and framework (s) [on] working with orphans. That [is] the only way we will improve and provide sustainable approaches that [are] relevant and life changing” (32 year old director of a private sector funded CBO in Harare).

1.4 Organisation of the thesis

In Chapter 2, the milieu of OVC in Zimbabwe and to a lesser extent in southern Africa is summarised, 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 well being of OVC in Zimbabwe.

Chapter 3 provides a 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 practise of systems and project management knowledge, as well as child rights and rights based programme 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 study is built, largely arguing the importance of applying systems ideas to social development management practise for OVC. In Chapter 6, a detailed outline and justification of the methodology of the study is provided. The Chapter reflects on the multiple methodologies and data gathering techniques applied in the study 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. It demonstrates that very poor women, often the elderly, bear 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 practise, 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 practise to address their needs. Linkages between theory, methodology and findings and conclusions of the study are drawn, demonstrating the relevance and coherence of the research design framework.

The findings of the study 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 practise for OVC. Key recommendations of the study 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 practise, and (c) proposing project management knowledge areas that suit social development project management practise for OVC. The Chapter introduces the concept of applying moral capacities alongside scientific management practise in order to improve on human efforts to attain social justice imperatives.

Chapter 11 signifies the end of the story, and provides a synthesis of the study and its meaning to the future of social development project management practise 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 summarises the new knowledge that emanated from the study that did not hitherto exist. 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.

CHAPTER 2 SOCIAL MILIEU OF ORPHANS

2.1 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.

2.2 Background

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).

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. 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 characterise 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 bear the brunt of these numerous challenges, with often little or no options to cope. Nine of the Member States have HIV prevalence among the 15-49 year old of more than 10%, with some higher than 25%.

Figure 1: Map of SADC with Zimbabwe



Source: Institute of Security Studies

2.3 Macro-economic and political situation in Zimbabwe

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 on 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, characterised 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 196mm in summer and 10mm 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. 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); 'National Economic Revival Programme' 2003-2004 (NERP); 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.

At the time of conducting this study in 2008/9, Zimbabwe was at the height of an unprecedented economic and political crisis characterised by: unprecedented hyperinflation; shortages of very basic commodities such as health care and food; political polarisation; 'erosion of real incomes, critical foreign exchange shortages, decline in savings and investment, capacity underutilisation, 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 ó urban and rural. Various media reports between August 2008 and March 2009 also indicated that the service delivery system (health, education, water supply, sanitation ó entirely 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 characterised 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' ódescribed 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” (Tibajjuka, 2005:7).

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

2.4 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 characterised much of the period between late 1990s up to the time of the study in 2008/09.

2.4.1 Family and household characteristics

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 ó with rural households having more (40%) than urban (25%).

2.4.2 Domestic and sexual violence

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 who have ever had 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.

2.4.3 Employment status

Southern Africa experience high levels of unemployment ranging from, for example, ó25% in Botswana to 80% in Zimbabwe ó, (SADC, 2008:13) According to ZDHS 2005-06 overall, 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).

2.4.4 Drinking Water, Sanitation Facilities and Waste Disposal

“The source of drinking water is an indicator of the quality of the water”, (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.

2.4.5 Education attainment

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.

2.4.6 Access to media and communication

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.

2.4.7 Fertility

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% are 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 for women with higher than secondary education. Only 13% of men aged 25-49 married by age 20 compared with 57% for women.

2.4.8 Mortality

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).

2.5 The situation of OVC in Zimbabwe and the SADC region

2.5.1 Definition and magnitude of OVC

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. This study adopts the UNICEF and SADC definitions.

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.

2.5.2. Fulfillment of basic material needs

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 targeted by this study, Matabeleland South had the lowest proportion (32%) of OVCs whose needs were being met compared to Bulawayo ó highest proportion at 90%. Midlands had 64% and Harare 81%.

2.5.3 Child health

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 òinfant 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 lifeö (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.

2.5.4. Teenage pregnancy and motherhood

The ZDHS 2005-06 acknowledges that òadolescence 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).

2.5.5 Education attainment for children especially orphans

The ZDHS 2005-06 noted 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 and 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%), and Swaziland (20%), Botswana (13%), and Lesotho (13%), (UNESCO, 2007).

2.5.6 Orphans living with siblings

Sibling connections are particularly close in situations where a parent dies, and maintaining these bonds can be 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%.

2.5.7 Nutritional status of OVC

The following extract from Harper (2004:4) summarises the impact of nutrition to the child which lasts into adulthood:

“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 well being 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.”

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.

2.5.8 Sex before age 15 for OVC

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).

2.5.9 Succession planning for OVC

Succession planning ensures that 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, 22% 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%.

2.5.10 External support for households of OVC

The ZDHS 2005-06 indicated that 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. Support was somewhat more likely to have been received in the case of women than men. Support was also somewhat more common in rural than urban areas (CSO 2007: 295). In addition, 70% of OVC lived in households that did not receive any type of support. The UNGASS Country Progress Reports for 2008 show that the percentage of orphans who do not receive support in Zimbabwe is lower or comparable to other southern African, for example, Zambia (84%), Malawi (81%), Namibia (83%), Swaziland (59%), and South Africa (33%). In Zimbabwe, those households that did receive some type of support were most likely to have received schooling support for the 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 support. In Zimbabwe and other southern African countries for example, 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 trends highlight that service delivery to vulnerable families is reductionist and inadequate.

2.5.11 Birth registration

The ZHDS 2005-06 also indicate 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, for example, 8% in Tanzania (UNICEF, 2008:19).

2.5.12 Child labour

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. A study by 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.

Harper (2003) argued that laws against child labour must be contextual because there are circumstances where it may be 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.

2.6 Summary and conclusion

Zimbabwe is a country that is rich in natural resources. The potential for socio-economic development is immense, and in fact before the 1990s, the country was hailed as the bread basket of southern Africa. Yet at the time of the study 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 others vulnerable. For example according to 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. This provides some justification for generalizing the conclusions of this thesis to the rest of southern Africa.

CHAPTER 3 SYSTEMS THEORY –PROJECT MANAGEMENT – CHILD DEVELOPMENT NEXUS

3.1 Introduction

The Chapter provides an elaborate theoretical understanding of the three themes that underpin the study which are; systems theory, project management and child development. Systems theory is introduced, followed by project management, and child/orphan development. Philosophical and historical accounts of the evolution of the three areas of study are provided, and definitions provided to give clarity and understanding on these subjects. Parallels are drawn relating orphans development project management efforts with systems thinking and practise.

3.2 Systems theory and philosophy

3.2.1 History and origins of systems thinking and practise

Several systems thinkers among whom are Churchman (1968); Skyttner (1996), and François (1999), have attempted to draw up the history and origins of systems thinking. Systems ideas can be traced to the ideas of early philosophers such as: pre-Socrates who were concerned with the 'whole system' that was untainted by modern science and history; Socrates (469 -399 BC) distinction between 'sexual love' /physical and 'love of the soul' /spiritual (Rosen, 2000); Plato (427 -347 BC)'s interpretation of justice in the Republic; Aristotle (384-322 BC)'s analogy of how parts of the body made sense in as far as their functions to support the whole organism (Jackson, 2003); Rene Descartes (1596-1650)'s philosophical conceptualisation of systems as a collection of organised concepts; Immanuel Kant (1724 - 1804)'s philosophical conceptualisation of the interrelationship of 'physical and moral sensation'; Goethe (1749 - 1832)'s conceptualisation of an integration of the body and the mind; and Friedrich Hegel (1770-1831) who made specific formulations of systems such as 'the whole is more than the sum of the parts' the whole defines the nature of the parts' the parts cannot be understood by studying the whole' and the parts are dynamically interrelated or interdependent. In the 19th century, the ideas of systems were reflected in the writings of idealists such as Ferdinand de Saussure (1857 -1913) who studied 'wholes' that could not be reduced to parts; and the work of the Sociologist Émile Durkheim (1858-1917), Karl Marx, Herbert Spencer, Friedrich Nietzsche, and Arthur Schopenhauer. François (1999) noted that these and other writers of the 19th century were concerned with the idea of destiny in its different forms 'ó physical and non physical, and argued that the idea of destiny is a systems idea because it compels human

beings to think of the challenges of future generations. Most important is the work of Max Wertheimer (1880-1943), who conceived "Gestalt" as perceptually primary, defining the parts of which it was composed, rather than being a secondary quality that emerges from those parts (http://en.wikipedia.org/wiki/Gestalt_psychology#Origins).

Modern systems theory emerged in writings that can be traced to the period of the First World War, for example Alexander Bogdanov (who served in World War One as a physician) Tectology, that explored interrelatedness of social, biological and physical sciences; more prominently, in the work done in biology in the 1920s that was aimed at explaining the interrelatedness of organisms in the ecosystem (Bale, 1995).

As a technical, academic subject matter and science of systems, systems theory emerged in the works of such people as Ludwig von Bertalanffy who in 1937 (possibly motivated by Bogdanov's Tektology) presented the general theory of systems for a conference at the University of Chicago, which was to be developed into General Systems Theory - GST (von Bertalanffy, 1968). Checkland (1999: A3) noted that it was not until the 1950s that any version of holistic thinking became institutionalized. Other personalities in the 1950s include Margaret Mead, Gregory Bateson, West Churchman, William Ross Ashby (Introduction to Cybernetics, 1955), Anatol Rapoport, Kenneth E. Boulding, Norbert Wiener (Cybernetics or Control and Communication in the Animal and the Machine, 1948), among others who collaborated within the umbrella of the Society for General Systems Research. As early as the 1940s, subjects such as complexity, self-organisation, connectionism and adaptive systems had begun to be interrogated. The fundamental ideas that guided systems debate were primarily that: phenomena can be viewed as a web of relationships among elements of a system; all systems be they 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, methodology and application are complimentary to this science (Laszlo 1972).

Important names in contemporary systems science include Béla H. Bánáthy and Fritjof Capra (ecological systems), Peter Checkland, Robert L. Flood, Michael C. Jackson and Russel Ackoff (organisational theory and management), Anthony Stafford Beer, and Werner Ulrich, among others. The details on contemporary systems theory and its application in this study are discussed in subsections 3.2.3 to 3.2.5 that follows.

3.2.2 Understanding ‘system’ and ‘systems thinking’

Pegasus communications inc. provides a simple definition of a system as:

“A group of interacting, interrelated, and interdependent components that form a complex and unified whole. Systems are everywhere – for example, the R&D department in your organisation, the circulatory system in your body, the predator/prey relationships in nature, the ignition system in your car, and so on. Ecological systems and human social systems are living systems; human-made systems such as cars and washing machines are non-living systems. Most systems thinkers focus their attention on living systems, especially human social systems. However, many systems thinkers are also interested in how human social systems affect the larger ecological systems in our planet.”

Flood and Jackson (1991) argued that ‘system’ is used as an epistemological tool to refer to a way of organising 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 “people who make decisions that affect our lives don’t know what they are doing” (Churchman, 1968: v). Most decisions in life are thus based on approximations and fallacies.

Churchman is credited with establishing the idea that the drawing of boundaries is important to determining and defining what improvements are to be made in a system and the actions to be taken. He argued that “it is the responsibility of the systems designer to ensure that boundaries are redrawn so that the system comes to serve all stakeholders” (Jackson, 2003: 214). Humans fail to achieve social justice ideals because:

“Planners are often far too optimistic about their success so that when failures occur they are not in a position whatsoever to take the necessary steps because they have never thought about them before [in other words] – when you postpone thinking about something too long, then it may not be possible to think about it adequately at all” (Churchman, 1979: 8).

Meadows (2002: 1) argued that,

of self-organising, nonlinear, feedback systems are inherently unpredictable; if the goal of foreseeing the future exactly and preparing for it perfectly is unrealizable [and] if we can never fully understand our world in the way our reductionist science has led us to expect.

Ackoff (1997:7) defined a system as,

of a whole that consists of a set of two or more parts. Each part affects the behaviour of the whole, depending on the part's interaction with other parts of the system; the essential properties that define any system are properties of the whole, and none of the parts have those properties; once we take a system apart, it loses its defining characteristics.

Ackoff (1997) argued that a system is defined by synthesis, which reveals why a system works the way it does from the perspective of its functionality or role to a larger system. Analysis does not define a system; rather, it focuses on the component parts, and is useful to understand how a system works, its structure and not what it is. Thus according to Ackoff, social systems are purposeful systems containing other purposeful systems, and are part of wider purposeful systems, (Jackson, 2003: 175). Learning and accommodating other view points 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.

Roberto (2002) defined a system as a purposeful assembly of components (or subsystems) such that the behaviour of the components is influenced by being in the system. The definition is supported by Laszlo and Laszlo (1997) who argued that a system can be identified by the identity that is maintained when a collective of parts interact between themselves and with other entities or collectives outside them.

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 organise 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.”

Zadek (1999) described systems thinking as striking a balance between two ontological perspectives of constructivism (which seeks to mediate and reach consensus through accommodating different values, worldviews and perspectives) and positivism (which assists in decision making and action by making inference from reality), in order to bridge the construction of meaning with action. It provides opportunities for the project practitioner to engage various stakeholders towards an agreement. In addition, the aims, goals and approaches used to design and deliver projects and the descriptions of the processes themselves, are all determined by stakeholders.

Ludwig von Bertalanffy categorised systems inquiry into philosophy, science, and technology; Béla H. Bánáthy categorised it into philosophy and theory (as knowledge), methodology and application (as action). Thus systems theory can be described as actionable knowledge. It is an intellectual approach to issues that can range across the whole of human experience (Higgs and Smith, 2002). As an approach, it accommodates diversity and encourages insights and new approaches to complex issues. Ulrich (1983) encouraged thinking about our assumptions and the social consequences that arise when designing systems in particular ways and reflecting critically upon the partiality of the systems designs and methods that are adopted to address particular problem situations. According to Higgs and Smith (2002: 33),

“no entity of any description whatsoever can be understood properly unless we take into account its total system. For example, an individual human being cannot be understood outside his or her cultural system” parts of a system do not work in isolation “they work within the system”

3.2.3 Systems philosophy and social justice nexus

As noted under 3.2.1 above, many of the ideas which we today associate with systems thinking, such as rationality, comprehensiveness, human well-being and emancipation, and progress, are closely connected with the notion of “enlightenment” and date back to Kant (1724 - 1804)“s concern with the release of people from self-incurred tutelage so that they could legislate for themselves “deciding what was true or

false and what was good or bad, free from church domination (Jackson, 1995). Emancipatory and modern systems theories today are built on these ideals.

For Kant, systems idea refers to the totality (whole) of elements (ethical, political, ideological and metaphysical) on which theoretical or practical judgments depend. Judgments should be derived from a critical reflection of the complex inter-linkages within the totality and the assumptions made of these linkages and not just from the perspective of individual elements. Kant described the word 'critical' to mean reflecting on the presuppositions that enter into both the search for knowledge and the pursuit of rational action, and 'heuristics' to the process of continually revealing these presuppositions and keeping them under review.

Perception and definition of totality is dependent on the language or the symbols human beings use to express our consciousness, which according to Kant, is a product of 'synthesis' turning 'appearances' into objects and perceptions, without which they would be nothing. Following this logic, Kant argued that thoughts without content were empty, and intuitions without concepts were blind. In the same vein, The Danish physicist Niels Bohr (1885 -1962) believed that objects exist in the reality that we perceive them because we observe them; since the capacity of thought, perceptions and consciousness on phenomenon is infinite, reality could be argued to exist as a sum of possibilities. Postmodernists argue that all realities are socially constructed on the basis of no more than power relationships.

These ideas imply that reality can, to a large extent be considered a 'construct' whose meaning can be socially negotiated, and communicated through symbols such as language. And yet, there is philosophical acknowledgment that human beings do not have enough capacity in language to understand and interpret the whole of reality or the 'truth' (Wittgenstein, 1912 -1951). Quoting Wittgenstein, Hintikka (2000:413) argued that 'the limit of languages shows itself in the impossibility of describing the fact that corresponds to a sentence without repeating the very sentence'. Through developing more symbols of 'synthesis' such as language, it is possible for humans to extend understanding of reality. For example, Hintikka (2000:414) contends that the truth can be defined in situations where there is 'sufficiently rich language'. (Flood, 1995) suggested supplementing metaphor analysis by allowing participants to create their own metaphors. Thanks to Kant's Copernican Revolution, human beings can continue to apply the explorative mind, endlessly unraveling new realities and countless possibilities of life with hope and anticipation.

In his interpretation of Kant's work, Rahe noted that there are two sources of input that can serve as datum for synthesis and perception:

ophysical sensation ó precipitates an application of reason to experience, producing the perception of phenomenal objectsí [rationally expressed as science] and the sense of morality ó precipitates an application of reason that generates ethics and religioní [rationally expressed as the 'Postulates of Practical Reason', the 'Ideas' of God, freedom, and immortality which, to Kant, are required as conditions of the Moral Law].

Philosophers such as Rahe accede to the notion of 'kosmos' which asserts that the natural world isí an intelligible and ordered wholeö (Rahe 2000: 5). Understanding the inter-relationships between the Kantian 'physical and moral sensations' is important in understanding social justice imperatives in southern Africa where poverty and vulnerability are deepening.

Socrates, through the Platonic dialogues, interpreted love as a determinant of the perpetuation of humanity and of happiness. He argued that while 'sexual love desires the satisfaction of the body' the love of the soul can be satisfied only through 'a vision of the order of the whole of human experience' (Rosen, 2000: xiii). Applying these ancient philosophies to modern systems thinking, a comparison can be drawn between Kant's physical and moral sensations and Socratic 'sexual love' and 'love of the soul'. Both present an analogue of the physical and the metaphysical worlds and experiences as interdependent and thus systemic.

Rahe (2000: 13) argued that 'to apprehend the idea of the good as such is to understand the whole as a whole'. Socrates, in his argument with Callicles, showed that it is better to be filled up with what is right than to be half full and perpetually wanting to be filled up ó he asks him 'whether you include itching and scratching, provided you have enough scratching and continue scratching through life in your opinion of happiness', (Rosen 2000: 44). 'A vision of the order of the whole of human experience' described by Socrates suggest some kind of social equilibrium - the common good, in which people live as a whole ó mutually interdependent and equal. Inspired by Socrates in this regard, I describe this equilibrium through the following social formula that I create:

'The difference of the benefit accrued between two or more human beings in their interaction and pursuit of happiness, life or well being is a mutually beneficial win-win relationship which sums up to zero. A difference of the benefit accrued in any relationship between two or more human beings that sums up to less or more than zero is indicative of social imbalance evidenced by tyranny, inequality, vulnerability, hate among other negative behaviours and conditions. In their worst form, such behaviours threaten the long term survival of the human species'

These ideas and arguments suggest that in today's scientific world which is driven by individualism and a pursuit for physical personal gratification, a fundamental appreciation of the love of the soul (moral sensation) or what Freud (1856 ó 1939) referred to as moral anxiety, is a critical determinant of the success of any efforts to achieve and sustain universal human rights and well being and the common good. McIntyre (1981; 1999), argues that modern perception of morality, with its emphasis on the mind, the physical, rigidity and individualism, and a disregard for tradition, is deficient. This deficiency is evidenced by failure to solve moral dilemmas evidenced in social inequalities, growing poverty and vulnerabilities. Modern perception of morality is misleading human efforts to attain social justice imperatives. He argues that consistent with ancient philosophy such as of Plato, Aristotle and Aquinas, morality should be guided by a balance between reason or the mind and tradition / intergenerational community practise, grounded on virtue and a natural inclination for interdependency. This is an imperative to sustaining humanity. Tapping into Freudian philosophy, for life (pleasure and happiness) to rule over death (pain or suffering) and safeguard the long term survival of the human race, moral and physical sensation should be considered equally in all human efforts. Human vulnerability as defined in today's threats such as global warming, proliferation of nuclear weapons, endemic hunger and deprivation and disease, and wars and social conflict and prejudices - all of which are manifestations of the physical sensation overriding moral sensation, suggest that a fundamental appreciation of the moral sensation over physical sensation has become an immediate imperative to the long term sustenance of life on earth.

The philosophical moral ideas of Socrates and Kant, and lately resuscitated by people such as McIntyre, remind us that our dreams to achieve a just and equitable society are as possible as our will to achieve it, and depends on our ability to open up to new ideas, horizons and acknowledgment of our existence within a wider system. Achieving the common good begins with the rightful first step and can be equated to the Socratic 'absolute beauty' as described in the Symposium:

óí the true order of going or being led by another to the things of love, is to use the beauties of earth as steps along which he mounts upwards for the sake of that other beauty, going from one to two, and from two to all fair forms, and from fair forms to fair practises, and from fair practises to fair notions, until from fair notions he arrives at the notion of absolute beauty, and at last knows what the essence of beauty isí in the attainment of this end, human nature will not easily find a better helper than loveö (Rosen 2000: 37).

The analogue of physical and moral sensation suggest that human life is a sum of possibilities that can be identified with different paradigmatic orientations, all of which are relevant to exploring ideas for human development at the same time allowing for practical action. These ideas appear to have influenced the

emergence of systems thinking in its various forms of functionalist, interpretive emancipatory and postmodern as elaborated under 3.1.2.

3.2.4 Modern systems thinking

It would appear that the proponents of human /child-rights and human rights based approach to addressing human challenges implicitly assert to 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. Thus, a Human Rights Based Approach to addressing social challenges can be argued to be inherently systems-oriented.

Modern Systems Thinking is widely viewed to have emerged in the 1940s as a response to the failure of mechanistic thinking to explain the behaviour of complex living organisms particularly in biology. Ludwig von Bertalanffy, an Austrian-Canadian biologist, concluded that living organisms needed to be studied as a whole (Higgs and Smith (2002: 33). Thus, the language of early Systems Thinking relied on biological analogies introducing ideas such as survival, adaptability, development, growth, flexibility and stability (Flood and Jackson, 1991:3). From biology, Systems Thinking became to be applied to other systems such as organisations. In Sociology, Talcott Parsons, the sociologist began to promote the theory of sociology as a system, and Norbert Wiener (1864-1964), a mathematician, developed the theory of electronic and mechanical systems.

In Systems Thinking, Creative Holism for Managers Jackson summarised the different systems approaches that have evolved over time and their application to modern management science. The evolution of systems thinking and practise has seen the application of different systems approaches, designed to manage and lead through particular life and problem situations. These approaches and their methodologies have been classified under four main paradigms (Jackson, 2003) as follows:

- (a) **Functionalist systems approaches:** These seek to assist managers improve goal seeking and viability with an orientation towards efficacy, predictability, control and adaptability of organisations in the face of changing environments. They include hard systems approaches suitable to address problem situations with clearly defined goals and objectives, and systems approaches that place emphasis on goal and objective seeking behaviour and targeting (Checkland, 1981; 1999) such as system dynamics, organisational cybernetics and complexity theory. Hard systems thinkers thus assume that they can define an objective for the system they are seeking to improve and see their task as the systematic pursuit of the most efficient means of achieving that objective (Jackson 2003: 51). Modeling to simplify things and practical and rational action are at the centre of functionalism.

Critics argue that it is often not clear how complex problem situations can be simplified and modelled without bias creeping in (Jackson, 2003: 61).

Among functionalists are chaos and complexity theorists who argue that small changes to a status quo, can lead to enormous changes at a later stage; thus a butterfly flapping its wings in the Amazon jungle can lead to storms in the South China sea, (Jackson, 2003: 11-12). Complexity theorists (Stacey, 1996) argue that order is an emergent property of disorder and it comes about through a self-organising process operating from within the system itself (Jackson, 2003: 115).

In practical terms, functionalist ideas appear to characterise much of project management today, which is primarily driven by expert knowledge, aimed more at achieving the efficacy of intervention processes that do not guarantee empowerment of poor communities, local innovation, ownership and sustainability of project interventions by beneficiaries. Project management is largely driven by techniques and tools to manage project expert ideas particularly relating to costs and cash-flow, time frames, and meeting targets, with less preoccupation on social justice, socio-cultural values of morality and human dignity.

- (b) Interpretive systems: Such approaches see the role of managers as primarily centred on exploring the purposes that their organisations should pursue, with a view to achieve mutual interests among diverse groups and better regulation of the organisation. These approaches include 'strategic assumption surfacing and testing', 'interactive planning' (Ackoff, 1974); and 'Soft Systems Methodology' (SSM) (Checkland, 1981, 1983; Checkland and Scholes, 1990; Checkland and Holwell, 1998). They recognise that any social system comprises of diverse worldviews, values and expectations that need to be managed through the participation of various interest groups. Interventions are modelled around 'ideal-type' human situations with emphasis on generating learning for purposes of improvement. Ackoff in his 'interactive planning' argues that dialogue is necessary to bring about rationality. In social development practise today, this is evidenced in the use of participatory models that attempt to engage communities in development efforts, the pilot testing of social development efforts and the generalisation of 'best practise models' to different contexts.
- (c) Emancipatory systems approaches: These are centred on ensuring fairness and the genuine participation and empowerment of vulnerable and disadvantaged people in decisions and actions that affect their lives, and addressing power imbalances. These include 'Critical Systems Heuristics' (CSH) (Ulrich 1983, 2005); and team syntegrity (Beer 1990, 1994; White 1994, 1998). The emancipatory paradigm is motivated by the realisation that power imbalances can stifle free dialogue necessary for positive and productive human relationships (Jackson, 2003). In today's social

development efforts, they are manifested in efforts such as the promotion of human rights /child rights, democracy, and gender equality.

- (d) Postmodern systems approaches: These primarily promote diversity and creativity in organisations and seek to appeal to people's emotions, dignity and spirituality when addressing problem situations. The voices of the voiceless are sought. Postmodern theorists argue that the world is too complex, diverse and continuously evolving to be modelled around particular world views and that there must be tolerance of differences and multiple interpretations of the world. This is an evolving paradigm in which a lot is still being learnt (Taket, 2002; Brocklesby and Cummings, 1996). Postmodernism rejects the belief in rationality, truth and progress that language is transparent and can function as a regulative principle of consensus...that science can provide access to objective knowledge (Jackson, 2003: 256). The challenges with postmodernism are that it thrives on instability, disruption, disorder, contingency, paradox and indeterminacy (Jackson, 2003), and when not properly understood, can make it difficult for ideas to be translated into plans and practical action if everybody is right in their own way and everything goes. In today's social development efforts, postmodernism can be traced in efforts that promote participation, partnerships, innovation, the learning organisation, human rights and freedoms, liberal democracy, and the use of storytelling in therapy and research.

3.2.5. Methodological pluralism for social development project management

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 Practise (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 the researcher calls *conscious experiencing of existence*, a form of critical reflection on action or learning that can be defined by phrases such as, (thinking about our own thinking) the mind's

conversation with itself, such that we become more aware of the interrelationships between our existing ideas and actions and their relevance for us,í ability to change and adapt our ideas and understandings to take into account new learningí and critical analysis of ideas and experiences).

Morgan (1983) asserts that paradigms have to challenge each other on the basis of ñreflective conversationø and according to Jackson (2003; 305),

õThe great merit of allowing methods, models, tools and techniques to be detached from their usual methodologies, and employed flexibly, is that it allows practitioners the maximum freedom to respond to the needs of the problems situation and to the twists and turns by the interventionö.

It, õmanages relationships between the functionalist, interpretive, emancipatory and postmodern paradigms [and] is ready and able to include more if they offer radically new ways of seeing and actingö (Jackson, 2003: 306).

Mingers and Brocklesby (1996), cited by Jackson, have proposed possibilities that they believe can exist under ñpluralismø as: (a) methodology selection, where the systems practitioner regards a variety of different methodologies, based on different paradigms, as useful and chooses a whole methodology according to the nature of the problem context and what he or she is trying to achieve. That methodology, and its associated methods, tools and techniques is then employed throughout the intervention to try to resolve the problem situationö (Jackson, 2003: 304-305); (b) whole methodology management, which õuses whole methodologies based on different paradigms, together in the same intervention, (Jackson, 2003:305); and (c) multi-paradigm multi-methodology, which entails õusing parts of different methodologies together on the same problem situation. Here the whole methodologies are broken up and the methods, models and techniques usually associated with them brought together in new combinations according to the requirements of the practical interventionö (Jackson, 2003: 305).

3.2.5.1 Critical Systems Practise (CSP) meta-methodology

The premise of 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 main stages - creativity, choice, implementation, and reflection. Each stage is described in terms of the task involved, tools used, and outcomes achieved as presented below:

a) Creativity:

Task ó To highlight significant concerns, issues and problems

Tools ó Creativity enhancing devices including systems metaphors of machine, organisms, brain, culture, coalition, coercive (political) system

Outcome - Dominant and dependent concerns, issues and problems identified: subject to discussion and debate among facilitators, managers and other stakeholders

b) **Choice:**

Task - To choose an appropriate systems intervention methodology or methodologies, guided by the characteristics of the problem situation

Tools - Methods for revealing the strengths and weaknesses of different systems methodologies (e.g., the System of Systems Methodology)

Outcome ó Dominant and dependent or supportive methodologies chosen for use

c) **Implementation:**

Task - To arrive at and implement specific positive change proposals

Tools - Systems methodologies employed according to the logic of CSP

Outcome ó Highly relevant and coordinated change that secures significant improvement in the problem situation. As the problem situation changes, it may be necessary to reassess the state of the organisation, by re-entering the creativity phase, and then select an alternative methodology as dominant.

d) **Reflection:** to ensure that research, and the generation of new learning, receives the attention it deserves.

Task - To produce learning about the problem situation, the meta-methodology itself, the generic systems methodologies and the methods used

Tools - Clear understanding of the current state of knowledge about these

Outcome - Research findings that, for example, feed back into improving earlier stages of the meta-methodology

The CSP calls for the application of the right mix of methodologies to any problem situation. The CSP cycle draws sharp comparisons and complementarity with the Learning Cycle (Kolb, 1984) - see Figure 2 and an adapted Project Life Cycle shown on Figure 7.

3.3 Project Management and the Project Management body of knowledge

3.3.1 History and evolution of Project Management

The practise of 'managing projects' can be traced back to the many ancient construction projects such as the Pyramids in Egypt, the Great Wall of China, (Steyn et al 2003), and the Great Zimbabwe monuments

- the largest stone structure in Africa outside Egypt, which is thought to have been built in 11th Century BC. Lock (2007) noted that until 1900, civil engineering projects were generally managed by creative architects and engineers themselves, among those for example, Vitruvius (1st century BC), Christopher Wren (1632-1723), Thomas Telford (1757-1834) and Isambard Kingdom Brunel (1806-1859). In the 19th Century, large scale Government and business projects emerged in the West that became the impetus for management decisions. Business leaders suddenly became confronted with the challenges of organising thousands of labour force in manufacturing and production of raw materials.

Fredrick Taylor (1856-1915), who studied work and labour, is regarded as the fore-runner to modern project management tools including work breakdown structure (WBS) and resource allocation. Taylor's associate Henry Gantt (1861 -1919), often regarded as the father of planning and control techniques (Stevens, 2002), and famous for his use of the Gantt chart as a project management tool, studied the order of operations in work, focusing on Navy ship construction during the World War One. Another key person, Henri Fayol created the 5 management functions which form the foundation of the body of knowledge associated with project and programme management (Witzel 2003). Both Gantt and Fayol were students of Frederick Winslow Taylor's theories of scientific management.

As a discipline, Project Management developed from several fields of application including construction, engineering and defense (Cleland and Gareis 2006). In the decades leading to World War Two, marketing approaches, industrial psychology, and human relations began to be considered as key to business management. Following the World War Two and the resultant shrinking labour market, there was a demand for new organisational structures to cope with demand for labour. The systematic use of project management tools and techniques to complex projects however did not take place until the 1950s (Young-Hoon Kwak 2005).

The 1950s marked the beginning of the modern Project Management era. Project management became recognised as a distinct discipline arising from the management discipline (Cleland and Gareis, 2006). In the United States, prior to the 1950s, projects were managed on an *ad hoc* basis using mostly Gantt Charts, and informal techniques and tools. The 1960s witnessed the beginning of professionalizing project management, evidenced by the formation of the International Project Management Association (IPMA) in Europe in 1967 (Kousholt 2007) as a federation of several national project management associations. In 1969, the Project Management Institute (PMI) was formed in the USA (Harrison and Lock 2004), and publishes *A Guide to the Project Management Body of Knowledge* (PMBok Guide) today. In 1975 the

Association for Project Management (APM) was established in UK, and produces the APM Body of Knowledge. Today, a number of countries have established national project management associations.

As project management grew as a discipline, scientific tools for managing projects emerged such as the "Critical Path Method" (CPM), and the "Programme Evaluation and Review Technique" (PERT), allowing managers greater control over massively engineered and complex projects. In the early 1960s, general system theories of science began to be applied to business settings.

Project management has been widely adopted in social development work, but retains a mechanistic character drawing on tools and techniques developed for mathematical modeling in engineering, construction and related fields. Project management has evolved from operational research techniques and tools to being an accepted discipline of management to manage organisations and strategy (Bredillet, 2002; Gareis, 1990). Projects position an organisation to deal with its complex environment (Toffler, 1990). They act as vehicles for developing competencies (individual, team, and organisational) and thus lead to competitive advantage and value creation (Bredillet 2008).

According to Steyn and others (2003: 2-3), the speedy growth in the use of project management globally is attributed to:

- (a) the need for competitiveness and efficiency resulting from globalization
- (b) the need to satisfy the growing consumer demand
- (c) the need to keep pace of learning and adaptation of growing knowledge on the market
- (d) the need to scale up service delivery to communities
- (e) the need to urgently address humanitarian and emergency situations; and
- (f) the development of short term services /products requiring constant innovation and initiative.

Burke (2003) observed that the increase of multi-disciplinarity; multi-departments; multi-companies and multi-national projects; 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 centralised, towards management-by-projects, establishing project teams and matrix organisational structures.

In this study, two of the largest internationally recognised and interrelated project management bodies of knowledge ó 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 òsum of knowledge within the profession of project management. As with other

professions such as law, medicine, and accounting, the body of knowledge rests with the practitioners and academics that apply and advance it, (PMI, 1996:3). The body of knowledge recognises 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.

3.3.2 Understanding of project /programme management

Projects can be of any scale from small activities conducted by one person within a short time such as sweeping the floor, to huge executive undertakings, involving thousands of people over a period of several years such as social and agrarian reform initiatives. The Project Management Body of Knowledge (PMI, 1996:4) defines a project as:

“ a temporary endeavour undertaken to create a unique product or service. Temporary means that every project has a definite end. Unique means that the product or service is different in some distinguishing way from similar products or services.”

Following the same thoughts, Turner, is cited by (Burke 2003:2), defining a project as,

“ an endeavour in which human, (or machine), material and financial resources are organised in a novel way, to undertake a unique scope of work, of given specification, within constraints of cost and time, so as to deliver beneficial change defined by quantitative and qualitative objectives.”

Project management according to PMI (1996: 6) is,

“ the application of knowledge, skills, tools, and techniques to project activities in order to meet stakeholders' needs and expectations from a project.”

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

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

Morris views project management as,

the process of integrating everything that needs to be done (typically using a number of special project management techniques) as the project evolves through its life cycle (from concept to handover) in order to meet the project's objectives (Burke, 2003:3).

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 (IPM, 1995; APM, 2006; Steyn et al 2003). Programmes may also involve a series of repetitive cyclical undertakings. The IPM (1995: 9) notes that,

in some application areas, programme and project are treated as synonymous; in others, project management is a subset of programme management. Occasionally, programme management is considered a subset of project management.

The terms projects and programme management are often used interchangeably (Morris, 1994; Lycett et al, 2004).

A distinction can be made between programmes and projects, for example,

programmes have several theoretical bases such as organisational theories, strategy, product development, manufacturing and change. Programmes take an open system view and seek change in permanent organisations. Projects, in turn, have product development as the dominant theory basis (Artto et al, 2007: 1).

According to Van Der Walt (1998) project management represents a set of principles, tools and techniques, for the effective management of objective oriented work in the context of a specific unique organisational environment.

3.3.3 Project management knowledge (PMI, 2002; APM, 2006)

The PMI's PMBoK describes project management under nine broad knowledge areas whereas the APMBOK takes a broader approach by subdividing project management into fifty five knowledge areas. The APMBOK incorporates not only inward focused project management topics (such as planning and control techniques), but also the broader context in which the project is being managed (such as social and ecological environment), as well as specific areas (such as technology, economics, finance, organisation, procurement and people as well as general management). The majority of the extra knowledge areas under APM BoK are addressed either under the nine knowledge areas of PMI's PMBoK or as background project context information. The nine project management knowledge areas of PMBoK (PMI, 2002) are summarised as follows:

- a) Project integration: includes processes required to ensure that the various elements of the project are properly coordinated. It integrates the three main project management processes of planning, execution and control (PMI, 1996; Burke 2003).
- b) Project scope management: The APM (2006: 34) defines scope management as,
 - “the process by which the deliverables and work to produce them are identified and defined [in terms of] what the project will include and what it will not include”.
 It includes processes required to ensure that the project includes all the work required, and only the work required, to complete the project successfully (PMI, 1996). The deliverables and work to produce them are identified and defined (APM, 2006). It consists of authorisation, scope planning, scope definition, scope change management and scope verification (PMI, 1996; Burke 2003).
- c) Project time management: includes the processes required to ensure timely completion of the project. It comprises of activity definition, activity sequencing, duration estimating, establishing the calendar, schedule development and time control.
- d) Project cost management: includes the processes required to ensure that the project is completed within the approved budget (PMI, 1996). It is the estimating of costs and the setting of an agreed budget, and the management of actual and forecast costs against that budget (APM, 2006). It consists of resource planning, cost estimating, cost budgeting, cash-flow and cost control.
- e) Project quality management: is defined as,
 - “the discipline applied to ensure that both the project outputs and processes by which the outputs are delivered meet the required needs of stakeholders” .is broadly defined as fitness for purpose or the degree of conformance of the outputs and processes (APM, 2006). It comprises of: determining the required condition (Burke, 2003), quality planning, quality assurance, quality control, and continuous improvement (PMI, 1996; APM 2006).
- f) Project human resource management: Are the processes required to make the most effective use of the people involved with the project (PMI, 1996). It includes the understanding and application of the policy and procedures that directly affect the people working within the project team and working group which include recruitment, retention, reward, personal development, training and career development (APM , 2006) organisational planning, team development (PMI, 1996).
- g) Project communication management: includes processes required to ensure timely and appropriate generation, collection, dissemination, storage, and ultimate disposition of project information (PMI, 1996); is the giving, receiving, processing and interpretation of project information. Information can be conveyed verbally, non-verbally, actively, passively, formally, informally, consciously or

unconsciously (APM, 2006). It consists of communication planning, information distribution, performance reporting, administrative closure, project meetings (PMI, 1996; Burke, 2003)

- h) Project risk management: includes the processes concerned with identifying, analyzing, and responding to project risk. It includes maximizing the results of positive events and minimizing the consequences of adverse events (PMI, 1996); it is a structured process that allows individual risk events and overall risk to be understood and managed proactively, optimising project success (APM, 2006). It consists of risk identification, risk quantification, risk response development, risk response control (PMI, 1996).
- i) Project procurement management: includes processes required to acquire goods and services from outside the performing organisation. It includes procurement planning /strategy, solicitation planning, solicitation, selection and acquisition of suppliers, management of the contracts, contract close-out (APM, 2006; PMI 1996)

The APMBok (APM, 2006) identifies fifty two (52) very specific areas of knowledge most of which overlap or fall under one or more of the nine broad PMBok areas or are identified by PMBok as essential but not classified as specific knowledge areas per se. The APMBok can be categorised under seven broad themes as follows:

- a) Project management in context, covering: Project management; Programme management; Portfolio management; Project context; Project sponsorship; and Project office.
- b) Planning the strategy, covering: Project success and benefits management; Stakeholder management; Value management; Project management plan; Project risk management; Project quality management; and Health, safety and environmental management.
- c) Executing the strategy, comprising of: Scope management; Scheduling; Resource management; Budgeting and cost management; Change control; Earned value management; Information management and reporting; and Issue management.
- d) Techniques, covering: Requirements management; Development; Estimating; Technology management; Value engineering; Modeling and testing; and Configuration management.
- e) Business and Commercial, comprising of: Business case; Marketing and sales; Project financing and funding; Procurement; and Legal awareness.
- f) Organisation and governance, covering: Project life cycles; Concept; Definition; Implementation; Handover and close-out; Project reviews; Organisation structure; Organisational roles; Methods and procedures; and Governance of project management.

g) People and the profession, which include: Communication; Teamwork; Leadership; Conflict management; Negotiation; Human resource management; Behavioural characteristics; Learning and development; and Professionalism and ethics.

3.3.4 Project management knowledge in social development context

The APM notes that the PMBOK can be adapted to different disciplines. This section elaborates on project management knowledge areas as they are commonly applied in OVC programmes.

3.3.4.1 Project Planning (conceptualisation and design)

Some econometric studies demonstrate that roughly 20% of programme performance is due to the quality of project design in terms of clarity and realism of project objectives, commitment and ownership of key stakeholders, assessment of risk, and capacity of organisations to implement programmes (Social Impact, 2008).

Ackoff (1981)ø ðparticipative principle of interactive planningö requires that beneficiary communitiesø 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 prepareø 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 realising itö (Jackson, 2003:161).

The process of participation is considered to be more important than the actual plan. The continuity principle of interactive planning notes that, ðbecause values change and unexpected events occur, plans need to be constantly revisedö (Jackson, 2003: 161). As interpreted by Jackson, Ackoffø holistic principle stresses that ðbecause 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 possibleö (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 ðwhat in the end turns out to be feasible will itself be affected by the learning generated by the project itself: human situations are never staticö.

3.3.4.2 Managing the project life cycle

A key feature of Project Management is that projects will always have a beginning and an endö - a life cycle (APM, 2006) and work is generally subdivided into sequence, phases or stages to ðprovide better management control to delivering the required outputs (Burke, 2003; APM, 2006). Project life cycles

consist of a number of distinct phases. All projects follow a lifecycle and lifecycles will differ across industries and business sectors.

Traditionally, a project comprises of a four phased cycle of concept, definition, implementation, and handover and closeout ((APM, 2006) as described below:

- (a) **Concept and Initiation Phase:** involves the project by establishing a need or opportunity for the product, facility or service. The feasibility of proceeding with the project is investigated and on acceptance of the proposal, moves to the next phase. This can be linked to Critical Systems Practise (CSP)ø's creativity phase (see 3.2.5.1) øwhich surfaces ideas about the current problem situationö (Jackson, 2003).
- (b) **Definition or Design and Development Phase:** applies the guidelines set by the feasibility study to design the product, outline the build-method and develop detailed schedules for making or implementing the product. This is some-what related to Jacksonø's choice phase (see 3.2.5.1) øwhich considers alternative ways of addressing important issuesö.
- (c) **Implementation or Construction Phase:** the project plan is implemented. For Critical Systems Practise (see 3.2.5.1) change processes are managed at this stage.
- (d) **Commissioning and Handover Phase:** confirms the project has been implemented or built to the design and terminates the project. At this stage, it is expected that critical lessons from the project are transferred to inform other ongoing projects or new project designs.

The project life cycle can be extended (APM, 2006) to include:

- (e) **Operations:** the ongoing support and maintenance of the projectø's deliverables. In social development (OVC) interventions, this can only take place if sustainability has been attained.
- (f) **Termination:** concludes the operational life of the deliverables and completes their disposal in an effective manner. Disposal may not be applicable to social development projects which deal with long term issues of child development.

The øproduct life-cycleö (Burke, 2003) includes two additional phases of:

- (g) **Maintenance** and;
- (h) **Up-grade or expansion**

The APM notes that all phases of the project are equally important and none of them should be omitted although they may overlap. According to Ackoff (1997), the project as a system evolves from the environment within which it operates; it should not be externally imposed on the environment.

3.3.4.3 Stakeholder participation and ownership

The Child Rights Convention (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and the African Youth Charter (AYC) all recognise participation as a fundamental right of the child and the young person. Participation is both dignifying ó recognising the inherent potentials of individuals and empowering ó enabling individuals to unleash their potentials.

The participation of the disadvantaged, and in particular, getting them in a sense õto believe they have interests in common with the powerfulö (Ackoff, 1974) is particularly important in social development, because, as noted by Habermas, rationality emerges from dialogue (Jackson, 2003: 214). Ackoff's õidealised designö 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.

3.3.4.4 Managing stakeholders

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 õparticipative principleö APM noted 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.

3.3.4.5 Communication

Communication entails,

õí giving, receiving, processing and interpreting of information. Information can be conveyed verbally, non-verbally, actively, passively, formally, informally, consciously or unconsciouslyö (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 õí systematically distorted communication can jeopardize the emergence of genuine shared purposesö. 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).

3.3.4.6 Scope management and targeting interventions

Scoping and targeting interventions entails drawing and redrawing of systems boundaries to accommodate all stakeholders. 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.

3.3.4.7 Quality management

Outputs and processes can only be fit for purpose if the purpose is understood (APM, 2006). 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).

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.

3.3.4.8 Project Performance Measurement

According to the World Bank's Independent Evaluation Group (2008), 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. Monitoring and evaluation described below is often a major function of measuring performance in the management of social development projects and programmes.

3.3.4.9 Monitoring and evaluation

Evaluation is a process of generating information for purposes of informing the development and measure performance and impact of a programme during, and at the end of its implementation. It is either formative or summative (Worthen and Sanders 1987). Formative evaluation informs programme personnel on decision making, problem solving, strategic planning and improving programmes. Summative evaluation is conducted at the end of the programme to provide stakeholders with judgments about the programme's worth or merit. It informs decision concerning programme continuation, termination, expansion, and adoption (Worthen and Sanders, 1987).

According to Guba and Lincoln (1985), evaluation frameworks must take into consideration the power relations, plurality of value basis and multiple interests and agendas that may exist and pressurise the evaluator within the evaluation process. These power structures do not only affect the relationships between those being evaluated, but also limit the practical ability of the evaluator to be a neutral outsider. Evaluators 'must not only be objective & they must be seen to be so' (Millichamp, 1996).

In their annual review of development effectiveness of the World Bank for 2008, the Independent Evaluation Group suggested that self ratings of project performance by the World Bank staff tend to be exaggerated. This could point to weak incentives for accurate projects reporting (World Bank /IEG 2008). Commenting to IEG findings, Jiayi Zou, Chairperson of the Committee on Development Effectiveness (CODE) noted that the disconnect between what the Bank reported as satisfactory and was refuted by IEG

means management is less likely to identify problem projects and take timely remedial action, (World Bank/IEG 2008: xxiv).

In a study on Project Management, Dzirikure (2005:48) observed that an ideal monitoring and evaluation systems should be characterised by: (a) reliability; (b) validity; (c) participatory; (d) planned; (e) have clear objectives, strategies, indicators, budget and resource allocation and timeline or schedule of its own; (f) clear reporting mechanism; (g) have known sources of data; (h) professional (evaluation team should be impartial, have integrity, honest); (i) objective and useful; (j) establish achievement of project milestones and deliverables as well as efficiency of the use of both human and financial resources.

3.3.4.10 Project risk management

Projects are by definition meant to produce unique products and therefore typically deal with uncertainty. Thus the more unique a project, the more unknowns can be expected and the higher the risks, (Steyn et al, 2003: 5). Ulrich (1983) argues that:

There can be no guarantee that planning will lead to improvement; but, the systems designer should seek to incorporate as many sources of imperfect guarantee as possible. This means taking into account any scientific data available, evaluation feed back as well as views of experts and other stakeholders (Jackson, 2003: 271).

To minimise risk, Ulrich's work suggests that systems designers should declare their assumptions about what lies inside the systems boundaries that they make. This is critical to project management particularly where those who are hired to manage as well as evaluate projects are normally not the ones who would have designed them. Assumptions are also important in evaluations as according to Stake (1996), there is a difference between what the programme people want to know about their programme and what outsiders want to know.

3.3.4.11 Funding of social development projects

Much of the projects for orphans are funded by donors. According to Goldsbrough (2007) conditions attached by the West to aid in Africa has been identified as a constraint to the continent because it made Governments carry out developments in their respective countries according to the wishes of the donor. Goldsbrough noted that Africa does not have the bargaining power when dealing with the West. In his contribution to the debate on why Africa is being constrained in spending aid McKinley (2007) implicates restrictive, inflation focused monetary policies sponsored by the IMF as the primary agent blocking fiscal expansion. Goldsbrough argues that the core of the problem is not inflation targets. It is the implicit

assumptions the IMF makes -often without much supporting evidence -about how the real economy will respond to changes in fiscal deficits and public spending.

3.3.4.12 Project Sponsorship

The APM defined project sponsorship as,

“an active senior management role, responsible for identifying the business needs, problem or opportunity. The sponsor ensures that the project remains a viable proposition and that benefits are realised, resolving any issues outside the control of the project manager”.

The PMI described the sponsor as the individual /group that provides financial resources in cash or in-kind for the project. “Project sponsorship is more pertinent to project effectiveness while project management is more concerned with project efficiency” (APM, 2006: 12). The broad role of the sponsor should be defined separate from that of the project manager, and training and development of project sponsors must be aligned with the multi-dimensional perspective (Bryde, 2007). The project sponsor’s role can broadly be classified as external focus (concentrating on the project viewpoint of the client) and inward-looking (giving the project manager and the project team all the necessary support to fulfill their role) (Wright, 1997).

3.3.4.13 Application of learning in project management

Experiential learning is a critical aspect of successful social development project management practise. Checkland and Scholes (1990) called on social development practitioners to accommodate and apply different perceptions of reality, to enable learning to take place based on diverse ideas that are examined in ways that “lead to purposeful action in pursuit of improvement”. This enables participants to appreciate the kind of changes that are practical and necessary in any distinct problem situation (Checkland and Scholes, 1990). Ackoff (1981) called for a replacement of hard systems thinking’s emphasis on optimization and objectivity with adaption and learning, because, as (Jackson, 2003:158) put it, “objectivity in the conventional sense is a myth and purposeful behaviour cannot be value-free”. Constructivists recognise that knowledge is socially constructed (Flood 1999; Zadek 1994). Thomas and Mengel (2008) argue that the usefulness of knowledge generated in a particular situation is dependent on an understanding of the underlying values and historical assumptions that exists in the generation of that knowledge.

Bawden (1997) argues that much of the human development failures emanate from making repeated mistakes or inability to learn from experience. 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

of 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.

3.3.4.14 Managing child development as social capital investment

The reasons for investing in children are many and compelling. Lannon (1998: xv) argued that political leaders should "see more than just the seed in the apple. They must see the apple in the seed [and] before you build a great superstructure you must first build a great substructure". Keeping children alive and well is essential to the survival and perpetuation of the human species. Zimbabwe, like other Southern African countries, has a young population, described as a "demographic bonus" bulge which if appropriately nurtured and capacitated, can be a powerful force for helping countries meet their development goals and reduce poverty. Whether or not the country can take advantage of this bonus, however, depends on whether young people entering the workforce and leadership positions are literate and educated, socially responsible, healthy and hopeful, as well as skilled.

The challenge with most programmes on OVC is that they take 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, literacy for instance that fails 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, 2001). 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, 2003).

3.3.4.15 Managing project human resources and management competencies

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, 2004) 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 Mendell (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). Individual competencies for the project practitioner are diverse and as noted by Dzirikure (2005: 93-4), include:

- (a) Leadership defined by being visionary and insightful, strategic thinking, being oriented equally on people as much as result, being systemic;
- (b) Mental abilities which include realistic planning and thinking, reflective thinking, learning and problem solving abilities;
- (c) Interpersonal skills such as good organising, networking, mobilising and coordination abilities, communication and listening skills, adaptive and flexible to emerging situations, good sense of humor and public relations, as well as conflict management abilities;
- (d) Professionalism which include accountability and stewardship, ability to control project processes and activities, monitor and evaluate project progress, integrity and honesty, impartial, responsible, time conscious and industrious and independence;
- (e) Education and training, such having the appropriate training qualifications and experience, documentation and information management abilities, technically sound in the subject matter; and
- (f) Good character defined by being calm and composed, democratic, withstanding pressure, passionate about one's work and goals, and empathy and awareness of self and others.

3.3.4.16 Managing gender for development

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.

3.3.4.17 Managing sustainability of development efforts

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.

3.4 Child and orphans development

3.4.1 History and evolution of child development as an area of study

Three dominant perceptions of children have evolved in the history of humanity. These include the perception of the (a) "Evil Child" that emerged during the prehistoric and Early Christian times, when children were viewed as a product of sinful intimacy between the parents, the evil of which had to be plucked out through punishment and replaced by good. The second view emerged in the Medieval Era (500 AD to 1500), and perceived children as (b) "Miniature Adults" who could work alongside adults and endure long hours including of hazardous work. The third popular view was that of the (c) "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 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, Sorin and Galloway (2005) identified ten constructs of children which also include: (d) 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; (e) the "Snowballing Child" who makes excessive demands and inevitably draw the attention of adults /parents through blackmailing and related attention seeking behaviours; (f) 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; (g) "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; (h) the "Child as a Commodity" manifested 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; (i) the 'Child as Victim', voiceless and powerless and at the mercy of the socio-economic, cultural and political forces around them; and lastly j) the 'Agentic Child', a recent phenomenon which views children as critical thinkers and active participants in social processes that shape their milieu and lives. This is reminiscent with postmodernism; children are expected to participate in socio-economic, cultural and political activities, consistent with their evolving capabilities.

The period stretching between the 17th and 18th centuries showed a shift, influenced by writers such as John Locke (1632-1704), whose view of children was that of a blank slate (tabular rasa) whose behaviour was shaped by experience. Contrary to John Locke was Jean-Jacques Rousseau (1712-1778) who argued that child maturation was a natural process pre-determined by genetics. In the mid 19th century, Darwin's (1809-1882) theory of evolution emerged, arguing that child development was determined by a process of natural selection in which the best genetically formulated species survived to reproduce and pass their more favourable characteristics to the next generation. In a similar vein in the 20th century, Jean Piaget was to argue that children adapted to their environment through a process of reasoning and cognitive maturation. A child's behaviour was determined by mental structures that evolved through specific stages of development and could be predetermined. The 20th century also witnessed a greater shift during which societal perspectives on child development was influenced by scientific thinking represented by scientists such as Alfred Binet (1857-1911) who, through measuring intelligence, could establish intellectual patterns and differences between different children at different ages. Considered as an Early Developmental Theorist, James Mark Baldwin (1861-1934) promoted a view that both genetics and the environment interacted to influence child development. This perspective influenced a revolution of 20th century theories on child development such as Freud's psychoanalysis theory, which highlighted that the family and early experiences in life affected a child's growth and development and experiences in adult life. Erikson's psychosocial theory brought emphasis on the role of culture and social systems and demands in shaping the behaviour of children.

Behaviourism and Social Learning Theorists such as John Watson, Iva Pavlov, B.F Skinner and Bandura took the view that behaviour was largely a function of human response to environmental stimuli, and as a result, could be shaped, conditioned or modelled.

Recent theories place emphasis on children as making conscious decisions through cognitively inputting and processing information that result in behavioural outcomes (Klahr, 1992). Borrowing on Darwinism, Konrad Lorenz and Niko Tinbergen (zoologists) promoted the evolutionary notion that behaviour was adaptive for purposes of survival of the human species. The Ecological systems theory places emphasis

on children as organisms, influenced by complex multiple environmental or social contexts that shape their development. According to Vygotsky's Socio-cultural theory, children's thinking and developmental capabilities are acquired through a process of social interaction and dialogue with knowledgeable adults.

Recently, the rights based approach to child development views children as having inherent rights that must be met by society to ensure that they develop fully enough to realise their human potentials. 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. These are elaborated in 3.4.2 below.

While the early perceptions have been transformed over time, they still exist in new forms today, sometimes applied in different combinations and at times predominantly singular, influencing different forms of child-adult relationships. Essentially, child development as a specific area of human development interest has evolved around a number of debates and worldviews that can be interpreted from one or a combination of the following perspectives:

- (a) Child development as a process dependant on the inherent child cognitive and physiological capabilities that allow them to actively process information, develop and learn from their environment (organismic interpretive perspective), as opposed to one where they are passive recipients of environmental stimuli which shape their development and learning (mechanistic / functionalist perspective).
- (b) Child development as a continuum of cumulative improvement of psychosocial and physical competencies and behaviours (continuous /emancipatory perspective), as opposed to a staged process of distinct and perhaps predetermined changes (Discontinuous).
- (c) Child development as a process largely dependent on genetic factors (nature /functionalist perspective), as opposed to largely determined by the child's environment (nurture /interpretive /constructivist perspective); and
- (d) Child development as a process of influencing the unleashing of human capabilities and potentials through the interaction of both the genetic, environmental - socio-cultural, economic, and political environment (developmental / postmodern and to some extent emancipatory perspective).

Summarising historical trends in worldviews about children and the implications for child development today is the observation by Harper (2004: 3) that:

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.

3.4.2 Human and child rights

3.4.2.1 History of human and child rights

The origins of Human Rights can be traced in most known major religions for example Buddhism, Hinduism, Islam, Christianity, Judaism, early philosophers such as John Locke (1632-1704) that set social justice imperatives relating to the respect of the dignity of the person. During the 15th and 16th Centuries, India, China and Roman Christendom were the Pillars of civilisation in the world. The 17th, 18th and 19th centuries saw a revolutionary shift that emerged in Europe towards a secular and more egalitarian society and a universal morality. Following the formation of the United Nations after World War 2, the international community adopted the Universal Declaration of Human Rights by the international community on 10 December 1948. The UN Charter after World War 2 was the first recognisable universal consensus of nation states that came up with the agenda of peace, human rights, and development. The year 1950 saw the adoption of the European Convention on Human Rights, followed by the Convention on the Elimination of all forms of Racial Discrimination in 1965. The Convention on the Elimination of Discrimination Against Women was established. A concept of people centred development arose from the civil, political and economic, social, cultural rights of the 1950s to 80s. The 1980s saw the emergence of the concept of good governance to address failures in development policies particularly related to disrespect for human rights.

In 1993, the Overseas Development Institute (ODI) noted that several international commitments were also adopted such as African Charter on Human and People's Rights (1981), the Convention Against Torture (1984), the Declaration on the Right to Development (1986), the Convention on the Rights of Refugees (1994), and the Treaty setting up the International Criminal Court (1998). The Vienna Conference of 1993 affirmed the indivisibility of human rights and development. Democracy, development, and human rights were recognised as interdependent and interlinked.

With regards to child rights, the writing by Thomas Spence entitled *The Rights of Infants* (1796) is considered an early affirmation in English of children's rights as natural. In the USA, the Children's Rights Movement of the 1800s began with the orphan train movement - a period of mass relocation of orphaned, abandoned and homeless children to forty seven states in the United States and Canada, widely recognised as the beginning of documented foster care in America against child labour. In the early twentieth century, efforts began to promote the idea of children's rights as distinct from those of adults and as requiring explicit recognition. The Polish educationalist Janusz Korczak wrote of the rights of children in his book *How to Love a Child* (Warsaw, 1919); a later book was entitled *The Child's Right to Respect* (Warsaw, 1929). In 1917, following the Russian Revolution, the Moscow branch of the organisation Proletkult produced a Declaration of Children's Rights (Lynn 1990). However, the first effective attempt to promote children's rights was the Declaration of the Rights of the Child, drafted by Eglantyne Jebb in 1923 and adopted by the League of Nations in 1924. This was accepted by the United Nations on its formation and updated in 1959 (<http://developmenthumanrights.wordpress.com/2008/06/29/evolution-of-rights-based-approach/>). In 1989, the United Nations Convention on the Rights of the Child (UNCRC) was ratified, and in 1990, was contextualised to the African context through the African Charter on the Rights and Welfare of the Child (ACRWC).

The UNCRC and ACRWC are the primary reference material for child development in this study. 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 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 Child Rights Convention (CRC), and African Charter on Rights and Welfare of the Child (ACRWC), and in this regard, fulfilling the basic needs of children is human rights and social justice imperative and a moral and human obligation for the State (CRC, 1989).

3.4.2.2 Child rights based approach to development (CRBA)

There are many definitions and stand points on rights based approach to development given by different organisations. 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 analyse inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress.”

It 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. Thus “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 recognises 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, international community “all in combination (and not just the biological parents) of which 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”.

The evolution of Human Rights Based Approach (HRBA) can be traced to the formation of the United Nations in the 1940s and the adoption of the Universal Declaration of Human Rights by the international community on 10 December 1948. The UN Charter after World War 2 was the first recognisable universal consensus of nation states that came up with the agenda of peace, human rights, and development. The Consensus forged at the 1994 International Conference on Population and Development in Cairo in 1994 was centred on human rights. The World Summit for Social Development in 1995 came up with a resolution that “the ultimate goal of social development is to improve and enhance the quality of life of all people”. Economic development that was in the 1940s to 80s defined in

terms of income growth /development (regardless of economic growth often being accompanied by inequalities), shifted to be viewed as people centred, enhancing human capabilities - what Sen (1999) described as 'development as freedom'. Along with global consensus on Millennium Development goals in 2000, the same year saw the UNDP Human Development Report focusing on Human Rights and Development. According to Theis (2004:11) '...together, human rights and development are more effective than either one on its own' - they all aim to promote well-being and freedom based on the inherent dignity and equality of all people. From an emancipatory systems perspective, '...poverty is a result of disempowerment and exclusion...human rights violations are both a cause and a consequence of poverty' (United Nations, 2006: 9). On 3 May 2008, the United Nations Convention on the Rights of Persons with Disabilities entered into force, signaling the recognition of the relationship between disability and development as a key feature of modern times. A major gap however lies in failure to get Government and Non State actors accountable for the fulfillment of these rights despite Governments having signed Treaties.

The UN Secretary-General's Programme for Reform of 1997, and its second phase, An Agenda for Further Change of 2001, called upon UN Agencies to make human rights a cross-cutting priority for the UN system. In May 2003, a group of UN agencies, committed to integrating human rights into their national development cooperation programmes by adopting the common understanding on a rights-based approach (<http://www.unfpa.org/rights/approaches.htm>). In April, 1998, UNICEF adopted a human rights-based approach to programme for children and women, guided by the human rights principles of: (a) universality; (b) indivisibility (all have equal importance and status); (c) accountability; and (d) participation, and the four principles of the CRC of: (e) non-discrimination; (f) the child's right to life, survival and development; (g) the best interest of the child; and (h) respect for the views of the child. Apart from UN agencies, many bilateral donor agencies - CIDA, SIDA, DFID, DANIDA, among others, and international and regional NGOs like Care, OXFAM, Save the Children Alliance, World Vision, REPSSI, have adopted rights-based programme as a priority (O'Neil, 2003).

Before 1997, most UN development agencies pursued a 'basic needs' or charity approach: They identified basic requirements of beneficiaries and either supported initiatives to improve service delivery or advocated for their fulfillment. The charity based approach can be traced back to Medieval time, when for example, in England, religious groups established hospitals for 'people in need' (Brenton, 1985). In modern times, charity refers to giving by those who have more to those who have less - signifying some power imbalances (Katsui, 2008).

The main distinction between a Charity-Based Approach and a Human Rights-Based Approach (HRBA) is that the former is centred on filling gaps of, often 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 latter 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 levelled against the HRBA revolve around its origins as a Western concept, characterised by slow and poor implementation and subject to diverse interpretations that could result in its abuse (Kennedy, 2004; Uvin 2004). The responsibilities of individuals to each other and to a 'higher order of being' are not clearly defined by HRBA. Similarly, the role of science (or human interpretation, interaction, exploration and use of nature's resources and of 'being') to attaining human rights for all is not clearly defined. 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 practise 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.

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 evidenced in for example, the following excerpt from the Swedish Agency for International Development Cooperation:

“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).

So 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 the Windhoek 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).

Several organisations working on children promote a Child Rights Based Approach (CRBA) to programming. The CRBA have begun promoting development efforts which place the child at the centre

of all policy, strategy and programmatic priorities. It recognises 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 sectoral development efforts to address; (a) unmet needs of orphans, and (b) 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, complimentary 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 growth (psychosocial) (Dzirikure, 2008) as presented in the Table below.

Table 3: Basic needs of OVC & Y

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)

In order for children to attain optimal development and realise their human potentials, they should adequately receive all the basic survival and growth needs in appropriate proportions. This is consistent with the systems approach, summarised by the Gestalt phrase 'the whole is greater than the sum of its parts', which calls for intervention approaches that address underlying causes and interrelationships that define deprivations and vulnerabilities of children.

The UNAIDS/UNICEF (2004) Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS enlists the following as essential services that

should be offered to the child: increased school enrolment; birth registration for all children; good health and nutrition; safe water and sanitation; protection; family environment. Loening-Vosey and Wilson (2001) identified the following 'Essential elements of caring for OVC':

- (a) Survival: food, clothing, home environment, hygiene, treatment, which can be associated more with functionalism;
- (b) Security: protection, affection, which can be associated with interpretivism;
- (c) Socialisation: identity, education /schooling, participation, understanding, information and communication, counselling and supportive services; associated which can be associated with emancipatory systems theory;
- (d) Self-Actualisation: recreation /idleness, freedom of expression, which is associated with postmodernism; and
- (e) Palliative care

The proposed basic needs of children proposed above all demonstrate what could be described as systemicity (or the extent of being systems-oriented). The greatest challenge is how to translate these systems ideals into practise and real benefits for children. It is in this regard that for example, the SADC Strategy for OVC & Y advocates for holistic and comprehensive approach to service provision for OVC (Dzirikure, 2008).

3.5. Orphans development project management practise is systems management

Project management has in the recent past emerged as the main approach to social, human and economic development efforts globally (Price and Dolfi, 2004; Thomas et al, 2004) and in Zimbabwe. However, project management efforts have not made significant impact to address the many challenges facing people in southern Africa. According to Beer (1974), the failure of social development efforts could be attributed to management practise,

'disobeying laws of effective organisation which their administrators do not know about, to which indeed their cultural mind is closed, because they contend that there exists no science competent to discover those laws' (Jackson, 2003: 85).

Fundamental weaknesses in management practise was evidenced in organisational charts which,

'suggested that the person at the top of the organisation needed a brain weighing half a ton 'since all information flowed up to him /[her] and all decisions appeared to be his/ [her] responsibility[but] people's heads don't get bigger towards the top of an organisation' (Jackson, 2003: 85).

Indeed managers are expected to have a good general and diverse or variable grasp of issues and subject matter and must be open to learning (Kolb, 1984), feedback (Beer 1984) and consultation, because 'every world view is terribly restricted' (Churchman, 1968), and according to Kant, is based on certain taken-for-granted, a-priori assumptions.

Studies on orphans programmes and projects have attributed the limited impact of projects and programme to, among other things: limited human resource capacity as a result of the brain drain in Zimbabwe and southern Africa in general; unprecedented burden of OVC and impact of HIV and AIDS, poverty and 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; decreasing volunteer spirit; some bad cultural beliefs and practises; among others (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. Presenting at a regional workshop organised by the Open Society Initiative for Southern Africa (OSISA, 2007), an expert from Action Aid noted 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). Participants at this workshop called for a Child Rights Based Approach to programming for OVC, which among other things, would require 'devolving budgets and decision-making to local levels to target children directly' in a real social and cultural context.

These challenges clearly emanate from weaknesses of an overly functionalist and reductionist social development management practise which rigidly emphasise on control and modeling behaviour. There is also a tendency to promote 'blue prints' or prototype models addressing challenges of orphan-hood, developed internationally into 'one size fits all' without building adequate capacity to adapt them to local context. Churchman (1968) argued that models present restricted perceptions of the reality version of social systems, suggesting that management approaches employed are inadequate and inappropriate in complex social systems. Transforming these management practises require significantly extraordinary effort because as Churchman (1968) noted, particular world views are resistant to change. Jackson (1995) warned against the temptation to make the same prescriptions or try the same method out again and again because it worked before. According to him, applying such 'blue prints' in circumstances where they do

not work can have disastrous results. Noting that systems can be defined into different categories - (a) deterministic, (b) animated, (c) social, and (d) ecological, Ackoff argued that "problems arise if a model appropriate to one type of system is applied to a system of a different type" (Jackson, 2003: 174).

Lorsch (1979), quoted by Jackson (1995:38), "warns against the lure of universal theory and argues instead for the potential of situational theories". These sentiments are supported by John Harvey-Jones (1993) who, according to Jackson, indicated that:

"there can never be any single correct solution for any management problem, or an all embracing system which will carry one through a particular situation or period of time" the skill of the manager consists of knowing them all, and choosing the particular ideas which are most appropriate for the position and time in which he finds himself" (Jackson, 1995: 38).

Systems thinkers warn social development "experts" to recognise 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 practises 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. This problem is also identified by Ackoff who quoted Drucker as saying "we spend a great deal more time trying to do things right rather than trying to do the right things". Systems thinking and practise has begun to think about how to handle the political dimension in organisations" (Jackson, 1995:30-31).

A positivist view of project management has led to linearity and oversimplification when attempting to solve complex problems and is inadequate to explain the true nature of project management. Project management is a complex discipline (Bredillet, 2008), and as described by Checkland and Scholes, cannot be viewed from the perspective of methods, techniques and tools alone because managers "are unlikely, on an everyday basis, to operate according to the rules of a methodology. Projects are situation driven, absorbed by the concerns and pressures of their immediate environments" (Jackson, 2003: 196).

Most critical are the moral values and principles that govern project management practise for particular disciplines such as 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.

Purposeful human activity is managed through organised purposeful systems and patterns of human relationships in which roles and responsibilities are defined. Projects and programmes represent such systems and should be defined by the subsystems, component parts and patterns of interrelationships with which they are identified. Synonymous with systems thinking, large projects normally consist of a hierarchy of smaller projects or group of projects contributing to a high level goal (Steyn et al, 2003). Such high level projects are called programmes. Steyn and his colleagues noted that different organisations often use different terms to describe the hierarchy of projects, and the commonly used being: programme ó project ó sub-project ó cost account (task) ó work package (activity).

Jackson (2003: 59) described corporations as social systems that have responsibilities to themselves (control problem), their parts (humanization problem) and to those wider systems (environmentalisation problem). Purposeful organisations such as projects are defined by plurality of human and non human representations all of which are organised to achieve some goal. According to Checkland (1987)ø CATWOE, these representations include: Customers (beneficiaries); Actors (transformation undertakers); Transformation process (conversion of inputs to outputs); World view; Owners (those responsible); Environmental constraints (elements outside the system ó could also be within the system). Checkland and Holwell (1998) suggested that the management of social development processes õis much more about managing a richly unfolding set of relationships than it is about taking rational decisions to achieve goalsö (Jackson 2003: 186). Efforts to improve on the effectiveness of social development efforts should be based on a full understanding or definition of the component parts or subsystems of the organised system in which such efforts are implemented, including the different viewpoints and interrelationships between the components or subsystems ó root definitionsø This entails reconciling different perceptions of reality, facilitating a systemic process of experiential learning in which different world views are examined and discussed in a manner that can lead to some form of collective consensus for purposeful action in pursuit of improvement.

Thus improving a social development problem situation should not be seen as an ending process as suggested by the definition of ãprojectø It is an endless process of experiential learning in which õparticipantsø attitudes and perceptions are continually explored, tested and changed, and they come to entertain new conceptions of desirability and feasibilityö (Jackson 2003: 188). In social development

project management practise, projects should be defined and designed to reflect timelessness of improving human improvement and fulfillment of human rights. In his previous work, Dzirikure (2005), the researcher likens the project cycle to an endless 'learning and spiral cycle' which allows for lessons from one phase of a project cycle, to be transferred to inform improvement of subsequent project cycles. In poor resourced settings characterising southern Africa, the process is endless because the end of problems such as poverty, diseases such as HIV and AIDS, and social conflict is not in sight.

An analysis of systems ideas and definition of projects shows that there is an interface of meaning between them. Project ideas are related to varying degrees to the different types of systems ideas ranging from hard to soft systems and the range of paradigmatic orientations from functionalism /positivism, interpretivism /phenomenology to postmodernism.

These definitions portrays that project management to be primarily designed for known, predictable, and controllable problem situations within clearly defined systems boundaries. Projects are designed to serve a function, and according to the APM, should emphasise efficiency. These definitions reflects a highly functionalist paradigm and can be associated with hard systems thinking's proposition that 'models, primarily mathematical models, can perform in management science the role that the laboratory plays in the natural sciences. all of which resonates to serve the interests of clients, managers, decision makers, policy makers, etc' (Jackson 2003:50).

In the definition of a project, the emphasis on a unique product coming out of the project suggests a recognition of complexity, while appropriate organisational structures, effective communication, planning, directing, and controlling to produce the unique product implies interdependent and interconnected relationships akin to organised systems. The notion of a project cycle recognises experiential learning (Kolb, 1984) as integral to project management practise. The definitions of project and system also imply that a project has defined systems boundaries and scope (Burke, 2003). Definition of boundaries entails identifying most relevant, effective and efficient relationships and interrelationships to produce the desired outcome. Bredillet (2008) described project management as including both quantitative aspects dependent upon positivism where people have less freedom such as in operational research, statistical methods, application of standards, bodies of knowledge, best practises, and qualitative aspects dependent on constructivism where people have freedom (such as experiential learning, knowledge management, change management and use of systemic approaches). Learning and practise are integral, and knowledge is built on diverse elements - it is both an art and a science.

Following through the definitions of ‘system’ and ‘project /programme’ project management is synonymous with managing systems. Indeed, the causes and effects of challenges facing orphans and their families are so diverse and interconnected. Efforts to address these challenges must also be diverse, requiring multi-sectoral and intersectoral responses and partnerships, as well as plurality of approaches and methodologies used in combination.

3.6 Summary and conclusions

Systems theory and practise has its roots in the ideas of ancient philosophers such as Socrates and Kant, while project management practise can be traced to ancient projects. Yet their recognition as academic and professional disciplines can be traced only as far as the mid 20th century. The same applies to Child Rights and rights based approach to social development. In the past half century, the debate on systems theory has grown and can be traced in different world views primarily functionalism /positivism, interpretivism /constructivism, emancipatory and postmodern paradigms. In its application, systems theory is robust and more meaningful to social development when it embraces paradigmatic pluralism than when applied through a single world view such as positivism. Project management has grown to become universally accepted as the preferred approach to doing business including in OVC development despite its theoretical and professional immaturity. The diversity and inclusivity of the ideals of child development enshrined in the universality and sanctity of child rights as pronounced in the Child Rights Convention and African Charter on the Rights and Welfare of the Child and consistent with the Universal Declaration of Human Rights, suggest that child rights are a systems phenomenon and their fulfillment should not be approached from a reductionist perspective. There is a recognition that child rights and needs are many and complexly interrelated and yet equally important for the optimum growth and development of the child. This suggests that project oriented service delivery for children ought to apply approaches that address this diversity, inclusivity and complexity of child development ideals. In this regard, the relationship between Child Rights, Systems Theory and Project Management is a close one, and could be exploited to maximize social development efforts for OVC. The exploration of this relationship and its potential benefits to child development especially OVC, is the subject of this study and will be explored though out the thesis, taking cognisance that the three subjects matter are to date, deficient of sufficient academic /theoretical and professional literature, debate and practical testing. The following chapter demonstrates the extent to which systems ideas are reflected in project /programme management practice.

CHAPTER 4 SYSTEMS-ORIENTATION IN SOCIAL DEVELOPMENT

4.1 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 to establish the extent to which systems ideas are reflected in their social development intentions. Some of the organisations were randomly identified during the literature review process because they offer interesting insights 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 organisations most of which have a strong presence in Zimbabwe and southern Africa region such as the United States Government (USG) funding on HIV and AIDS and the World Bank; United Nations agencies working on children and young people and poverty reduction such as United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and United Nations Development Programme (UNDP); African Union (AU); Southern Africa 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 by organisations such as the Human Sciences Research Council (HSRC).

The rapid review draws some comparison between the policy statements and strategies of the organisations and systems ideas. The researcher does not seek to demonstrate that the referenced organisations have deliberately and formally adopted systems thinking as a paradigm or methodology within their policies and work or to measure their performance in systems practise. The review does not also seek to provide an in-depth, exhaustive review of any of the selected organisations. The research highlights the extent to which systems ideas are reflected within current social development intents. The research does not claim that all systems ideas related to social development projects that could be reflected or practised by the selected or other organisations have been narrated in this study. The chapter serves as literature review of the relationship between systems theory and social development practise, as well as providing data from desk review on the regional and global situation; this data is useful to support interpretation and generalisation of research findings from field interviews to the national level in Zimbabwe, and at regional level. This is part of the methodological pluralism approach adopted by the research study.

The Chapter is organised into three main sub sections: a description of key principles of social development project management practise promoted by the referenced organisations with emphasis on OVC; an outline of major gaps and challenges of current OVC care and support efforts as identified in reviews and evaluations or self assessment by these organisations; and a conclusion of the Chapter.

4.2 Key characteristics of social development intents

An analysis of the intents of selected social development organisations indicated that they were built on particular characteristics or principles among which are described under this section.

4.2.1 Focus on poverty reduction among the poor

The literature review demonstrates general global consensus that, the causes, manifestations, and impact of poverty are multi-dimensional, and thus a definition of poverty cannot be limited to low income. Other factors such as exclusion and marginalisation 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 meaningö (Woolcock, 2007: ii).

Most 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 locationö (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. For example, UNICEF takes the Althusian notion of ÷totality of elementsö and critical systems practise (Checkland, 1999; Pirsig, 1974; Midgley, 1996) perspective of multiple causal analysis, arguing 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 characterised 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 is living in absolute poverty if he or she suffers from multiple deprivations of basic human needs. Consistent with critical systems heuristics and postmodern systems thinking's emphasis on fairness and realisation of universal human emancipation, 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 realise 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 marginalised by 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 dependant 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.”

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 hardly 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 on the extent of integration of HIV and AIDS in poverty reduction strategies in Zimbabwe among other southern African countries (McGreevy W 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 marginalised people of Africa, must be at the forefront of health interventions, while 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-sectoral approach is a cornerstone of any Health Strategy.

Consistent with emancipatory systems approaches (Jackson, 2003), The 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) 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.

4.2.2 Collectivism over 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 as: (a) environmental commons (including the prevention of climate change and biodiversity); (b) communicable diseases (including HIV/AIDS, tuberculosis, malaria, and avian influenza); (c) international trade; (d) international financial architecture; (e) and global knowledge for development (IEG, 2008).

A fair and efficient international trade regime, for example, is a global public good. Increasing 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 enhancement of country ownership and the demand-driven approach, as well as strengthened partnerships.

In Zimbabwe, land reform as a public good provides a novel example of disconnect between social justice and policy intentions on one hand, and human development actions on these intentions on the other hand. The 1990s and onwards saw land increasingly becoming a major political issue tied to the constitutional reform campaigns and the general election (Rukuni, 2001). This resulted in marginalisation 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 generalised 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 (Raftopoulos, 2001:2).

The situation got 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.

4.2.3 Holistic and comprehensive support for OVC

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 2008).

The SADC Strategic Framework and Programme of Action 2008 -2015: Comprehensive Care and Support for OVC & Y takes a holistic -pluralist (Jackson, 2003; and Midgley 1997) view of child well being, acknowledging that 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, minimise 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 3 SADC countries of 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 (MiETA, 2008). These approaches are built on systems ideas that recognise 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, Mentjes 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 recognises that

children have broader needs beyond education and failure to provide these broad needs can have negative impact on teaching and learning outcomes.

Three levels of the support system characterise the approach: (a) child receives support from family, friends, and neighbours; (b) organisations such as school, church, social services, CBOs, NGOs; (c) Government decision making, laws, 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 were quoted as saying:

“ 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)” (Nyathiti 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 characterised by:

- (a) involvement and co-operation of all levels of the educational system, different Government departments, the community; and children (OVC)
- (b) effective holistic approach that could be adapted, and good entry point to support OVC in all the areas where they need support
- (c) bringing OVC issues to the forefront, precipitating an unprecedented response from a diversity of stakeholders; and
- (d) 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.

The widespread effectiveness 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] possibility of a politically powerful and educational effective, personal and social education for young people”.

Community schooling is characterised 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 emphasise integration of services in ways such as:

- (a) using HIV counselling and testing as the entry point for both long-term HIV and AIDS care and reproductive healthcare, including family planning
- (b) providing contraceptive choices for HIV-infected women who do not want to get pregnant, which eliminates the need for antiretroviral therapy during pregnancy; and
- (c) 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 outcomes for HIV-infected women and families.

A workshop organised by John Hopkins Bloomberg School of Public Health and Addis Ababa University in 2006 noted 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).

4.2.4 Child rights centred approach

Zimbabwe ratified the Convention on the Rights of the Child (CRC) and is obliged to adhere to it. The CRC has four general principles which can be described as systems oriented: nondiscrimination; best interests of the child; survival, life, and development; and participation. UNICEF promotes the child rights based approach to programme, which recognise 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 programme 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: (a) child rights centredness; (b) holistically addressing the different needs of the child; (c) gender sensitivity; (d) developmental and age appropriateness; (e) participation and empowerment of children and communities; and (f) sustainability of care and support efforts.

By its definition and intent, Social Protection (UNICEF, 2008) is also consistent with human /child rights approach, which emphasises the importance of first focusing on the poorest and most marginalised 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). 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 sectoral 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).

4.2.5 Foster partnerships to meet the needs of children

The SADC OVC & Y Strategy borrows from Ackoff (1974)'s 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 recognise the 15 Member States of SADC as subsystems that should all identify themselves as one collective and synchronized community of SADC, and work together to achieve prosperity. Among the key priorities of the 'purposeful assembly' (Churchman, 1968, 1979b) 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 also emphasises working in partnership with local Governments, 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 multifaceted 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 WVI emphasises on creating partnerships with Governments, faith based organisations, peer agencies, local communities, families and communities. It is child focused and emphasises partnerships particularly with churches and faith communities (World Vision International, 2000). 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 'evangelised /developed' and 'un-evangelised /undeveloped' world view. This holism is expressed through lifestyle evangelism, which is used to bridge the gap between spiritualism and materialism (comparable to Kant's physical and moral sensations and Socrates's sexual /physical love and love of the soul). Bornstein suggested that some of the employees who drove World Vision agenda were not always accepting the 'daily devotions and high standards of personal faith' approach to work or with some criticizing it as obligatory rather than choice. This suggests that not all employees conformed to the adopted faith based development approach or which in this case can be argued to contradict the holism that is assumed in the principles on which World Vision's work is based.

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, recognising 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 roots causes of the spread of the epidemic. The 'Three Ones' principles comprise of:

- (a) 'one agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners;
- (b) one national AIDS coordinating authority with broad based multi-sectoral mandate; and
- (c) one agreed country-level monitoring and evaluation system.

A survey conducted by UNAIDS in 57 countries in April 2004 on 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 decentralised 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 recognised 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 recognised by all political parties and interest groups in the country (UNAIDS, 2004). This demonstrates weak systems practise in the response to HIV and AIDS.

4.2.6 Protecting the poorest and most vulnerable

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. The burden of caring for OVC is increasingly falling upon the elderly and women.

"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 marginalised 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; Preventive: programmes put in place to avert deprivation; Promotive: enhancing livelihoods and earning capacity for families; Transformative: addressing power social imbalances that create and sustain deprivation and vulnerability. Social Protection for the poor and vulnerable, according to these definitions, resonates with emancipatory approaches of systems thinking (Jackson, 2003).

The UNICEF Social Protection framework notes that most childhood sources of vulnerability are highly correlated, with one typically either causing or exacerbating the adverse impact of another. For example 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. This raises issues of morality in social development assistance, suggesting that the global response to OVC is overwhelmed, to the extent of accepting that some children will always remain vulnerable and unsupported. Besides, it is commonly known that some families and children repeatedly move in and out of severe vulnerability, and that vulnerabilities tend to reinforce on each other. This defeatist perspective undermines holistic,

comprehensive and sustainable care and support for OVC that are enshrined in the UNCRC among other global commitments to universal human dignity and wellbeing.

The World Bank also acknowledges that "there are several barriers to assessing cost effectiveness of programmes for protecting orphans" (Subbarao, 2001: 21), among which are poor quality of data resulting from failure by Government and NGOs to report time period, sample size and cost of intervention; and "interventions often differ in scope, approach, and objectives which impedes sound analytical comparison even in the same country" (Subbarao, 2001: 22). This suggests that there are significant information gaps which makes it difficult to target interventions, thus some aspects of policy and programme development and implementation may be based on mere speculation and wrong approaches.

4.2.7 Economic growth, equity and efficiency

International Finance Institutions such as the World Bank promote human development models that are centred on economic growth ideals. This approach is related to the "Goal Seeking and Viability" ideals of hard systems theory (Checkland, 1981), which are predominantly functionalist, tilting more towards reductionism. The widely disputed assumption reminiscent of hard systems ideas, is that economic growth translates into poverty reduction and universal human development and well being. Despite its well known weaknesses, 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, 2003).

Most of the efforts to support OVC are funded by donors. The call for international donors to harmonise 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: (a) "The Development Assistance Committee (DAC) Recommendation on Untying Official Development Assistance to the Least Developed Countries" (2001); (b) "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; (c) "The Rome Declaration on Harmonisation of Donor Practices for Effective Aid Delivery" (February 2004); (d) "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 - values that are associated with systems theory. The changes reflect a paradigm shift in the channeling and managing of development assistance and cooperation between SADC, and International Cooperating Partners (ICPs).

In 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 pull their resources towards a common Business Plan and not choose to finance specific donor preferred activities. 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. The researcher has played a key role in the design and subsequent participation in the management of the JFTCA. A review of this initiative indicated that it has improved effectiveness in the coordination, harmonisation and utilisation of aid funding.

The US 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 practises 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\$12,3 million it gave to the Reserve Bank of Zimbabwe last year to buy medicine for sick people in Zimbabwe' (The Zimbabwe Times, November 4, 2008). This serves to demonstrate that money meant for the poor, sick and vulnerable does not always reach the targeted beneficiaries, and Governments cannot be trusted to be honest with donor aid meant for the poor.

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 noted 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 overburdened families. While family based support for OVC has long been regarded as a safety net and more sustainable, caregivers were not being supported financially resulting in the deterioration of the situation of OVC. Not one of the countries was economically, logistically, or legally prepared to cope with the growing numbers of OVC (Policy Project, 2005).

4.2.8 Strategies to address complexity

A key feature of the US Government Global HIV/AIDS Strategy as contained in the President's Emergency Plan for AIDS Relief, 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). Related to postmodern systems theories' emphasis on pluralism, diversity and creativity (Lyotard, 1984; Cooper and Burrell, 1988) Brocklesby and Cummings, 1996; Taket and White, 2000), the Strategy actively seeks new approaches noting that the "Global HIV and AIDS is an unprecedented crisis requiring an unprecedented response" and declares that "our 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.

A key characteristic of Family Health International is that it considers itself a learning organisation geared to pioneering programmes to meet the complex needs of the most vulnerable populations in developing countries. 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.

4.2.9 Participation, empowerment and sustainability

The UNCRC, the ACRWC and the African Youth Charter, recognise participation and empowerment of children and young people as their fundamental right. Child participation has been described to fall under different levels ranging from "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). It is important to understand these levels in order to distinguish between genuine and non genuine, harmful and mentoring or empowering child participation.

A lot of methods, tools and techniques 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. Key features of participatory methods are research, education and social action (Yeich and Levine, 1992:1897). The participation of the people and a change agent or outsiders with appropriate attitude and behaviour who is willing to treat them as equals, is central to participatory 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 or participatory reflection and action (PRA) or participation action and reflection (PAR); others include community capacity development and Triple A (UNICEF, 1999), stepping stones, 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). These participation methods primarily seek to empower communities and are associated with both interpretive, (such as in Interactive Planning - Ackoff, 1974), emancipatory and postmodern systems approaches.

Bornstein (2005) noted that World Vision International and Christian Care applied Participatory Rural Appraisal (PRA) in Zimbabwe, emphasizing what she called "participation as a religious act". The assumption in this application is that the community is unified with one worldview and perspective on needs. This according to Bornstein may, however, not always be the case.

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 summarised in insert 2 (adapted from Chambers, 1994a:960-961 and IDS Policy Briefing, 1996:1):

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

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.

According to World Bank experiences, 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).

4.2.10 Developmental approach

The SADC Business Strategic Framework for OVC & Y defined developmental to mean;

"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).

According to UNICEF (2006a: 19) to be effective, responses must take into consideration the whole experience of the child and the caregiver at every stage of development and engage targeted, evidence based efforts at the household, national and community levels. Investing in the well being of young people from early childhood is perceived as the most effective way to prevent social-ills among the youth and when they become adults. It nurtures the productive potential of children and young people and to ensure that this potential is translated into sustainable development which can benefit them, their countries, and the SADC region. A young person's physical, cognitive, spiritual and emotional development will determine how they react to vulnerability and deprivation and will also determine the kind of support they need for their effective development.

Several organisations working with children in Zimbabwe, among which are the Government of Zimbabwe, UNICEF, UNFPA, World Vision, Save the Children and several local organisations, embrace the developmental approach guided by the Child Rights Convention, for example by working to help communities and children reach their full potential by tackling the causes of poverty (World Vision, 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 recognises that discrimination against girls and women embedded in many cultures actually begins in infancy, and often determine the course of their entire lives.

A review of UNICEF Multi Country Lifeskills Initiative noted the need to take a broader perspective to lifeskills 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 identity and growth, as well as care, support and behaviour. They can address development issues through economics (Centre for the Study of AIDS, 2007)

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 is often caused by 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 in short intervals and are not able to benefit from the free primary education programmes. Studies have shown that 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 strengthen family support systems that keep orphans closer to their kin.

The vulnerability of orphans is increased by having multiple caregivers during their orphanhood (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 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).

4.2.11 Gender sensitive

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 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 particularly on OVC attach great importance to addressing gender related inequalities and vulnerabilities. Several organisations are in place that promote and seek to protect women's rights. The ZDHS 2005-06, notes that gender based violence is recognised as an economic, human right and health issue in Zimbabwe (CSO, 2007). "Despite ongoing 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. For example, women and girls aged 15-24 are 3 to 4 times more likely to be HIV positive than their male counterparts.

4.2.12 Good governance and politics

Every principle that has been highlighted under this Chapter highlights the key role of good governance in promoting socio-economic, political and general human development perspectives. 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 of which affected OVCs and their families the most.

Bornstein (2005) highlights a key issue, regarding the influence of global development aid politics in creating vulnerabilities at national, family and individuals levels. For example, the design of the World Bank and IMF driven structural development programmes in Zimbabwe in the 90's, 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 spending on 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 morality in global social development policies. Thus 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 be avoided.

4.3 Gaps and challenges in OVC programmes

An analysis of several reviews and evaluations of projects and programmes in Zimbabwe and southern Africa indicate that social development efforts are far less than required to address the many challenges that OVC face. The high levels of commitment pronounced in policies, strategies and plans are not 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 noted that:

“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 Industrialised Countries], the question arose about whether there are some systemic issues and whether these have been suitably identifiedö World Bank (2008: xxv).

The World Bank's Review report noted that five factors have influenced weak project outcomes namely: (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 particularly attributed to among other things: (a) limited human resource capacity; (b) unprecedented burden of OVC and impact of HIV and AIDS, poverty and conflict; (c) disjointed, uncoordinated, vertical and reductionist rather than systemic interventions; (d) inadequate financial resources and unsustainable project initiatives; (e) deficiencies in project and programme management capacity, notably inadequate skills in project and programme management; (f) and good practises that are not put to scale 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.

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 statistics 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 other children made vulnerable by AIDS. The World Bank acknowledged gaps in its own performance measurement, for example the poor 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 concernsö (World Bank 2008: xxiv), as well as to ensure that the perspectives of developing countries are effectively connected with global responses.

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

ó there is generally unsystematic and uncoordinated partnership between donor and recipient countries resulting in conflicting focus in programme implementationí 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 partnersö (AU,2007: 17).

Identifying and getting to OVC has been pointed out as one of the key challenges to 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 which 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, 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 ó 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 standardised training materials for use in psychosocial support, peer educators and caregiversø 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).

UNICEF noted that while resources have increased globally, funding commitments for orphans remain generally less than the general funding for HIV and AIDS. There is also a huge gap between what has

been done and what needs to be done to protect the rights and meet the needs of orphans and other vulnerable children. Millions leave in daily pain and suffering due to 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 has kept HIV spreading. UNICEF (2008: 3) notes that:

øPMTCT 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.

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 can 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 provide for the accountability of nongovernmental actors such as multinational corporations, which may have an economic interest in child labor, or extra-Governmental organisations which may use child soldiers.

An assessment by SADC established that successful pilot initiatives on comprehensive approach to care and support for OVC 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).

4.4 Summary and conclusions

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, the policies, strategies and plans of these organisations share some of the following features of systems thinking to varying degrees: (a) the use of language such as integration, linkages, comprehensive, holistic and multisectoral approaches, summarised in the systems phrase 'the whole is greater than the sum of its parts'; (b) efforts to meet immediate needs as well as preventing vulnerabilities; (c) recognising diversity in individuals and communities; (d) seeking to comprehensively meet the diverse needs of individuals; (e) sustainability focused interventions; (f) ethical and context relevance; (g) emphasising experiential learning, flexibility and adaptation to accommodate emergence; (h) awareness of the complexity of social development phenomena and accommodating; (i) emphasis on community ownership, participation and empowerment; (j) acknowledging the value of partnerships and inter -sectoral collaboration; (l) 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 for OVC, the majority of the noble intents reflected by most organisations are far from being realised in practice. The management of the support to OVC is riddled with many complex challenges, most of which point to its over-reliance on reductionism. There is general acknowledgement in Zimbabwe and globally that current approaches to poverty reduction are deficient and cannot guarantee the realisation 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 UNCRC and ACRWC. These weaknesses call for new forms of project management that could emerge from an application of systems theory. Perhaps the lack of a clear systems oriented framework in project management underlies the failure to translate intents into practice.

CHAPTER 5 CONCEPTUAL FRAMEWORK FOR THE STUDY

5.1 Introduction

A review of literature and social development management practise in Chapters 3 and 4 indicates that project management is a fairly new discipline which is still evolving. In practise, it is based more on loose ideals and techniques than on sound theory that can systematically be translated into practise and improved based on experiential learning. This tends to limit its growth and evolution and effective application to complex social development challenges such as orphaning. And yet, it is widely applied in different disciplines including in social development contexts, with potential for accelerating social development efforts.

On the other hand, child development has long received academic, theoretical and practical attention in social development practise. 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 are recent and evolving subject matter. These areas have not received rigorous academic scrutiny and debate, and in most cases are beginning to be significantly operationalised. In the case of OVC, it is proving to be a complex subject matter that is difficult to address.

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 practise. Evidence from a literature review demonstrates that current social development project management practise is rife with challenges which points to its rigidity and design which is unfit for purpose. 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 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 guides the application of systems ideals in traditionally functionalist and reductionist project management practise.

For children to grow up well in ways that enable them to realise 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 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.

By definition, children who are denied of 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 vulnerability which requires immediate attention and services. Orphans development efforts should seek to immediately provide for unmet needs (address deprivation), and preventing and addressing the risks and interrelationships that cause and sustain deprivation (address vulnerability). In terms of systems practise, this entails always redrawing the systems boundaries (Churchman, 1978) of needs and care and support for orphans to ensure that new needs /challenges are identified and addressed.

It is clear that fulfilling all the basic needs of children adequately and comprehensively requires service delivery approaches that go beyond the traditional vertical sectoral approaches that characterise much of the current situation. Systems theory offers opportunities for designing service delivery approaches that can guarantee comprehensive service delivery for orphans. This Chapter provides a synthesis of the framework that has guided the study, which draws on systems theory and its linkages with child rights and project management.

5.2 Philosophy and theory of systems oriented social development

5.2.1 Philosophy of the study

As demonstrated in Chapter 3, systems ideas that are central to this study resonate with early and modern philosophy. For example, Kant argued that "everything affects everything else". His revelation is critical to fusing the determinism of positivist science with the purposefulness of interpretivism and the "free will" of emancipatory and postmodern paradigms, enabling humanity to balance the free fall of idealism with functional reality and action. In the Critique of Pure Reason, Kant (1781: 67-68) argues:

Thus Totality is nothing else but Plurality contemplated as Unity; Limitation is merely Reality conjoined with Negation; Community is the Causality of a Substance, reciprocally determining and

determined by other substances; and finally, Necessity is nothing but Existence, which is given through the Possibility itself.

Philosophy provides abundant choices and opportunities for humanity to learn and better understand reality, and to work towards attaining universal human freedoms and well being. According to Aristotle, human beings have an affinity for knowledge acquisition, learning and discovery, which can be tapped to search for a better understanding of social justice and dignity for the whole of human kind. Plato implied that knowledge satisfies our most fundamental desire for happiness and blessedness (Rosen, 2000: xiii). In his argument for the pursuit of morality, Socrates, in his argument with Callicles (Rosen, 2000) suggested that happiness can only be derived by embracing the whole and not partial truth of what is right. It is in the interest of sustaining humanity that human beings should love and care for each other, and universal love and interest is for the sake of immortality (Rosen, 2000: 34). In the Symposium, Plato described Socrates indicating that conception and generation are an immortal principle in the mortal creature. Generation always leaves behind new existence in the place of the old. Conception and generation, are an immortal principle in the mortal creature (Rosen, 2000: 32; 33). And yet, the love of the soul can be satisfied only through a vision of the order of the whole of human experience. All these philosophical revelations suggest that human aspirations and experiences to achieve social justice and the common good - as promoted for example through the declaration of Human Rights; the United Nations Child Rights Convention; the African Charter on the Rights and Welfare of the Child; and the Millennium Development Goals, are as far as possible as our will and commitment to achieve them. Such is the philosophy on which the study is grounded.

5.2.2 Theory of the study: critical systems thinking (CST)

The study adopts systems theory and practise (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 post modern paradigm orientations. The study tells a story of an experiment 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 - referred elsewhere in this study as the common good; this refers to commonly shared social conditions that benefit everybody into attaining well being, enabling them to live full, productive lives and within moral confines, and fully explore their human capabilities. Philosophically, the common good has often been associated with ethical virtues (Socrates; Plato; and Aristotle) of justice and well being for all, courage, temperance, and such human aspirations as love (physical/sexual, and of the soul), immortality

and happiness. Such good is the ultimate good ó not desirable for the sake of anything else. Socratic /Platonic logic and that of Kant, argued for the integration of moral sensation into the physical sensation. The soul was central to human pursuit for eternal happiness and immortality. Physical pursuits such as òhealth, wealth, and other such resourcesö are sought because they promote well-being, not because they are what well-being consists inö (Kraut, 2010: web document).

According to Jackson (1995), using systems ideas ósuch as emergence and hierarchy, communication and control, mean that we are trying to model systems in the world, giving systems an ontological status. In management contexts, systems ideas or models constructed out of the ideas are applied to learn about and clarify different world views, as an epistemological device.

The theoretical framework for the study draws from the researcher's conviction of what he calls the inherent supra -value of accommodating diversity when dealing with complex social phenomena such as HIV and AIDS, poverty and orphaning that characterise 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) argues that for management efforts to be successful,

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

Of particular reference in this study is the recent work on Critical Systems Thinking and Creative Holism described as òthe 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 òto 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 aboutö (Jackson 2003:301). Critical Systems Thinking 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.

The application of systems philosophy and theory to management principles in general is enormous and continues to grow. Application to social development project management for orphans is primarily the focus of this study. Particular reference is drawn from Critical Systems Practise (CSP) (Jackson, 2003) and its emphasis on paradigmatic and methodological pluralism - as a meta-methodology that seeks to protect paradigm diversity and encourage criticism between paradigms (Jackson, 2003). Critical Systems Practise is an improved version of Total Systems Intervention (TSI) (Flood and Jackson, 1991a), designed to put Critical Systems Thinking into practise. Pluralism acknowledges that all systems methodologies have certain weaknesses and strengths appropriate for use in particular contexts compelling managers to look at problem situations from different perspectives at the same time, and applying different methodologies in combination. Pluralism builds on the strengths of different types of systems thinking, and encourages their theoretical development suggesting ways in which they could be appropriately fitted to the diversity of management problems that emerge (Jackson 2003). As a meta-methodology, CSP seeks to organise and employ other systems methodologies, based on seven principles (Flood and Jackson 1991):

- a. Problem situations are often too complicated to understand from one perspective and the issues they throw up too complex to tackle with quick fixes.
- b. Problem situations, and the concerns, issues and problems they embody, should therefore be investigated from a variety of perspectives.
- c. 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.
- d. 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.
- e. Different perspectives and systems methodologies should be used on a complimentary way to highlight and address different aspects of organisations, their issues and problems.
- f. CSP sets out a systemic cycle of inquiry with interaction back and forth between its phases of: creativity, choice, implementation, and reflection; and
- g. Facilitators and participants are engaged at all stages of the CSP process.

5.3 Proposed systems model for the study

5.3.1 Assumptions and a model for pluralist approach

Drawing on existing literature, the study is premised on a model that requires social development project management practise particularly for OVC, to declare systems-oriented assumptions or rules that guide

interventions. This systems thinking óproject management ó child development nexus is depicted in Figure 3. Current project management practise in particular in the social development domain does not provide clear rules /assumptions that form the basis of its practise. Adapting from Jackson (2003:308-312)ø analogy of the rules for generic systems methodologies for the different paradigms (functionalist, interpretive, emancipatory, and postmodern), a model of rules for pluralist social development project management approach that is particular to orphansø development have been constructed to guide this study as described below. The model draws on the strengths of each of the four paradigms, highlighting the challenges of orphansø development in Zimbabwe and southern Africa in general [adapted from CSP (Jackson 2003):

- (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. Every form of creation has a role to play in giving meaning to life. For human beings, the maximum contribution of the collective of the full potentials and moral consciousness of each individual is essential to sustaining the survival of the human species. Thus, the ultimate goal of sustainable social development efforts should be to empower the vulnerable, marginalised and disadvantaged, and harnessing their full human potentials so that they can happily and equally contribute to the collective of efforts to sustain humanity. Inequality and vulnerability is counterproductive because it results in the marginalised and disadvantaged feeling unhappy and disenfranchised, and therefore reactionary in pursuit of emancipation.
- (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 - eliminate deprivation and vulnerability while suppressing discourse which causes 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 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 - reducing or eliminating vulnerability for orphans.

- (g) The intervention is best conducted on the basis of networking and coordinated stakeholder participation in particular through joint implementation methodologies (JIMs) and partnerships (JIPs), reflection on learning and understanding of status quo 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.

5.3.2 Systems oriented OVC development project management knowledge

Literature on current social development project management, in particular for OVC development suggests that it lacks a definition of critical knowledge areas and language that are relevant and specific to its discipline. There is an over reliance on knowledge and language that is more applicable to construction and physical projects that is not always applicable in its original form, to complex human relationships and situations. This implies a necessity to explore new project management knowledge, and adapt existing knowledge, tailored to social development project management especially for OVC.

5.3.2.1 The project cycle for social development management

Social development projects use the project cycle the same way it is applied for physical projects that deal with inanimate objects, and often with predictable and controllable situations. A review of the literature on social development project management suggest that the wholesome application of the current project life cycle is rather misleading to 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 the study to review the project life cycle and propose a new cycle suited to OVC development management.

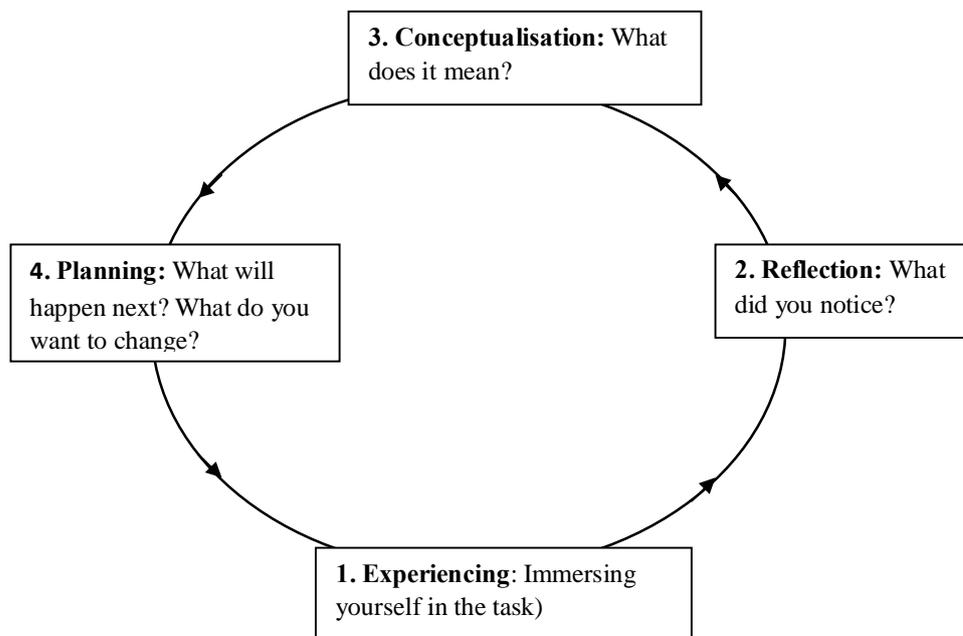
Project management places too much trust on fixed and presumptive goals, to address emerging and unpredictable contexts. However, goal setting by its nature, is dependent on subjectivity, and is not always predictive of social development management contexts driven by complex human relationships and behaviour. While PMBOK and APMBOK accommodate human relationships and complexity, the softer and more intuitive approaches to human activities are still under represented and the bodies of knowledge continue to emphasise on 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 recognised development

path for project managers (Thomas and Mengell, 2008), more so 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 a set of values to guide its practise.

5.3.2.2 Experiential learning – Kolb’s Learning Cycle

The study draws on the Learning Cycle (LC) (Kolb, 1984) which 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.

Figure 2: The Learning Cycle



The Learning Cycle: Adapted from Kolb (1984) by the Open University

The Learning Cycle contains the following four stages:

- (a) **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.

- (b) **Reflection** involves stepping back from task involvement and reviewing what has been done and experienced. 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. One's vocabulary is also influential, since without words, it is difficult to verbalise and discuss one's perceptions.
- (c) **Conceptualisation** 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. One's paradigm again influences the interpretive range a person is willing to entertain.
- (d) **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.

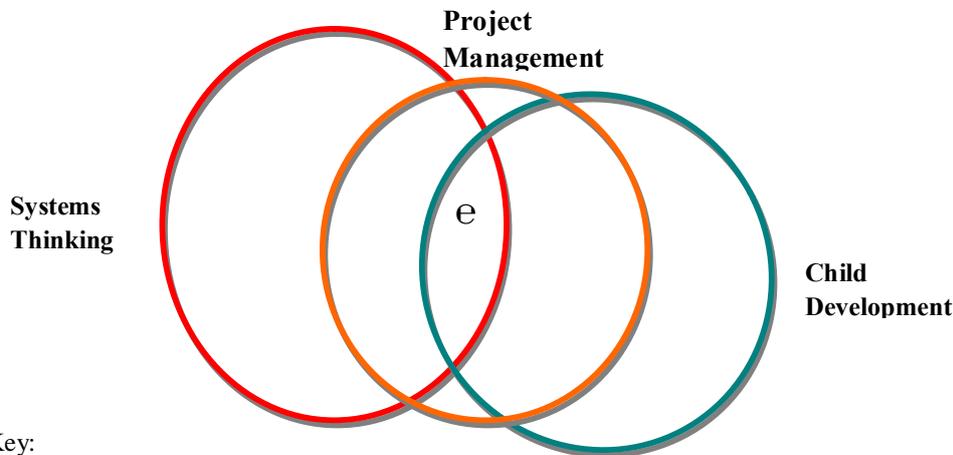
5.3.2.3 World views on children

In Chapter 3, Subsection 3.4.1, different perspectives of children that have evolved in the history of mankind which influence the relationship between children and adults were outlined. These include: the child as evil, the miniature adult, the innocent child, the saviour /hero child, the snowballing child, the out-of-control child, the adult-in-training child, the victim child, the commodity child, and the Agentic child. These perceptions of children provided insight into data collection, analysis and interpretation, and to some extent, the proposed orphan development framework in Chapter 10.

5.3.2.4 Interrelationship between systems thinking, project management and child development

As described in the preceding paragraphs, the model adopted for the study takes into consideration, the interrelationships between systems thinking, project management and child development particularly for OVC as summarised in Figure 3. The intersection of the three disciplines that is represented by in Figure 3 represent the relationships for systems-oriented child development project management approach that underpin the philosophical, theoretical and methodological foundation of the study. The Figure demonstrates that efforts to promote sustainable child/ OVC development should be driven by an understanding of the result of a fusion of the three disciplines of systems thinking, project management and child development.

Figure 3: Systems thinking, project management and child development linkages



Key:

e - denotes the intersection or blend that defines systems-oriented child development project management.

5.4 Summary and conclusion

Ancient and modern philosophy provides abundant ideas and opportunities to unlock human worldviews and improve on human development practise, which, as challenges in current social development management efforts would suggest, has become stalled. Human efforts to fulfill universality and sanctity of human rights and dignity is possible, if anchored on a commitment to the whole and not partial truth, of the meaning of relationships between human beings and between humanity and the supra environment. The path for continuous human improvement appears to lie in acknowledging and tapping on diversity, pluralism and holism in the pursuit of the truth. Systems theory provides a philosophical, theoretical and methodological framework and opportunity to improve on management practise and realise human development ideals.

In particular, Critical Systems Thinking and Practise ideas of paradigm and methodological diversity, pluralism and creative holism as promoted by Flood and Jackson (1991) provide a grounding on which human development ideals can be translated into practical action and benefits for vulnerable populations. Drawing on literature on the milieu, theory and practise of OVC and development management efforts in Zimbabwe, the SADC region and globally described in Chapters 1, 2, 3 and 4, this Chapter provides 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 practise. This framework informs the methodology and subsequent discussions that follow.

CHAPTER 6 RESEARCH DESIGN AND METHODOLOGY

6.1 Introduction

The Chapter begins with a statement on the purpose and objectives of the study, and an overview of the assumptions, philosophical and theoretical foundation of the research methodology. Research questions and methods are outlined, and their interrelatedness and appropriateness justified.

Data collection and analysis are described, including the management of ethics for research among vulnerable children. The Chapter concludes by discussing how the different research methods were combined, managed and the extent to which methodological pluralism enriched the study.

6.2 Purpose, objectives and assumptions of the research study

6.2.1 Explanation of the purpose of the study

The main purpose was 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. According to Blanche and Durrheim (1999) the purpose of a research project is reflected in the types of conclusions the researcher aims to draw or the goals of the research.

“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 realise their full human capabilities. 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”, is adopted. 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 responsible citizens despite their vulnerabilities in early life, who are aware of their rights and responsibilities, and who can take responsibility towards themselves and towards society during their childhood and when they become adults.

In the context of this study, “project or programme management approach” refers to the paradigm or theoretical framework, and implementation modalities commonly applied by organisations that provide support to OVC through projects and programmes. These were established through an analysis of organisational policy statements, principles and values; implementation strategies and plans; and practises adopted to manage the service delivery process.

6.2.2 Specific objectives

Specifically, the research study sought to:

- (a) understand the particular context of orphans in Zimbabwe, and more generally in southern Africa, past, present and future
- (b) determine the theoretical or paradigmatic foundation commonly applied to social development project management practise for orphans
- (c) apply systems methodology in particular pluralism, to social development project management research on orphans; and
- (d) propose a systems-oriented framework for social development project management that can bring sustainable benefits for orphans.

6.2.3 Theory and assumptions of the research methodology

6.2.3.1 Theoretical understanding of the research methodology

A research design is òa strategic framework for action that [bridges] research questions and the execution or implementation of the researchö (Blanche & Durrheim, 1999: 29). It is a plan that guides the arrangement of the best possible conditions for collection and analysis of data, defined in advance of the study in line with established scientific principles that determine its relevancy and acceptability as a piece of research (Mouton and Marais, 1990; Bickman and Rog, 1998). The principles that guide the generation of scientific knowledge include: objectivity (must not be determined by subjective whims); generalisability (should apply beyond the context under which it is generated); reliability (the same results must be generated by others applying the same conditions); validity (it should be based on truth) (Stringer, 1999); Relevance - consistent in measurement; and coherence of the design, which is òachieved by ensuring that the research purpose and techniques are arranged logically so as to ñfitö within the research framework provided by a particular paradigmö (Blanche and Durrheim, 1999: 35). This systematic planning and execution of observation distinguishes research from other forms of observation.

6.2.3.2 Assumptions of the research methodology

A review of literature and the milieu in Zimbabwe and southern Africa highlighted in Chapters 1 to 5 and several years of experience with social development management practise, point to perpetual failures to sustainably address the growing challenges of OVC, social conflict, poverty, and diseases in Zimbabwe and southern Africa. This study argues that a new or improved way of managing social development efforts is required, demanding learning and experimentation with currently non-existent approaches or giving new meaning to existing ones. The study makes a case that the ontological and epistemological

character of systems theory, with its emphasis on holistic understanding of inter-relationships between phenomena, provides a framework on which such an approach could emerge. More specifically, an approach that adopts paradigmatic pluralism is likely to generate diversity of data and experiences that can address complexity of OVC challenges when compared to one limited only to reductionist principles of single paradigm approaches such as scientific positivism. This conviction is backed by a plethora of philosophical ideas, theories, and methodological options, respectively.

6.2.3.3 Reflection on methodological philosophy and theory

There is growing recognition that despite its universal application, traditional empiricist scientific enquiry has not been as successful in helping to understand complex human behaviour and the dynamic social world as much as it has done with the relatively stable physical world; it is:

“much less stable, objective, and generalisable than previously assumed [and] less secure as a basis for formulating human action [particularly because] of the fundamental difference between the social world and that of the physical world” (Stringer, 1999:191).

Feyerabend argued that “the world which we want to explore is a largely unknown entity” (Rosen, 2000: 496), and thus “we will always be approaching this complexity through a series of imperfect compromises” (Greenwood and Levin, 1998:62). Hintikka observed that:

“What can in the last analysis be evaluated in knowledge-seeking are entire strategies governing an inquirer’s choices in the entire knowledge-seeking process rather than particular moves or particular situations that may come about in the process. This makes it questionable whether it is worthwhile to try to define knowledge in purely evidential terms” (Rosen, 2000: 409).

In the same vein, Feyerabend recites Einstein’s argument that, “the conditions which are set for [the scientist] by the facts of experience do not permit him to let himself be too much restricted, in the construction of his conceptual world, by the adherence to an epistemological system” (Rosen 2000: 495).

This notion is consistent with that of Hume, that:

“The effect is totally different from the cause, and consequently cannot be discovered in it [and] the structure of our knowledge apparently cannot be understood without postulating some strong a priori truths, such as would justify inductive inferences” (Rosen 2000:406) as applied in this study.

In addition,

“the attempt to increase liberty, to lead a full and rewarding life, and the corresponding attempt to discover the secrets of nature and of man, entails, therefore, the rejection of all universal standards and of all rigid traditions” (Rosen, 2000: 497).

In his interpretation of Platonic ideas, Rosen (2000: xiv), summarises the limits of modern science thus:

“If the love of truth is the desire for completeness or happiness, then a purely scientific conception of philosophy is at odds with human life – a purely technical or objective explanation of any art or science is impossible – because, according to Stringer (1999:192), it “fail to recognise the reality of people’s lives and implicitly deny the strengths that are an inherent part of their community and family lives” which is often weaved on intergenerational “experiential learning” (Kolb, 1984).

In its pursuit of the “truth” human enquiry is faced with the Meno paradox exposed in Socrates’ dialogue with Meno about virtue (Rosen, 2000), which implies that knowledge gathered through questioning cannot be value free, for we cannot design and ask research questions without having our own position or world view on a given subject of enquiry. Drawing on this paradox, Hintikka in *Questioning as a Philosophical Method* noted that,

“besides being a request for a certain item of information a question implies certain restraints as to how this request is to be fulfilled” (Rosen, 2000: 457), and argued “that the right method of reaching new knowledge is by raising the right questions” (Rosen 2000: 402). Hintikka urged the “inquirer to check answers to his or her questions by asking further questions and comparing the different answers with each other – [using some kind of] self correcting procedure, which ultimately leads to the truth” (Rosen, 2000: 404).

This suggests the need for methodological pluralism to cross validate research data. It also suggests the notion that every form of enquiry or intervention including at community level, should build on existing local traditions (McIntyre, 1981), and on learning and experiences (Kolb, 1984).

Science is “a social construction, dependent upon cultural or historical opinions, and so it reflects the same type of subjectivity or relativism as do our conceptions of goodness and happiness” (Rosen, 2000: xxii). Greenwood and Levin (1998:63) argued that “good science centres on constant cycles of thought and action”. It is therefore important that traditional scientific inquiry be adapted to respond to social phenomenon and not be relegated to manipulative rigidity of “theoretico-deductive” methodologies of empiricism. 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 practise. Jackson (1995:38) summarised this predicament thus:

“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”.

In the Symposium, Plato makes a case that knowledge is evolving ó never static ó ðfor not only do the sciences in general come and go, so that in respect of them, we are never the same; but each of them individually experiences a like changeö (Rosen, 2000: 34). Feyerabend argued that,

õa complex medium containing surprising and unforeseen developments demands complex procedures and defies analysis on the basis of the rules which have been set up in advance and without regard to the ever changing conditions of historyö (Rosen 2000: 495) .

In the same vein, Rosen (2000: 405) concluded that:

õí sense data are part of the physical world, but they are not themselves physical objects [and] the testimony of the senses only provide us with particular truths. Yet much of our most important knowledge consists of general truths, such as scientific theories [hence] need some way of either inferring general truths from particular ones ó inductive inferences - or otherwise reducing the former to the latterö.

In view of these inadequacies, social development project management inquiry needs to adapt creative methodologies if it is to generate information that is useful to improve on human lives.

The 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 practise 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). This draws on modern interpretive, emancipatory and postmodern paradigmatic systems-orientations. Jackson (1995) argued that true knowledge resides in local community contexts and not in the ðfadsö of experts. This line of thinking can be traced from early philosophy of the Socratic dialogues as narrated by Plato (429 -347 BC), for example, Rahe noted that Socrates (469-399 BC) always,

õbegins his inquiries with the opinions entertained by ordinary man or by those whom they think wiseí he presumes that they are the appropriate starting point for philosophical reflection because they contain an intimation of the truthí convinced that knowledge begins with trustö (Rosen 2000:9-10).

Socratic logic suggests that inquiry and learning is õwhole recollectionö and should be guided by principles of dialogue.

These ideas motivated the adoption of qualitative research in particular story telling or narrative inquiry (Boje, 1991; Denning, 2004; Gabriel, 2000; Andrews et al, 2009), also drawing on some aspects of grounded theory (Glaser and Strauss, 1967), 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 (Greenwood and Levin, 1998). It takes cognisance of practical reality and 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). Mechanistic and ritualistic, reductionist social science research that disengage from the phenomenon or action that they study sever the connection between thought and action that permits the testing of results both in the physical and biological sciences and in AR (Greenwood and Levin, 1998: 55-56). 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 recognises that human judgment, creativity, and social interaction are an intrinsic part of true science which according to Greenwood and Levin (1998: 63-64) is:

A form of human action involving complexity, ambiguity, creativity, group dynamics, and many pragmatic concessions to the limitations imposed by time and resources available science is a way of behaving, a way of acting in relation to the nonhuman and human worlds that has resulted in remarkable improvements in our understanding of how those worlds work and our ability to change the state of those worlds. Good scientific practise centres on constant cycles of thought and action

6.3 Research questions

The main question for the study was: What should be done to social development projects and programmes in order for them to attain effective and sustainable benefit for orphans in Zimbabwe in particular, and southern Africa in general?

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 in particular, and southern Africa in general? What is systems thinking and practise (definition, history and characteristics)? What justifies 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? 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?

In seeking answers to these complex questions, the study applied a combination of induction and deduction, reflective and analytic judgment on the application of systems theory to existing OVC service delivery management practises, following social scientific and anthropological research traditions.

6.4 Research methodology

6.4.1 Introducing methodological pluralism

This represents a phenomenological (Lincoln and Guba, 1985) and largely qualitative study premised on experiential learning and reconstruction of meaning (Zadek, 1999). Qualitative research is associated with non-statistical data collection approaches, in particular using guided interviews, observations, experiences, dialogue and narratives that seek to depict human phenomena from a naturalistic perspective (Lincoln and Guba, 1985; Strauss and Corbin, 1990), where phenomena of interest unfold naturally (Patton, 2001: 39). Whereas the study adopted a predominantly qualitative design, the methodology was built on multiple-paradigmatic orientations, drawing on a combination of both traditional and non-traditional data gathering methods (Phillips and Pugh, 1994). It applied a combination of the positivist, interpretive, emancipatory and postmodern systems ideas, in particular, drawing on the holism of critical systems practice (Jackson, 2003). It also involved enquiring on a mix of management science (technical project management issues), socio-anthropological issues (social justice, relationships and moral issues) and child development (physical, psychosocial, emotive and spiritual concerns). The primary purpose of this combination of paradigm orientations and research methods was to enable the study to draw on the strength of each one of them, and to be better able to illustrate the extent to which the efficacy of project management efforts could achieve benefits for vulnerable populations in specific milieu.

The 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. Instead, it adopted broad assumptions as summed up in 6.2.3.2 and explorative research questions in 6.3, in pursuit of generating a framework and approach to improve on OVC project management practice that is described in Chapter 10. This is consistent with the ideas of critical systems practice (see 5.2.2 and 5.3.1) and qualitative research methodologies among which are grounded theory (Glaser and Strauss, 1967) that draw on interpretive, emancipatory and postmodern systems paradigmatic orientations. Under these broad assumptions and purpose, the study evolved naturally and defined its own specific methodological character during the duration of its execution, as described in Annex 4: Highlights of Events Leading to the Doctoral Study.

The methodology acknowledged that seeking to improve on 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. Despite this focus, the study remained systems oriented and not reductionist in as far

as it sought to enlighten how the component part (project management for OVC) related to the whole of factors that affect social development management for OVC and human development in general. In this regard the methodology provided scope for generalising the findings from the specific context of Zimbabwe, to that of southern Africa, and to social development project management globally.

6.4.2 Timing of the study

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) around October 2006 to the time of submitting the thesis in October 2010, desk review of literature, and Practitioner Experiential Action Research (PEAR), represented by a narration of my experiences as well as the induction and deduction processes that continued during the writing of the thesis, and (b) October 2008 to March 2009, conducting field interviews and media reports on Zimbabwe. Once I decided that the study was to be centred on my new job as Technical Advisor for Orphans, Vulnerable Children and Youth for SADC, which I commenced in November 2006, I became conscious of how my work could influence my study and vice-versa, entering into a journey of what I would call 'öconscious experiential learning' in which my work would feed into my study, and my study would feed into my work simultaneously. On 12 December 2006, I was provisionally formally accepted onto the PhD programme, subject to my follow-up presentation of a detailed research proposal that was acceptable to the University of Kwazulu Natal. From this period onwards, I began diarizing and jotting work experiences that I found relevant to formulating and executing the study, a practise synonymous with memoing in grounded theory (Glaser and Strauss, 1967); thus the research agenda and design were informed by events and my practical experiences during and prior to the actual approval of the academic research proposal by the University of Kwazulu Natal on 21 September 2007. I have found this experience useful to giving context and meaning to the study and the application of its findings. In this regard, I have provided a chronology of events leading to my doctoral studies (see Annex 4). It is however important to note that information used prior to approval of the research proposal has been used as supportive literature to the main field research data collected between October 2008 and March 2009; the information also stimulated me to link theory and literature with practical experience during the inductive process of analysing, interpreting and giving meaning to research data.

The chronology of events leading to this study narrated in Annex 4 shows that whereas 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 research proposal /concept in October 2006 up to the time of

submitting the thesis in November 2010. Details of the specific methods of enquiry in this study are elaborated in 6.5 below.

The schedule of field interviews in the selected sites (see 6.5.2.1 for details on sampling sites) was as summarised in Table 5.

Table 5: Schedule of visits to study sites during 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	First visit included pilot testing
		27-31 Jan 2009	Mainly to follow- up on project practitioners
Chief Banga in Shurugwi district	29 Nov ó 7 Dec 2008	-	Convenient ó researcherø 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			

6. 4.3 Administrative structures and languages in Zimbabwe

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 subdivided 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. 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.

Figure 4: Map of Zimbabwe showing the study sites



Source: 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		ç -kl-mx
Harare (capital city)	4	1,882,200	23,310	79	1	ç -z-mx	
Manicaland	9	148,896	1,317,993	18	221	ç - m	
Mashonaland Central	8	82,637	915,628	10	168	ç - z -kk	
Mashonaland East	11	116,644	1,008,711	11	211	ç - z	
Mashonaland West	n/a	301,217	921,366	n/a	n/a	ç -z	
Masvingo	8	110,609	1,298,096	10	196	ç - k	
Matabeleland North	n/a	77,403	623,956	n/a	n/a		ç -t
Matabeleland South	8	63,195	591,684	10	129		ç - kl
Midlands	13	342,755	1,123,576	199	59	ç - k	ç
Selected Districts							
Shurugwi rural district [Midlands Province]			71,573		23	ç	
Harare urban		1,444,534		49		ç -z -mx	
Mangwe district ²			78,427		12		ç -kl

Source: CSO, Census 2002

Key: ç = 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

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, Nda. 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

² The small township of Plumtree falls under Mangwe district and is administered at the ward level

(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, evidenced 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 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, much to the dislike of the ZANU PF Government. Matabeleland South is considered among the economically poorest provinces in the country characterised 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 ó 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 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 polarisation, 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 study, 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 characterised 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 characterised 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. The people of Shurugwi district had predominantly supported ZANU PF.

6.5 Methods used to gather research data

To address the research questions, three different but complimenting methods and sources of gathering research data were adopted and combined in a holistic / pluralist fashion, and these are: (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; (b) document review involving secondary data derived from documented OVC project /programme management practises and experiences of selected organisations operating in Zimbabwe, the SADC region and globally. This also included 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 (c) Practitioner-Experiential Action Research (PEAR) new term given in this study, associated with action research (McNiff, 2000; Lewin, 1946) in which the researcher was an active participant and reflective observer engaged in an evolving process of experiential learning (Kolb, 1984) during the research process. The adopted approach is supported by systems researchers among which are Flood (1999), who promote triangulation of methods in an attempt to overcome the deficiencies of any one approach by combining a number of them and capitalizing on their respective strengths. It recognises that not any one approach on its own is adequate in social development inquiry.

6.5.1 Field survey

All field work took place in Zimbabwe between October 2008 and March 2009. It is important to note that the research study took place at a time of extreme political polarisation 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 that was marred by bloody violence, and hostility to aid organisations. Conducting interviews in communities at that time was generally risky. This research was made possible with no incident of intimidation or victimisation on my part, largely as a result of the intervention of community translators /facilitators, who served to introduce the study to the community as described in 6.5.2.3.

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) a semi structured story telling interview guide administered among orphans and carers who were the primary participants, and (b) 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 practise; project practitioners provided insight into the practises of the service delivery process. In this case, the carers and orphans represented the recipient benefits-end of project /programme management practise 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 practise 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).

6.5.1.1 Sampling procedure

Multi-stage stratified sampling was purposefully conducted at different national administrative strata of: (a) provincial, (b) district, (c) town / paramount chieftaincy, (ward /townships or suburbs/villages); (d) kraal (rural village units comprising of households ranging from as few as 20 to about 100); (e) households /schools; (f) 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 óMatabeleland 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 (see 6.4.3 for details) :
 - (i) Matabeleland South province [Mangwe district] ó low rainfall pattern bordering with Botswana ó 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] óBanga village - representing a rural agrarian economy with average rainfall pattern.

Table 7 shows that 233 participants took part in the study comprising of 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). I also completed the interview guide for project practitioners and was counted among the 23 participants, in order to manage ‘subjectivity creep’ and ensure that my ideas and experiences became part of the ideas and experiences of many other participants. 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 organisations 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 dismal low (10% or 3 out of 30 mailed interview schedules). Most practitioners participated in face to face interviews or 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 ó (a) Chief Izimnyama’s rural village, and (b) Plumtree urban township;

Midlands province - Shurugwi district - Nhema paramount chieftaincy ó (c) Chief Bangaø rural village, and (c) Harare province ó Harare urban district ó (d) Mabvuku /Tafara twin urban townships were purposefully sampled. The profile and distribution of participants by research site is summarised in Table 6.5.2.2. Primary participants were purposefully randomly selected and the numbers purposefully evenly distributed between the research sites to ensure fair representation of sites as follows: Chief Zimnyama village (53), Chief Banga (55), Plumtree Township (52), and Mabvuku/Tafara (50). The provinces, districts, chieftainships /villages and townships were conveniently purposefully selected taking into account political polarisation 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 ó either they were at school or playing in the surroundings with friends. Thus 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 orphans 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 discomfort of children) to be present during the interviewing of orphans (see also 8.5.3 ó e). Carers were purposefully órandomly 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 researcher. A few of the participants requested to be interviewed.

There were a few cases when carers refused to take part for fear of political victimisation. For example, one lady referred me to go and interview a female village head in her place. When I told her that I had already interviewed the village head, she said that the information that I had received from the village head should therefore suffice. Apparently, the female village head was a war veteran (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 realised they were not political. This is an example to demonstrate 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 stigmatising 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 (also see comments in 8.6.1).

It has been 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 (see 6.4.3 for a brief description of the hierarchy of administrative boundaries), and in some cases confusingly with names given to areas based on popular features such as shopping centres or mountains /rivers 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 the researcher 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.

Table 7: Distribution of all participants by area

Type of participants	Area					Total count	%
	Midlands Province - Shurugwi district (Chief Banga rural) óShona-Karanga	Harare Province - Mabvuku & Tafara urban district /townships óShona óZezuru	Matabeleland South Province - Mangwe district - Chief Tshitshi rural) ó Ndebele /Kalanga	Matabeleland South -Mangwe district - Plumtree urban township ó Ndebele /Kalanga			
Orphans	28	26	28	26	108	46.3	
Carers	27	24	25	26	102	43.8	
Project practitioners	2	16**	-	5	23	9.9	
Total	57	66	53	57	233		
%	24.5	28.3	22.7	24.5		100.00	

** I was the 16th respondent

The 233 participants were by far enough for qualitative research purposes, and far more than the original 75 participants that had been planned. Blanche and Durrheim (1999: 45) note that:

Types of research that are less concerned with statistical accuracy than they are with detailed and in-depth analysis such as interpretive and constructionist research, qualitative research and exploratory research ó typically do not draw large or random samples. Various types of purposeful (non-random) sampling may be used.

A decision was made to interview more participants following field testing, 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 researcher. 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 instruments.

6.5.1.2 Use of community research representatives (translators)

To facilitate better rapport and communication with local communities and participants, two community research representatives /translators were recruited as enablers of the data collection process. The choice of the translators was both convenient, taking into consideration language issues such as formal and informal language used by communities (the researcher's brother who was identified to assist in Mangwe

district and Plumtree township is articulate in the Kalanga /Ndebele language used in this area, where he was employed as a prison officer and was respected by local communities and leadership); understanding of local politics and community dynamics; people oriented, character and ability to relate and communicate with children as well as adults (both research assistants were good at this); and qualifications and competency (both translators are trained professionals). Specifically, the role of the translators was largely to: (a) introduce me to local community leadership and other relevant structures; (b) help to identify families of orphans and specific participants and schedule appointments; (c) 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 (d) translate questions to participants particularly into Kalanga and Ndebele languages that I understood less.

The translators were inducted on safe practises of communicating with children, the elderly and in politically sensitive environments. They joined me during the pre-testing of field instruments, and this oriented them on the best ways to translate the questions to a level where they could easily be understood by participants, especially children. During the induction process, I 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 me 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 importance 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, I invited the translators to Gaborone where I live 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. This also demonstrated community participation in conducting the study.

6.5.1.3 Eliciting the stories of orphans and carers

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 (REPSSI, 2007) used in psychosocial support work with children in difficult circumstances. The Memory Book, is a tool that is used to capture one's history and important life events and setting up safe space that allows for the telling, retelling and reconstruction of stories about one's 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 him 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 he/she sometimes overcomes or has power over these challenges. Experience 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 summarised in Table 8. The questioning style was open ended and semi structured including such wording as:

–You can narrate 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 more or less similar for both orphans and carers with few exceptions to allow for cross validation of data. Questions were, however, asked differently to suit children and older people.

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, orphanhood status, area in which they lived	Age, gender, level of education, area in which they lived
1. Immediate things about the self	The 3 things they needed me to know about them - family, friend, relatives	Anything they needed me to know about themselves and their care and support responsibilities
	Anything they wished to share with me	Anything they wished to share with me regarding the orphan care and support system
2. Characteristics of households of orphans	The carer's source of income	Their source of income
	Period of time staying with carer	Period of time as carer
	Number of people in household	Number of orphans caring for
3. 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
4. Social awareness, relationships and psychosocial well being of happiness	Relationship with carer	Relationship with orphan
	Relationship to household members	
	People who were close that they could trust	
	Whether they felt generally happy at the time of the study	Whether they were happy with the care and support system
	Things that made them feel most happy or most hurt	How they thought they were perceived by community
5. Perception, understanding and experience with orphan care and support system	People who provided their needs	Definitions of orphan, vulnerable child and comprehensive support
	Type of external support and who provided it	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
6. The extent to which they communicated their problems to others	The people they trusted to communicate needs and hurtful situations or their needs	How they communicated ideas, needs and wishes regarding care and support for orphans
	Priority needs and hurtful situations that they did not communicate to anybody	
7. Community care and support and self reliance initiatives	What they did to assist carers	What they or the community did to meet local needs
8. 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

The story telling research instruments for both carers and orphans were characterised 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 ó younger children and some older girls, were often shy and timid at the beginning, taking longer to warm up to the dialogue.
- (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 some resemblance with aspects of Grounded Theory (Glaser and Strauss, 1967), rudimentary analysis was done on completed instruments as soon as they were received by the researcher on the spot during field work, particularly those that were self administered by participants. In some cases, this practise enabled follow-up with participants and probing on what appeared to be õinteresting themesö. However, unlike with Grounded Theory, this was done more for purposes of data cleaning than 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 ó which I found to be satisfactory õstoriesö for purposes of the study; 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:
õIf 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 itö.

In such cases, I avoided as much as possible, probing on sad events was not encouraged 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 less than 10 years old throughout the study suggesting that the questions and the research instruments were designed appropriately and utilised effectively and sensitively.

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:

- (a) personal identification and household data
- (b) about myself; Surviving and growing up in life
- (c) people who help you get along and cope with your life
- (d) speaking out and psychosocial support
- (e) responsibilities to your family
- (f) my future; and
- (g) anything they wished to talk about.

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 (see 6.5.1.4) were also compared with those from 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 (see 6.5.3), while PEAR (see 6.5.2) served to bolster induction and deduction processes on the 3 different sources of data as well as draw opinions on the authenticity of data between the different sources.

6.5.1.4 Interviews with project practitioners

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 practise 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 organisations such as exact 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 the empirical evidence that demonstrated the effectiveness of the social development management approaches adopted by their organisations. Participants were required to describe 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. In many ways, the the way the interview guide for project practitioners was designed could be identified with the functionalist /positivist and interpretive paradigmatic orientations of systems thinking.

To the extent that the interview guide for project practitioners placed emphasis on generating the meaning of social development project management practise for orphans from the perspective of the service providers, it can also be described as constructivist.

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	The kind of external support they were getting Anything they needed me to know about themselves and their care and support responsibilities
	Services prioritised and those provided by their organizations	Anything they wished to share with me regarding the orphan care and support system
	Conditions necessary for providing comprehensive services	Period of time as carer
		Number of orphans caring for
3. Resources for programmes	Sources of resources and size of budgets	Their source of livelihoods
	Duration of commitment by funders	
4. Scope, stakeholders and community participation /communication	The immediate recipients of support	How they communicated ideas, needs and wishes regarding care and support for orphans
	Level of operation by organisation	What they or the community did to meet local needs [see community self reliance initiatives under carers' story telling guide]
	Role of different stakeholders in the programmes	
5. Management /service delivery approaches	How their organisations got services to reach orphans	Anything they wished to share with me regarding the orphan care and support system
	Duration of organisational commitment to support orphans	
	Determinants of orphan care and support project cycles	
6. Performance management	How their organisations established that orphans benefited from programmes	Whether they were happy with the care and support system
	Any signs known to them /their organisations that orphans were not receiving adequate services or that service delivery approach could be inappropriate	
7. Social awareness, perception, understanding and experience with orphans and the care and support system	Definitions of orphan, vulnerable child and comprehensive support	Definitions of orphan, vulnerable child and comprehensive support
	Conditions which predispose communities to vulnerability	How they thought they were perceived by community
	The things that were being done well, not so well and those that were not being done at all to care for orphans	The things that were being done 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	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

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 although asked in different ways. Those for practitioners sought to establish 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.

6.5.2 Practitioner-Experiential Action Research (PEAR)

The action research method of the study involved my experiential testing of systems, project management and child development ideas through practical work that I executed as part of my 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 I conceptualised and compiled, whose designs emphasised systems ideas. Further details of this work are provided under Annex 4 (Highlights of events leading to the doctoral study). 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 on one's work while working on it, in order to improve on the work and its outcomes, and the research process and its outcomes.

Action research was achieved in two main ways as follows:

Firstly, I maintained a diary of observations and reflections on some events in my work or other people's work that had relevance to the research questions and to my work, inferring on how they could contribute to generating conclusions for the study. This aided me during the conceptualisation of the new SADC Programme on Orphans Vulnerable Children and Youth, which I did as part of my work for SADC. For example, during meetings, workshops, professional and at times personal discussions with colleagues, or my conceptualisation of certain activities in my work, I would note how particular social development debates, thoughts and practises were aligned to systems ideas or reductionism, and reflect on their potential to influence project /programme management practise negatively or positively. I would also note how these were aligned to particular project management knowledge areas or how they contributed to new ones, as well as how they were useful to explain success or failure in OVC development efforts. It involved observations and induction simultaneously and the source of data was largely conversational,

associational, observational and cognitive. This practise is associated with Grounded Theory. The induction and deduction on the findings of the study in relation to systems practice has led to a contribution of new knowledge and the development of a new project management approach as elaborated in Chapters 10 and 11.

Secondly, I deliberately applied systems ideas, project management knowledge areas and skills, and ideas related to comprehensive development of children to fulfill their rights in my day to day programme management work. This was largely demonstrated through the conceptualisation, design and to some extent the early stages of implementing the Strategy and Business Plan for OVC and Youth in SADC. It was also demonstrated during peer review of the work of co-workers at SADC, and of partner organisations in the region during conferences, workshops, meetings or during inputs to conceptual work that they initiated and sought my input. To a large extent, the preliminary successes recorded in the implementation of the 'systems oriented' Strategy and Business Plan for OVC and Youth depended on my subjective day to day experimenting with ideas, and my management skills and style than on existing theory or guidelines. I would then transfer /link my experiences from this process to my study.

The PEAR adopted by the study was motivated by my quest to learn from 'conscious reflection' on my work as a development practitioner vis-à-vis the practical realities of vulnerable people. In particular, the study informed and influenced my work, and thus became 'located within the life experiences of the student, ideally focusing on a work related problem where employer support, and even involvement in the project, can be elicited', Taylor (2001). Primarily it influenced the way I directed my responsibilities to establish and coordinate the design and implementation of a regional programme on OVC and Youth 'in which case it can be described as 'diagnostic action research' (Lewin, 1946); inversely, my work influenced the study by generating practical lessons and experiences which guided and informed the character and content of the study (it enabled the study to evolve / emerge ' thus resembling 'empirical action research' (Lewin, 1946), with some resemblance of the functionalist paradigm.

In between, I was an active participant (Lofland and Lofland, 1984) as well as an observer of both the emerging phenomenon of the research, as well as my own programme management actions (testing assumptions and refining them along the way) ' in which case it resembles 'participant action research' (Lewin, 1946) with a phenomenological character. Drawing on Checkland and Holwell (1997:9), this can be described as 'in this process the researcher enters a real-world situation and aims to improve it and to acquire knowledge'. As I interacted with the orphans and carers, hearing their 'true stories' on one hand, and project practitioners hearing their perceptions of the efficacy of their work, 'our expert work' I could

also see my own failures as a social development practitioner ó the dismal failure of the expert orientation to delivering adequate and sustainable benefits to the poor and vulnerable in southern Africa and globally. I became the centre of mediation of an ongoing social development conversation between expert knowledge of 'perceived' local contexts represented by project practitioners including myself, and knowledge of the 'actual experienced-at-the moment' local context represented by orphans and carers. The mix of research methods ó which included amplifying the voices of orphans and carers using story-telling tools, tracking media reports on what transpired in Zimbabwe daily, and review of literature on social development project management practise, disempowered the potential inclination to follow my subjective whims, and compelled me to being a neutral inquirer. The implication of this experience is summarised by Stringer (1999:189):

óThe act of observing and reflecting on our own practises 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 workö.

This research method also made the study more of a process of experiential reflection than merely a theoretical academic exercise. It served significant time and effort on both my work and my studies - often, I would pick up an idea or even solution to my work in the middle of study and shift from study to work, and similarly, would identify an idea relevant to my doctoral thesis and shift from work to developing the idea for my thesis. It meant that in every work situation, I was always looking for opportunities to test theory and philosophy using practical work related discussions and debates, and similarly seeking to relate practical application of philosophy and theory to my work. This made both the study and my work complimentary and exciting. For example, during a joint assignment to review and finalise the draft Business Plan for OVC & Y that I had drafted, a colleague from the UN who knew about my enrolment for doctoral studies - and who had been targeted as a respondent once remarked, öyou can see Manasa's PhD work in all this write up [of the Business Plan]ö. Indeed, the action research aspect of the study offered a conscious experiential learning dimension (Kolb, 1984) to my work and thereby enabled me to change and adapt to novel situations as they emerged and to adopt appropriate ideas and methods to problem solving.

It is my 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 practise. Complimenting orphans, carers and practitioners' lessons and recommendations, the induction and deduction process that I experienced contributed to the conclusions and practical recommendations for improving project management practise.

6.5.3 Document review

Document review was of two kinds: one 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 secondly, tracking media reports on the socio-economic and political situation in Zimbabwe and its impact on the vulnerability for children, particularly orphans.

6.5.3.1 Review of systems-orientation of social development project management intent

Desk review of project /programme management practises of different national, regional and international organisations was conducted and also informed the study. The details are presented separately as Chapter 4. This involved 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 on the background of an understanding of systems theory and project management body of knowledge as defined by PMI and the APM. More than 12 organisations were purposefully and randomly selected during the literature 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 both 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.

The 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 practise. The study did 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 practise. Thus the information has largely been treated as literature review in Chapter 4 than it has been for purposes of data analysis because: (a) the study did not validate the extent to which the systems ideas reflected in the reviewed documents were being put into practise within the context of the work that these organisations were promoting on the ground; (b) the review process focused on a few (in most cases one document) for each of the selected organisations which may not reflect overall organisational practises of the respective organisations; (c) the data collection process of document review was rather more of descriptive and òintelligence gatheringö (Phillips and Pugh, 1994) than academic research; (d) related to (c) some of the

information was derived from programme evaluations published by individual organisations for programme management purposes, and had not been subjected to the rigour of academic research. It is recognised that research findings must not only be objective they must be seen to be so (Millichamp, 1996).

Nevertheless, 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 document review also served to provide legitimacy to the generalisation of the meaning and application of the study to southern Africa beyond Zimbabwe.

6.5.3.2 Media reports on the situation in Zimbabwe

An important aspect of desk review was tracking media reports between May 2008 and May 2009, on 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 study, 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 track events that were taking place in the country, which were useful in this study.

Media reports on the situation in Zimbabwe were tracked. News reports were mainly derived from The Government owned The Herald and The Chronicle news agencies; privately owned news papers such as The Zimbabwean and the Mail and Guardian operated 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. Some of the papers for example, 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) Comparing if such stories were reported by at least two news agencies and whether the storyline and characters involved were similar in the different news reports. In some cases, I witnessed firsthand

some of the issues reported during my regular visits to Zimbabwe; for example, I had to carry food to give to starving relatives.

- (b) Tele -calling friends and relatives in Zimbabwe to validate news reports, for example, 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.

Selected excerpts of media reports are presented as Annex 5.

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 shutdown 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 which took place and was reported regularly including the plight of mothers and children who crossed borders illegally and often found themselves destitute in the South African townships, including being 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 organisations 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 forced hundreds of thousands of former 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 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 commonly in one of the study sites -Mabvuku and Tafara townships.

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 ó worse so for orphans. This harmony points to the coherence of the research design in spite of the challenges of paradigm diversity and at times incongruency that is associated with methodological pluralism.

6.6 Data analysis

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 õfitness for purposeö (APM, 2003) using systems theory.

Zadek (1999) considered data either in the form of numbers (quantitative) or language (qualitative), as the raw material for researchers. Data analysis entails quantitative or qualitative measurement, that involves assigning numbers or labels to phenomenon being investigated (Flood, 1999), and transformation of information (data) into a response to the original question (Cresswell, 2003). Despite the measurement used in the study, data must always reflect the observations of the researcher (Blanche and Durrheim, 1999).

In this study, data was analysed qualitatively from stories, observations and literature, seeking to extricate the reality of orphans in Zimbabwe, as well as õextrapolating to similar situationsö (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) of a sociological nature 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 credibility and validity (Golashani, 2003) of data to instill confidence on the conclusions of the study.

6.6.1 Levels of analysis of data

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 three levels:

- a) Individuals – through induction on 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. Subjective influence on the analysis and interpretation of data on my part, was reduced through my responding to the interview schedule, such that my views were taken as part of the collective of responses, aware that as a practitioner, I relate with other practitioners (McNiff, J, 2000).
- b) 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.
- c) 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, between: project /programme management, child development, systems world view, and the milieu of OVC, as well as of opportunities to improve both theory and practise.
- d) 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.

6.6.2 Process of analyzing data

Consistent with the tradition of interpretive and constructivist research (Blanche and Durrheim, 1999), there was no categorical measurement scale used to analyse data. I served as the main instrument (Patton, 2001) for measuring, analyzing, interpreting and ascribing meaning to data, guided by the research questions. Analysis arguably began during data collection, for example to determine which phrases or statements by the participants were captured and later used in the write up of the thesis - 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.

Data analysis was informed by simultaneous deduction - using research data to test existing literature and theory, and induction - extracting from data, ideas and recommendations relevant to the research questions (Glaser and Strauss, 1967). Responses were organised into emerging patterns and themes and analysed and interpreted qualitatively to respond to the research questions. This took into account that validity is not defined in terms of the extent to which the operational definition corresponds with the construct definition but by the degree to which the researcher can produce observations that are believable for her or himself, the subjects being studied and the eventual readers of the study (Blanche and Durrheim (1999: 46). See Annex 2 for an illustrative example of the data analysis process.

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 for orphans and carers was initially done separately for urban and rural participants, but subsequently combined upon realising that there were not major differences in the themes that emerged from the stories based on research sites.

As illustrated in Annex 2, 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', which would be interpreted to mean a reductionist or disempowering approach to management of orphans' development efforts. A comparison with different paradigms would relate such a practise with positivist /functionalist world view, which was then concluded as contributing to the overall failure of management efforts to bring sustainable benefits to orphans.

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 programmes in order for them to attain effective and sustainable benefits for orphans in Zimbabwe and southern Africa in general?'

6.7 Ethical consideration

The study involved talking to vulnerable children and their carers on a sensitive subject that triggered memories of unpleasant experiences. 'Safe practises when talking to children' (REPSSI, 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), 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 me to seek consent from parents, while in other cases, the headmaster considered him/herself authoritative to give consent. The interview guides were designed to settle down participants and to build trust with me.

No judgmental or sympathetic comments were made during interviews. Each child was regarded 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 emphasised 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.

Completed research instruments have been kept safely and will not be discarded for at least a year after formal acceptance of this thesis by the University of KwaZulu-Natal.

6.8. Appropriateness of methodological pluralism to the study

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 complimentary 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 óPEAR (new term) approaches in combination (as described in detail under 6.5), 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 practise in Zimbabwe and southern Africa, and enabled deduction to be made of the extent to which field findings in Zimbabwe could be explained in light of existing global knowledge. It supplemented induction on the stories of orphans and carers and practitioner experiences to social development management practise, resulting in the new framework for sustainable social development project management proposed in Chapter 10. Thus this thesis is a product of negotiation between: (a) the truth as it was experienced and narrated by orphans and carers; (b) deduction on 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 the emotive effects arising from experiences documented through the stories of participants.

Based on experiences during the study, the conclusions of the study can be argued to be grounded on what I would call 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 postmodern paradigms of systems thinking. It allowed orphans and carers the free will to express their personal and emotive stories and giving them the voice and power to communicate, which they were often denied by society. This ensured that they informed the outcome of the study. The lessons and recommendations provided directly by participants and collected as research data influenced 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. In this regard, the research design is summarised by the following definition of experiential research (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 researcherscontribute 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. 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 storytelling instruments.

It can be argued that the study is not entirely free from subjectivity; I used induction to arrange research data into meaningful patterns of themes and conclusions relevant to responding to research questions that were of my own design. However, the influence of this subjectivity was neutralized by methodological pluralism. For example, through PEAR, I got to experience the study and its milieu “at the moment of action” establishing dialogue [with] grass-roots people,“ in order to discover and realise the practical and cultural needs of those people” (Reason 1988: 2), recognising that “my work is not a thing separate from me” (Mcniff, 2000: 37). This empowered me as the narrator 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.

The “deliberate” design and “consciousness” of my multiple roles in the study and the need to “protect” the results and its conclusions from subjectivity, as well as consciousness of my vulnerability to being corrupted by theory, emotions, and the urge to defend the failures of my own profession as a social development practitioner, can be argued to have served to dilute my intuitive influence on the outcomes of the study. Immersing oneself 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 guilt on my part and on behalf of the community of social development management, and “my conscience” compelled me to tell the true story in this thesis. Such is the strength of the design of this

study. It empowered the vulnerable communities to communicate their local contextual realities, and also empowered me 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 practise in Zimbabwe, which can be generalized to similar situations in southern Africa.

6.9. Summary and conclusions

The main purpose of the study was 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. Guided by this purpose, the research design adopted a holistic systems oriented qualitative methodological pluralism (Flood and Jackson, 1991) with some elements of Grounded Theory (Glaser and Strauss, 1967) applying different research methods in combination. These methods were drawn from different world views representing interpretive, emancipatory and to some extent postmodern and positivist ideas, cognisant of the weaknesses of relying on reductionist scientific positivism alone to investigate on complex social issues such as OVC.

Different research methods were used to gather data such that in most cases, the findings from one method could be used to validate the findings from another method. The different research tools were designed to appeal to the personal and emotional perspectives of children and carers as well as the professional experiences of the project practitioners, and to the experiences and perceptions of children and those of adults. This generated a wide range of data which has provided a diverse understanding of project management, care and support for OVC and systems thinking. This has been useful to generate the proposed approach for the care and support of OVC and other recommendations that can improve project management for OVC. The research process included executing the research design and methodology plan, as well as experimenting with PEAR.

The broad spectrum of interwoven issues that emanated from the study, but for which little is known, challenges researchers to seek to simultaneously investigate multiple component parts of the whole in order to understand their mutual causal relationships within the whole. Subsequent chapters demonstrate

that data analysis and interpretation confirmed the strengths of complementarity offered by methodological pluralism, and no single method by itself would have achieved diverse and comprehensive data for the study. The methodology confirmed the centrality and practicality of systems theory in seeking to understand and address social challenges comprehensively. The research design elicited diverse responses to the key areas of systems theory, child development, and project management, which have been applied to construct a conceptual framework for improving OVC service delivery, contributing to filling the theoretical gap that project management practise is known to be experiencing.

CHAPTER 7 BENEFITS FOR ORPHANS: VOICES FROM THE FIELD

7.1 Introduction

This Chapter presents a description and analysis of the data gathered from the empirical work, categorised in themes that respond to research questions, consistent with the theories and practises of systems thinking, child development and project management. The details of the context, sampling of participants and how this data was derived and analysed 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 practise. 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 practise. A detailed presentation and analysis of findings is provided from the perspective of orphans, carers, and project practitioners, highlighting key practises 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.

7.2 Demographic and socio-economic profile of participants

This section describes 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 often important determinants of vulnerability for the poor, for example, 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 enhance confidence on the quality of data provided by the practitioners.

7.2.1 Profile of orphans participants

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 persons 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, Subsection 6.5.1.1. The age and gender distribution of children who were interviewed is shown in Table 10.

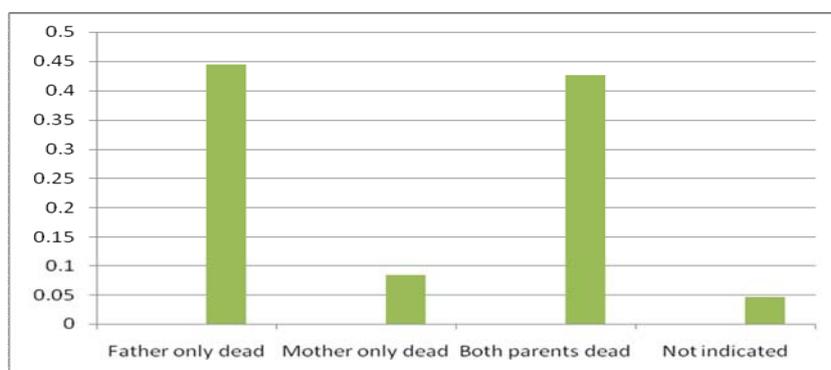
Table 10: Age and gender distribution of orphan participants

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

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 comprising a small proportion of only 9.3%. This was so because, 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 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 fairly equally distributed at 46.3% and 44.4% respectively.

The study also established the orphanhood 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).

Figure 5: Percentage distribution of child participants by orphanhood



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.

7.2.2 Profile of carer participants

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.

Table 11: Age and gender distribution 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

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.

7.2.3 Level of education for carers participants

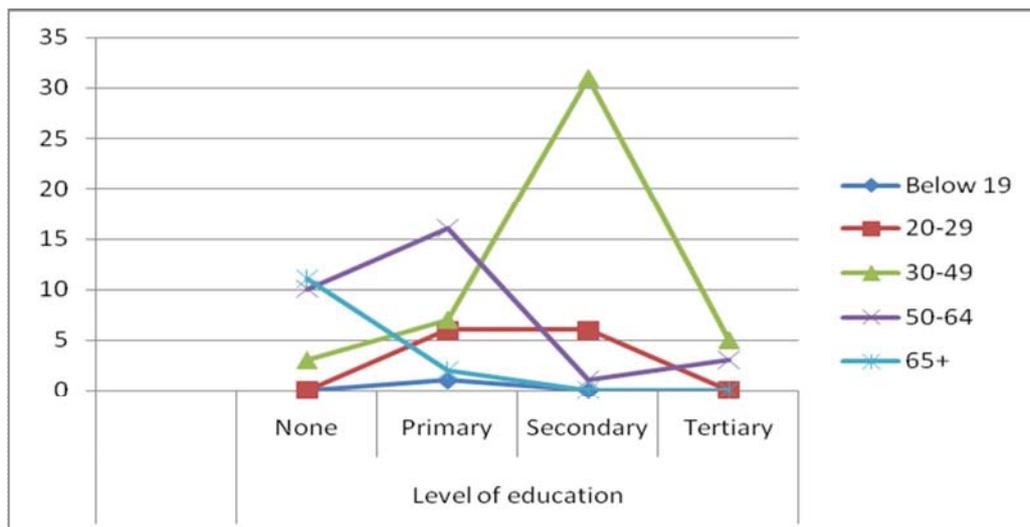
Carers with no formal education represented 23.5%; 31.4% had up to primary education, 37% secondary education, and 8% post secondary education as shown in Table 12. The level of literacy among most carers ranged from literate to semi-literate. People aged 50 years and older were 87.5% (21 out of 24) of those who had no formal education. 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.

Table 12: Level of formal education by age category of cares

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

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



7.2.4 Age, gender and level of education practitioners

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

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

7.2.5 Professional positions of project practitioners

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 (15) of them had more than 5 years working experience and only 2 of them had 2 or less years of experience. Nine (9) 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 operated 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 occupational responsibilities and experience that could enable them to articulate technical OVC and project management issues required to give credence to research data.

7.2.5 Who the carers for orphans are

7.2.5.1 Commonly reported relationships between orphans and carers

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.

Table 14 below shows that female carers were commonly reported, representing a total 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 this 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

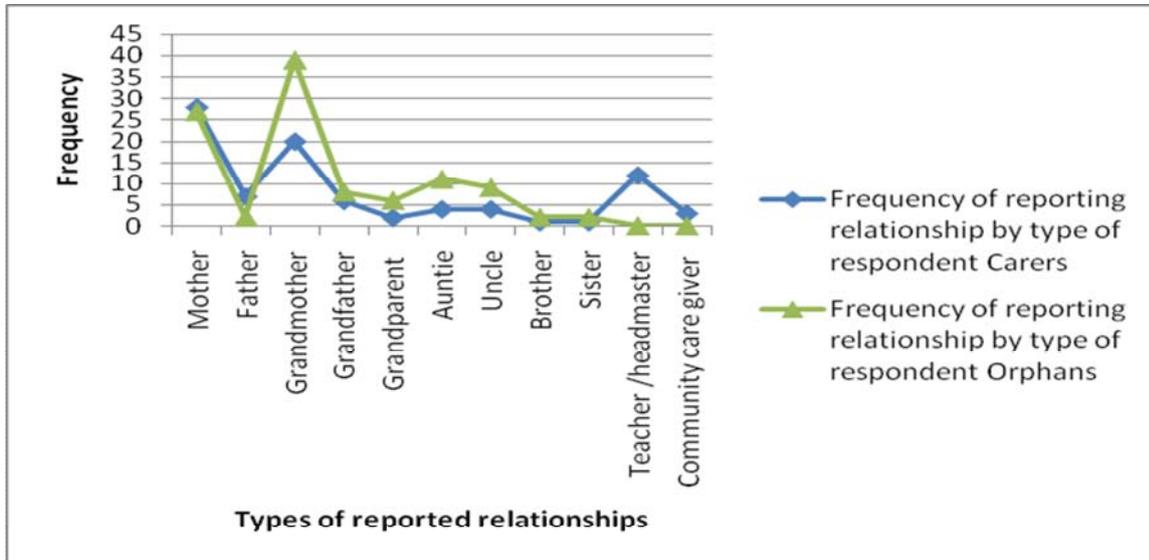
household of the child from time), representing support for OVC that was external to the household in which they lived. Children were asked to identify the person that they stayed with and provided their daily needs. They did not report a community caregiver or teacher /headmaster since these were not living in the same household with the child. Rather, they provided external support to that provided by the carer. 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 for 11% of the carers reported by children was not specified.

Table 14: Common relationship between the carer and the orphan in Zimbabwe as reported by the 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

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 of a quality that could be relied upon to make credible conclusions in the study.

Figure 7: Common relationships between carer and orphan in Zimbabwe as reported by carers and orphans



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.

7.2.5.2 People most trusted by orphans

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, siblings, aunties, 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 advise and encouragement”. In the words of child respondents:

*ōí she is the one who looks after me ...gives us whatever she finds for us (9 year old boy)í
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)í 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)í my form teacher...he acts like a parent...gives me counselling (13 year old girl double orphan)í grand mother gives me the comfort that I need”, (9 year old boy).

It should be noted that male carers were not among those reported as trusted by children. Data reported under child abuse in Subsection 7.5.2.4 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. Thus, it can be argued that households with male only carers, were a fairly good indicator of child abuse and in particular, the abuse of girls.

7.2.6 Size of households of orphans

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).

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

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 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.

Table 16: Number of orphans being looked after by carer

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

7.2.7 Duration of living together, carers and orphans

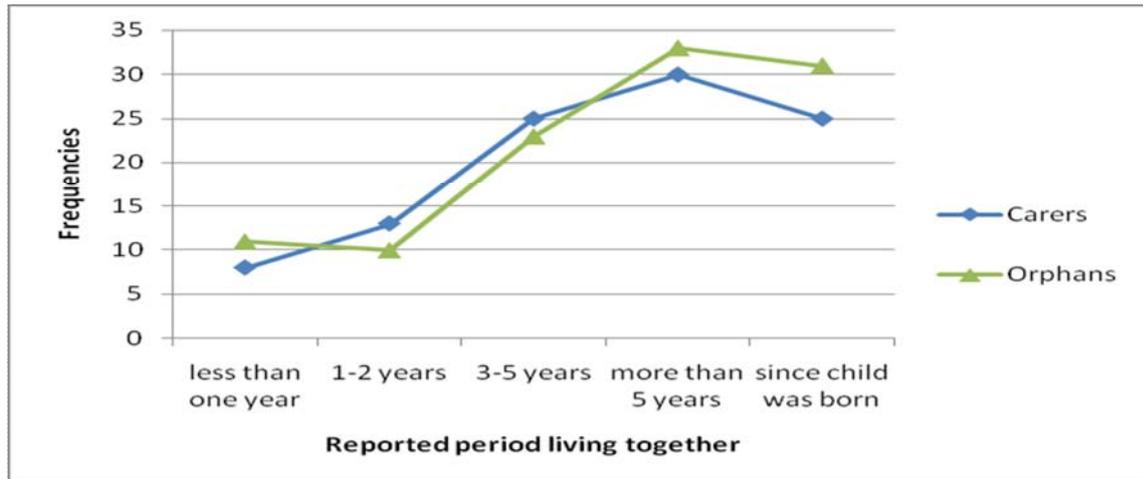
Carers were asked to say how long they had been living with the orphans, while orphans were asked to say how long they had been living with their current carers. Responses ranged from less than one year to more than 5 years and also since the child was born (reported mainly by surviving parents). Table 17 and Figure 8: show 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 since birth, reported by 28.7% of orphans and 24.7% of carers. Just over 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 perhaps, 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 suggest that orphans were staying in the same households with same carers for a long period.

Table 17: Duration of living together between orphans and carers

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

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 similarity in the longevity reported by carers and orphans also suggest that the data collected was of good quality and could be relied upon as representing the truth.

Figure 8: Frequencies of duration living together reported by carers and orphans



7.2.8. Sources of livelihoods and coping mechanisms among 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. Again, this suggests that the quality of data gathered was good. Table 18 shows 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 destitute. The situation of older carers was summarised 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”.

“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 grand children and great-grand children also do come with some assistance”.

These responses painted a general picture of extreme poverty for most families /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.

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

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 they were now valueless given the hyper inflation 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 grand mother 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 grand mother 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 gave away for the seventh time that year, the only cow left in exchange of 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 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 through mobilising 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 organised *“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”*.

7.2.9 Household and livelihoods-seeking roles and responsibilities of 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.

Table 19: Reported frequencies of household and livelihoods chores performed by orphans by area, gender and age

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

As shown in Table 19, children from rural and urban areas, and of all age groups and gender were more likely to do different household chores (25.7%) - work in the garden and fields, cleaning and washing, and fetching water and firewood. Boys in rural areas were more likely to herd livestock and gather wild fruits for eating than those in urban areas and girls. 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. Children, mainly girls aged 15-17 years distributed fairly equally between rural and urban areas, were more likely to engage in income generating activities. The type of income generating activities that children engaged in were reported to be: plaiting people's hair, welding, moulding bricks, piece jobs and selling thatch-grass and vegetables.

Most orphans did not find this work abusive or difficult as they enjoyed doing chores for example:

"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 are 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 rainy coat"* (10 year old boy and 13 year old girl as double orphan). Other times, children did not like being given *"lots of tasks ...hard tasks to do"* and 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 also resented it when *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).

7.3 Understanding of basic services, orphan, vulnerable child and comprehensive support

Carers and project practitioners were asked to describe what they understood to be the meaning of basic needs of OVC, orphan, vulnerable child, and comprehensive support to orphans. The questions sought to establish the terms (language) used, and the understanding and perception by participants 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.

7.3.1 Basic needs of OVC

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 the things that are basic to them, children were asked to identify those that they need every day. Children often reported more than one need. In their responses, orphans particularly emphasised 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 like other children, and that deprivation made them feel that they were different and inferior.

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 and girls and between age groups for the three most commonly identified needs. However, older girls 15-18 years noticeably 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 were consistent with the basic needs prioritised 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.

Table 20: Priority needs of orphans according to children by age and gender

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 (participants)	N=6	N=4	N=25	N=25	N=26	N=22	
	N=10		N=50		N=48		N=108

Carers were asked to identify those needs required everyday 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 carers in the age group 30-49 years mentioned food more than men carers of the same age category.

Table 21: Priority needs of orphans according to carers by age and gender

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	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

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. There were no major differences between participants in urban and rural areas.

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

Table 22: Priority needs /services of orphans according to practitioners

Service/ need	Practitioners					
	M (Count)	% M	F (Count)	% F	Total count	Total %
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

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 are food (mentioned by all 23 practitioners or 100%), education (mentioned by all 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 understand family care/guidance and or recreation /play as part of psychosocial support, and therefore would mention them as if they were separate from psychosocial support, and in some cases mentioning them together with psychosocial support. The responses demonstrate that psychosocial support was in fact considered as a major need for OVC.

A comparison of the ranking of prioritisation 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 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 practitioners. The meaning of the word psychosocial support appear not have been known or understood by orphans and carers as well as some practitioners 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 4 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 priorities clothing and blankets, and yet these was a major priority for children (even more than education) which was associated with social exclusion and stigma. Children often felt different from their peers or shunned if they wore torn clothes or did not put on shoes at school.

Table 23: Prioritisation of services/ needs compared between 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 categorised as psychosocial support

7.3.2 Meaning of orphan

People in Zimbabwe generally continue to describe themselves as orphans long after they are no longer children; this was not the case in this study. All participants referred to orphans as children (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.

7.3.3 Meaning of vulnerable child

7.3.3.1 Participants' description of vulnerability

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 3 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) orphanhood, 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 prioritised 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%) (d) orphanhood and deprived of basic necessities, each mentioned 4 times (16%). Orphanhood 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, orphanhood is not always a measure of vulnerability. For example, participants at the Global Partners Forum on Children Affected by HIV and AIDS held in Dublin in 2008 (UNICEF, et al, 2008)

heard that orphanhood was not necessarily a predictor or indicator of vulnerability for children; it was therefore important to identify and support all children in need, indiscriminately, regardless of the HIV and AIDS status within their families and or orphanhood 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 ‘well being compromised’.

Table 24: Definitions of vulnerability from the perspective of 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
Orphanhood	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

Vulnerability is often understood to be 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 this 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 the lack of, or absence of basic needs and not the risk of lack of basic needs suggest that carers could no longer 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).

Indeed as shown in Subsection 7.5.2.4, eight (8) of the 9 children who reported having been abused were being looked after by a male and largely elderly person (5 - grandfather, 2 - uncle, and 1 - 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”* (54 year old widow living with 5 orphans; 33 year old male guardian). Others pointed out that:

“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” (42 year old widow). Also *“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”* (54 year old widow living with 6 orphans).

To summarise the responses of carers and practitioners, 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 distinguish that children with no services are worse off than those at risk of losing services; this lack of distinction is inappropriate.

7.3.3.2 Factors that determine vulnerability of orphans

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 me, pointed to the following as factors that determine vulnerability of orphans and carers:

- (a) diseases: practitioners emphasised HIV and AIDS
- (b) orphanhood: unprecedented numbers of orphans
- (c) poor household /family parenting and social conditions, characterised 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, 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 polarisation: The political environment was characterised by polarisation, 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 stigmatised 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 stigmatised on the basis of their poor clothing
- (h) physically impaired children
- (i) children living in households without an adult carer, and
- (j) 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 (see 6.5.3.2 and Annex 5 for common themes of media reports). The media also specifically pointed out the food crisis, banning of aid organisations from supporting poor communities in Zimbabwe, 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.

7.3.4 Meaning of comprehensive services and support for orphans

7.3.4.1 Participants' description of comprehensive services

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 consensus that comprehensive support for orphans entails fulfilling all their needs, both physical and psychosocial. As noted under Sub-section 7.3.3.1, some carers and children often broke down some of the basic needs into component parts to emphasise 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 categorised as follows:

- a) *“All inclusive, at least holistic”* (M&E 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 described 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 everyday”*.
- h) Dignifying support *“which as summarised 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 welfare 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 grand mother) *“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 grand mother) *“...orphans should be assisted to secure jobs after school”*, (70 years old grand mother).

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 need to support all the children in need 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)í ..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!ö, (82 year old great grand mother).

To summarise the descriptions provided by carers and practitioners, comprehensive care and support for OVC can be defined as care and support that 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.

7.3.4.2 Approaches for delivering comprehensive services for orphans

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. For example, 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 (see also Annex 5 (a) for a snapshot of media reports on the economic situation in Zimbabwe at the time of the study). This is summarised by the story of an elderly 76 year old grand mother who said:

“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 noted that “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 ó such as the availability of minimum service standards that could be enforced /promoted and “*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 ó Findings suggest that some caregivers were self óstigmatising. For example, an 82 year old great grand mother lamented that:

“God gave me punishment. I raised four grand children when my son and his wife died- they are now grown up people with their own families. Then now, I have these great grand children [three of them] left after two of my grand children 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 recognise 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”.*
- (g) 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.
- (h) 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 OVCs at home*

and offer career guidance and counselling because some OVCs are misguided – they lack respect particularly when they stay with older people” (65 year old grandmother”.

- (i) 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.
- (j) Social security and protection: having in place effective social safety nets and support systems that guarantee social security for children.
- (k) 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.
- (l) 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”.*
- (m) 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 minimise 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 following:

- (a) 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 practise - 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 demonstrated by the following excerpt from the same project practitioner:

“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”.

- (b) Needs based support, summarised 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”.*
- (c) 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”.*
- (d) 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...”*

However, as elaborated under Subsection 7.4, 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 practise. OVC were far from receiving comprehensive services. The reasons for this were, as summarised 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 1 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”.*

7.4 Children’s understanding of their milieu and their future

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 as described below.

7.4.1 Orphans typically suffered in silence and did not sound alarm bells

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 (see Subsection 7.5.4.4) 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 had hurtful experiences that they did not talk to anybody about. These included things that they needed and wished for most. The study highlighted the following most hurtful situations faced by orphans that they kept to themselves for different reasons.

- (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 did not seek to talk about. This suggested 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 - maternal orphan staying alone narrated that, *“when my father lost interest in me and abandoned me – I didn’t tell anybody about it”*.
- (e) Disposal of valuables attached to them 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 mealie-meal”* (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 was a key to the success of care and support targeted at them. 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”.

But as shown in Subsection 7.4.2, children had genuine reasons why they did not communicate their needs and challenges. Subsections 7.5.3.7, 7.5.4.1, 7.5.4.7, 7.5.5 and 7.6 also demonstrate that the service delivery system did not prioritize children's participation in their own development issues.

7.4.2 Reasons for orphans not communicating

They were compelling reasons given by children on why they did not communicate hurtful experiences or their needs and wishes. The four most commonly reported reasons include:

- (a) 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 grandmother had no money”*. In the case of a 9 year old boy *“there was no food for supper but I didn't ask grandmum because I knew there was nothing she could do about it”*. Others represented for example by the words of a 17 year old girl 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;
- (b) They feared being punished by the carers /guardians;
- (c) 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”*).
- (d) Fear of being blamed for example, *“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).

7.4.3 Aspirations and responsibilities among orphans

7.4.3.1 Aspirations for well being and successful 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 the common societal or adult perceptions of children which generally assume that they do not know what they want in life and should be told what to do by adults. For example, some participants, represented by sentiments of 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 grand children argued 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: (a) finding jobs and being successful; (b) successfully completing school ; (c) being able to look after family members (grandparents, mothers, siblings, other community members in need), including a girl who aspired to being president; and (d) *“have family of my own”*. As depicted in Table 25, children’s aspirations to be employed did not differ much as a result of whether they were in rural or urban areas, boys or girls, and age. However, more girls in the age categories 10-14 and 15-17 years, mainly living in rural areas expressed desire to be married and have other own families than boys. A greater proportion of children in urban areas, mainly those aged 10-14 years expressed a desire to complete school. Young children (distributed fairly equally between boys and girls) in the age category 10-14 years, and mainly living in rural, aspired to look after others (mainly siblings, parents and grandparents) when they became adults. This further demonstrates that 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.

Table 25: Aspirations of orphans reported by area, gender and age

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

This is summarised by the following selected excerpts:

“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).

7.4.3.2 Orphans aware of responsibilities and prerequisites for success

All children knew what to do to achieve their goals. The two key determinants to success singled out by orphans were: (a) working hard at 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 (b) being obedient, respecting and listening to their carers ó particularly grandmothers and mothers as an important determinant of their future success. Orphans identified parents, guardians, teachers and NGOs among those whom they expected to support them to realise their dreams.

The story telling guide elicited rich descriptions of personal lives of carers and orphans which could not have been derived using standard questionnaires.

7.5 Reality of the OVC service delivery depicted by the study

7.5.1 Service delivery priorities of organisations according to practitioners

While project practitioners acknowledged that orphans needed comprehensive services, with a few exceptions, their organisations provided only one or two of those needs. The 23 project practitioners identified the specific services provided by their organisations as shown in Table 26.

Table 26: Services provided by aid organisations according to 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

Psychosocial support, food and education appeared to be the most common needs of orphans provided by organisations in Zimbabwe. In fact, psychosocial support was the most common service provided by aid organisations, and yet, it was not mentioned as being received by children and carers. Clothing was also not a priority. who indicated that their organisations provided all basic needs did not elaborate on what these needs were.

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”*. For example, an 82 year old great grand mother lamented that, *“the assistance is little because we are asked to pay levies at school and the NGOs only pay tuition fees”*. But as summarised 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 not being provided comprehensively but in parts.

7.5.2 Extent of delivery of basic services

In Subsection 7.3, Tables 20, 21, and 22, the basic needs of OVC as described by orphans, carers and project practitioners are outlined. This Subsection describes the extent to which these basic needs, classified under 8 main categories, were being delivered from the perspective of respondents.

7.5.2.1 Access to food

As shown in Table 27, 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 (life being generally tough), 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 depicted by orphans, carers and practitioners. Yet it was prioritized by only 5 of the 23 organisations that were represented by practitioner participants. As shown on 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. This is summarised by the following selected excerpts: *“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, for example, 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.

7.5.2.2 Education enrolment for orphans

Forty one (41) children had primary school education, 64 had secondary school education while 3 had no education at all. Ninety seven (97) children were currently enrolled in school at the time of the survey while 11 had either dropped out of school or had never enrolled. Among those out-of-school, 5 had both parents dead and another 5 had father only dead and one did not indicate orphanhood status; 2 were being looked after by the mother, 5 by grandparents, 2 by auntie and the other did not indicate. Most of the children who were out of school were staying in households of more than 4 people. The main reasons for orphans not being enrolled in school at the time of the survey can be summarised by the following excerpts: “*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*” (13 year old double orphan who had ended school in Grade 6). While responses suggest that most orphans were in school, media reports indicated that not much 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. For example, stationery was said to be very expensive and yet it was not being prioritised as part of educational support.

7.5.2.3 Clothing

As indicated in Tables 20, 21 and 22 clothing was a major concern for carers, orphans and practitioners. For example, orphans described how they wished to *look like other boys...girls of my age* (15 year old boy). Children with torn school uniforms or without school uniforms often felt inferior to other children at school. For example, 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.

7.5.2.4 Protection from child abuse

A total of 9 children (6 girls and 3 boys) reported having been abused, with 4 of them - all girls, having been sexually abused. Four were aged between 10 and 14 years, and 5 were aged between 15 and 17 years. Of those who reported having been sexually abused 3 had *both of the parents dead* and 1 had *mother only dead*. Five (5) of the 9 children who reported having been abused also had *both parents dead*. Two (2) of the sexually abused girls were aged between 10 and 14 years and the other 2 were aged between 15 and 17 years. Eight (8) of the 9 children who reported having been abused were being looked after by a male and largely elderly person (5 - grandfather, 2 - uncle, and 1 - father). Children who were abused also tended to come from large households of at least 5 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. Media reports, for example, the electronic version of 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 20kg 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”* (see Annex 5.g).

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 there is always a long 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, noting that “*children must be protected from all forms of abuse...must not be given hard work, and should work for fewer hours than adultsö*” (44 year old care giver).

7.5.2.5 Psychosocial wellbeing of orphans

To establish the general state of their psychosocial well being, 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 11 children who were out of school, 10 reported that they were not happy at all. Seven (7) 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) having 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, for example the most memorable moment for a 9 year old boy who was in grade 4 boy was when, “*there was a party in our neighbor-hood so there was plenty of food, music and drinks*”
- (d) knowing that they did not have HIV and AIDS, for example, 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, for example “*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 stigmatised and discriminated, and being asked to do difficult tasks /work. In the words of a 38 year old widow of 3 children, labeling OVC resulted in their stigmatization,

thus, “children should not grow up knowing that they are orphans. It affects them mentally. A summary of things that got orphans unhappy is shown on 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: Things that got orphans unhappy according to orphans by age and gender

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

Table 27 shows that there is a close relationship between psychosocial wellbeing and access to basic services such food, health care, clothing for OVC. As noted in Tables 20,21 and 22 on priority needs under Subsection 7.3.3.1, psychosocial needs such as recreation and play, counselling, love and family belonging, and child protection related services were in the overall, 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 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. Summarised 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 organised 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) Lifeskills: Respondents noted that orphans must be taught lifeskills 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 who said that:

“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. As depicted in Table 20, 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) Stigmatisation: Children often felt stigmatised *“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 6 separate occasions by children who reported that they were not happy. Some carers highlighted 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)

7.5.2.6 Shelter

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.

7.5.2.7 Birth registration /identity

Four of the 11 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.

7.5.2.8 Health and sanitation

As shown in Tables 20, 21, and 22, health services, particularly antiretroviral drugs were identified as priority needs for OVC. Some children were reported to be living with HIV and AIDS, and taking antiretroviral drugs. 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 5 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.

7.5.2.9 Multiple deprivations

The basic needs described from Subsection 7.5.2.1 to 7.5.2.7 demonstrate that children were being deprived of these needs most of the time. The description also shows that most orphans were suffering from multiple deprivation of basic needs and cases of extreme deprivation and vulnerability. These experiences are summarised by the following excerpts 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”.*

7.5.3 Review of the service delivery system

Carers 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 (48%) of carers indicated that they were receiving external support for the care and support of orphans. The extent of serviced delivery is described briefly below.

7.5.3.1 Educational support being offered

Schools fees including stationery and uniforms was being provided by Government and NGOs. For example, Government and aid organisations were said to be offering educational support in the form of school fees, school uniforms and stationery to OVC. 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 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. Basic educational needs were not being provided comprehensively;

7.5.3.2 Antiretroviral drugs support

Local health facilities offered antiretroviral drugs to some people living with HIV and AIDS.

7.5.3.3 Food aid

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 carersö (82 year old great grand mother)*. 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 for example selling and not giving the children. The abuse of food directed at orphans is also reported in document review n a study conducted in Botswana (Human Science Research Council (2007). The diversion of food meant for OVC was also widely reported by the media (see Annexes 5.e and 5.f).

7.5.3.4 Support with clothing

A few people reported receiving clothing from individual well wishers and churches, including shelter.

7.5.3.5 Foster parenting

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 workö, (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 grand mother) 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 narrated how “My grand children and my great grand children 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 grand mother, “other people do sympathies with me because at the moment, one of my grand children 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. Participants 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).*

7.5.3.6 Community appreciation of volunteer caregivers

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).*

7.5.3.7 Things that did not work well as expected

Carers and project practitioners were asked to narrate the things that were being done, but not done well and could be improved.

As highlighted in Table 28 below, the main areas that required strengthening commonly reported by both carers and practitioners in order of priority were: (a) strengthening training and support for income generation and vocational skills for both orphans and carers; (b) providing adequate comprehensive services; (c) accurately establishing the situation of orphans at community level including setting up community data bases; (d) and providing 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 under Subsection 7.6.

Table 28: Things not done well 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	100.0	37	77	114	100.0

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

7.5.4 Project management for service delivery as depicted by the study

Responses demonstrate that external services for OVC were largely delivered through projects and project management. The key features of the project management approach that was applied are described below.

7.5.4.1 Complex chain of intermediaries in funding for orphans

When asked to indicate the level at which their organisations operated, 4 of the project practitioners indicated that their organisations operated at regional /multi-country levels and 8 at national level as shown in Table 29. Table 29 also shows that 11 of the organisations had operational structures that ranged from village up to national levels, 6 of which operated directly at individual / village and district levels where they interacted with orphans and their families /households, while 5 had outreach programmes that enabled them to operate at sub-national levels.

Table 29: Administrative levels at which aid organisations operated

Level operation by organization	Frequency	%
Individual /village	3	13.0
District	3	13.0
Village to Provincial	2	8.7
Village to National	3	13.0
National	8	34.8
Regional /Multi-country	4	17.4
Total	23	100.0

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 29. Thirteen (13) organisations operating at national and regional levels indicated reached OVC through intermediary organisations. Most of the nongovernmental organisations operating at national level preferred to deliver services directly through their own staff 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 9 practitioners.

Table 30: Ways through which organisations delivered services 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

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 practise is synonymous with top ódown management approaches in development work.

7.5.4.2 Low levels of coverage of development assistance

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 organisationsøindicated that the capacity of aid organisations was rather weak and so they could not reach

out to all children who needed support. As shown in Table 31, among those who indicated the number of children benefiting from the support provided by their organisations, 10 project practitioners reported that their organisations provided support to a total of not more than 2,000 OVC and only 3 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.

Table 31: Number of OVC 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 ó 10,000	2	15.4
Total	13	100.0

Not stated = 10

7.5.4.3 Community mobilization in the care and support for orphans

Practitioners reported that community mobilisation was said to be among the ways by which they delivered services to OVC. This included training community members, mobilising 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 mobilising, 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, lifeskills education”, (42 year old District Education Office).

Yet in comparison, the responses of the carers indicated that community mobilisation 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. Findings depicted mixed feelings among carers with some expressing that they were being supported while others were not being supported.

7.5.4.4 Carers generally put up with the burden alone - silently

The findings also indicate that carers to a large extent, bore the burden alone. When asked to narrate the extent to which they were receiving external support, 53 carers (52%) were 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 (17) of the participants who reported receiving some form of external support were looking after 8 and more orphans.

Among the 49 carers who reported receiving external support, 28 were not happy with the level of support. Forty seven (47) of the 53 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 the following as reasons for lack of adequate support for OVC:

- (a) Political polarisation and persecution which hampered community collectivism, for example, *“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 for example:
“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 grand children)
...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) Stigmatisation 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 for example, 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 7 orphans, “some even suggest that I should chase them [orphans] away but I can’t do that since they are my grand children. 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) and in the words of one participant, *“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 implored the *“Government should lift the ban on NGOs and allow them to operate freely”*.

A 46 year old foster parent called on:

“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 [individually]*, a 50 year old widower and guardian of 7 OVCs noted that the advent of AIDS meant any child could be orphaned and argued that:

“...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 /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, the study asked carers to narrate stories of how they shared their concerns and needs particularly with those who had potential to support them. The responses were varied and indicated that

communication did not always take place. They were challenges which hindered communication which could have affected the extent to which services were being delivered. As shown on Table 32, 52 carers, representing 51% of total carers did not communicate their needs, showing that communication on needs and challenges was generally low among carers. An analysis of the figures on Table 32 also show that there were no major differences in lack of communication as a result of the carers 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 of data collected for the study was reliable.

Table 32: Level of communication of needs by carers measured by area, level of education and gender

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	M	F	M	F	M	F	M	F	
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

When carers failed to communicate their challenges, this translated to OVC not receiving support for their basic needs.

Responses pointed to the following three main barriers to communication among the 52 carers who did not communicate:

- (a) Most people did not know how to communicate or who to communicate to. According to a 50 year old mother, *“You cannot communicate to these people unless they first introduce themselves that they can help”*;
- (b) The communication channels are not very open at present” (30 year old guardian);
- (c) 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”*.

Those who communicated their concerns and needs narrated different ways through which this was taking place. These included:

- (a) Presenting concerns to organisations including NGOs, businesses, Government and individuals that could offer help through writing letters and physical visits to their offices.
- (b) Community structures such as schools invited carers to meet NGOs representatives when they visited schools to identify community needs. Community leadership structures 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, they were deliberate structures set for communication between families, local leadership, Government and donors, for example:

“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).

- (c) Government Social Workers and NGO workers and community volunteers were holding workshops with local leadership and community members to sensitise them on OVC support. For example:

“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).

- (d) 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”*.

- (e) 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”*.

- (f) 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”*.

- (g) Most participants emphasised 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 grand mother).

- (h) For others such as a 57 year old grand mother, *“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.

7.5.4.5 Practitioners' understanding of service delivery efforts

Project practitioners were asked to describe any evidence known to their organisations suggesting that OVC may not have been receiving enough or all of the basic needs that they required. 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 21 project practitioners who responded to this question 13 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 8 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:

- (a) OVC were not receiving support due to disruptions in the distribution of food aid due to Government ban of NGO operations, collapse in Government social welfare system, political polarisation and economic collapse including hyperinflation (see also Annexes 5 a, b,c , e and f) for media reports supporting these sentiments). 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).

- (b) Education services were affected immensely due to mass resignations by teachers and recurring industrial action for higher wages (see also Annexes 5.i.for media reports on this issue). 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.

- (c) Programmes were not always successful, for example:

“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).

- (d) An absence of options to sustain services for OVC when aid support was withdrawn or discontinued largely because income generating activities were failing, and;

“Programmes fail to offer self-sustaining skills to OVC and the families to rely on when assistance is withdrawn”.

- (e) Reports of corruption in the selection of beneficiaries, for example:

“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).

- (f) 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 prioritise 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, 12 out of the 21 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 9 practitioners who described that approaches used by their organisations were inappropriate cited:

- (a) The approaches were not responding to priorities of the community, for example:

“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);

- (b) 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”.

- (c) 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 inefficient delivery of services.

- (d) Children were not being consulted, and in the words of some practitioners:

“Yes they are not involved in the planning (35 year old Coordinator)í they are not also given sufficient space to mention their needs” (41 year old Project officer).

(e) The selective support to orphans in households resulted in their stigmatisation, for example:

“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).

(f) 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”.*

(g) Service delivery approaches were not coping and matching the socio-economic and political realities in Zimbabwe, thus programmes could not meet the needs of OVC.

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.

7.5.4.6 Sources of funding

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 ó a sign of community efforts towards self sustenance in the care and support for OVC.

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

7.5.4.7 Determinants of the orphan care and support cycle

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). These are elaborated below:

(a) Organisational strategies including strategies for engaging with the community. These were said to be articulated in the project implementation document /proposal and determined by the funding organisation in advance of engaging with the communities, summarised in the words of a project practitioner:

“The project proposal is an instrument that allows [name of organisation] 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”;

(b) Level of resources and terms and conditions set in funding agreements with donors.

Table 34 shows that 7 of the 14 organisations represented by practitioners who provided annual budget estimates reported budgets of US\$50,000 or less, 5 reported between US\$101,000 -1,000,000 and 2 international donor agencies reported annual budgets of more than US\$1,000,000.

Table 34: Annual OVC budget allocation of aid organisations

Annual budget (‘000 US\$)	Frequency	%
50 and less	7	50.0
51-100	-	-
101 ó 500	3	21.4
501-1000	2	14.3
+1000	2	14.3
Total	14	100.0

Not stated = 9

These budgets did not match the needs.

(c) The type and urgency of the needs: Support was provided in the form of emergency 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 summarised 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 membership contributions remarked that support should rather be continuous than be short term and piecemeal because:

“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”.

- (d) 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.

7.5.4.8 Social protection and welfare system

Participants emphasised 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, the Department of Social Welfare could no longer provide the services that it used to provide as a result of the collapse of the economy. As noted earlier, 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”*. It has also been noted that 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)í 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). Annex 3f provides more excerpts on the social welfare system.

Carers also complained that the service delivery approaches were not participatory. Things were being imposed on them by service delivery organisations, for example,

“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 grand mother)í the NGOs should first consult us about 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 ó distributing food and education grants, and was not always responsive to the economic empowerment and other requirements of carers as demonstrated by the following excerpts:

“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)í . 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 grand mother).

7.5.5 Measuring the effectiveness of service delivery

Project practitioners were asked to describe how their organisations established the extent to which the services that they provided reached orphans. Their responses were categorised as follows:

- (a) Conducting monitoring and evaluation exercises to measure results and the effectiveness of service delivery efforts and to account for aid funding. Project practitioners described how this took place in practise:

“care givers write regular reports and case studies which are kept in a database (55 year old programme coordinator)í feedback from children also shows whether parents, caregivers or teachers would have spread the information on child protection (26 year old project officer)í we monitor them daily since we stay with themö (Director for a House for boys institute).

- (b) Conducting financial audits.

- (c) Networking enabled some regional organisations *“to influence decisions on how to have the children’s lives improved”*.

- (d) Instituting accountability mechanisms and instruments, for example in the words of one practitioner:

ö[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”.

- (e) Conducting research to establish needs and challenges of OVC.

- (f) In some cases, aid organisations were said to be 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.

7.6 Untapped opportunities for the care and support system

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 on 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. Indeed as shown in Table 18, Subsection 7.2.8, reports on the sources of household income provided by orphans and carers indicate that most carers were informally or self employed, and would have needed to be supported to improve their sources of livelihoods. This was not prioritised at all when compared to what practitioners reported as the services that were being provided by their organisations as shown in Table 26, Subsection 7.5.1. Carers also highlighted the need for community members to be organised 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 that were mentioned included food, shelter, recreation facilities, and education support.

Table 35: Carers' perceptions of practises that could improve OVC lives

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	100.0

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

An unexpected trend was the mention of a need to improve transparency and accessibility (18.3%) among service providers both Government and NGOs. This demonstrated that corruption was high and accountability rather low. A comparison of Tables 18, 28 and 35 clearly demonstrate that strengthening

income generation, self reliance and livelihoods initiatives including facilitating markets for local produce, providing inputs to improve on productivity, and training on vocational skills and income generation initiatives, were major priorities for carers. These were not provided at all by service providers. These sentiments are summarised in the following selected excerpts from carers:

“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).

7.7 Summary

The Chapter presented findings largely from the perspective of 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 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 grossly unmet. The households of orphans were generally larger and by far, uncharacteristically 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, diseases especially HIV and AIDS, and 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 space 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 polarisation and endemic poverty in Zimbabwe reduced the traditional altruism and community collectivism characterising 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 prioritised by service providers in Table 26 highlights that there was a big mismatch between what 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.

Findings confirm the commonly held views of children as innocent, miniature adults, victims, saviours, and Agents. Findings portray children as inherently good, rational, responsible critical thinkers, sacrificial, fully aware of their often hostile social milieu to which they were helpless. Small things, most of which cost only human effort, can make a huge difference in bringing happiness to orphans and yet service providers ignore them.

Chapter 8, interprets and provides meaning to these findings in terms of comprehensive or adequate service delivery management, orphans development and the milieu in which OVC grew up.

CHAPTER 8 SYSTEMS THEORY–PROJECT MANAGEMENT- ORPHANS’ DEVELOPMENT NEXUS

8.1 Introduction

This Chapter provides an interpretation of the findings described in Chapter 7, giving meaning that is relevant to the management of OVC service delivery, systems theory and the social milieu in which OVC lived. Towards the end of the Chapter, a summary is presented demonstrating the influence of methodological pluralism on the robustness of the findings of the research study, and on the interplay between systems thinking, project management, and child development ideas. The Chapter concludes with a highlight of the major weaknesses of the study and the extent to which methodological pluralism minimised the risk of the effect of these weaknesses on the validity, credibility and coherence of the study, its findings and conclusions.

8.2 Understanding child development and needs

8.2.1 Contextualised meaning of vulnerability

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, 45 out of the 102 carers characterised vulnerability more with deprivation or the absence of direct benefits (basic needs) compared to only 4 out of 23 of the practitioners who participated in the study. Seven (7) out of 23 practitioners placed emphasis on inefficiency and ineffectiveness in service delivery (weakened support system) compared to 30 out of 102 carers. Unlike, project practitioners, carers also highlighted the gender of the carer and children in child headed households as vulnerable. Practitioners illuminated child protection more than the carers. 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 was most likely influenced by 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 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 risk of deprivation should always be distinguished from actual deprivation when defining vulnerability. The actual absence or lack of basic need is a violation of a child's basic rights, while the risk of deprivation may not mean the same. Thus 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. For example, 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 not targeted 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 risk of loss of basic services as a result of the social and physical condition of the child (orphanhood, disability). Vulnerability is also associated with the absence of immediate adult carer ('child headed'), a weakened immediate support system (unemployed carer, 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, natural disasters).

An analysis of responses also indicates that vulnerability was specifically associated with socio-economic, and political conditions of the child, and that of their immediate family support system. Noticeably, this did not conform with the 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 support system can no longer cope.

The responses on the factors associated with vulnerability described in Sub-section 7.3.3.2 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 of vulnerability for orphans were clearly beyond their control and that of their immediate /household carer and support system. Thus the findings demonstrate that vulnerability emanated from a relationship between orphans and their milieu. Consistent with notion of the 'Child as Victim' (Sorin, 2003; 2005) who is to be protected, the findings suggested that the social system corrupted, shaped and determined the vulnerability and deprivation of orphans. This reflection demonstrates that 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. Thus a wider social support system beyond carers was required to address the challenges of orphans.

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 prolonged absence of teachers from schools. The second category can be described as 'induced vulnerability' largely caused by harmful political polarisation and Government policy decisions. Under such conditions, some children could move in and out of vulnerability unnoticeably, resulting in them not receiving the attention they would require. And the third being 'extreme deprivation and vulnerability' (EDV) characterised by a combination of prolonged multiple deprivations and risk factors, in which there were no short term solutions. Vulnerability eroded social values /morals, leading to corruption, nepotism, political polarisation to access and share scarce resources, and a disregard for the rights and dignity of children.

8.2.2 Deprivations of basic needs cause and reinforce on each other

The study confirmed the commonly experienced basic needs of OVC in Zimbabwe and southern Africa, consistent with existing literature and evidence. The study also demonstrated that deprivations and vulnerabilities cause and reinforce each other. The absence of one basic need had potential to cause the lack of, or weakening of the delivery of other basic needs of children.

Contrary to expectations as depicted in Subsection 7.2.3, none of the younger carers below the age of 30 years had tertiary education and 6 out of 12 among them had primary education, when compared 7 out of 46 carers aged between 30-49 years who had primary education and 5 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 among vulnerable families and households in which OVC were becoming poorer carers as they turn into adulthood was becoming evident, 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 the cycle of poverty and vulnerability.

8.2.2.1 Food security

The common sentiments among carers and orphans regarding access to food indicate that lack of food was a major source of misery for carers and orphans. It had an immediate effect on other basic needs of children, for example children complained of being sad going to school without eating, suggesting that lack of food compromised their capacity to learn effectively. It also suggested that poor nutrition outcomes affected the status of health of orphans, and as seen in child development literature, potentially had negative impact on long term cognitive development and social capabilities of a whole cohort of children that could last into adulthood. Children were prone to sexual and other forms of abuse as sex workers 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 in the form of livelihoods generation activities, taking their time off school. All these effects had the potential to reinforce the cycle of poverty among orphans and their families. This demonstrated that orphans in Zimbabwe at the time of the study experienced extreme deprivation and vulnerability. In situations of widespread hunger such as characterised Zimbabwe at the time of the study, child feeding programmes were required to target all children both in primary and secondary school.

8.2.2.2 Education

The findings indicate 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 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. Thus, 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 receiving proper teaching and learning at school as teachers remained on strike for living wages for prolonged periods. Thus a whole cohort of learners was affected by the economic and political problems that existed in Zimbabwe during the time of the study.

8.2.2.3 Clothing

Clothing was prioritised 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 services such as clothing, and yet clothing and other basic needs such as food, are not often linked with efforts to address psychosocial support challenges facing OVC. Thus 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 clothing are referred to in this study as covert factors of vulnerability that should be prioritised in service delivery for OVC.

8.2.2.4 Protection from abuse

The 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 focus on household factors that place children at risk of abuse, with the assumption that children are safe from being abused by people who are close to them ó this is not always true of all children.

8.2.2.5 Shelter

The mention of 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 shelter as a priority basic need. Households headed by older carers and children should be prioritized by housing schemes for the poor.

8.2.2.6 Health, hygiene and sanitation

The mention of seemingly small things such as soap as basic, 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. For example, a 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 conditions of Extreme Deprivation and Vulnerability (EDV) that characterised Zimbabwe's poor households at the time of the study, small deprivations such as lack of soap to improve on hygiene and sanitation can cause the occurrence of serious health deprivations and vulnerabilities such as illnesses and disease outbreaks. These should not be ignored in prioritizing service delivery for poor families, especially older carers and child headed households. This analysis also highlights the importance of providing comprehensive services to OVC and their families. The study shows that these services were not being provided. Sanitation and hygiene were not being prioritised by service providers.

8.2.2.7 Happiness and psychosocial wellbeing

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 word is rather too technical and not commonly understood by ordinary people. 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. Experience indicates that applying expert terminologies to 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 the 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, denying communities an understanding of their own knowledge systems and experiences, and creating demand among communities to learn useless knowledge. This is immoral.

The responses of children demonstrated that the factors that bring happiness and psychosocial wellbeing are not always as big and expensive as adults and the care and support system for OVC may imagine. Small things make a huge difference in children's psychosocial well being. The study demonstrated that factors such as 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, for example, *“I was happy when I scored while playing soccer for my school”* (12 year old boy), and access to basic needs, for example for example, *“there was a party in our*

neighbor-hood so there was plenty of food, music and drinks” (9 year old boy), brought happiness among orphans. These factors were often not prioritized when planning and delivering services for OVC, and society failed to provide these small things and put smiles in the faces of OVC. This paradox demonstrates the lack of moral capabilities on the part of modern society, which hinder the fulfillment of simple basic needs for OVC, even in the background of exceptional scientific innovation and productivity.

As shown in Table 20, Subsection 7.3. 1, 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 may think of. The reasons for this insecurity were not apparent from the study. Evidence in OVC care indicate that when they 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. Thus, 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. In Subsection 7.5.2.4, it was noted that 8 of the 9 children who reported having been abused were being looked after by a male and largely grandfather or elderly person. 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 them being carers. It also shows that men recognised that they were not providing adequate attention to children as they would have wished to. Raising children as a single parent /carer was considered to be a major challenge. Male guardians were said to be finding it more difficult to take care of children on their own than their female counterparts. This suggested that parenting skills and sensitization on 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 grandparent:

“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 not easy and requiring commitment. In the same vein, a 46 year old 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 highlighted that care and support services should not be generalized to all orphans and all carers. Older carers require more support than younger carers. Men carers may need support with parenting related skills and to have better understanding of child rights and developmental needs.

The study confirmed existing literature on OVC which indicate 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 prioritise physical needs such as food. The findings also indicate that most of the unhappiness that children experience is caused by adults and milieu in which children grow up.

8.2.2.8 Birth registration

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). Several studies in southern Africa have shown that children who lack birth certificates are often denied social welfare services. Thus, 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.

8.2.2.9 Child participation

Participants highlighted the need for children to participate in activities that affect their lives and to be empowered with skills necessary for them to look after themselves. Reflecting on the milieu in which OVC lived at the time of the study, participation was useful to ensure that children were aware and could protect themselves from the hostile adult environment. In addition, most of the children were staying with poor carers, mainly women and older people. It was therefore necessary that older children be empowered and given opportunities to participate and assist their carers with household chores and livelihood activities that were consistent with their evolving capabilities.

8.2.3 Comprehensive service delivery for OVC

Some key observations on the scope of service delivery are noted from the study: (a) not all children who needed support were receiving it; (b) those receiving support, got a fraction of what they needed; and (c) participants generally tended to identify only a few and not all 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, which were not adequate. (d) Consistent with findings from document review on the extent to which organisations adopt 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 partial 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 yet meeting certain minimum standards of care and support for orphans. This suggested that minimum standards /package should be set and agreed upon at national and community levels and used as a reference by all service providers. The study demonstrated that a lot more needed to be done to transform human intent into practical action that achieves social justice ideals and comprehensively fulfills all the basic needs of OVC.

Reflecting on the responses from participants, it would appear that it is possible to facilitate comprehensive service delivery for OVCs as summarised in Subsection 7.3.4. 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) coordination of 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 sectoral 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; and (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 highlighted 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. For example, carers argued that orphans should be supported with income generating skills and employment opportunities beyond just providing them with 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 and morally or 'consciously responsible' or obligated social support system, than it was dependent on the individual child or their immediate carer.

In Zimbabwe, a comprehensive policy framework for OVC existed and the social welfare system was reported to have been working well prior to the period of social and political turmoil and the collapse of the economy. Participants blamed the political environment, a hostile Government policy that banned aid organisations 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 necessary commitment by the social and political system. Such an approach to care and support for orphans can be described as reductionist, and yet the language and phrases used by carers and practitioners to describe comprehensive support, in all cases, resonated with systems ideas. For example, the responses suggested that support to orphans should: (a) not be time bound as often done through short term projects; (b) be based on fulfilling the rights and dignity of the child; (c) be guided by morality and social values; (d) address entire needs of orphans; and (e) be sustained overtime.

These observations form part of the thinking on which the proposed framework described in Chapter 10 was derived.

8.2.4 Orphans demonstrating to be responsible children

The study offered a better understanding of orphans from their own perspective in comparison to how they are commonly perceived by the adult world. This understanding demonstrates that children and in particular OVC, must be consulted and their views respected, when designing policies, programmes and service interventions for OVC and their families.

The findings demonstrated that building trust is a major factor for promoting communication among orphans, and for creating opportunities to better understand their inner selves. Children communicated their hurtful situations and needs to people that they trusted. Children gave reasons for not communicating hurtful experiences and needs. These include: being afraid to be seen as too demanding, fear of reprisal or

being blamed by adults /carers, and knowing that nothing would be done to address their problems or needs. These reasons depict orphans as victims of a hostile adult environment that view them along the prehistoric and early Christian times notion of children as an embodiment of evil (Sorin, 2003), requiring punishment to drive the evil out of them. It also depicts children as out-of-control and delinquent beings requiring to be brought into line through disciplinary approaches (Sorin, 2005:15). These findings highlighted the importance of pairing every OVC with a significant person for mentorship, counselling and guidance, and for purposes of protection against different types of abuses and child rights violations.

Children were also forgiving of their parents who had abandoned them for example, *“my father is important because he put me on earth even though he doesn't do anything for me”* (11 year old boy).

They demonstrated a level of maturity; responsibility; self-awareness; critical thinking; aspirations; and understanding of their social, economic and political milieu far more than adults and society often assumes they do. They understood societal expectations of them as children and 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 designed on an inadequate understanding of who OVC or children in general really are, what they can do and what they aspire to become. Literature has shown that throughout human history, adults have often developed perceptions and stereotypes about children, and developed policies and programmes, and nurtured relationships with them, based on these perceptions. These perceptions have been described in Subsection 3.4.1. The study shows that these perceptions may not always provide an adequate understanding of the ultimate truth about children, and may in fact, misrepresent who children really are. Thus policies, programmes and relationships developed for children may not represent the truth. An understanding of children is required based on an appropriate understanding of their hopes, aspirations and understanding of the meaning of relationships that they develop and of their social milieu.

The findings depicted the notion of Agentive 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 was unfair to them just like adults do. The aspirations to succeed and help their family members also depict the Agentive Child (Cosaro, 1997) with vision and aspirations about their lives and goodness to their families and society, contrary to common perception of young people as delinquent. The aspiration, as said by orphans, to *“have family of my own”* suggested that children considered the sense of belonging and being socially acceptable as important aspects of life. Ironically, it also portrayed a historical anachronism reinforcing the Medieval Era (6th -15th Centuries AD) that viewed

children as miniature adults (Woodrow, 1999). The risk with this view of children is that society may justify the neglect of its moral and child rights obligations towards those who are vulnerable. Society may have 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 suggests that are documented in Subsection 7.4.1 and 7.4.2 show, promoting resilience could have negative effect on children, creating a sense of obligation to accept their abnormal deprivations, vulnerabilities including sexual abuses as normal. In the long term, they may also grow up to accept these situations as normal, and practise them on others even as adults reinforcing social injustices in social systems.

The study also revealed that adult perception and treatment of children was a hindrance to their development and trust of their social milieu, and to self expression. This exacerbated vulnerability of orphans. Thus the social system (adults in particular) was failing orphans. Findings indicate that the political and economic environment in Zimbabwe was generally hostile to the general populace including adults. A conclusion could be made that some adults were transferring this hostility to children.

8.3 The OVC service delivery management (care and support) system

A reflection on the responses from carers, orphans and practitioners provided insight into the status of the OVC service delivery management system. The study highlighted strengths and weaknesses that characterised OVC care and support in Zimbabwe, and generalized to southern Africa. However, the weaknesses far outweighed the strengths, as described in Subsections below.

8.3.1 Extent to which the needs of orphans were being fulfilled

8.3.1.1 Partial provision of services for OVC

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 or intervention [one or the other intervention], but implementing all interventions to address all the problems simultaneously. This ideal was far from being met among families of orphans in Zimbabwe, summarised by the following selected excerpts from orphans:

“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 3 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 characterised 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, summarised by one participant to imply that 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 (see also Annex 5) at the time of the study confirmed acute deprivation of basic services among orphans and poor families. Even those services that were being provided were reported by carers and orphans as not being enough as shown in Subsections 7.5.2 (Extent of service delivery) and 8.2.2 (Deprivation of basic services for OVC). The service delivery system was not paying attention to provide all the basic needs of OVC adequately. There did not appear to be a professional or moral obligation, and intellectual, technical and management capacity on the part of service providers to ensure that OVC received adequate basic services.

8.3.1.2 Poor scope and targeting of development assistance

When asked to propose recommendations for strengthening service delivery for OVC in Zimbabwe, participants’ responses highlighted that in politically polarised environments riddled with corruption such as characterised 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 tended to be selfish, biased and politically partisan. 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 grand mother 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. Thus OVC and those most vulnerable and in need were not always guaranteed of support. There was need to educate /sensitise local leadership on the ills of segregating orphans from support on the basis of their carers’ political affiliation.

Reports from project practitioners on the level of support provided by their organisations to OVC indicated that the capacity of aid organisations was rather weak and so they could not reach out to as many children as needed support.

The study also confirmed that OVC support needs were not always the same, and thus it was important to understand the special needs of each child and not generalize services to all children. For example, some of the orphans who had been sexually or physically abused or living with HIV and AIDS required special counselling services as well as parenting services and skills to handle them on a day to day basis. These needs were not always known by carers or by the entire service delivery system, largely because adults did not always understand children well enough.

Whereas responses by project practitioners suggested that psychosocial support was among the services commonly provided by aid organisations (see Table 26, Subsection 7.5.1), and that it was also commonly reported as a priority basic need by practitioners as shown in Table 22, Subsection 7.3.1, the general lack of communication of hurtful situations and deprivations among orphans indicate that such support was far from being 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 highlighted in Table 28, Subsection 7.5.3.7, indicate that the prioritization, targeting and provision of OVC services was not being informed by adequate understanding of the situation of OVC . Services were also selectively targeted mainly to children in families with HIV and AIDS. The findings revealed a concern that programmes were not being implemented properly as expected. For example, 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”*. Criteria for selecting OVC were not being communicated to all guardians /parents of OVC resulting in suspicions on the transparency of the process. As noted by a 46 year old school teacher,

“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 – school fees and uniforms instead of paying school fees only”.

A 23 year old guardian complained that *“if a child has got one parent, they [aid organisations] refuse to pay school fees for the child even if the parent is poor”*. Participants also complained that aid 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 an aid organisation who narrated:

“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 lifeskills 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 this study indicated that children were aware of the broader Zimbabwean political, social and economic milieu that failed them and their carers – this was consistent with a global understanding of young children, for example the work done by Garth Allen on autism and education among children (Allen, 1997). Yet lifeskills 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. It may no longer apply to AIDS and poverty ravaged situations such as predominant in Zimbabwe and Southern Africa where children increasingly live in households headed by other children, ailing adults, elderly and poor women. These children often require competency to fully understand life in a holistic manner so that they can cope with their day to day challenges.

8.3.2 Governance of OVC service delivery management processes

8.3.2.1 Corruption, partisanship and lack of transparency

Corruption, nepotism and lack of transparency on the part of both Government officials and field workers representing aid organisations were frequently reported as rampant. Annex 3.a. provides 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. This indicated 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 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). This, again, raises issues around the morality of social development management practise.

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 as they considered that;

“...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).

8.3.2.2 Politicisation of development aid and support

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 (see Annex 5.f. for media briefs on politicization of food aid in Zimbabwe) which includes headings such as::

“Political pressure as Bacossi food distributed”; “Bacossi politicized, collapses”; “Zimbabwean Chiefs to screen NGOs”; and “War veterans block donation”.

Thus the political situation in the country at the time of the study was a major impediment to care and support for OVC and ironically among 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 virtually 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 conducive policy environment such as reviewing adoption laws to make it easier for well-wishers to support orphans. However, as noted under 8.3.2.2, political polarisation, 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 situation, traditional project management practise became inappropriate. The role of project management practise in addressing service delivery in politically charged and poor environments became challenged. 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.

8.3.2.3 Unsustainable donor oriented sources of funding

The findings indicated that there was over dependency on international donor funding that was neither always assured nor adequate, nor predictable. This demonstrates a reductionist, charity approach rather than a holistic child rights based approach to service delivery management for orphans.

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 tendency by some guardians and parents to be over dependent on donors and neglecting their child care and support responsibilities, observing that:

“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 (see Annex 5.c for details) resulting in massive deterioration in access to basic needs such as health and food as highlighted by media news headlines such as:

“Robert Mugabe’s 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 priority needs of children and carers. As depicted by the study, 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 and relied on donor funds for their survival, while local communities at the time of the study were virtually destitute (see Annex 5.a. for media reports on the economic situation in Zimbabwe at the time of the study). 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, medium to long terms planning of donor assistance was not possible on the part of both 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.

8.3.2.4 Weak community and child participation in OVC 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 recognised that OVC needed to be empowered and to participate in programmes as demonstrated by the following selected excerpts:

"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) .the 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 ó teacher)í 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)í 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 ó teacher)í 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 ó aunt /sister of 3 orphans)í 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 grand children) ...the OVCs should be given projects which they can administer for themselves (33 widow year old with 2 children)í train OVCs so that they can be able to work for themselves (28 year old carer ó sister)í 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)í if there can be a garden for the OVCs where the children can work so that they acquire skills for workö 57 year old widow with 6 children and grandchildren)í öthe children must be taught mabasa emako [vocational skills] and how to work for themselves” (65 year old grandparent who never attended formal education).

Unless society provides a conducive 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 care and 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.

8.3.3 Gender bias in the care and support for OVC

8.3.3.1 Women and older people bear the burden of care and support

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. The study indicated a reversal of this situation in Zimbabwe, with 69% of households 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.

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 Subsection 7.5.4.4, 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 polarisation, 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. Thus most carers chose to suffer in silence, in destitution, bearing the burden of care and support alone. The plight of older people as carers in particular is long term and respondents acknowledged that it often began long before the death of the parents of the grand children they looked after. One respondent remarked that *“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 (see also Annex 5.g. for Media reports on this matter) 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. In the words of selected participants:

“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”.

Thus efforts to increase access to basic services for OVC should consider facilitating greater communication of needs by carers and children. Since the likelihood of an older person caring and supporting OVC was high, indiscriminate 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.

8.3.3.2 Male carers generally considered to be bad carers

The study confirmed that the gender dimension of care and support for OVC appeared institutionalized, leading to stereotypes that males were not capable of playing this 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 that to be the role of their sisters. This stereotype, which appeared to be reinforced by culture on the social roles of men and women, appeared to have incapacitated men as carers. As a result, children living in male only carer households were likely to drop out of school and to be sexually abused and generally to be worse off than those in female carer headed households. These findings confirm existing literature that point to the need for socialization of

boys and girls and men and women on balancing gender roles. The findings also suggest the need to develop supportive policies for protecting children in households where the only carer is male.

8.3.4 Extent of efficacy of the service delivery system for OVC

8.3.4.1 A complex chain of intermediaries in funding for orphans

The responses of project practitioners on how their organisations got services to OVCs exposed a long and wasteful food-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 and local leadership structures, the carer of OVC and the child. The findings indicated that to a large extent, aid service organisations adopted a top-down approach in the management of service delivery efforts with little or no coordination between them. 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.

It would be interesting to establish the proportion of the actual money meant for OVC to the total amount earmarked for them at the first instance, and determine the amount that is lost through the administrative chain that sustains the social development management practise. Such information could demonstrate to development practitioners just how much they owe it to OVC, and perhaps motivate them to be more accountable and morally obliged to put their interests first ahead of salaries and their own career development and progression.

8.3.4.2 Monitoring effectiveness of service delivery for OVC

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 NGOs agenda at community level. They called for independent people to monitor and evaluate service provision at community level. Findings suggested that monitoring and evaluation was often conducted to satisfy the donors and not the needs of the community.

The Association for Project Management (2006)ø Body of Knowledge (APM BoK) argues that often, project practitioners and donors are concerned with the ðefficiencyö of their work such as meeting targets on time and cost effectiveness and not with ðbenefitsö 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, poor communication of needs and hurtful situations by 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 the carers and OVC who experienced hardships and utilised 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.

8.3.4.3 Untapped opportunities for the care and support system

The absence of a robust monitoring and evaluation and data management system for OVC meant that the service delivery system did not have the capacity to adequately evaluate itself and the opportunities for improvement within the service delivery milieu. A major opportunity 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.

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. Participants lamented for example that:

“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 *ũZunde raMambo* [Chief’s /community granary concept], a form of social protection meant to guarantee food for the poor.

The findings clearly demonstrated the desire for self-reliance and discomfort with dependency on aid on the part of carers. Focusing on empowering families to attain livelihoods self reliance had the potential to enhance comprehensive service delivery for OVC as well as breaking the cycle of deprivation and vulnerability poverty by minimising dependency on aid.

8.3.5 Determinants of the orphan care and support cycle

The findings confirm that the bulk of NGO services was delivered through projects and programmes, described by John Cropper, programme director at Oxfam in a feature article in a magazine of the Association for Project Managers, as *“the lifeblood of international non-Governmental organisations contracted by donors to manage projects on their behalf”* (APM, 2010:23). It was time framed, with limited resources, funded largely by donors who sought to champion a well intended philanthropic cause, delivered through technical professional organisations who supposedly had the skills and know how on how best to deliver services to vulnerable populations. It followed the project cycle of concept, design, implementation and handover that is followed in traditional project management practise. Unlike with traditional physical projects, the services provided such as food were basic human needs that would continue to be required in the long term after the funding and the projects had ended, and yet their delivery was designed as if they were short term assignments.

As the findings demonstrated, most of the donor funded organisations received funding in the form of short term cycles of not more than 3 years, and delivered services directly through their own staff, or through supporting community programmes for lesser duration. In some cases service delivery organisations committed funding to community OVC programmes in cycles of less than one year. Thus services reaching OVCs were in the words of a 54 year old widow looking after 6 OVC, *“can only last for a few days because it is too little”*. On its part, the Government of Zimbabwe initiated a once-off subsidies programme named Basic Commodities Supply Side Intervention, better known as *“Bacossi”* which was criticized by carers as unsustainable, and as echoed by a 60 year old grandfather looking after 5 OVC, *“we cannot rely on bacossi as it was only provided once”*. The findings indicated that donors were said to be deciding on 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 also determined by donors Governments.

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.

The findings revealed a power triangle between international donors, NGOs operating in Zimbabwe, Government, and the community /carers and orphans (who appeared to be powerless observers). The levels of power and hierarchy of influence in the resourcing and management of service delivery for orphans trickled down 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) ó despite being broke, the Government could still demonstrate its power over that of NGOs by banning and restricting the work of aid organisations, accusing them of having political motives.

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 ómost of which were desperate measures.

The above relationships further confirms the charity based orientation 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 destiny. The charity based approach was 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 on this at all. If it was their decisions and choices as shown in Subsections 7.5.3.7 and 7.6, and Tables 28 and 35, the majority of carers would rather be supported to strengthen their livelihoods and self óreliance initiatives in the medium to long term than receive daily needs in the form of aid.

The study demonstrated 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.

8.3.6 Barriers to universal and comprehensive service delivery for OVC

Project practitioners indicated that the political, economic conditions, and financial and human resource challenges were the main barriers preventing their organizations to do more of the things that were working well. For example, as a result of the economic collapse, one practitioner stressed:

“Core home based care programmes are not fully operational which therefore limits extend to which OVC can be supported”.

8.3.7 Glorification of project performance

In Subsection 7.5.4.5, 8 out of 23 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 well. Further analysis on a follow-up question on whether project practitioners considered the approaches used by their organisations to be appropriate or not showed that 13 out of the 21 practitioners who responded indicated that the approaches were appropriate, including some who had conceded that OVC were not receiving adequate support. These findings came out as rather unusual given the obvious economic and political melt down in Zimbabwe at the time of the study, which made the majority of the population destitute as highlighted by all carers, orphans, and some project practitioners (see Annex 3); media reports (see Annex 5), and witnessed by the researcher. This situation was summarised by a 26 year old Social Worker as follows:

“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”.

The findings suggested that some project practitioners did not want to show their limitations and those of their organisations as agents of social development. A further reflection in Table 31 in subsection 7.5.4.2 indicates that 10 out of a total of 23 project practitioners who participated in the study could not indicate the number of orphans that were reached by their programmes. In addition, 9 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 practise. 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". Findings from the study indicated that this applied to OVC project management practise as well.

The lack of project management professional competence among social development practitioners in the SADC region has been highlighted for example (Dzirikure, 2005). Globally, for example, John Cropper 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 APM 2010:24). 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.

8.4 Theory – methodology - findings of the study nexus

The findings presented 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). This section describes how this unique application of multiple research methods in combination enriched and lent credence and validity to the research study; it also points to weaknesses associated with this research approach.

8.4.1 Methodological pluralism

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 generalisation of conclusions to southern Africa.

The story telling technique empowered 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 had not told anybody before. This research approach is associated with emancipatory and postmodern systems

approaches. On the other hand, the guided interview schedule used among project practitioners was structured to elicit specific technical and empirical project management experiences; project practitioners to narrate their personal experiences and perceptions, in which case it draws on a positivistic research paradigm.

In this study, the untold, ordinary and contextualised stories of orphans and carers who Socrates described as containing an intimation with the truth, were heard. This neutralized the deafening technical voices of the experts, which are often motivated by promoting the efficacy of their management designs rather than benefits for the poor.

Whereas story telling elicited contextual untold stories of the orphans and carers, the standard interview guide elicited the technical generic voices of project management practise. It provided insight into service delivery management practises for the vulnerable from a positivist performance management perspective. In its pursuit of facts which alluded 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. These were not always compatible. This suggests that on its own, the interview guide may not have led the study to the same conclusions.

On my part, I simultaneously switched in between: (a) doing my work, to (b) being an observer of my own work and that of others, to (c) seeking to understand the work of other project practitioners in relation to my own work, to (d) listening to the voices of orphans, carers and from the broad environment, to (e) understanding the implications of both my 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), and is associated with interpretivism /constructivism. PEAR compelled that impartiality and neutrality be maintained in the judgment and conclusions made during the study, at the same time enabling experiential learning. My 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. My role in the research allowed for self reflection on my management practise and the morality of my claim as a technical regional representative of the voices and aspirations of orphans and other vulnerable children in SADC.

The review of literature on social development project management practise and media reports in Zimbabwe served to validate the findings and conclusions of the study, and their generalisation 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 practised; this concurred with the rather 'glorified' responses of some project practitioners in Zimbabwe, whose responses demonstrated their aspirations more than what their programmes were actually doing.

Methodological pluralism as it is applied in this study reconciles two ontological perspectives (Zadek, 1994) of *constructivism*, which can generate knowledge through consensus building, derived from understanding different values and worldviews, and *positivism*, which assist in decision making and action by making reference to empirical reality. This has allowed the study to derive actionable ideas.

It was considered inappropriate to subject participants, particularly orphans and caregivers to quantitative, discrete research methods because the subject matter on orphans and vulnerable communities often involved complex disparate social, political, economic, emotive, aspiration, and perceptual factors and value systems which are not always easy to qualitatively measure. The cause and effect relationship for any single deprivation or vulnerability in the life of an orphan is not always clear cut and involves a number of interrelated and not easily discernible factors, a lot of them directly influenced by global issues. Such issues can best be investigated through Socratic dialogue to elicit personal stories from those affected. Thus in adopting qualitative research as the overall method, the study is not necessarily dismissing quantitative research methods, but is compelled by the subject matter and nature of the investigation, fully aware that quantitative and qualitative often complement each other and 'constitute alternative, not opposing, research strategies' (Blanche and Durrheim, 1999).

8.4.2 Protecting the research from the whim of the researcher and of theory

The use of methodological pluralism served to protect the research process from possible 'corruption' effects of subjectivity on the part of the researcher; blind confirmation of theory, and from the biases of participants. The 'deductive' and 'inductive' conclusions in this research study could no longer be influenced by my own judgment 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, storytelling, and with systems theory, the phrases and language of participants have been extensively quoted to describe and interpret findings in this study. 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 practise. The lessons learnt and the recommendations of the study were also drawn from those provided as research data by participants. In this regard, the conclusions of the research process were determined by stakeholders.

8.4.3 Methodological learning points from the study

The study provides the following lessons that may be useful for future research:

- (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 as described under Subsection 6.5.2, there was often a compulsion for me to emphasise certain research findings that were consistent with my 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 I already knew and my 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 induct on new meaning as well as deduct on practicality of existing theory and literature. Researching my own professional interests enabled me to relate with the findings and their relevance to the Zimbabwean and SADC contexts; thus I could apply practically tested context relevant judgments as opposed to generic theory-oriented judgments in the analysis and interpretation of research data.
- (c) Experience with designing research instruments and with field interviews 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 'efficacy or efficiency and effectiveness' of project designs and management practises as perceived from the perspective of project practitioners, missing the perspective of beneficiary populations. The strength of this study is that relevant tools were designed for different respondents in ways that ensured that data received was complimentary or 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 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 or 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 was not guaranteed of the 'truth' by research participants).
- (f) Used among vulnerable and voiceless populations, story- telling as a research technique can serve as a therapeutic tool, eliciting 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 characterised the study population, is conducive to 'respondent bias' - Participants may associate the research as an opportunity to draw the attention of authority and well wishers to their plight. This could lead them to exaggerate their situations or exposing the research to the vulnerability of establishing and concluding 'falsehood'; such a situation leaves the 'researcher vulnerable' to the research process.

8.5 Weaknesses of the study design and execution

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).

8.5.1 The vulnerable researcher

The reflection on methodological philosophy and theory described in Chapter 6 subsection 6.8 depicts several issues that exposed the researcher 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, 2000; 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 (Koskella and Holwell, 2000); the exploratory nature of this research study and in particular, its pursuit to discover a new way of delivering complex social development issues (Greenwood and Levin, 1998), all pointed to the philosophical and methodological dilemmas facing this social enquiry.

The polarised political environment in Zimbabwe limited the extent to which 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 emphasise the vulnerabilities of orphans that emanated from politics, 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 researcher 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 highlight 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. In addition, some participants expressed research fatigue, complaining that they had taken part in several studies in the past, in which they 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. Perhaps a comparative study in an economically viable country would have been illuminating ó 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.

8.5.2 Challenge of researching on emerging disciplines

The three thematic areas of the study - project management, systems practise and child development, are relatively new to the extent that they are considered as academic and professional subjects, having evolved and drawn global interest and application largely within just over half a century. As a result, they lack solid theoretical grounding, mature academic literature and specific research methods that are found in natural science and other social science related academic and professional disciplines. For example, 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 òintelligence gatheringö (Phillips and Pugh, 1994) related research techniques synonymous with base line studies, impact evaluations, progress reviews and social audits conducted in social development practise, than through the rigour of academic research. As a result, the study relied more on ònaturalisticö 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' life, 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 more of a formative function. 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 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, 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.

8.6 Conclusion

Chapters 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. The Chapter demonstrated that the language used and the service delivery approaches used were reductionist and not systems oriented. Project management practitioners were not always honest with 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.

The use of different research approaches and data sources served to enrich the findings of the study. In the presentation and analysis of data, efforts were made as much as possible to use the words and voices of participants to give credence to the interpretation of findings. The use of methodological pluralism can be argued to have helped to reduce and address anticipated weaknesses of the research design. As a result of all these efforts, the evidence gathered during the study has been useful in reaching conclusions on social development project management practise for orphans development using systems ideas as outlined and argued in Part 3 - Chapters 9, 10 and 11 that follow.

CHAPTER 9 HOLISM IN ORPHANS' DEVELOPMENT

9.1 Introduction

The research study provided rich data from which conclusions were drawn, enabling better 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, in particular, under the themes of: (a) development of orphans as children; (b) orphan care and support project management milieu; (c) systems philosophy and orphans development project management practise; and (d) implications for sustainability of orphan care and support efforts. The Chapter also provides recommendations for improving social development project management for OVC. The recommendations have been drawn from an analysis of the findings of the study. Adapting some of the principles of Grounded Theory, the research also sought to derive conclusions directly from the wealth of experience of carers and members of the community who worked with orphans daily, and the practitioners. 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. 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 document review on the extent to which systems ideas were reflected in social development intents of aid organisations operating in Zimbabwe and in southern Africa in Chapter 4, in the responses provided by project practitioners and carers particularly in their definitions of comprehensive care and support for orphans in Chapter 7, Subsection 7.3.4; and in the untapped opportunities for improvement of care and support to OVC highlighted in Sub-section 7.6. This indicates abundant potential for applying systems thinking to OVC project management practise. It also suggests that the whole some application of systems thinking to social development is evolving and imminent.

However, as shown repeatedly by field research findings and media reports in Chapter 7, and the interpretation of findings in Chapter 8, which depict severe failures in the care and support system for OVC in Zimbabwe, these ideas and intents were not being practised, resulting in deprivations and vulnerabilities of OVC not being addressed adequately. The narrow definition of orphan (which implies that a child's well being is the exclusive responsibility of the biological parent) described in Subsection 7.3.2, implies that the meaning ascribed to orphanhood 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 policy, politics and practise, and the multiplicity and chronic nature of deprivation, all point to the fact that social development efforts were far from fulfilling the basic developmental needs for OVC in Zimbabwe and by proxy, as depicted in Chapters 2 and 3, in southern Africa. This suggests that the approaches used in OVC care and support are not necessarily the most appropriate for the problems and context of Zimbabwe and southern Africa. Instances of 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 practise 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 practise on the other. It exposed the lack of a sound philosophical and theoretical anchorage to guide social development project management practise. Thus, 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.

9.2 Development of orphans as children

9.2.1 Extreme Deprivation and Vulnerability (EDV) for orphans

Vulnerability is often understood to be 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 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 that is depicted under Subsection 7.3.3.1, suggest 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 that were given by carers and project practitioners under Subsection 7.3.3.1 show that while it is a significant factor, orphanhood 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 status or within their families and orphanhood. 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 left out many children and families who needed support.

Results showed that 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 is described in this study as Extreme Deprivation and Vulnerability (EDV) characterised by, for example, going for days without meals often surviving on wild fruits, children engaging in sex work for food and being exposed to HIV infection, and, as described in Annex 5.h, living under insanitary 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 participants described as “*all children are vulnerable*” resulting in basic services of orphans not being provided adequately and predictably and in some cases not at all. Drawing on the psychology of child development, which indicate that there is a relationship between deprivation of basic needs and poor developmental capabilities for children which can last into adult life, this level of deprivation among many children suggest 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.

Despite the societal hostilities towards them, most children remained generally happy. This can be interpreted to mean that they had developed resilience to cope with EDV and “accepted” their fate as normal. This resilience and acceptance of EDV had the potential to perpetuate vulnerability in as far as it shaped the personalities and “being” of OVC, for example, to develop perceptions of “truth” in which it was acceptable for society to be unjust. 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” of deprivation and abuse among children had the potential to affect their psychosocial wellbeing in the long term. Ironically, most psychosocial support programmes in Zimbabwe and southern Africa promote resilience among OVC.

9.2.2. Societal perceptions of children and orphans' development

The study highlighted that programmes for orphans were not always designed with adequate understanding of children's situations, thoughts and aspirations. It brought out often neglected facts about orphans as children. Measuring children's state of happiness as a proxy for psychosocial well being, the findings demonstrated that small things some of which do not cost any money can create wonderful and lasting memories to orphans. As shown in Subsection 7.5.2.5, children derived lasting memories of happiness from such things as going to school, having a ball point pen, being shown affection, receiving presents and celebrating their birth days, receiving basic needs such as food, shelter and good health care, personal achievements 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 these memories could have lifelong impact on individual and societal behaviour and wellbeing. And yet, under EDV, the Zimbabwean society failed to provide for these basic and often small needs. This demonstrates that 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 far from being a reality in Zimbabwe. Several studies have also pointed that the same situation applied to most of the countries in southern Africa. This situation calls for a review of the approach to the management of OVC development efforts.

Findings also demonstrated that children from an early age had a sense of responsibility, and could distinguish between mentorship, being responsible and assisting family, from abusive work. As highlighted in Subsection 7.2.9, 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 of play and rest. They also made reasonable and realistic demands, aware of the socio-economic realities of their carers. This demonstrated that children were rational and spiritual, and could be assigned responsibilities consistent with their developmental capabilities as recognised in the ACRWC. This resonated with the view of 'The Agentic Child' (Sorin and Galloway, 2005). Closely related to this perception, the study also depicted children as 'Miniature Adults' (Sorin and Galloway, 2005), capable of critical thinking, having foresight and plans for their future as described in Subsection 7.4.3. From as young as 7 years, orphans already had vision and aspirations about 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 view of the child as '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 realise 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 people are oblivious of these distinctions. Thus, efforts to eradicate child labour are difficult and dependent upon individual interpretations. In addition, such definitions and distinction may not recognise 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 (see Annex 5.g.), children's rights were violated when EDV forced them to engage in sex work to get food, confirming the view of children as 'Commodities' (Sorin and Galloway, 2005). Some children were also being abused by relatives for sexual gratification. Efforts to address the abuse of children and to safeguard their rights do not always take into account and address these social definitions and perceptions.

The study confirmed the flaws with most orphan care and support programmes - designed exclusively from the perspective of adults' understanding of children, and not the perspective of children. Adding to their 'silence' and mistrust of the adults described in Subsections 7.4.1 and 7.4.2, children were not being consulted, and project practitioners decided what was best for children as demonstrated by the determinants of funding cycles in Subsection 7.5.4.7. This depicted a societal view of 'The Innocent Child' (Sorin and Galloway, 2005). In addition, seemingly small things that were important to children such as '*sending me to herd cattle on Sunday when I wanted to go to church*', birthday presence, and visit family relatives, were not being prioritized by service providers. These depict the child as deeply spiritual and are elaborated in Subsection 9.2.4.

Children's views, needs and worries were not being used to inform care and support efforts; this confirms findings from studies conducted in southern African countries (SADC, 2008). Projects and programme that targeted orphans were short term, and did not prioritise 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 in this thesis is coined, 'The Mis-represented Child'.

These findings indicate that children's level of understanding 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 to understand them. 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. Philosophically, this can be interpreted to mean that children had a spiritual instinct for responsibility related to having families, producing offspring and perpetuating humanity. This aspiration also had the potential to expose girls to sexual abuse.

The study revealed a new construct of 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 were not reporting serious hurtful events such as sexual abuse for genuine reasons, namely for lack of trust of adults - typically such as fear that they would not be listened to, nothing would be done to protect them, and they would be blamed and victimized. The findings pointed to the need to: (a) build consistently trusting relationships and open communication channels with orphans as a major prerequisite for child protection efforts, and (b) establishing or pairing children to adults that they can trust and communicate their needs and experiences. These people would become the mediators between children and adults, with a view to facilitating the fusion of children's understanding of life and adults' view of children and their needs. This has the potential to reduce misunderstandings between adults and children. In addition, it could enhance child protection efforts by increasing the chances of identifying more cases of child rights violations, investigating, monitoring of cases of child abuse, punishing perpetrators, and rehabilitating child victims. This could also make it possible to anticipate risk and prevent child abuse. Such efforts would need to acknowledge that in some cases, neither the surviving parent, nor immediate carer, nor a family member, may be the ones who understand the child the most. Instead, this could be a friend, community member or the teacher. These findings can inform the improvement of parenting skills for carers of orphans.

The findings reconfirmed that gender was a key issue in the care and support for orphans, and in the development of children. Subsections 7.2.2 and 7.2.5 showed that the care and support for orphans was done more by women particularly the elderly, 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, the study revealed 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 evidenced by those who

considered household chores such as sweeping the house and cleaning dishes, as meant for girls and not boys. As depicted in this study, those orphans living: (a) in male headed households, (b) with step parents, and (c) with non relatives, were likely to be more vulnerable to physical and sexual abuse than those who lived in female headed households particularly with their mothers and grandmothers. In this regard, the study established that 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. Thus 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 prioritised 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 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.

The study showed that children were not passive recipients of support, but critical analysts of issues that affected their lives. For example, at the tender age of seven years, children 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. These findings depicted the *The Saviour /Hero Child* (Sorin and Galloway, 2005). Consistent with the findings and proposals of an evaluation of the UNICEF lifeskills programme conducted by the University of Pretoria in 9 SADC countries (UNICEF, 2007) the findings of this 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 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 practises should be centred on children. Thus genuine child participation and leadership of efforts to address their development is a key factor to the success of social development efforts.

The study suggested that the lack of basic needs among poor and vulnerable children, exerted pressure on OVC to access these needs through risky behaviour such as sex work, having affairs with older men and early marriages. Efforts to address these risks are often inadequate, focusing more on providing information and other short term measures, rather than on providing the basic needs that 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. These findings demonstrate a close relationship 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 are likely to express these experiences on others. The findings demonstrate that the needs of children are not only physical but also spiritual, social and psychological.

9.2.3 Corruption of the child

Further analysis revealed a new perception of a social environment that corrupted the child. The Zimbabwean society portrayed different contextual constructs of the child depending on convenience to adults and to the service delivery management system. As noted earlier, documented constructs (Sorin and Galloway, 2005) that were also depicted in the findings were that of the child as: Innocent, Victim, Miniature Adult, Saviour/Hero; Agent, Commodity, and Adult-in-Training. 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 and Untrusting. Closer analysis of the context and convenience with which all these constructs applied interchangeably highlighted a new concept of an adult-led social perception of the reality of children that in its architecture, intent and purpose, corrupted children into becoming what they did not represent at birth. This revealed another new perception of the The Corrupted Child. Society did not allow children to develop their inherent capabilities and evolve naturally into being. Orphans were deprived of basic survival and developmental necessities, imprisoned and locked-up into a culture of silence. This depicts an adult-child relationship characterised by power, influence and control over children.

Conscious of their socio-economic and political milieu, children were aware that access to basic needs did not only depend on the availability of services, but also on other factors among which were: politics for example, "*Operation Murambatsvina which destroyed our house*"; adult misunderstanding of their needs which led to mistrust; and hostile adult environment which was not conducive for them to communicate their needs and abusive experiences. Society, in particular adults, needed to recognise and respect the rights and potential of children, and not view them as objects of charity

These observations suggest that child delinquency, which is also revealed in crime and deviancy in adult life, could be a manifestation of an evolutionary ‘corruption’ of the ‘Spiritual Child’ by a social system, functioning through inappropriate perception of reality and misunderstanding of the child that is defined and led by ‘corrupt-adults’ to the exclusion of children. The observations also suggest that adults should not blame children for inappropriate behaviour, but rather reflect and address the morality of the broader socio-cultural, economic, political and evolutionary system that shapes their behaviour.

9.2.4 The “Spiritual Child”

The discussion and issues raised in Subsections 7.2.5.2 (people most trusted by orphans), 7.2.9 (household and livelihoods-seeking roles and responsibilities of children), 7.3.1 and Table 20 (basic needs of OVC), 7.4 (children’s understanding of their milieu and their future), and 7.5.2.5 (psychosocial well being of orphans), all point to a philosophical understanding of the child as spiritual. Under these Subsections, orphans demonstrated spiritual characteristics or values that are described below.

- (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, for example, *“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, such as:

“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). Children could also tell the difference between abusive work and normal household chores assigned to them by their carers, such as:

“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).
- (c) Offering unconditional love and support to their carers and siblings and longing to be loved in return such as, *“I help cleaning the house and I am happy doing that”* (12 year old boy in Grade 5) .
- (d) Hopeful and recognising one’s purpose in life and longing to have their inherent dignity respected and fulfilled. They had aspirations to succeed and to be good citizens, , for example, *“I want to be educated and become wealthy so that I help my family and my aunt”* (15 year old boy in Form 1).

(e) Desirous for family and offspring to perpetuate and advance humanity. Children overwhelmingly indicated that they wished to have families of their own when they reach adulthood, for example, “*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)

(f) 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 gainfully employed, for example:

õI 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)í *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).

(g) Appreciating and recognising the support and services provided to them by others, and when people around them displayed kindness, generosity and compassion, for example:

“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)í *My mother works hard to make us happy* (17 year old girl in Form 3)í *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*ö (10 year old girl in Grade 4).

(h) 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, for example:

“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)í *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).

A reflection of these characteristics and of the overall findings of the study compels me to attempt to distinguish the key competencies and needs, also referred here as sensations, of a fully evolved human being which are: (a) physical, (b) cognitive, (c) emotional, (d) social, and (e) spiritual. My experience with most professional psychosocial support services that are provided is that they tend to fuse and confuse the spiritual aspect with either the emotional or social, and in some case cognitive and physical, or both, as the situation may conveniently dictate. Practitioners tend to associate spiritual with religion

and belief systems. And yet, an analysis of the "Spiritual Child" that emanates from this study, shows that the spirituality of the child can actually be distinguished from the rest of the other competencies. This is particularly important in cases where for programmatic reasons, these competencies are perceived as discrete services that can be addressed through vertical interventions. Indeed, this traditional understanding of competencies or sensations and of spirituality is reductionist and leads to an incomplete understanding of the child. And as I seek to argue and demonstrate, the totality of all these competencies produces a whole whose characteristics are different from each of its individual parts. In my own description and conception that is informed by the responses of orphans, I attempt to distinguish spirituality from emotions in my own words as follows:

Emotions for example, are a physical sensation triggered by the organs of the body such as the heart, and moderated by the brain. Cognition is also largely a function of the brain, receiving stimuli that are internal to the human body and also external from the environment, storing, processing and conveniently retrieving and expressing it in thoughts and interactions. Social is about relationships between individuals and groups of human beings. Physical relates to the common human senses that are scientifically and empirically verified. Spiritual is the ultimate sensation; an acknowledgement, understanding and appreciation of "being" manifested in such values as for example, responsibility; service to oneself and to others; appreciation and desire for life and for generation or conception of offspring to perpetuate the "being human"; intimacy with a higher order of social and environmental well being and harmony, etcetera. These examples distinguish spirituality from cognition, social, emotional and physical sensations. Spirituality is associated with the Socratic /Platonic "Love of the Soul" and Kantian "Moral Sensation". It is an endless, elastic and non quantifiable value expression or sensation. To demonstrate it in mathematic terms, the difference of the sum total between any true measures of spirituality between "beings" is zero. For example, such measures of spirituality as the state of happiness or responsibility, or love, are the same for anybody who has them at anytime, anywhere regardless of who they are, where they come from, or their social, cognitive, emotional, cultural, political or economic orientation. Thus, the state of being happy for a vulnerable child as a result of "being given a ball point pen or birthday present" as described in Subsection 7.5.2.5 is the same as being happy for a billionaire as a result of favourable financial dividends. Happiness is happiness. Indeed, spirituality can be a function of physical, cognitive, social and emotional sensations, but it is not any one of them. It is the ultimate price of a balance between all the other sensations, the whole that is greater than the sum total of its components parts. Thus in our daily lives, we may for example, fail to consciously recognise our spiritual nature, by for example, failing to be responsible for, or serving the poor and vulnerable children in our community, or failing to do

things for the greater good, regardless of our cognitive, physical, emotional and social and capacity to do so

While the list of characteristics of the ðSpiritual Childö described above may not be exhaustive, these characteristics are among the attributes that give meaning to being human. If recognised and upheld, these characteristics will contribute to attaining improved human relationships, social order and justice, and the common good and true happiness, among other human aspirations for social harmony, connectedness, wellbeing and development. In day to day interaction, they significantly influence our capacity to make good moral judgment, and to serve those that are vulnerable in our community.

However, as the findings revealed, the adult and social milieu in which children grew up gradually corrupted the ðSpiritual Childö from maintaining and sustaining these characteristics or values. As a result of this corruption, children, upon reaching adulthood, also corrupted the ðSpiritual Childö (their offspring and other children), thus creating a cycle of spiritual breakdown and incongruence, that denies healthy growth in the home and the community. And yet, as the study suggests, with every birth of the child, the ðSpiritual Childö continues to emerge as the gift of nature.

This makes it beautiful and reassuring to advocates of social justice and child development and wellbeing that despite societal affinity to corrupt the child, society cannot stop the cyclic re-emergence of the ðSpiritual Childö that comes with every birth. This provides confidence that good shall always rule over bad, and happiness over sorrow, and that this shall remain as the truth to be pursued and to be fulfilled by human improvement efforts.

9.2.5 Recommendations for orphans / child development policy and programming

The following recommendations emanated from the preceding discussion and analysis:

- (a) 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 invest in understanding the longitudinal impact of EDV of children to future social, economic and political development, and linkages between investing in child development to family, national and international development.
- (b) 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 social development agenda.

- (c) 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 socialisation.

9.3 Orphan care and support project management milieu

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 characterised primarily by HIV and AIDS and other health problems, political instability and polarisation and corruption, poverty and economic decline, certain bad cultural practises, and lack of observation of protective legal frameworks 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, productive capacities that affected the entire care and support system for OVC. The review of literature indicate that to a large extent, the situation in Zimbabwe could, to varying degrees, be generalized to that of many countries in southern Africa; with some of them being worse off.

9.3.1 Imminent impact of HIV and AIDS on orphans

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, comparable to for example 76% in Botswana, 66% in Swaziland, 64% in Lesotho, and an average of 44% in the entire SADC region (UNICEF/UNAIDS, 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 findings confirmed the understanding that HIV and AIDS impacted on socio-cultural, economic and political systems beyond health. The danger, as shown by the study, was that in some cases, it was used as the sole defining criterion for directing care and support for 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 HIV and AIDS Strategy 2003-2007). This practise was reinforced by international commitments (UNAIDS 2008) that prioritised 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.

9.3.2 Governance and social development for orphans

The study revealed and confirmed the centrality of governance to the effective management of service delivery for OVC and human development in general.

9.3.2.1 Effects of politics on vulnerability and service delivery management

The findings indicated that bad politics played a major role in creating vulnerability for children and communities in Zimbabwe. Access to basic needs for children was determined by political affiliation of their carers. Political polarisation also affected the productive capacities and care and support systems of families and communities by among other factors, instigating fear and hatred among members of the community, disrupting community livelihood initiatives, and displacing people. Such polarisation dissipated community values of respect of the dignity of others as well as of collectivism, consensus building and altruism that characterised traditional orphan care and support system in Zimbabwe. At the height of political polarisation, 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, a lot of which resulted from political power play, the disregard of the rule of law, and bad policy choices that accelerated the collapse of the economy as highlighted by media reports in Annex 5. Under such conditions, traditional project management principles and practises were no longer applicable, and most social development efforts in the country were failing to meet the needs of OVC. 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 reductionist OVC service delivery management approaches.

9.3.2.2 Accountability and stewardship

The bad governance that characterised Zimbabwe as depicted by the study was largely a product of the bad politics of patronage which severely undermined service delivery for orphans. The many sentiments raised by carers in Chapter 7 and interpreted in Chapter 8, in particular 8.3.2 (see also Annex 3.a.) and

reported by the media (especially in Annex 5.b, e, f. and g.) regarding rampant corruption in the distribution of food aid by Government and representatives of aid agencies, demonstrated the breakdown in accountability and stewardship that characterised service delivery management practise 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. Thus not all aid was reaching the orphans and their families. In addition, project practitioners were not always aware of programme/ project budgets and number of people served by their programmes/ projects, and yet they could glorify the performance of their service delivery management processes.

It is clear from the study that politics was a major determinant of the efficacy of service delivery, yet, social development project management practise did not put much thought on how it could remain effective in politically polarized environments characterised by violence, corruption and neglect of accountability. As highlighted under Subsections 7.5.3, 7.5.4.5, 7.6, 8.3.2, 8.3.4 and 8.3.7, , project practitioners were not always honest to acknowledge the weaknesses of service delivery management that were 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 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 practise demonstrated that the perceptions of project practitioners could not always be trusted when seeking to establish the performance of orphans development management efforts. It questioned the morality of social development project management practise. Project management practise was being rewarded for pursuing short term gains that did not translate into sustainable benefits for OVC. Primarily, the findings revealed a major potential weakness of project performance management for OVC that emphasise demonstrating verifiable, short term results, and not 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. Thus, the findings suggested that social development project management needed moral regeneration and a balancing of the physical results orientation with non physical social justice orientation in order to achieve comprehensive developmental outcomes for OVC.

9.3.3 Socio-economic environment and poverty

A major factor of the service delivery management milieu for OVC was the socio-economic situation. Further illumination of the macro-economic situation is provided in selected media briefs in Annex 5.

The socio-economic environment was primarily characterized by poor household livelihoods capacity and a generally weakened service delivery system for OVC as elaborated below.

9.3.3.1 Household livelihoods for care and support of OVC

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 ó orphans and non orphans, became vulnerable. The Government social welfare system which traditionally cushioned orphans, the elderly and poor families had collapsed (see also Annexes 3.f .and 5). Despite the Government ban /restriction on the operations of NGOs and òrestrictive sanctionsö imposed on the ZANU PF led Government, orphan care and support programmes remained largely dependent on aid from Western Governments. As highlighted in Annex 5.c., the Government of Zimbabwe instituted a policy compelling all aid to be distributed through community leadership structures which favoured ZANU PF faithfuls ahead of orphans. Community collective livelihood initiatives also became embroiled in partisan politics, discouraging participation of those carers who depended on them - pushing them into destitution.

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 on their income generation initiatives to cushion them from the economic adversities, to be self-reliant and to avoid dependence on aid. As noted earlier, this type of support was not being prioritised by Government and aid agencies alike; these provided short-term emergency relief which was inadequate, unsustainable and undependable for beneficiary communities. The study confirmed the relevance to social development management practise for OVC, of the old adage describing how it is better to give a beggar a fishing line than giving him fish.

The research study also confirmed that even in extremely poor environments, the immediate carer ó 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. These findings revealed that 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 practised.

9.3.3.2 Weakened service delivery management system for orphans

As the findings revealed, the collapse of the Government social welfare system in Zimbabwe (see also Annex 3.f) created a huge social welfare gap that placed a heavy burden on aid organisations whose activities were ironically banned or restricted by Government. This gap intensified vulnerability and widened the mismatch between what carers expected to be supported and what NGOs and Government prioritised 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 does not exist and as a result, Governments decide which obligations for children and for the poor they should fulfill, when and how.

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 piece-meal. 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.

9.3.4 Recommendations for orphan care and support project management milieu

Drawing from the preceding discussion and analysis, the study drew the following recommendations:

- (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.

9.4 Systems philosophy and orphans development project management practise

An analysis of the findings of the study evoked interest to relate and bridge scientific understanding with the philosophical intimation of the ñreal truthñ in the interpretation of the social realities of human improvement.

9.4.1 Meta-questions arising from the study

The study triggered some meta-questions fundamental to social justice. It is paradoxical that the study raised questions related to those that necessitated it ó and of a higher level. These questions are as follows:

- (a) What is the truth and sincerity of human development efforts, the sanctity and universality of human rights /child rights, if everybody seems to know what should be done to eliminate deprivation and the vulnerability of children, and yet everybody adopt management approaches incapable of attaining these ideals, despite a deepening in the plight 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? What is human civilisation if individual rulers of an enlightened 21st century era, could be allowed to systematically dis-empower and entrench extreme poverty among citizens while the entire world watches?
- (c) What does sustainability mean in a milieu of sustained extreme deprivation and vulnerability in which the majority are deprived and vulnerable?

The ñimpossibilityñ of deriving immediate answers to these questions demonstrates that humanity is far from attaining social justice imperatives. It signals failure, perhaps for a long time to come, to realise the many global, continental and national commitments that speak to human rights and social justice imperatives, equality and universal access to basic services. This ñimpossibilityñ suggests that radical global paradigmatic overhaul of the social order, and balancing of Kantian ñmoral sensationñ equally with ñphysical sensationñ or the Socratic/Platonic ñlove of the soulñ with ñsexual loveñ, are pre-requisites for achieving the ideals of human improvement and wellbeing.

Drawing from an analysis of the findings of the research study, this section on systems philosophy and practise in social development project management, sheds light on the reasons why these questions could not be 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 certainly emotionally and intellectually unacceptable considering the advances brought by

science and the innumerable human possibilities that it has created. The study places the blame on the lack of moral capability within social development management practise to translate good intentions into real benefits for orphans and their families.

9.4.2 Effects of language and definitions on vulnerability of children

The factors that were considered as defining orphanhood and vulnerability as indicated in Chapter 7, Subsection 7.3, were not within the control of the orphans and their immediate carers. These factors were largely influenced by human relationships and the meaning that society attached to these relationships. This also included the adult societal perceptions and understanding of children vis-a-vis, who the children really are as demonstrated in Subsections 8.2.2.7, 8.2.4, 8.3.6 and 9.2. These factors and perceptions could not always be justified as representing the truth of sustainable human relationships and social justice imperatives. For example, in Subsection 7.3.3, in Table 24, orphan-hood was identified by 16 out of 102 carers and 4 out of 23 practitioners as a factor of vulnerability for the child, and was defined as denoting a child who had lost one or both parents. This understanding of orphanhood and vulnerability gives the impression that biological parenthood and not the broader social system was considered by a proportion of society as an omnipotent determinant of whether a child realised his or her rights or not (for example whether a child got 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 highlighted in Subsection 7.5.4.4. 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 misrepresentation of the child, led to the corruption of the Spiritual Child and also reinforced children's mistrust of the adult social milieu. Yet, children often demonstrated cognitive, social, emotional and spiritual competencies to understand their social roles and their milieu far much better than adults thought of them. In a way, they also demonstrated a sense of spirituality, with good hearts and intentions to serve others.

Societal perception of children and child development practises emanating from this perception turned to be contrary to the global commitments defined in the UNCRC and the ACRWC which recognise the

sanctity and universality of child rights regardless of the status of their parents as noted in Chapter 3, Subsection 3.4.2, and also Subsection 3.4.3. 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 thus determined by human world views, relationships and perceptions of the truth about life. They are 'social constructs /creations of reality' that can essentially be changed by changing worldviews, relationships and perceptions of the truth.

Philosophers have long argued that it is through symbols such as language and definitions that thoughts are shaped and through which knowledge, reason, meaning - reality, is interpreted. Drawing on the philosophy and ideas of Kant, Socrates, Hintikka, Bohr and Flood as described in Chapter 3, Subsection 3.2.3, these findings confirmed that language as a symbol used to construct and interpret reality also determined social consensus and action on what is or should be vulnerable and what is or should not be vulnerable. Yet humans do not have adequate language or symbols to fully describe, communicate and understand phenomena around us. For example, Hintikka referred to Alfred Tarski's argument that 'the concept of truth for a language cannot be defined in the same language, but only in a richer one' (Rosen 2000: 414). Socrates is said to have argued that 'he who does not know about any matters, whatever they may be, may have true opinions on such matters about which he knows nothing' (Rosen, 2000: 422). Reflecting on this philosophy in relation to the logic and argument emanating from the study, it can be argued that current language, definitions and meaning applied in social development project management for orphans is immoral in as far as it promotes or allows social injustice to occur among children; it should be brought to moral appropriateness. It is thus a human imperative to seek to understand that which we do not know about social injustice particularly of 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, 2000: 424).

Taking a human rights based approach to child development, it is also clear that the definitions provided in the study fostered sympathy and not accountability, obligation, and responsibility for orphans and their families by the broader social system of 'duty bearers'. They denoted society abrogating on its duties and obligations to orphans. 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 definitions 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. It can also be argued that the definition of orphan was reductionist and consequently influenced reductionist policies and programmes on orphans.

Thus social injustice could be eliminated by addressing deficiencies and inappropriateness in the language available or not currently available in human and social relationships, interaction and development efforts. For example, 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, such as I, for example propose:

“A child whose immediate parenting and care and support arrangement must immediately be assumed by a new arrangement, as a result of death or incapacity or neglect in the previous immediate parenting and care and support arrangement,

could result in 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.

As crude as it may be, such a definition could give new meaning to an orphan, to vulnerability of children in such situations, and to parenting and care and support. Thus a new dictionary or glossary of language and meaning could bring in new words and phrases and redefine existing ones to promote human constructs of children that discourage vulnerability and promote the guaranteeing of fulfillment of the basic needs and rights of the child.

Deprivation was often identified as a measure of vulnerability (risk or probability of 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 both a loss of basic needs and a probability /risk of loss of basic needs was likely to result in the generalisation 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. Ultimately, this resulted in failure to target services according to priority needs and priority target groups, and in failure to identify intervention priorities for preventing the loss of basic needs or minimizing the effects of vulnerability. This is a weakness in current OVC management practise and requires interventions and monitoring and evaluation systems to develop indicators that distinguish deprived children from those that are vulnerable, or in other words, 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 utilised in OVC management work are utilised loosely without common understanding of their meaning and implications. For example, as shown in Subsection 7.3.1, Tables 20, 21, 22 and 23, respondents often demonstrated different types of psychosocial support without necessarily identifying them as psychosocial support. It would therefore be useful to unpack OVC terminologies 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. Thus the application of technical jargon by experts, which is hardly understood by local people, reflects a major challenge of social development management practise. It is an immoral demonstration of power play and manipulation by experts that disempowers knowledgeable communities. As evidenced in this study, 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. Yet, as shown in Subsection 7.5.1, Table 26 and Subsection 7.5.4, service providers had a different understanding of what carers and orphans wanted and how it should be provided.

9.4.3 Moral concerns in project management practise for orphans

The findings indicate that what project practitioners perceived as priorities were not always congruent with what communities viewed as priorities to be supported. For example, Subsections 7.5.1, in Table 26, 7.5.3.7, in Table 28, and 7.6, in Table 35 demonstrate 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, as shown in Subsection 7.5.4.2, in Table 31, 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 revealed that the reality portrayed and emphasised in social development management efforts was not always the same as that of those who were meant to benefit from such efforts. It portrayed the view that social development management practise was a comic tragedy that imitated, and yet misrepresented, the truth. Project practitioners /experts were imitating and not representing reality in their practise, at times creating and glorifying images of success that did not exist. The truth resided with orphans and carers who experienced deprivation and vulnerability and often did not speak of it.

The study also demonstrated that project management practise was not responding to the weaknesses of project delivery systems even though these were well known to be failing the vulnerable. As indicated in Subsection 7.5.4, the majority of organisations provided 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 characterised 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 as shown in Subsection 7.5.4.

The biggest moral paradox noted by the study was the 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 democratic Republican Government, which by definition was supposedly 'of the people, by the people and for the people'.

Drawing on Kant's ideas, the findings suggested that social development management was overly defined by 'physical sensation', with very little of 'moral sensation'. In practise, this implied 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 and self-efficacy at all costs, and less on achieving real benefits for the poor - thus morally disregarding the 'truth'. Such an approach neglected important non physical service delivery outcomes that define social justice and the common good, and benefits that are difficult to measure such as for example, 'true happiness', 'equality', 'spiritual well being', 'development of human potentials'. In this 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 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'.

9.4.4 Lack of community leadership of care and support for orphans

In Chapter 7, Subsections 7.5.3.7, 7.5.4.3, 7.5.4.4, 7.5.4.5 and 7.6, clearly demonstrate 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 being consulted, and were not participating in the service delivery decisions of aid organisations and 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, for example, 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 things that they needed to care for children. And yet, they were not consulted and most of them did not find it worthy to communicate their needs and challenges. Similarly, children were also not communicating their deep pains and needs, and thus did not advocate for themselves. When carers and orphans did not communicate their needs and challenges, the result was that OVC did not receive the support that they required. The reasons for not communicating given by

orphans in Subsection 7.4.2, and carers in Subsection 7.5.4.4 demonstrate that a hostile care and support environment inhibited the full participation and leadership by carers and children in care and support efforts. This is shown in the following excerpts from carers and orphans:

“You cannot communicate to these people unless they first introduce themselves that they can help (50 year old widow)í communication channels are not very open at present (30 year old guardian)í 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)í 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 stigmatised 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”.

As noted above and elaborated in Chapter 7, these findings reflect 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 enhance communication 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 that have been highlighted in Subsections 7.4.2 and 7.5.4.4. 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 as shown in Subsection 7.5.4.4. For children, a priority would be to build trust between them and carers or adults and service providers, and maintaining consistency in paying attention to their needs. It is also important to be open and sincere to them 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 and support system. Government and donor agencies were most influential, followed by expert service providers, then carers, and orphans at the bottom (dependent and with no influence). However, practically analysed, it can be argued that the more influential in this hierarchy (Government, donors and experts) paradoxically had the least power in terms of understanding the real situation of orphans. Children knew their situation better than anybody else and as a result could be argued to have had more power than either Government, donors, practitioners or carers. The impact of their power over all these categories of service providers was demonstrated, for

example, when they kept secret their innermost pains and needs. Ironically, this information was needed by social development practitioners, funders and Government to inform policy and programme priorities on care and support for OVC. Summarised, this entails that the most successful philanthropic, service delivery and caring efforts for orphans are those that regard and consult children as equals in the care and support relationship. Without the involvement and understanding of children, all child development efforts are in vain, and OVC programmes fail to effectively deliver basic services as demonstrated in this study.

9.4.5 Social development management requires philosophical stimulation

9.4.5.1 Different organisations applying different ill defined project approaches

The lack of common approaches, standards and coordination between organisations working on orphans suggested that social development project management efforts for orphans failed because there were based on experiential approximations and at worst management fallacies devoid of theoretical rationale and guidance. 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 practise. As described in the last paragraph of Subsection 7.3.4.2, only 1 project practitioner indicated that his organisation referred children to other service providers. Thus, 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 'everything goes' and much was at stake and dependant on competing world views, whims, and motives of individual organisations. Social development efforts lacked a framework and opportunity to acquire and build on a body of knowledge based on experiential learning that is important for it to grow and improve overtime.

Reports from participants suggested that orphan care and support approaches could be stagnant and perhaps sterile ó leading to projects failure. Thus social development organisations and practitioners for orphans require a shared framework and body of knowledge for managing, measuring and comparing performance and continuous improvement of their work. Different partners need to pull their resources together to jointly identify and holistically support basic comprehensive priorities for OVC in order to maximize impact and benefits. This could entail mobilising the commitment of all stakeholders to support OVC, and networking between organisations working in the same communities to avoid duplication of efforts and to identify and fill in gaps. Programmes for OVC should be considered as priority alongside other national priorities in the allocation of resources, and more resources should be made available and

disbursed timely. Respondents suggested that communities could be mobilized to provide incentives to community volunteers.

9.4.5.2 Social development project management ideals not translated in practise

Chapter 4 revealed that systems ideas of holism were evident in the policies, strategies and plans of social development organisations globally, in the SADC region and in Zimbabwe. The intent of the organisations reflected in their policies, strategies, plans and evaluation reports, were also consistent with systems thinking to varying degrees in that, they:

- (a) adopted language that could be identified with systems thinking such as integration, linkages, comprehensive, holistic support for OVC, multisectoral approaches, etcetera, encompassed in the systems phrase “the whole is greater than the sum of its parts”
- (b) highlighted meeting immediate needs or deprivations as well as preventing vulnerabilities in the long term; focusing on poverty reduction, and targeting the poorest and most vulnerable
- (c) recognised diversity in individuals and communities
- (d) promoted collectivism over public goods, and child rights
- (e) sought to comprehensively meet the diverse needs of individuals
- (f) sought to pursue sustainability focused interventions
- (g) recognised the need to be ethical and context relevant
- (h) placed emphasis on experiential learning, flexibility and adaptation to accommodate emergence
- (i) demonstrated awareness of the complexity of social development phenomena, and sought to accommodate this within their way of doing business
- (j) placed the participation and empowerment of communities that they served at the centre of their social and human development philosophy
- (k) sought to respect the capacities of individuals and communities to shape the course of their own destiny
- (l) acknowledged the comparative advantage, and contributions of different stakeholders and sectors and the need to prioritise partnerships and inter -sectoral collaboration
- (m) demonstrated a desire to be guided by recognition, respect and promotion of human and child rights and gender sensitivity, and
- (n) promoted good governance and sustainability.

However systems ideas were not being translated into systems practise as project/ programme management approaches remained reductionist - vertical, rigid and mechanistic on the ground. As a result of this paradigmatic incongruence between ideals and intentions on one hand and reality and practise on

the other, policies, strategies and plans did not always achieve results. Congruence could be achieved by adopting a common theoretical framework on which all social development efforts for orphans draw their values, principles and approaches.

9.4.6 Project life cycle for orphans' development is nonlinear and complex

Field responses clearly demonstrated that comprehensive support for orphans and children in general go beyond meeting the physical and material needs to include psychosocial, emotional and spiritual needs, which are behavioural and long term, and thus complex to fulfill and measure. Yet, different service providers were noted to be working in silos, providing a few specialized services that were not enough. To meet the basic minimum of a wide range of services for each orphan, services providers needed to be flexible, collaborate, integrate, and coordinate their efforts. Long term commitment was required of service providers 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 traditional project life cycle approach ó this did not exist.

In Subsection 7.3.4, an outline of the factors that were considered by participants as necessary for comprehensive service delivery to take place indicate that many of these factors were outside the control and capacity of any individual. These factors included an enabling policy framework, enabling social environment including absence of stigma, commitment of all stakeholders, recognition and respect of the children's rights, and functional management and service delivery systems. The study demonstrated that efforts to provide services to orphans were undermined by often structural factors that created vulnerability in the form of 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; this also did not exist.

Adding to this complexity, the nature of the impact of social development efforts is that it is qualitative and often realised in the long term, sometimes long after a project has been completed. Thus, as the study depicted, focusing on the immediate observable results was not enough because it realised temporary changes that could not be sustained, and could be reversed, overtime. The study revealed that traditional short term, emergency type project cycles were not being effective in addressing orphans development issues. As a result, short term projects were not successfully addressing the needs of OVC comprehensively and over a long period. This suggested 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 guarantee a continuum of services for orphans in the long term. The findings of the study revealed that this proposed approach was not being practised.

Findings of the study demonstrated that in poor resourced and politically unstable settings characterised 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 was neither appropriate nor relevant to adequately and sustainably meet the needs of orphans. Issues of orphans are known to be developmental, many, interrelated, complex and long term and not easily modelled or predicted using traditional deterministic project management techniques. Project and programme outcomes were not always as predictable and controllable as those of physical projects such as in engineering. The range of basic services required for optimal development of orphans as demonstrated by the study, is wide indicating that service delivery approaches should be contextual and holistic in order to deliver comprehensive services.

9.4.7 Professional project management not adapted to OVC's development

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. Acknowledging that project management knowledge areas are not cast in stone and can be adapted in different disciplines, the findings pointed to a weak application of professional project management standards in social development management practise. The study revealed specific areas that are critical to social development project management, in particular, for orphans that were not being addressed or emphasised in the project management body of knowledge. The major ones include:

- (a) Managing benefits as the basis of success of social development efforts. Unlike in the private sector, there are no common standards of monitoring quality of service delivery in social development project management particularly for orphans. As shown in Subsection 7.5.4.7, determinants of OVC care and support cycle, project management was placing less emphasis on achieving benefits (outcomes and impact) for orphans and their families and more preoccupied with efficacy (inputs, processes and outputs) on delivering project designs - such as meeting timeframes and set 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. In the absence of universally set service delivery

quality standards, the study triggers a question relating to how the universality of quality of services for orphans in any context (community, national, regional) can be ascertained and enforced; and how vulnerable populations could be protected from the whims of service delivery experts ó some of who as the study noted, are not always honest with service delivery performance. It would be appropriate to establish universal quality standards for social development project management practise on which the performance of service delivery programmes could be measured based on the perspective of beneficiaries and not solely that of experts as is currently the case.

- (b) Managing sustainability of social development efforts (see 9.5).
- (c) Managing projects in complex environments. Whereas APMBoK singles out 'project context' as dealing with the management of political, economical, 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.
- (d) Managing social development efforts within a theoretically justifiable framework.
- (e) Managing morality in social development efforts. Whereas 'professionalism and ethics' are recognised by the APM body of knowledge, they speak more to the expected qualities of project practitioners than to the values and principles that should under pin service delivery processes, particularly in the context of social development. Morality, as it relates to obligations of Government and development organisations and experts to guarantee benefits to vulnerable children that are enshrined in the Child Rights Convention was not being considered.
- (f) 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.
- (g) Managing collective social development responsibilities. The study demonstrated that social development challenges such as orphaning and vulnerability among children require collective action among different stakeholders towards common goals and outcomes in order to address them effectively and sustainably. Whereas managing partnerships is prioritised in APMBoK, this does not address how partnerships can be used to address complex social development challenges such as

orphaning. In current social development management practise, partnerships are not binding, emphasising loose networks for sharing lessons and experiences and not long term joint project management of specific interventions.

Apart from the 7 key areas highlighted in the study, the rest of the project management body of knowledge areas that are recognised by, for example, the Association for Project Management (UK) and the Institute for Project Management (USA) are relevant to the management of OVC development efforts. However, they require tailoring to specific social development challenges. This calls for deliberate efforts to promote professional project /programme management body of knowledge and training suited to social development.

9.4.8 Recommendations for holistic project management for orphans

- (a) Social development management for orphans should review, adopt and promote within its practise, 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.
- (b) Child development management practise 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.
- (c) 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.
- (d) Social development management practise should adopt a philosophical /theoretical framework on which to build its knowledge and practise drawing on systems ideas.

9.5 Implications for sustainability of orphan care and support efforts

9.5.1 The notion of sustainability applied to the extremely poor is fallacious

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, *ōis 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 this study, the notion of sustainability is portrayed as ironical particularly given that the majority of carers were unemployed

women and older people, most of whom were dependant, 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 to 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 shown in Subsection 7.2.3, none of the younger carers below the age of 30 years had tertiary education and 6 out of 12 among them had primary education, when compared 7 out of 46 carers aged between 30-49 years who had primary education and 5 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 having little or no education. A cycle of poverty among vulnerable families and households of OVC appears to be in effect, and OVC appear to be turning into poorer carers as they became adults. This could be 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.

9.5.2 Building household self-reliance is critical for sustainability

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 institutional care. Thus 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 Subsections 7.5.1, Table 26; 7.5.3.7, Table 28 and 7.6, Table 35, the study noted that the majority of 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 Subsection 7.5.3.7, in Table 28 and Subsection 7.6, Table 35, carers and practitioners placed little emphasis on external funding, and emphasised 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.

9.5.3 Project management need to prioritize breaking the cycle of poverty

As discussed under Subsection 9.5.1 and on the basis of findings described in Subsection 7.2.3, 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 ó orphans in these vulnerable households grew up without meeting their basic developmental needs and were likely to grow up to become vulnerable adults /carers ó 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 ó and break the cycle of poverty. While they appreciated the little support that they received, most carers were not comfortable with being dependant on aid handouts, for example, –*“as widows, we don't want to depend entirely on aid. We should be given the tools to assist ourselves”.* In Subsection 9.5.1, it was shown that sustainability is dependent on empowering people to engage in their own sustainable livelihoods *“self help projects”* not in *“distributing aid handouts”*. Thus 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. The study

reveals 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 *“being 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 practise 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. This 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.

9.5.4 Recommendations for sustainable orphan care and support

- (a) 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.

9.6 Summary of implications for project management for orphans’ development

The Chapter summarised the realities uncovered by the study, in particular, that the good intents of social development organisations were not being translated into practise. It highlighted the implications of these findings on holism in social development project management practise for orphans. These are the realities that project management practise must acknowledge and address within its discipline for it to be relevant and responsive.

The study indicated that social development project management as a discipline is far from capable of addressing the numerous and diverse realities that affect orphans, and to bring 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, and service providers were not coordinating their efforts.

The developmental challenges of orphans and the care and support challenges of carers were not being fully understood and addressed largely because of lack of trust and communication within the care and support system summarised by one participant as, *“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 lack of participation of carers and orphans in decisions and actions regarding service delivery priorities. Small things that seemingly could make a difference in children’s lives were not being 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 ó 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 practise. The definitions, language and meaning applied in social development practise were reductionist and not consistent with the systems oriented ideals of child rights based programming that promote collective social responsibility for children. In its interpretation and application on programmes, the language used, ironically, appeared to reinforce rather than minimise vulnerability for orphans. Practitioners were not always honest with the performance of their programmes, and they were no common service delivery standards and benchmarks against which social development organisations could measure and compare their efforts. There was no common value system or theoretical framework that guided social development practise 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 prioritised in social development practise. 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 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”*.

Findings pointed to a reductionist and positivist orientation to care and support which took a narrow view of orphan development priorities. This approach focused more on scientific empiricism to meet physical needs, and less on non-physical moral appropriateness to meet non physical needs such as spiritual wellbeing of orphans. It promoted vertical service delivery efforts. The performance management ideals adopted by the approach compelled practitioners to be overly concerned with efficacy of their programmes. This included a preoccupation with quantifiable short term achievements that justified their pay checks, at the expense of long term developmental benefits for orphans. It neglected other world

views that influenced the whole of human relationships, reflected in interpretive, emancipatory and postmodern paradigms, and suggested that social development lacked the moral capability to transform intentions into practise.

This analysis drew conclusions pointing to the need for social development management practise to address the following key areas:

- (a) applying systems ideas of totality, plurality and holism in managing sustainable comprehensive service delivery for vulnerable children
- (b) relying on dialogue with, and on the leadership of beneficiary communities and children /orphans for beneficial and contextually relevant child and orphans development management efforts
- (c) balancing physical, empirical demands and reality, with moral capabilities in social development management practise; and
- (d) transforming /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 my dialogue with them; this appeared to have convinced them to trust me, 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. Socratic / Platonic philosophy suggest that dialogic-enquiry with ordinary people is effective in establishing the truth.

CHAPTER 10 SYSTEMS-ORIENTED PROJECT MANAGEMENT FRAMEWORK FOR OVC

10.1 Introduction

The findings of the study described in Chapter 7, and interpreted and analysed in Chapters 8 and 9, drew a compelling argument for social development project management practise 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 an 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 ó 6, in this Chapter, I propose a comprehensive project management approach for the care and support for vulnerable children, that is 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 Systemsø idea of holism with its emphasis on totality, pluralism and comprehensiveness in approaches and in addressing life situations, provided foundation on which I developed this comprehensive approach to the management of effective service delivery for vulnerable children. My decision on this approach was based on an understanding that the complexity of developmental challenges and needs of vulnerable children requires a management approach that has systems thinking oriented characteristics among which are:

- (a) flexibility to accommodate emergency situations and manage diversity and multi-disciplinarity; awareness of the complexity of life and of human relationships
- (b) ability and preparedness to accommodate new as well as different and competing world views; preparedness to construct new meaning through experiential learning
- (c) 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
- (e) willingness to emancipate the weak and poor from the situations that cerate vulnerability,

among many other characteristics that are summarised in the phrase òthe whole is greater than the sum of its component partsö. Thus the chapter draws on systems ideas to provide an alternative foundation on which social development programme management practise can be built and improved over time. As

reflected in Chapter 4, these systems ideas were already embedded in social development policies, strategies and plans, but alas not being practised.

The Chapter begins by presenting 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; moral values; service delivery capacities; the social milieu; and 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 I describe as the Project Spiral Cycle (PSC). I describe how, in its design, the PSC is suited for the management and sustainability of service delivery for vulnerable children.

10.2 Comprehensive Service Delivery (CSD) Framework for OVC

10.2.1 Background to the CSD Framework

The findings of the study and their interpretation outlined in Chapters 7, 8 and 9 clearly demonstrated that the basic needs of orphans are many, equally important and interrelated in their effect on child development. As a result, they should be provided holistically as a package in a dignified family or community centred manner. The study demonstrated that the care and support management system in Zimbabwe was by far weak and incapable of meeting the basic needs of orphans. The milieu of orphans was rife with vulnerabilities which needed to be addressed in order to restore services and attain sustained access to basic services for all children. The study also showed that fulfilling partial needs of orphans was not a good enough strategy; those needs that were not provided had the potential to undo those that were provided. Thus the management of service delivery for orphans requires an overhaul to make it effectively deliver benefits for vulnerable children. Drawing from systems thinking, a better way to deliver services for vulnerable children would be to do so in a comprehensive, holistic manner, ensuring that the child receives in adequate proportions all the time, all the basic services that he or she requires to survive and grow up well into fully productive person. In order to respond to the weaknesses of social development management efforts for orphans, and achieve the developmental outcomes for vulnerable children, I introduce the concept and practise of Comprehensive Service Delivery (CSD), which is derived from the evidence presented in from the study, and is in-keeping with systems ideas of holism, totality and plurality, as well as sustainable child development, experiential learning and the project cycle.

10.2.2 Rationale and justification for CSD

Comprehensive Service Delivery recognises 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 practise that were depicted by the study. It is not meant to replace, but to improve existing project/programme management efforts for vulnerable children. Neither is it a panacea, rigid and static, for it can be adapted to different contexts, and be improved overtime.

Ontologically, CSD represents a worldview that seeks to balance scientific realism, represented by sensual empiricism, and morality, represented by non-sensual phenomena such as morals, spiritual values and principles that necessitate the attainment of human development and social justice ideals which are not always scientifically verifiable. Epistemologically, CSD argues for the development and adaptation of language and other symbols of understanding and interpretation of life and the truth, in ways that directs human efforts towards achieving basic developmental services for children. It seeks a balance between scientific empiricism, and moral obligation in all human development endeavours. Morally, it challenges the deception in current human global development efforts such as manifested in failure to achieve human development and social justice commitments to the universality and sanctity of child rights and dignity. Ideologically, 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. This is important because children and their carers know best, 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 theoretical tool and practical reference guide by academics, 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 practise 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 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 that are articulated in Chapters 3 and 5.

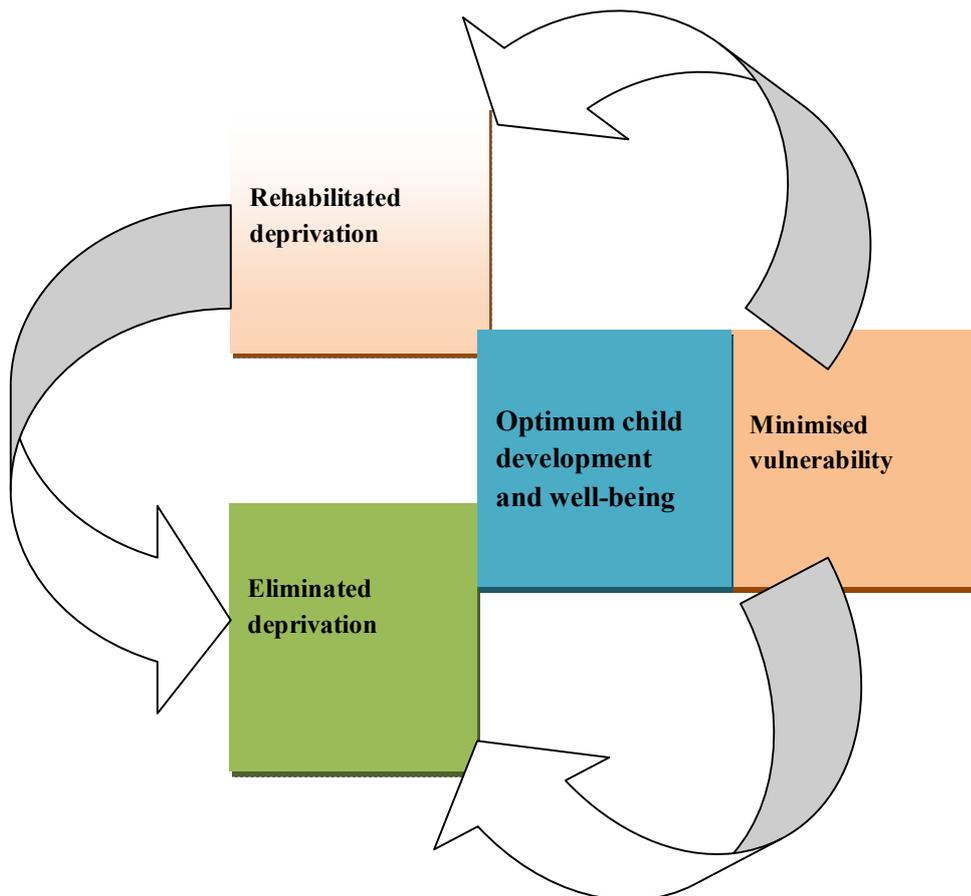
There are several reasons compelling comprehensive service delivery for vulnerable children that are highlighted by research findings, key among which are that it:

- a) defines and enables the harmonization and provision of minimum services and standards that are required to achieve full developmental outcomes for children
- b) 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 (such as cognitive, emotional, social, and spiritual) that result in real benefits and optimum development for vulnerable children and their families
- c) 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; for example, an identified and fulfilled need becomes an entry point for identifying and meeting other needs
- d) maximizes efficacy of efforts towards comprehensive service delivery by promoting coordination, collaboration, referrals, and service delivery management competencies among different service providers and carers; for example, it 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, or receive from other service provider sectors or duty bearers
- e) promotes continuous reflection, learning and improvement of vulnerable children needs and service delivery processes, ensuring timely identification and addressing of deprivation and vulnerability through robust monitoring and evaluation
- f) 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
- g) 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.

10.2.3 The purpose and outcomes of CSD

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 Figures 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: (a) restoration or rehabilitation of services among deprived children; (b) minimizing or addressing vulnerability within the milieu of children that cause deprivation; and (c) eliminating deprivation and guaranteeing a minimum of basic developmental services for all children. The goal and outcomes are summarised in Figure 9.

Figure 9: Outcomes of CSD and their relationships



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), which should be achieved by rehabilitating existing deprivation (child rights violations such as enrolling back, a child who has dropped out of school), and minimizing vulnerability (for example through social protection policies and programmes that provide free education to vulnerable children). The ultimate benefit of CSD is the optimum development of the child such as when he or she fully attains a set of basic physical, cognitive, social, emotional, and spiritual well being. 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 are achieved. It is also a preventative measure to ensure that deprivation is anticipated and prevented before it occurs.

10.2.4. The pillars of CSD

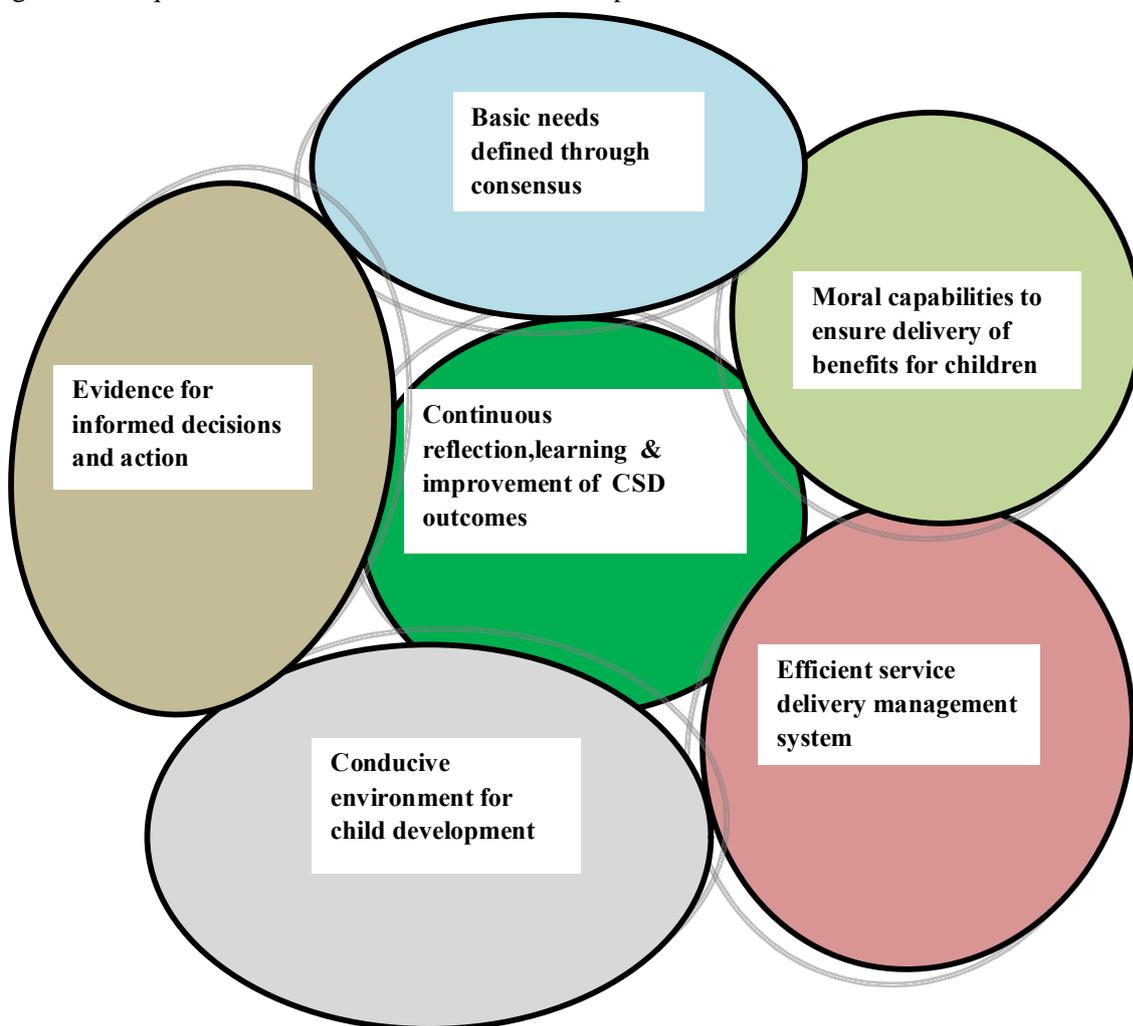
Comprehensive Service Delivery is anchored on the pillars of:

- (a) Systems ideas are the foundation on which the child development management practise evolves. This allows for flexible scientific service delivery management systems and processes. The CSD adopts the principles and language of systems thinking, guided by:
 - i Holism ó understanding and addressing the longitudinal developmental needs of vulnerable children as opposed to addressing short term immediate needs and problems
 - ii Pluralism ó purposefully choosing and applying different ideas, worldviews (paradigms), approaches, methodologies in combination to solve singular or group of problem situations; this is done with a view to maximize the benefits of each one of the perspectives; and
 - iii Totality or comprehensive ó identifying a set of basic needs and interventions of vulnerable children, and addressing them simultaneously to achieve a common goal or outcome.
- (b) Moral and spiritual consciousness as a pre-requisite in social development approaches and in practise, in particular, conforming to the agreed upon moral expectations of service to vulnerable children.
- (c) Adaptive project management approaches, in particular, the project spiral cycle, and project management knowledge areas that respond to emerging, long term, comprehensive developmental needs of children.
- (d) Empowerment of children, carers and communities to lead the prioritisation and of care and support for vulnerable children and their families.

10.3 Implementation of CSD

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 the thesis identifies service delivery management Requirements for the delivery of CSD summarised in Figure 10. The middle circle (continuous reflection & learning to improve CSD outcomes) indicates the existence of a mutual inter-dependency 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.

Figure 10: Requirements for CSD and their relationships



10.3.1 Basic needs for OVC defined through collective consensus

This entails dialogue, consultation and agreement to draw a set of basic developmental needs for orphans that is contextually relevant. This can be guided by global commitments such as the UNCRC and ACRWC and national policy frameworks. Drawing on the findings of the study (refer to Subsections 7.3, 7.4, 7.5, 8.2.2, 8.2.4, 8.3.4, and 9.2, it is noted that the needs of vulnerable children are many and cover, physical /biological, socio-cultural, psychological and mental, spiritual, economic and political. More specifically, they include: (a) food security and nutrition; (b) education; (c) clothing; (d) health and sanitation; (e) shelter; (f) psychosocial wellbeing (in particular (i) family love and guidance, (ii) recreation and play, (iii) participation); (g) spiritual wellbeing (in particular (i) trusting relationships, (ii) conscience and moral awareness, (iii) unconditional loving, (iv) having purpose to life, (v) appreciative of good will of others, (vi) understanding of social milieu or environment, and (vii) desirous of own family); (h) protection (particularly from (i) abuse - physical, sexual, emotional, psychological, (ii) spiritual and moral corruption, and (iii) identity, especially having a birth certificate, (iv) communication; from extreme poverty). Also see Chapter 3, Subsection 3.4.2.2 (SADC, 2008; UNAIDS and UNICEF, 2004; Loening ó Vosey and Wilson, 2002). Clothing was prioritized by children and carers ó its absence negatively affected children in ways such as low self esteem, and low self worthiness, and feeling discriminated), and yet it is not often a priority of aid organisations. Spiritual wellbeing emerged as key and yet it is often not distinguished from psychological and social well being.

As revealed by the study, current basic needs frameworks do not recognise and address children's awareness of their socio-cultural, economic and political environment and the need to provide broader psycho-social competencies that enable them to cope with these factors. The existing frameworks have also not paid attention to comprehensive delivery of basic needs for vulnerable children. Different service providers work individually, providing individual services with no coordination and collaboration between them. As a result, vulnerable children do not receive adequate services.

10.3.2 Moral capacities in project management practise for OVC

Drawing on findings of the study, and interpreting them from the perspective of Socratic and Kantian philosophy and systems ideas, fulfilling comprehensive service delivery for vulnerable children requires an optimal balance between efficacy measured by the efficiency of the service delivery management system such as physical and human resources, and management knowledge and skills (scientifically measurable), and moral capacities for the management of service delivery processes for vulnerable children. Moral capacities may be non-scientific, relating to 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 behavioural and value outcomes related to adult or societal understanding, respect and fulfillment of social justice and child rights ideals, and spiritual consciousness. These are necessary to ensure that outcomes that are derived from the efficacy in service delivery management, such as physical ability to provide or delivery basic services that result from capacities described in Subsection 10.3.3 below, are translated into sustainable (non-physical) benefits for vulnerable children that can be measured in terms of, for example, happiness, love, longing for life and service to others, dignity, equality, and other outcomes related to the optimum development or blossoming of a child.

Reflecting on the summative analysis of research findings in Chapter 9 and on systems theory, the thesis has generated seven moral capacity outcomes of social development management for vulnerable children, which can guide future relationships and interaction between adults (service providers, carers), and vulnerable children. The attainment of these moral capacity outcomes is demonstrated by the extent to which they are acknowledged, integrated and measured in social development management efforts for vulnerable children such as the development, implementation and monitoring and evaluation of policies, strategies, plans, programmes and service delivery processes. The attainment of these moral capacities is as important as attaining the traditional management capacities, knowledge and skills described in Subsection 10.3.3 that determine efficient service delivery needs in order to safeguard sustainability of both service delivery for orphans and the achievement of human ideals. The seven moral capacity outcomes are:

- (a) **Open minded appreciation of a higher order truth of life and social justice** ó It includes: opening up horizons of knowledge and understanding of the truth having a sense of curiosity; and appreciation that humanity is influenced by a balanced totality of the physical or biological and emotional sensations as well as the psychological, and extrasensory sensations such as the spiritual, and celestial. It entails adopting and applying the best-fit of different human development and service delivery management approaches in combinations that achieve comprehensive human development ideals such as the fulfillment of all basic needs of children and the attainment of their optimum development. Human efforts should be guided by a holistic understanding and appreciation of the interrelationship between different phenomena and of competing view points, in as far as this understanding enables the fulfillment of social justice imperatives, the common good, and in particular, optimum child development and well being.
- (b) **Understanding of a shared destiny and common good of human and non human phenomenon** – This is demonstrated through willingness to appreciate diversity that is guided by a common goal orientation, and seeing the world in the eyes of others; valuing interdependency, interconnectedness and interrelatedness of humans and of all phenomena to achieve a common goal; and exploring

different realities and options of life and of being that can bring social justice ideals for all children. It includes identifying and addressing different, context specific causal interrelationships of deprivation and vulnerability and pursuing equity and equality among all peoples irrespective of gender, age, socio-economic, cultural and political orientation. It also includes understanding of the relationship and interdependency between humans and the physical and non physical environment or phenomena.

- (c) **Dignifying optimal OVC's development as a service delivery imperative** – This involves understanding and realising the needs and potentials of each child, based on their aspirations, their stories and the expectations of society for productive citizenry, and facilitating their participation and hearing their voices. It includes perceiving and nurturing the spiritual aspect of children, and protecting them from social corruption; providing all basic necessities for child development consistent with their age specific developmental needs, imparting skills or building on children's physical, psychological, moral, spiritual, emotional wellbeing, understanding of their economic, cultural and political environment. It also includes acknowledging and delivering continuous improvement for vulnerable children in the long term. This involves identifying and mitigating any explicit or implicit negative effects of intervention efforts, as well as providing services beyond particular project life cycles.
- (d) **Observing and guaranteeing the universality of OVC's rights** – This include adhering to a child rights based approach in policy and programmes such as understanding of responsibilities and obligations by duty bearers who are adults and service delivery systems, and older children (depending on their evolving capabilities) to indiscriminately fulfill the basic needs and rights of vulnerable children. The basic necessities of children are non-negotiable and be should fulfilled adequately all the time.
- (e) **Sanctifying symbols and interpretations of the truth of life and of 'being'** - This entails coining or generating language and symbols that do not label children or corrupt them; that acknowledges and seeks to nurture the inherent dignity and spirituality of children; that depicts the abundant and evolving potential and capabilities of children to contribute to continuous human improvement; that does not create, perpetuate or reinforce of children, but seek to eliminate them. Such language may not be currently available and should be developed; if existing, such language should be promoted. Current language could also be assigned new meaning that promote the realisation of these ideals.
- (f) **Respecting the inherent supremacy of community traditions of practise** – This entails acknowledging, tapping and building on community practises and indigenous knowledge systems as a basis for introducing professional social development services for vulnerable children. It requires

promoting and ensuring that families and communities are leading care and support initiatives, and building family and community capacity for self reliance and to break the cycle of vulnerability. It also includes promoting communication and participation by children and carers; developing trusting relationships; and deriving priorities and service delivery approaches from communities. Parenting practises and child development policies and programmes must be built on a thorough understanding of children from children's perspective.

- (g) **Upholding integrity and accountability in ideas, in practise and in experiences** ó Ensuring that theories (world views), ideas (concepts), policies (consensus ideals), strategies (transformational process ideals), research (evidence), programmes (plans and actions), monitoring and evaluation (experiential learning) are guided by an individual or collective consciousness of a consensus truth geared to fulfilling aspired social and human development ideals. Policies, plans and performance management systems must be realistic, guided by conscience and moral consciousness, understanding children and communities, and not promise what cannot be delivered or glorifying performance. Those who promote human development efforts in particular of vulnerable groups should demonstrate a commitment to the serving these groups and not their own interests. Government and non-government professional social development management should be fully accountable and demonstrate such accountability to vulnerable children, their families and communities, including explaining why deprivation and vulnerability of basic necessities should occur among some children and their families. Service providers must acknowledge and understand their weaknesses.

Specific indicators should be developed as part of monitoring and evaluation systems to track the extent of compliance of specific social development management efforts with each moral outcome.

10.3.3 Efficient service delivery management system

This refers to tradition management practise which places emphasis on knowledge, individual competencies, physical infrastructure and delivering immediate often short term child development outcomes. As noted in Subsection 10.3.2, modern scientific social development management theory and practise is rich in òphysical sensation or capabilitiesö than òmoral sensation or capabilities as highlighted in Subsection 10.3.2ö. Indeed, it is necessary for project management to emphasise on efficacy with respect to timely delivery of basic services, within budgets, reaching most deserving people, among other measures. In the context of CSD, the focus is on delivering comprehensive services; this requires a holistic and morally appropriate approach that includes:

- (a) provision of a wide range of requisite basic priority needs or services including extending service delivery mandates of specific service providers and proper targeting;

- (b) partnerships; collaboration; and coordination of diverse service providers and services at all times including service referrals;
- (c) application of different service delivery approaches and methodologies to a single service delivery situation, including using a mix of best-fit, evidence based service delivery approaches; and
- (d) developing pro-poor social protection policies and programmes and building capacity for self-reliance and sustenance of services for vulnerable children and their families, and breaking the cycle of vulnerability.

This includes defining minimum standards of relevant infrastructure, environment and management competencies that are required. However, as demonstrated under Subsection 10.3.2, a preoccupation with efficacy does not necessarily translate into benefits or outcomes such as sustainability, and spiritual wellbeing, and social justice; thus the efficacy of the service delivery system should be balanced with moral consciousness of those delivering the services to ensure that the intention to provide service is matched with actual benefit of the service by vulnerable children.

The study demonstrated that in a resource constrained and poverty stricken environment such as characterised Zimbabwe at the time of the study, existing APM and PMI project management knowledge required adaptation and additions to suit project management competencies for child development. This framework acknowledges that all existing project management knowledge areas (APM, 2006; PMI, 2005) are relevant to social development management for vulnerable children subject to being adapted to social development management contexts for vulnerable children. The thesis has 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 characterised 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 (see 10.3.2) in projects: ensuring that the approaches used are appropriate to benefitting orphans consistent with values of sanctity and universality of child rights and dignity. It defines values, relationships and obligations for collective responsibility of duty bearers (social support system- funders, service providers, carers/community) towards orphans, that is 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 practises.
- (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 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 governance of vulnerable children development efforts: 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 vulnerabilities that result from being male or female.
- (i) Managing project spiral cycle financing and resourcing: defines the mobilisation, utilisation 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 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, minimise vulnerability and eliminate deprivation.

10.3.4 Conducive environment for optimum OVC's development

This includes an understanding of the causal factors of vulnerability and their interrelationships. As depicted in this study, socio-cultural, economic, political, and governance issues can cause or address vulnerability and deprivation and have an overriding bearing on the efficacy of management 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 of vulnerability for children. The milieu in which children grow can corrupt their spiritual well being. The environment should have the appropriate language and symbols that portray children in ways that do not promote, but minimise 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.

10.3.5 Evidence base - research, monitoring and evaluation of CSD

Children in resource constrained countries such as Zimbabwe and southern Africa often constantly move in and out of vulnerability and deprivation largely because the factors that cause vulnerability and deprivation are many and unpredictable. In addition, service delivery efforts and processes are weak and often in the form of short term projects. It is therefore important to measure the status of the fulfillment of children's needs (benefits) on an ongoing basis. The framework recognises monitoring and evaluation, and information systems for vulnerable children as: (a) ongoing processes of reflection learning on the interaction of the different requirements of CSD; and (b) periodic action in the form of research, progress reviews and monitoring and evaluation exercises.

The performance of CSD is measured for two main categories of outcomes:

- (a) Efficacy of the service delivery system and environment. In particular, this focuses on empirical 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 minimised. 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 development of knowledge, policies and approaches for addressing vulnerability of children.

- (b) Benefits accrued in terms of optimum development of children, which include moral and spiritual outcomes and well-being such as longitudinal development and 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) Measuring the status of fulfillment of the basic needs of vulnerable children, represented by LOE 3 in Figure 6. The following should be measured in this regard:
 - i. A projection of the extent to which all basic needs of vulnerable children in a particular milieu will be fulfilled in future. This can be determined on the basis of existing, or anticipated and planned capacities for addressing vulnerability and eliminating deprivation.
 - ii. The basic needs that are being provided as a result of a particular service delivery intervention. This will also measure the extent to which service delivery processes such as coordination, adequacy and quality of services, timeliness the service providers and cost (rehabilitated deprivation) can be sustained.
 - iii. The basic needs that are currently not being met [deprivation], including severity of deprivation in terms of duration and effects on orphans (short term or long term)
 - iv. The basic needs that are currently being met but likely not to be met in future [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 on 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.

10.4 Comprehensive service delivery spiral cycle (CSDSC) for OVC

10.4.1 Introduction

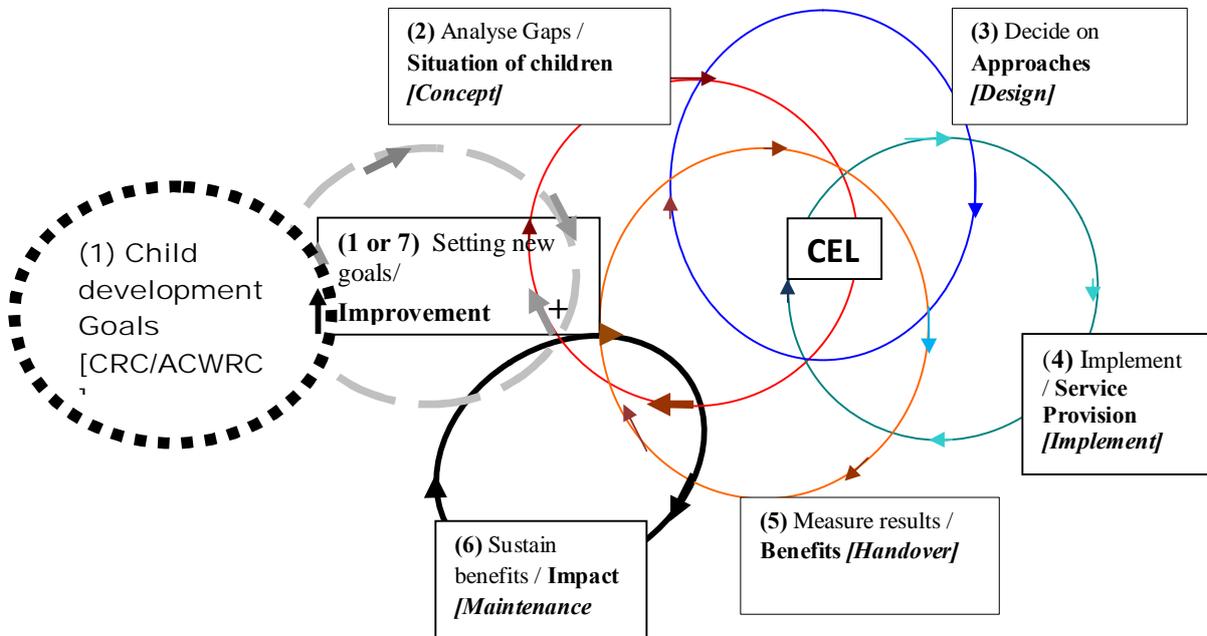
To operationalise CSD, in project /programme environments, the framework introduces the Comprehensive Service Delivery Spiral Cycle (CSDSC), an application of the Project Spiral Cycle (PSC), which is theoretically elaborated under Subsection 10.5. The study demonstrates that the use of project management in social development has become pervasive, particularly involving external donor funding and some Government programmes. Thus 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. It is guided by the critical systems thinking ideas of holism, totality and plurality (Flood and Jackson, 1991b; Jackson, 2003), described in Chapter 3 Subsection 3.2, the project life cycle (PLC), and Kolb (1984)ø learning cycle (LC) as described in subsection 3.3.3. It is also inspired by action research including PEAR, which uses òthought-action cycles and the testing of understanding collaboratively generated through actions that then become part of the next cycle of thought and planningö (Greenwood and Levin, 1998:65). Its primary function is to enable continuous improvement in the provision of comprehensive basic services for orphans, eliminate deprivation and guarantee optimum developmental outcomes for vulnerable children. The cycle is characterised by seven stages or Levels of Efforts (because in practise, they do not necessarily represent a logical step by step process) that a typical CSD has to consider. These are elaborated below.

10.4.2 Levels of Efforts (phases) of the CSDSC

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 improve on existing community efforts, and not in a vacuum; they should respond to existing community capacity gaps. The aspirations of the project must be guided by community needs and gaps, 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 ó 5 represent the traditional Project Life Cycle, and LOEs 6-7 represent aspects of the extended Project Life Cycle.

Figure 11: Comprehensive Service Delivery Spiral Cycle



Key:

- Numbers 1 ó 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 4 key levels of effort 2-5 which correspond to the 4 phases of the PLC.
- Spirals ó 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.

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 involving other service providers /stakeholders. There is mutual reinforcement between community aspirations and international goals,

guided by the body of knowledge such as child rights convention (CRC) and African Charter on the Rights and Welfare of the Child (ACRWC), 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: (a) is community led, with the project service delivery effort only building on aspirations and experiences that already exist ó including efforts by other service providers /stakeholders, built on community intergenerational experiences on OVC care and support, and (b) reflects international standards.

LOE 2: Situation and gap analysis. This is evidence gathering; reviewing and building consensus on the understanding of the situation of orphans such 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, 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. It is compared to the concept phase of the PLC and conceptualisation in the LC.

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 ones that are best relevant in terms of achieving benefits, solving the problems, morally appropriate, responsive to the social milieu, and 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. It is compared to design in the PLC and reflection in LC.

LOE 4: Implementing chosen approaches / delivering the services. This is guided by the nature of vulnerabilities, and 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. It resembles implementing in PLC and experiencing in LC. 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, efficacy of processes and extent to which vulnerable communities are empowered to sustain themselves. In practise, this should be an ongoing 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. In the PLC, the project is handed over at this stage; in the LC, it represents and planning for future.

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 cases 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. The extended PLC also recognises this as maintenance.

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 ó 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.

It has been noted 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) therefore emphasises that at the end of the cycle, there is need to reflect on improvement ó 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 Subsections 10.2.3 and 10.3 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 between 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. Thus 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.

10.4.3 Attributes of the comprehensive service delivery spiral cycle (CSDSC)

The preceding explanation and elaboration provided in subsection 10.3 depict a CSDSC characterised by the Pillars of CSD described in Subsection 10.2. These Pillars and Requirements give CSDSC its systems orientation and the 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. These attributes are the attributes of the Project Spiral Cycle (PSC) and are theoretically elaborated in Subsection 10.5. The attributes of PSC being operationalised for the CSDSC outlined below, distinguish it from the traditional PLC or business óas- usual service delivery operations.

- (a) Gravitating towards a common goal: means that different service providers share a common goal, derived from the communities or beneficiaries and their experiences of coping with adversity. The beneficiary communities will 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 target between different organisations. All project care and support management efforts are meant to build on existing efforts and experiences. and external service delivery efforts for OVC can only serve to build, not to invent, on a continuum of service delivery management efforts.
- (b) Flexibility and non ólinearity 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 is capable of continuous reflection on progress and challenges. Different service delivery efforts and methods can be combined together to maximize efficacy and benefits.
- (c) Self reinforcing feedback system allowing 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 allow for the development and enforcement of community sanctioning systems, language and quality and standards of care and support. Project efforts can 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, and is better illustrated in Figure 14 of the project spiral cycle. This also allows for 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, and a continuum of comprehensive service delivery efforts over a long period of time.
- (e) Elasticity and longitudinality depending on the nature and duration of the problem situation, allows for the translation of the outputs of the efficacy of the service delivery system such as development of policies and capacities, into outcomes such as adequate service provision, and ultimately into impact and benefits such as psychosocial and spiritual wellbeing, as well as fulfillment of social justice ideals. It also allows for the provision of a continuum of care and support and continuous improvement of services overtime.

The theoretical evolution of these attributes and their explanation to social development project management for orphans are elaborated under 10.3, which seeks to demonstrate 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 consensus on achievement of the previous LOE. Findings demonstrated that, current social development project management generally does well on LOEs 2 and 4, partially 3 and 5, and ~~wisfully~~ 1, 6 and 7. The linkages between the various LOEs are described under the Project Spiral Cycle (PLC) below.

10.5 Theoretical implications for the Project Life Cycle the Project Spiral Cycle

It was indicated that the CSDSC described in 10.2.5 was adapted from the Project Life Cycle (PLC) and the Learning Cycle (LC). The description of the project life cycle in Chapter 3 Subsection 3.3.4 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 ó often short term. The deepening in problems for vulnerable children amid increased efforts 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 necessitated me to adapt the PLC to the Project Spiral Cycle (PSC) as theoretically described under this section. The CSDSC described earlier (see10.2.4) is an application of the PSC. This section elaborates on the attributes of the Comprehensive Service Delivery Spiral Cycle (CSDSC) described in Subsection 10.4.3 which are essentially the attributes of the Project Spiral Cycle (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 until they reach early 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 ó thus different project efforts should be pulled together simultaneously and successively to provide a continuum of comprehensive services. In Subsection 10.4.3, it was noted that the attributes of the CSDSC are essentially the attributes of the PSC that were being applied in practise. These were noted as: (a) gravitating towards a common goal orientation, (b) flexibility and non-linearity, (c) self reinforcing feedback system, (d) connectivity, and (e) elasticity and longitudinality. These are further elaborated theoretically as follows:

10.5.1 Gravitating towards a common goal orientation

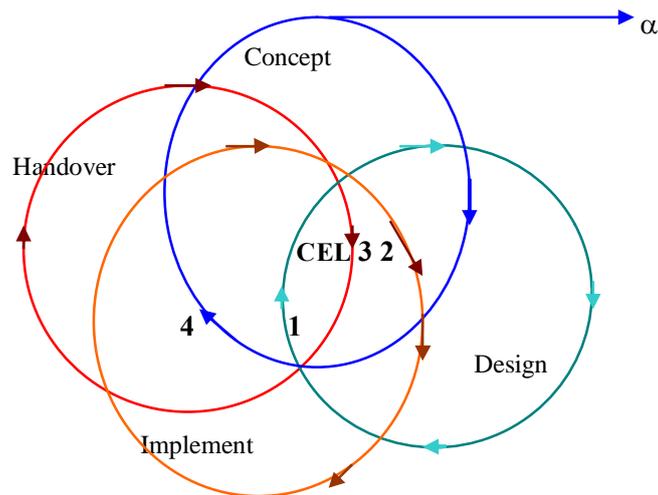
Different LOEs of the Project Spiral Cycle or what are referred to as stages in the Project Life Cycle, are related to each other and learn from each other. These stages or LOEs have a tendency to pull (gravitate) towards each other and towards a common point of intersection. The common intersection of the different LOEs in the PSC is, in the case of this thesis, 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. 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).

10.5.2 The project cycle for OVC's development is nonlinear and spiral

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.

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:** Represent a move from design to implement **Arrow 3:** Represent a move from implement to hand over **Arrow 4:** Represent a move from handover to concept (of a new project α taking along CEL to improve on succeeding or other existing project
- ❑ **α** represents cumulative transfer of experiential learning. 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.

The intersections of all the phases labeled critical experiential learning (CEL) represent two important things which are: (a) the ultimate project impact and utmost experiential learning that can be shared as 'best practises' 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.

The study (see Chapter 7, Subsection 7.5.4.7, and Chapter 8, Subsection 8.3.4), 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, 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 fulfillment of benefits as established from for vulnerable children and cumulative experiential learning. Much of 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 practises, gender biases and insensitivities, immaturity performance management systems, failing systems, donor dependency, and professionals driven agendas. The project spiral cycle seeks to address these vulnerable children project management weaknesses.

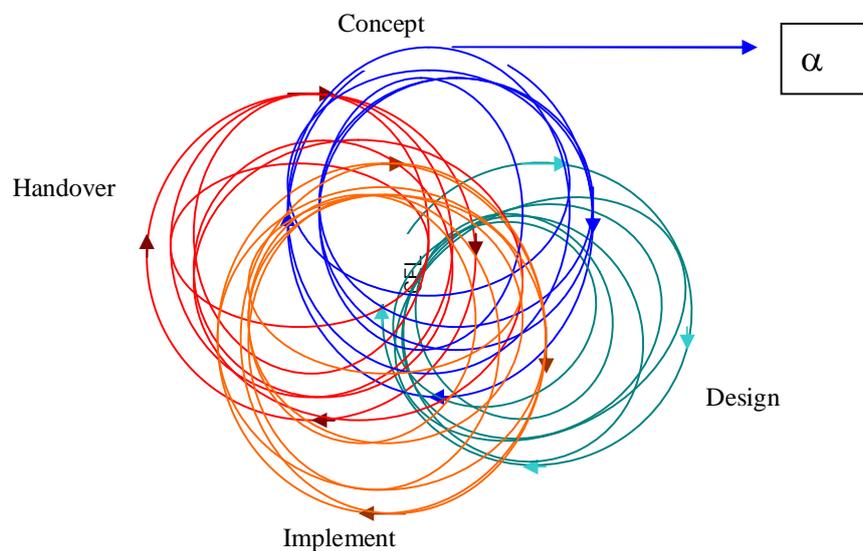
10.5.3 Dialogue and participation: elaboration of the spiral nature of project processes

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. The several cyclical lines under each phase indicate the extent of efforts - dialogue, participation, activities or intervention efforts within that phase of the cycle. The denser the spirals, the more the 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, lack of consensus and 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 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 recognise, interpret, understand and influence this spiral pattern of interconnected processes, aided by moral capabilities, that enables successful project practitioners to unravel complexity and be able to effectively direct the project towards benefits for orphans and their families/carers.

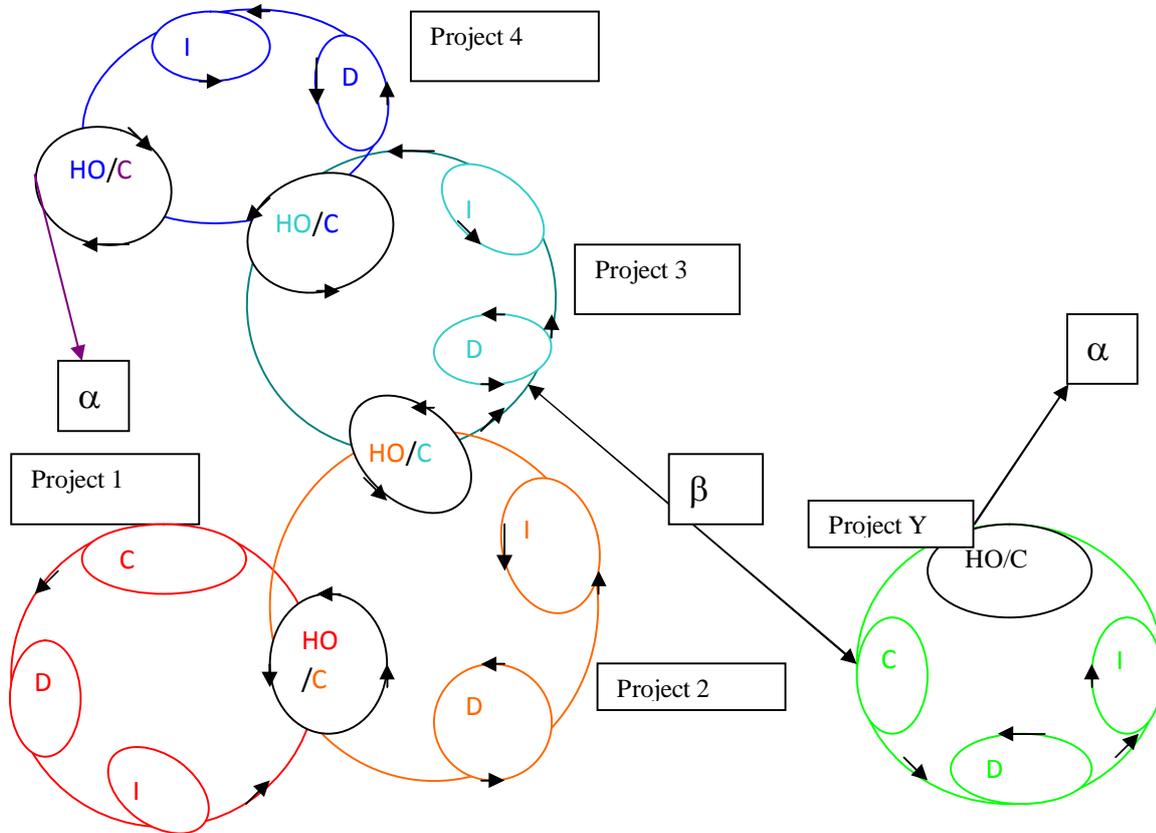
Figure 13: Project cycle and the spiral nature of project processes in each stage



10.5.4 Connectivity and transfer of learning: project management partnerships

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 ó guided by a common goal. Connectivity is represented by applying implementing strategies such networking, collaboration and coordination (partnerships) between different stakeholders within a broad vulnerable children service 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 most of them failed to fulfill the ideals of their organisations.

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.

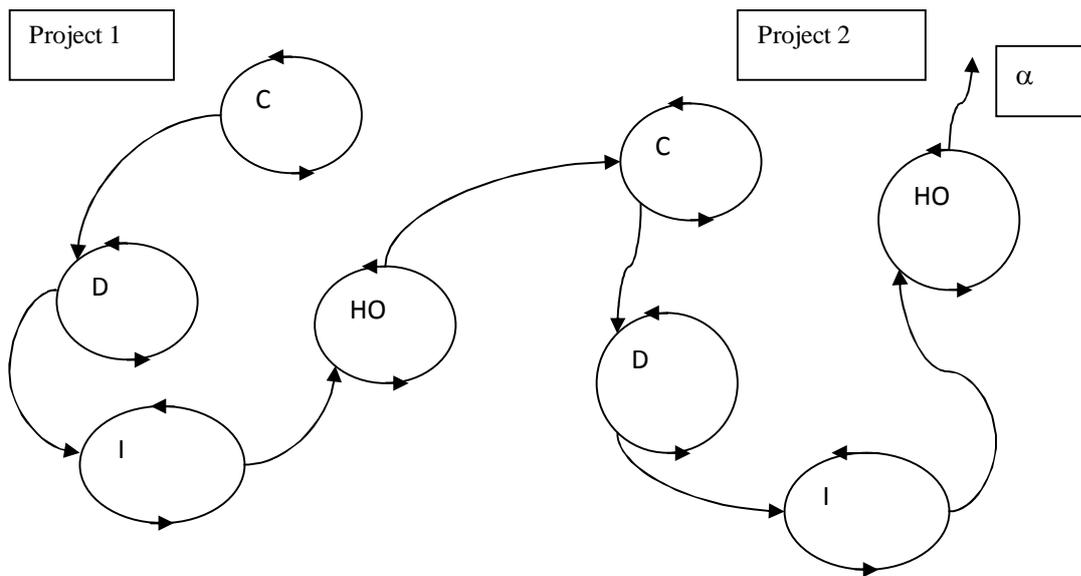
C: concept D: design I: implement HO: hand over

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.

10.5.5 Elasticity of the spiral: sustainability of OVC project management efforts

Figure 15, indicates that the spiral is not only represented between stages LOEs of the same project cycle, but also from one project to another. Several consecutive and parallel projects can behave and interact in this spiral pattern, with new project cycles overlapping those conducted in prior years.

Figure 15: Spiral nature of consecutive project cycles



Current vulnerable children project design frameworks appear to suggest “end or closure of project” as if the problem of orphaning would have been permanently addressed at the time of ending the project. While this mechanistic assumption could be made on a project to construct a physical infrastructure such as a bridge, it certainly does not apply in the case of social development projects for vulnerable children.

10.6 Summary

The Chapter outlined the new framework for vulnerable children's development project management practise drawing on systems ideas of holism, totality and pluralism. The primary goal of the management framework is to ensure optimum child development and well-being, which is attained through facilitating fulfillment and continuous improvement of a continuum of the many and long term comprehensive developmental needs for vulnerable children, overtime, up to their transition into adulthood; these should be built on children's understanding and aspirations. This can be achieved through a comprehensive service delivery (CSD) approach, characterised by balancing physical empiricism focused on efficacy, with moral capacities focused on benefits, in the management and relationships of the vulnerable children care and support system. Consistent with findings, key project management knowledge, critical to achieve CSD for vulnerable children in Zimbabwe and in SADC is drawn. Informed by the findings of the study which point to failures to translate vulnerable children /child development intents into benefits, the new framework defines moral capacities that are required to attain CSD. In addition, the framework provides a new understanding to project management knowledge and redefines the project life cycle as a project spiral cycle characterised by connectivity, flexibility and non linearity, elasticity and longitudinality, self-reinforcing and feedback orientation of the vulnerable children management system that gravitates towards a common goal.

CHAPTER 11 CONCLUSIONS AND FURTHER RESEARCH

11.1 Introduction

The study was motivated by 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 increased investments and efforts on projects and other social development efforts targeted at them. The main assumption of the study was that social development management practise 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 practise 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 milieu in Zimbabwe, in particular, and southern Africa in general, was conducive to transferring it 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 well articulated and confirmed by participants during this study. Ironically, what is proposed and planned is not what is implemented on the ground, or in other words – as evidence from the study indicates, not done appropriately enough to produce benefits for vulnerable children. There appears to be 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.

This Chapter outlines the major contributions of the 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. While the study could generally be viewed as broad and formative, it does significantly contribute new knowledge and insight to project management practise, systems theory and OVC development, all of which are recent areas of professional practise and academic enquiry globally.

11. 2 Thesis of the study

11.2.1 Creative application of methodological pluralism for improvement

Whereas the concept of methodological pluralism in research is not new 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 innovatively 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 generalisation to national level in Zimbabwe, and to southern Africa.

The research uncovered potential challenges related to research among people in extreme poverty situations such as that which characterised 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 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 and my own observations and experiences in Zimbabwe uniquely 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 perception of this bias had it relied solely on, for example, field interviews with carers.

The approach adopted by the study to interrogate the three fairly new areas of: project management theory and practise, systems theory and practise, and care and support for orphans and vulnerable children in combination, is novel. 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 of poor service delivery by orphans and carers 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 resulted in conclusions that suggest 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 not solve the world's growing complex problems. The study demonstrated that over reliance on material scientific empiricism in research and performance management systems that emphasise efficiency and effectiveness, but do not include moral and spiritual sensation which define benefits accrued to vulnerable children, meant that service delivery management practise was incapable of ascertaining the truth about social justice, child well-being and improvement. A study conceptualised purely on the basis of project management ideals that emphasise short term targeted material gains guided by timeframes and resource limitations, without reference to social justice philosophy, would not have appreciated an argument on the need to pursue long term sustainable benefits for OVC and their carers that are built on their priority needs and aspirations; this perspective characterises 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- on the theory of systems thinking, project management and child development; and -induction- on practical and real life stories, experiences, challenges and aspirations of orphans and carers, and of project practitioners including myself. A prescriptive research design akin to traditional positivist science, that is not so much in favour of induction, would not have allowed for the gathering and application of robust data that informed the new framework and recommendations. The findings enabled the construction of practical as well as general knowledge and recommendations on project management for OVC development.

The use of storytelling, particularly to infer the rather technical and specific issues of project management practise and service delivery for orphans is also unique. For example, the specific nature in which the story lines were designed, and yet, elicited rich and precise personal stories by 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. 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 is new. The emotions and personal

experiences that were elicited by the story telling instrument exposed the moral deficiencies in social development practise.

A new term and concept - practitioner experiential action research (PEAR) - emerged out of my action research experiences in the study in which I played multiple roles as: the investigator, observer, the subject of investigation, and narrator of stories. A research approach that dismissed my involvement in these different roles in the study would neither have benefited from my practical work experiences, nor derived PEAR.

11.2.2 New social development project management knowledge

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.

The study confirmed the assumption that social development project management was rooted in mechanistic and reductionist positivist approaches that are not always appropriate to understand and address complex social phenomena. Analysis of literature and research data highlighted that while most of the project management knowledge areas classified under 52 headings (APM, 2006) and 9 (PMI, 2004) were relevant to different disciplines, they needed adaptation to the specific context of social development management for orphans as attempted in Chapters 9 and 10, because for example, the same problems or needs of orphans do not end with the end of a single project life cycle. Similarly, the meaning of success, effectiveness and efficiency in a private profit making entity dealing with objects and material things is not the same as in public social development where the person is the subject of improvement efforts; benefits accruing to people are the primary measure of success. In addition, outcomes and impact in social development go beyond successful delivery of physical services such as food, water and health to include, primarily, non-physical outcomes such as psychosocial and spiritual well-being measured in such outcomes as happiness, freedom, empowerment, dignity ó which are not always quantifiable, and are difficult to measure using current project management performance measurement tools. According to the study, these non-mechanistic, spiritual outcomes were not being considered in the 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 adhered is often not measured. The thesis proposes a set of moral capabilities that must 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. This is unique and is outlined in Subsection 10.3.2.

Drawing from the analysis of data, the study identified new areas of project management competency that are not highlighted in current professionally recognised project management body of knowledge (PMBok), as well as redefined existing ones to suit social development project management for OVC as elaborated under Chapter 10.

The new areas are a contribution to professional social development project /programme management practise, and are outlined below:

- (a) Managing sustainability of social development efforts particularly for OVC. The study noted that the notion of sustainability that was being applied was fallacious and incongruent to the reality of extreme, cyclic 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. The study noted that social development projects and programmes were preoccupied with performance measurement in terms of efficacy of service delivery efforts. As revealed in this study, this perspective is primarily concerned with meeting timeframes and budget commitments of project processes from the perspective of practitioners and not sustainable benefits for OVC and carers, and, therefore, not reliably establishing reality. The study identified benefits measurement from the perspective of targeted vulnerable populations as a key aspect of OVC's development project management knowledge for which competency is required. In this study, the attainment of benefits requires understanding and managing of moral capabilities in social development projects for OVC. Whereas ethics and professionalism is recognised in the APM body of knowledge, it largely speaks to 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. Applying the wisdom of philosophy to data, the study revealed that orphans' development efforts were anchored solely on physical sensations represented by scientific empiricism and not moral sensation represented by many of the factors that define social justice imperatives such as universal human rights and child rights and the common good.

- (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, on a short term and unsustainable ó largely based on a charity welfarist approach and not human rights approach. The study concludes that despite global intents, there is no known formal documented consensus and understanding that exists globally 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 practise. The study notes that 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 being exhaustive.
- (d) Managing the project spiral cycle. The study introduces a new concept of the project spiral cycle that places emphasis on continuity of service delivery for orphans beyond a single project life cycle through successive project spiral cycles, elaborated under section 10.3. This is hopefully a major contribution to project management. The concept of a project spiral cycle would resonate well with social development project management for OVC where problems are complex and their needs often span their entire childhood and into early adulthood, than in traditional areas of physical work where projects are often once off endeavours and management techniques are well developed. Thus, 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, the researcher did not come across any similar efforts to the extent proposed in this study.
- (e) Managing social development projects in complex and unstable milieu. The study noted that 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 one could protect the poor and powerless orphans and their families, indicating that in a bad political environment, even the best of project management ideas and practises are bound to fail. The study identified this as a critical success factor that requires project management attention globally.

- (f) Managing social development projects based on theoretical justification. The study confirmed existing literature that points to the absence of a common theoretical framework on 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 on which to define priorities, success, approaches and to improve on practise. The study identified the need for project management to adopt systems theory as the basis for its work, and to develop competency for its systematic application.
- (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 recognised 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 written comprehensive knowledge 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 efforts regarding 'public goods', and efforts to promote rights based approach to orphans' development, all do not effectively address this important and under explored area.
- (h) Social development risk management. The thesis gives new meaning to risk management applicable to OVC. This refers to efforts aimed at reducing vulnerability with the view to minimizing or eliminating deprivation as well as restoring basic services to children who are already deprived.

The research contributes to building project management body of knowledge in the context of social development, particularly for OVC. This is important in view of limited project management theory in general, and for social development management practise in particular.

11.2.3 Improved understanding of OVC and of their development

The study brings out key observations that have potential to transform child development efforts globally. Some of the observations are not new, but being interpreted with renewed impetus and meaning derived from the experiences of the study, while others are a new contribution from the study, much to the credit of the emancipatory effect of the story telling research method.

In this study, children were depicted as resilient 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. The study cautions that promoting resilience among children in hardships can create the wrong

impression that they are coping and content. But as noted in the study, when they become ‘resilient’ children accept deprivation and vulnerability as normal, and do not communicate it. As a result, this increases their chances of being neglected by the social support system, and exacerbates deprivation and vulnerability. In this regard, the thesis concludes that the application and promotion of ‘resilience’ and its prioritisation 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 by the care and support management system, and assumes that things may be going on well for vulnerable children.

In Subsection, 9.2.4 the study introduces a new concept of the ‘Spiritual Child’ based on the field findings. The ‘Spiritual Child’ demonstrate the following characteristics: (a) developing trusting relationships with people that they considered to be having their interests at heart; (b) 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) recognising one’s purpose in life and longing to have their inherent dignity respected and fulfilled; (e) desirous for family and offspring to perpetuate and advance humanity; (f) offering unconditional service to family and community; (g) appreciating and recognising the support and services provided to them by others, and 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. I am not aware of any research or OVC development efforts that have constructed such an understanding of children particularly of orphans. This understanding is a shift from the current view of children as problems to be solved by adults or as helpless blank slates, and whose thinking and actions should be informed by 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’. The thesis argues that viewing vulnerable children as ‘Miniature Adults’ does not mean that they have ceased to be children. This means that they are ‘socially aware’, facing up to the hardships, and ‘accepting abnormal situations’, because they desperately experience and understand their situations. Orphans were 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. This entails that 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. It also depicts the vulnerable child as *“Misrepresented”* and *“Untrusting”*. Yet children were aware of the political, socio-economic and cultural events that affect their social milieu. This shows that it is not appropriate to exclude vulnerable children from participating and deciding on issues that 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 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 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 stigmatised. Yet these were not given priority in OVC care and support efforts. The thesis argues that the *“Spiritual Child”* does not require enormous effort and material resources to be brought up well and happy, than are assumed by social development management efforts. This reinforces the argument made in this study that human development efforts should *“strike a balance between physical and moral sensations”*. Fulfilling physical needs alone does not necessarily translate into happiness or optimum development for the child.

11.2.4 The care and support milieu

The study confirmed that perpetrators of abuses 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 high risk of child abuse. Poverty was used by some adults as a tool for sexually manipulating and abusing children for personal gratification. These findings depict an adult society that is immoral, neglecting and hostile to vulnerable children. Together with the hostile economic and political environment, the thesis defines a new perception of a social system that *“Corrupted the Spiritual Child”*. Literature searches confirm that the hostilities and deprivations that happen in children’s early lives can have negative impact on the development of their behaviours and personalities that could last their entire lives. This implies that the nature of society’s relationships with the child today is responsible for the adult and for society of tomorrow, and of subsequent generations. Thus it is adults (society) not children who should be blamed for the deviance in children and in the society that future generations inherit or become. The study argues that children are *“Misrepresented”* by child development

priorities often promoted by adults. The findings also indicate that developing trusting relationships with a protective adult figure is important for the development of the vulnerable child.

The study revealed 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. Thus, less educated OVC were becoming less educated and vulnerable adult carers. The thesis argues therefore that the age of carer (at least for the young and middle aged population) was not a good predictor of level of education, and by implication, income earnings among carers. 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, the thesis concludes that it is important to continue providing vulnerable children with care and support beyond childhood, and during 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 findings demonstrate that the technical language used by practitioners in social development management such as psychosocial support, is often difficult to understand for ordinary people. Such language has the potential to disempowering communities, who end up requiring experts to explain to them, their day to day life and experiences in programmatic jargon. The thesis argues that metaphorically, 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 ó thus sustaining an industry for the professional practitioners. The language used in social development management practise 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. Ironically, the care and support priorities of empowerment for livelihoods self-reliant for carers were not being prioritized by service delivery organisations.

Data analysis reveals that efforts on child development particularly OVC, are 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. The thesis concludes that 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.

Another contribution of the study is the realisation that orphans and children in general should be provided holistic and comprehensive services in order for them to attain what UNICEF describe as 'fully develop their human potentials', particularly because individual deprivations and vulnerabilities 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. I am not aware of any study that has made a comparison between project or programme management for orphans' development and systems theory and reached this conclusion, and provided such an alternative approach. 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 to holistically meet the needs of the child.

11.3 Summary of key findings

The study demonstrated that 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 realise 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 problems were known to policy makers, researchers and development practitioners as demonstrated in their declared intentions, ratification of international social justice instruments, the proliferation of development organisations and increase in aid funding. And yet, these options and intentions were not being fulfilled in practise. Project management needed to break the cycle of poverty, deprivation and vulnerability, and yet in some cases, it was reinforcing it by applying reductionist, welfarist approaches that perpetuated dependency on aid.

Development efforts were driven by the Kantian physical sensation, demonstrated in self interests of individual organisations, reductionist methodologies that provided mainly physical and impartial services to orphans through vertical, sectoral, short term efforts that focused on addressing immediate problems; it did not address the causal relationships of the problems to bring about long term gains. It neglected the Kantian moral sensation that place emphasis on spiritual wellbeing and social justice ó a higher level of the benefits of human improvement efforts. 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. This practise viewed the world from the perspective of individual parts, largely influenced by the positivist /functionalist paradigm on which the global scientific world view is predominantly anchored. This world view has increasingly come under attack from other perspectives such as interpretive /constructivist, emancipatory and postmodern thinking which promote understanding of the world as a function of experiences, freedom, equality and holistic perspectives.

Orphans and vulnerability were defined from a charity perspective which views support to child development and dignity as dependant 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 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 surroundings 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 hostile political, economic, social environment and corruption. Thus orphans and their carers faced dual vulnerability in the form of: (a) deprivation, and (b) 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 welfarist aid.

These developments signify a departure from systems oriented African values of collectivism and community support systems that characterised Zimbabwean communities for centuries, towards reductionist individualism and self centred values. This study noted that in Zimbabwe, this departure was being driven primarily by extreme poverty, migration and separation of family members, a culture of political conflict and polarisation, social disempowerment, and also irregular social development support systems that were not driven by local knowledge systems 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 practices 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 committed.

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 (see 3.4.2 and 3.4.3) to child development was likely to minimise vulnerability and deprivation among orphans. Several 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 political party allegiance of the carers. Social development management practise 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. The study concludes that there was no social commitment, moral capacity or appropriate language in Zimbabwe, southern Africa and globally, to implement child development ideals represented, for example, by the Rights Based Approach.

A major gap in social and human development efforts revealed by the study is that they were deficient of morality that is required to transform the advances of science into benefits for all people, and to achieve the ideals of equality and dignity for all human beings. The study revealed that people were aware of what is right but did not have enough conscience and moral capacity to do the right things right. As a result, project efforts applied methodologies and assumptions that were incongruent to eliminating deprivation and vulnerability of orphans. The thesis argues that all social development efforts should fuse scientific human development endeavours (represented in policies, strategies and approaches), with morality, in order to attain the common good - the philosophical *ōtruthō* (represented in proxy by human /child rights instruments recognised globally). Moral capabilities should be applied to ensure that benefits or the ultimate truth of social development efforts are realised, and physical sensation represented in proxy by science, should define the means to this truth. The language of human development should be given meaning that promotes the application and measurement of moral capacities as key determinants of the success of human development efforts. Project performance should be determined more from a benefits perspective as defined by orphans and their carers, and not solely on efficacy of project design and implementation processes which are currently determined by development experts.

11.4 The research agenda and way forward

Whereas, the study to a large extent responded to the main research question on what should be done to social development management practise in order to make it responsive to the needs and the rights of OVC, it also elicited more questions about human development efforts. These questions can be classified under two main types. The first are the difficult to answer meta-questions, which challenge the understanding of the world and life as it is viewed and lived. Answers to these questions would require a holistic and radical global worldview reorientation perhaps comparable in magnitude to revolutions such

as those witnessed during transformations from Medieval Times to Reformation (16th Century), to Enlightenment (17th-18th Centuries), to Darwinism (mid 19th Century), and to modern science. These meta-questions are elaborated under Subsection 9.4 –systems philosophy and orphans development project management practise in Chapter 9. Another category of questions which are elaborated under this section are the easier to answer practical research questions that can be pursued through research efforts.

The study demonstrated that 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 practise. The reasons why current social development practise is not translating intent into action have not been fully established and would require further enquiry. Whereas the study produced a new framework for comprehensive service delivery and proposed moral capacities that are required to fulfill social justice ideals, the applicability of the framework and moral capabilities require testing in practise.

The study noted that project practitioners were often compelled to glorify successful performance of their projects even when orphans and carers, media reports and observed experiences evidently demonstrated the contrary. Whereas the study generally concluded that the reductionist performance management system contributed to this behaviour, the specific reasons that motivated project practitioners to be dishonest and the opportunity costs of such behaviour and practise on child/ OVC development management efforts require closer investigation. In the same vein, the study also noted that there was a long food chain of agencies in the channeling of aid from primary donors to the child. It would be interesting to conduct research to establish the proportion of the money that reaches OVC to the total amount earmarked for them at the very beginning of the food chain, and determine the amount that is lost through the administrative chain that sustains social development management practise. Such information could be useful to advocate for accountability and morality on the part of NGOs and Government institutions that manage donor funding.

The study 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.

Findings indicated that 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. The study 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 and would require follow-up investigation.

Practitioner Experiential Action Research (PEAR) proved to be useful for enriching the process and conclusions of the research study. The study demonstrated the immense potential of PEAR on influencing conscious experiential learning on an individual practitioner, in particular me, with a view to attaining continuous improvement of OVC's development outcomes. Beyond my individual experiences, further enquiry and testing of this research method is required to establish its deliberate applicability and outcomes within and between project teams, institutions and social systems globally.

The study illustrated the impact of socio-economic and political disintegration on the majority of children particularly orphans and their families in Zimbabwe. Evidence from 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 that has been described in this study as EDV will affect the adult lives and developmental outcomes of an entire generation represented by the affected children in Zimbabwe is an interesting subject of cohort studies for sociological, psychological, economic and political inquiry. This could shed more light into human development.

The research design was hinged on the assumption that the purpose of enquiry is not to disprove a-priori truths such as, for example, our own existence, but to seek to better understand the unknown and less understood details behind a-priori truths ó to understand the nature and behaviour of the component parts of the whole, to enable better control of our existence. However, the study acknowledges the paradox of methodological philosophy that surrounds the impossibility of structuring knowledge without postulating some a-priori truth, and how this can be translated to mean imposing our own truth in seeking to understand the truth. Consistent with this paradox, questions arise regarding the extent to which we can look at the whole and understand it in its entirety without breaking it into its component parts at which point we become pre-occupied with the components rather than the whole; and the extent to which we can say we understand the whole through seeking to understand some of its component parts. The experience with methodological pluralism in this study suggests that it is possible to have an understanding of the parts from the perspective of the whole by examining their relationships to other parts with which they are

the whole. In practise, this is an acknowledgement that 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. For example, this study would have been more enlightening 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 that there is more that influences project management than what is prioritised at any instance, and that social constructs of reality may differ, for example, for people in different contexts ó 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.

The study recommends the application of systems ideas in every day social relationships and interaction; in determining world views, policies, legal instruments, in management contexts including development of strategies and programmes; and in evaluating progress of human improvement efforts.

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ANNEXES

ANNEX 1: RESEARCH INSTRUMENTS

Annex 1. a interview instrument for OVC

TOWARDS MANAGEMENT APPROACHES FOR SUSTAINABLE SOCIAL DEVELOPMENT PROGRAMMES FOR ORPHANS IN SOUTHERN AFRICA:

APPLICATION OF SYSTEMS THEORY

Introducing myself to the Parent/Caregiver

My name is Manasa Dzirikure. I am studying for a PhD in Leadership Studies with the Leadership Centre of the University of Kwazulu Natal in Durban, South Africa.

But my main job is to work on behalf of orphans and other young people who are at risk in your country. I am trying to find out what it is that the children and young people themselves think about their lives.

The information I get will be used, I hope, to make sure that adults who are concerned about the welfare of these children are better supported by governments and other agencies concerned with the welfare of such children.

Your child (name í í í í ..) has been chosen to participate in this interview. His/her views will be important to the recommendations that I will make in this study.

During the interview, I will ask your child some questions about their needs and experiences. All the information that will be provided by the child will be strictly confidential and will not be shared with any other person. If you are not willing to have your child interviewed, please feel free to say so and he/she will not be interviewed. If the child is not willing to answer a particular question, he/she will not be forced to respond to it.

Can I proceed to interview your child?

If Yes (Present informed consent document and ask parent /guardian /care giver to sign)

If No (Thank person and do not interview child)

THE QUESTIONS WILL BE TRANSLATED TO LOCAL LANGUAGES FOR CHILDREN TO UNDERSTAND EASILY

Introducing myself to the Child

My name is Manasa Dzirikure. I am trying to find out more about how you see the world, your thoughts and your experiences, so that I can come up with new ideas and knowledge to improve on the care and support provided to orphans and other vulnerable children in yours and other communities in southern and Eastern Africa. It is my job to do this.

You have been chosen to participate in this interview. Your views are very important to me.

I am going to ask you to talk with me. I hope you will feel free to tell me the truth about how you felt and feel and expect to feel about your life, in the past, present and future.

I will ask you to tell me about your life, the people and events in it that have been important to you, or, if you prefer, you can draw some pictures to illustrate your thoughts or how you feel. You can do both if you wish!

I will keep a record of what you say but this record will be confidential- no one else will see what I write.

If you are not willing to participate, please feel free to say so and you will not participate. If you are not willing to answer a particular question /task, you will not be forced to respond to it.

Are you happy to spend some time with me now?

If Yes (Proceed with interview)

If No (Thank the child and leave)

Part One: Identification and Personal Information (can be filled in by the researcher by asking the immediate care giver or as a last option asking the child)

- 1 Rural or Urban í í í í í í í í í í ..
- 2 Countryí í í í í í ..District/Towní í í í í í Village /Townshipí í í
- 3 Name (Optional pseudonym): í í í í í í í í í í í í í í í í í
- 3 Age (in years): í í í í í í í í 5 Gender male/female)í í í í í í í .
- 4 Do you have a birth certificate? Yesí í í í ..Noí í í í í í í .
- 6 Highest level of education: í í í í í í í í í í í í í .
- 7. Are you enrolled in school: Yesí í í í í í .. Noí í í í í í í ..
 - a. If Yes, which school do you go to?
 - b. If no, what are the reasons why you are not enrolled in school? í .. í í í í í .
.....
- 7 Condition: Both parents diedí í í í í í ..Father only diedí í í í í

Mother only diedí í í í í í í

8 Who is looking after you now? (parent /guardian /sister /brother /grand parent / other):

í í

What is their source of incomeí í í í í í í í í í í í í í í í í í í ..

9 How long have they been looking after you?yearsí í í .months

10 How many people stay /live with you at home?í í í í í í í í í í í ..

11 How are you related to each of them (e.g brother, cousin, grandparentí etc)?

í í í í í í í í í í í í í í í í í

Part Two: Your life

Task 1 - About myself:

- a. Tell me about yourself, your family, friends and relatives. For example, tell me three things that you think I should know about you.
- b. Think now about the times in your life when you have felt happy. Tell me about what made you happy then?
- c. Are you happy now? If so, what is it about your life which makes you happy?
- d. If you are not happy, tell me about the things that make you unhappy.
- e. Often, people are both happy and sad. Is this how you are? (tell me more about this)

Task 2 –Surviving and growing up in life:

- a. What are the main things that you need everyday to be ok and to grow up well?
- b. Of the things you need everyday to be ok and grow up well, which are the ones that you are not getting? (remind the child of the things he/she has indicated) Why is it difficult for you to get these things every day?
- c. Some people who are helpful to you are not either family or friends. Tell me about those people-who provide you with things you need everyday to be ok and grow well and are not your family or friends? What do they do for you? Why do you think these people are helping you?

Task 3 – People who help you to get along and cope with your life

- a. Who are the people that are most important in your life? Tell me about them.
- b. What do these people do which make them most important?

Task 4 - Speaking Out and Psychosocial Support:

- a. When you want something important or when someone hurts you or something is bothering you, who do you tell first and who are they to you (e.g. brother, sister, parent, friend, aunt, uncle, grandparent, teacher, etc)? Tell me about when something like this has happened to you:

(When you want something important and someone has got it for you.

When someone has hurt you and someone then helps you with what has happened that was hurtful).

- b. Describe one moment which you remember when you could not ask for something that you really wanted What were the reasons why you did not talk about these things?
- c. Tell me about another occasion, if there was one, that resulted in being hurtful but you could not tell anyone else about it.

Task 5 – Responsibilities to your Family:

- a. Indicate the things that you do at home or school to help your family? Are you happy to do these things (**If yes, why so; if not, why not?**)
- b. Describe one task that you were asked to do and you did not want to do it?

Task 6 - My future:

- a. What are the two things that you hope the future will bring for you?
- b. What steps can you personally take to try to ensure that the future works out this way for you?
- c. Who are the people that you look to who you think can make sure you get these things in the future

OK. Thanks so much for talking with me. I have found this most useful.

Now it is your turn to talk to me about things you want to that we have not yet talked about. Feel free to talk about anything you wish.

Thank you (all) for sharing all this with me.

Annex 1.b: Interview guide for caregivers and community members

TOWARDS MANAGEMENT APPROACHES FOR SUSTAINABLE SOCIAL DEVELOPMENT PROGRAMMES FOR ORPHANS IN SOUTHERN AFRICA:

APPLICATION OF SYSTEMS THEORY

My name is Manasa Dzirikure. I am studying for a PhD in Leadership Studies with the Leadership Centre of the University of Kwazulu Natal in Durban, South Africa. As part of my studies, I am required to conduct a research which will enable me to come up with new ideas, knowledge and recommendations in the field of management and leadership to improve the performance and sustainability of projects and programmes supporting orphans and other vulnerable children (OVC) in the SADC region. You have been chosen to participate in this interview because you provide care and support to OVC. Your participation in this study is considered voluntary and no reward will be paid.

During this interview, I will ask you to share your experiences with me in the form of short stories of **not more than 5 minutes each**. I will appreciate if you will share one story at a time. I will ask specific questions to guide you on the line of each story that I would like you to share with me. The entire interview will take approximately 60 minutes.

Kindly allow me to interject with some questions during and after each story in order for me to understand you better.

The success of the research will depend on the information that you provide. Thus, I appeal to you to kindly provide valid and honest responses. All the information that you will provide during our discussions will be strictly confidential and will not be shared with any other person. If you are not willing to be interviewed, please feel free to say so and you will not be interviewed. If you are not willing to answer a particular question, feel free to say so.

For information regarding my registration with the University of Kwazulu Natal in connection with this research, please refer to Dr. Kriben Pillay, Coordinator for PhD studies at the Leadership Centre on: +27 (31) 2601579 / 2601383. E-mail: pillaykri@ukzn.ac.za.

Can I proceed with the interview?

If Yes (Present informed consent document and ask respondent to sign)

If No (Thank person and leave)

THE QUESTIONS WILL BE TRANSLATED TO LOCAL LANGUAGES

- 7) Would you say you are happy with the way these people are supporting OVC in your community?
(Please explain your) (*Munogutsikana here nenzira yavarikupa nayo rubatsiro rwamataura urwu*)
- 8) What do people in this community or your place of work think about you and relate to you as a person who is caring and supporting OVC. You can narrate any memorable situations or experiences that remind you of how other people in your community relate to you as a parent or caregiver of OVC.
- 9) How do you communicate your ideas, needs or wishes regarding improving care and support for OVC to your family, community or Government, NGOs and others who can be of support? (*Kana mune zvinokunetsai /zvamunoshaya kana zvamunoda kuti zviitwe neimwe nzira maererano nekuchengetwa kweneherera nevana vanoshaya, munozvittaura sei kune avo vangabatsire (hama, shamwara, hurumende, NGOs, etc)* You can narrate any memorable situations or experiences or example on how you have done this before.
- 10) What are the good things that are being done to support OVC in your community that you would want to see happening more?
- 11) What are the things being done to support OVC in your community that in your opinion, are not being done the right way or not working well?
- 12) Tell me about the things that in your opinion could improve the lives of OVC in your community that are not currently being done?
- 13) What lessons have you learnt about care and support for OVC?
- 14) Tell me anything else that you did not say that you would like to share with me regarding your efforts and those of your community, Government, NGOs, donors, private sector, etc to improve the lives of OVC.

Thank you very much for your participation!!

Annex 1.c: Interview guide for social development practitioners and service providers

TOWARDS MANAGEMENT APPROACHES FOR SUSTAINABLE SOCIAL DEVELOPMENT PROGRAMMES FOR ORPHANS IN SOUTHERN AFRICA:

APPLICATION OF SYSTEMS THEORY

My name is Manasa Dzirikure. I am studying for a PhD in Leadership Studies with the Leadership Centre of the University of Kwazulu Natal in Durban, South Africa. As part of my studies, I am required to conduct research on projects and programmes supporting orphans in the SADC region. The information I get will be used, I hope, to improve on the welfare of these children. Thus your views will be important to the recommendations that I will make in this study.

You have been chosen to participate in this interview because your work involves providing support to orphans. Your participation in this study is voluntary and no reward will be paid.

All the information that you will provide including your name and that of your organisation will be considered confidential and will not be shared with any other person. If you are not willing to be interviewed, please feel free to say so and you will not be interviewed. If you are not willing to answer a particular question, feel free to say so.

The interview will take about an hour or less to complete.

For information regarding my registration with the University of Kwazulu Natal in connection with this research, please refer to Dr. Kriben Pillay, Coordinator for PhD studies at the Leadership Centre on: +27 (31) 2601579 / 2601383. E-mail: pillaykri@ukzn.ac.za.

Can I proceed with the interview?

If Yes (Present informed consent document and ask respondent to sign)

If No (Thank person and leave)

CONTACT DETAILS: Kindly send the completed questionnaire to the following:

Attention: Manasa Dzirikure

E-mail: dzirim_2005@yahoo.com and mdzirikure@sadc.int

Fax: +267 3132595

Cell: +267 71610458

1. Identification and Personal Information

1.3 Rural or Urban í í í í í í í í í í ..

1.4 Countryí í í í í í ..District/Towní í í í í í Village/Townshipí í í

1.5 I.D Code (Name Optional /Pseudonym)í í í í í í í í í í í í í í

1.6 Contact details: e-mailí í í í í í í í í í í í í í í í í

1.3 Age (in years)í í í í í í í í í í .. 1.4 GENDER (male/female)í í í í

1.5 Highest level of academic qualificationí í í í í í í í í í í í í í

1.6 Current position /title e.g. Project Manager, Director, Consultant, other (specify):

í í

1.7 How long have you been at this level of post?

.....yearsí í í í months

1.8 How long have you worked on orphans & Vulnerable Children Projects?

.....yearsí í í months

1.9 How would you classify your organisation? (Fill in table below)

	Type of Organisation (Indicate by putting an X below the name of the organisation)							
	Community /local voluntary association	Local community National	Regional ³	International ⁴	Govt	NGO	Private sector	Other
No. of years operating								

³ At least 3 countries in Africa

⁴ At least 3 countries in more than one continent

2. What are the definitions of the terms below as applied in your organisation?

a. Orphan

b. Vulnerable child

c. Comprehensive support to orphans

2. Needs of Orphans and Services Provided by your Organisation:

a. List the conditions which pre-dispose children to vulnerability in communities where your organisation operates.

b. What does your organisation consider to be priority needs required by a child to grow up well? (List them)

c. Which of these priority needs are being addressed by your organisation?

3. Comprehensive and holistic support to orphans

a. Describe the extent to which the work of your organisation can be said to be contributing to comprehensive and holistic support to orphans?

b. Indicate two major conditions that must be put in place in order to achieve comprehensive and holistic support to orphans?

c. What are the policy frameworks that guide your programmes on orphans?

5. Resources for Programmes on Orphans

a. Where does your organisation get the resources (financial/technical, etc) required to support orphans? (Name them below)

b. What is the average annual budget of your organisation for orphans?

US\$.....

c. Indicate below, the average length of time that your funders have committed to your organisation for projects or programmes on orphans.

Shortest period (years) í í í í í í í í . Longest period (years) í í í í í ..

6. Stakeholders including Community and Orphans Participation in Programmes

a. Who are the immediate recipients of the support provided by your organisation?

í í

b. At what level (s) does your organisation operate? (Put an X where appropriate below)

Village í í í í í District í í í í í í (Province/region í í í í

National í í .. í í .. Regional /multi-country) í .. í í í í í í í

c. Approximately how many orphans and vulnerable children are receiving support from your programmes? (Indicate below)

í í í í í í í í í í . Not sure í í í í í í í í í í í í í í .

d. Describe the role(s) (if any) of the following stakeholders in the programmes for orphans run by your organisation?

i. Orphans: í

ii. Families/Caregivers of orphans: .í .

iii. Local Communities: í .
í ..

iv. Government: í ..
í .

v. Other Organisations (Specify): í ..
í ..

7. Management and Service Delivery Processes of Orphans Interventions

- a. Describe how your organisation gets services to reach to orphans.

í ..

- b. Indicate the shortest and longest time that you remember during which your organisation consistently provided support to orphans in the same community?

Shortest: Yearsí í í í í í í ..Monthsí í í í í í í

Longest: Yearsí í í í í í í ..Monthsí í í í í í í

- c. What determines the duration of your support/funding cycles to orphans in any particular community?

í í

8. Performance Measurement of Orphans Intervention Efforts

- a. Describe how your organisation establishes the extent to which services reach orphans.

í .

- b. Are there evidence /indications known to your organisation suggesting that orphans may not be receiving all the support that they need? Please explain:

í ..

- c. Are there evidence /indications known to you, which suggest that the way (approach) that orphans are supported may not be appropriate? Please explain.

í ..

9. Strengths, Weaknesses, Opportunities and Threats

- a. What are the good things about your programmes for orphans that you would want to see done more?

í ..

- b. Of the things about your programmes that you would like to see done more, what is currently preventing your organisation to do them more?

í .

- c. List the aspects of your programmes for orphans that are not working as planned?

í ..

Of the things about your programmes that are not working as planned, what would you like to see done to get them to work as planned?

í .

- d. What are some of the things that you think should be happening in your programmes that are not currently being done?

í ..

- e. 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?

í .

10. Lessons Learnt and Recommendations

- a. What are the two major lessons that you have learnt about supporting orphans?

í í

- b. What recommendations would you like to make to ensure that all orphans receive the minimum requirements to grow up well?

í .

11. Please tell me anything else that you did not say that you would like to share with me regarding your efforts and those of your organisation to support orphans.

í í

Thank you for your participation!

Annex 2: Illustrative example of the data analysis steps and process

Data analysis was conducted following a series of distinct and yet at times overlapping steps. The steps were also not always linear; experiences in one step could be experienced in other steps as well. In addition, I continues to revisit earlier steps while I was engaged with later steps and vice-versa. These are described below.

Step One: Cleaning data

This entailed going through each research instrument and written notes to check if they were completed appropriately. It took place firstly during field work as well as at the end of field work.

It was characterised by:

- Familiarization with data
- Distinguishing between urban and rural, orphans and carers respondents
- Random comments to some responses that stood out because they had unique responses for example those relating to sexual abuse of children
- Going back to some respondents, particularly those that had self-administered the interview guide, and seek clarifications to some of their responses
- The final cleaning of data involved sitting down with the translators going through every completed research instrument to ensure that I understood every response and could recite the setting /environment under which particular responses were given. For example, because they new some of the participants who lived in their neighbourhood, the translators reminded me of some of the community or household settings under which responses to what may be interesting or outstanding responses would have been given.

Step Two: Clarifying variables being measured by each question

This step involved going through each question and summarising the variable (s) that was being measured by that particular question for each category of respondents, for example cares, as follows:

- Q2 a.** Definition of orphan
- Q 2 b.** Definition of vulnerable child
- Q 2.c.** Definition of comprehensive support
- Q4.** Things needed everyday
- Q5.** Things done by person and community to get basic needs
- Q6.** Types of support provided by Govt, NGOs, etc
- Q7.** Reasons why not happy with support
- Q8.** What people think about the respondents
- Q9.** Ways of communicating needs
- Q10.** Things being done well that should be done more
- Q11.** Things that are being done but not right /not working well
- Q12.** Things not being done but could help better
- Q13.** Lessons learnt

This process was conducted separately for carers, orphans and practitioners. It helped to remind me and keep me focused on the purpose of the study, the reasons why particular questions had been designed and included in the research instruments, and the key groups of information that was collected.

Step Three: Identifying issues from raw data

This was conducted separately for orphans, carers and project practitioners. It was characterised by:

- Going through each completed research instrument question by question and noting down emerging issues coming out of each respondent for each particular question. For each question, issues were noted until there were no more new issues emerging for that particular question from any of the participants.
- Notable quotes were written down for most of the issues that were identified.

Issues could, for example in the case of orphans respondents, include 'children not consulted'; 'children not speaking out their needs'; 'children sexually or physically or emotionally abused'; 'children doing household chores and supportive duties at home', etc. These were later identified to be sub-sub themes.

Step Four: Bringing out sub-themes under each category of respondents

This entailed going through sub-sub themes and deriving some 'programmatic' themes /categories that emerged from them, for example, using orphans respondents, issues such as 'children not consulted'; 'children not speaking out their needs'; 'children doing household chores and supportive duties at home' would be grouped under the sub theme of 'child participation'. In some cases, the same issues could also be repeated under a different sub theme, for example, 'children not consulted' or 'children not speaking out their needs' could also be grouped under 'child communication', while 'children doing household chores and supportive duties at home' could, depending with the sentiments raised by orphans in their story line, be grouped also under 'child abuse'; or 'child mentoring', etc.

This step was conducted separately for children; carers; and project practitioners.

Step Five: Drawing key themes emerging from data

This involved comparing sub-themes that emerged from Step Four across the different categories of participants (carers, orphans, and practitioners), drawing on similarities between the sub-themes and grouping related sub-themes into themes or in some cases, retaining and confirming some sub-themes as themes. In some cases, some sub-such themes became elevated to themes depending on the extent or prominence to which they were cutting across the different categories of participants. An example of a theme would be 'communication and participation' described below.

Theme: Communication and Participation

- Subtheme: Communication by community members and caregivers
 - Sub-sub theme: Understanding of needs of carers and orphans within the care and support system
 - Response: 'You cannot communicate to these people unless they first introduce themselves that they can help'
 - Unawareness of support systems and donors
- Subtheme: Child participation and communication
 - Children's voices generally not heard
 - Children aware of what is good and bad behaviour and generally want to be good children to carers
 - Children have ambitions /aspirations
 - Children generally not communicating needs and abuses
 - Children want to be consulted
 - Children are happy doing chores and supportive duties at home. They see it as part of reducing work load of their carers

- Sub theme: Participation and communication from the perspective of programme practitioners
- Community and child participation experienced largely at the tail end of service delivery and not throughout the cycle particularly planning
- Participation devoid of ownership and leadership by community and children

Step Six: Quantifying frequencies of particular responses based on the themes / sub themes

Analysis of Results

Qualitative data analysis was combined with quantitative analysis involving simple frequencies. This involved drawing on particular questions /variables, comparing what in pure quantitative analysis would be termed independent and dependent variables, taking an example of carers shown below, the number of females who were not happy with support, or source of income measured against area of residence (rural or urban).

Analysis of Results -Totals

Children (Totals)

Question /variable	Area (Totals)	Total		Total	Variables by Q3 age & Q5 sex			
		Rural	Urban		Q7. Not in school	Task c. Happy now?	Sexual abused	Abused
Q3: Age (yrs)								
0-9		4	6	10	2	7		
10-14		27	23	50	1	39	2	4
15-18		25	23	48	8	31	2	5
Don't know								
Q4 B/certificate								
Yes		56	49	105	7	77	4	9
No			3	3	4			
Q5 Sex								
Male		32	25	57	6	46		3
Female		25	27	51	5	31	4	6
Q6 Education								
Primary		21	20	41	5	31	1	3
Secondary		34	30	64	2	46	3	6
No Education		1	2	3				
N/A					3			
Q7 Enrolled in school?								
Yes		53	44	97		76	4	9
No		3	8	11	11	1		
Q7 Parent dead								
Both		31	15	46	5	30	3	5
Father only		18	30	48	5	37		2
Mother only		5	4	9		6	1	2

Not applicable		2	3	5		4		
Q8a Person looking after child								
Mother		13	14	27	2	24		
Father		2		2		2		1
Grandfather		6	2	8	2	2	1	5
Grandmother		25	14	39	2	26	2	1
Brother		1	1	2		1	1	
Sister		2		2		1	1	
Auntie		4	7	11	2	8	1	
Uncle		1	8	9		6		2
Institution								
Other (Grandparents)		3	3	6	1	5		

Question /variable	Area	Total						
		Rural	Urban					
Q8b Source of income								
Sub. Farming /Garden		18		18	1	18		4
Vendor		4	23	27	1	17	6	1
Employed		3	16	19		16		2
Self employed		1	3	3	1	3		1
Trader		8	2	19		3		
Donations only		2	1	3				
Nothing		12	7	19	2	15	2	2
Other: (1) Brew beer		6		6				1
(2) (money from children)		1		1				
(3) (Piece jobs)		1		1		1		
Q9 Period looking after you								
Since birth		17	14	31		26		
< 1year		7	4	11	3	2		2
1 -2 yrs		4	6	10	2	11	1	2
3 – 5 yrs		10	13	23		16	1	2
More than 5 yrs		18	15	33	6	22	2	2
Q 10 How many pple staying with you								
1		2		2				2
1-3		12	8	20	3	17	2	1
4-7		34	34	68	6	45	2	4
More than 7		8	20	28	2	15		1
Task 1 c: Happy now?								
Yes		35	39	74	1	77	2	2
No		21	13	34	10		2	7

Adults – Harare Urban /Shurugwi Rural

Question /variable	Area Shurugwi /Hre	Total		Total	Not happy with support	No. of children looking after			
		Rural	Urban			1	2-4	5-7	8+
Q1.3 Gender									
Male		4	9	13	9	3	8		1
Female		23	15	38	28	10	21	2	6
Q1.4: Age (yrs)									
<19 years									
20 -29		1	2	3	1	1	1		1
30 ó 49		10	13	23	18	3	17		2
50 -64		8	8	16	12	7	2		4
65+		7	2	9	6	2	8		
Q5 Education									
Primary		5	2	7	3	2	2	1	
Secondary		11	15	26	20	4	17		5
Tertiary /college		2	2	4	3	1	1		2
No Education		8	6	14	11	6	8	2	
N/A									
Q1.6 Source of income									
Sub. Farming /Garden		17	3	20	17	5	14		3
Vendor			4	4	4		2	1	
Employed		3	7	10	8	2	5		3
Self employed		5	4	9	4	1	4		1
Trader									
Donations only		1		1		1			
Nothing			4	4	3	3	3		
Other: (1) (Brew Beer)		1		1	1	1	1		
(2) (Rentals)			2	2		1			
(3)									
Q1.8 Period looking after child									
Since child born		5		5	1	1	1		
< 1 year		3	4	7	5	1	5		
1 -2 yrs		4	8	12	8	2	8		1
3 ó 5 yrs		10	4	14	12	4	8		4
More than 5 yrs		4	8	12	10	6	5	2	2
Not stated		1		1	1				1

Question /variable	Area	Total		Total	Not happy with support	No. of children looking after			
		Rural	Urban			1	2-4	5-7	8+
Q1.9 Relationship to child	Shurugwi /Hre								

Mother		7	5	12	9	4	8		
Father		1	2	3	2	1	2		
Grandfather		1	1	2	2	1	1		
Grandmother		10	6	16	10	5	8	2	
Brother			1	1	1		1		
Sister		1		1	1		1		
Auntie		2	2	4	4	1	3		
Uncle			4	4	4	1	3		
Institution									
Other: (1) (Headmaster)		1		1	1				
(2) (Teacher)		1		1					
(3) (Care giver)		2		2	1	1			6
(4) (Great grand parent)		1		1				1	
Q 1.10 How many children looking after?									
1		6	6	12	10	13			
2-4		16	14	30	23		28		
5-7			2	2				2	
8+		4	3	7	4				8
Q6. Receiving support from elsewhere?									
Yes		15	10	25	17	6	9	2	8
No		12	14	26	20	5	21		
Q7. Happy with support?									
Yes		10	8	18		4	6	1	7
No		16	10	27	21	6	18	2	1
Not applicable									
Q9. Does person communicate needs?									
Yes		16	15	31	21	8	13	3	7
No		10	10	20	16	4	16		

Another level of quantitative data analysis involved drawing on key themes identified under steps 5 and or 4 above, and establishing the frequency of responses associated with those themes /issues. These formed the basis for deriving percentages and drawing illustrative tables. A lot of this involved physical counting of each response for every completed research instrument.

Step seven: Deriving themes from document review including media reports

This included reviewing the project management intents of different organisations guided by systems language, project management knowledge and child development literature and identifying themes that were relevant to this literature. The purpose of this exercise was to depict the themes that pointed to general social development management practise with a view to comparing it to the themes from the field study. In some cases, the themes coming out of this exercise also helped to define themes /meaning from field responses, while in other cases, the themes that had emerged from the field responses helped to define the themes that emerged from document review through a process of what could be termed as

association. In this process, information and themes from one data source triggered derivation of thoughts of related or different meaning to data.

Step eight: Induction on meaning

These involved interpreting the different themes on the basis of different sub-themes and responses, for example noting that communication and participation was low or high. It also included identifying the reasons for either low or high participation by cross referencing responses from the three categories of participants.

Step nine: Deduction on meaning

This involved interpreting meaning of themes on the basis of known literature under the themes of the study of child /orphan development; systems theory and practise; project management; and social milieu of orphans.

Step ten: Writing the draft report

This involved pulling the different themes and meaning together and providing descriptions, explanations and interpretations of the situation. It also included cross referencing themes between categories of respondents and different methods of data collection to identify consistencies and inconsistencies in responses and meaning.

Step eleven: Strengthening the academic arguement

This included going back to literature and in particular theory to strengthen conclusions or positions taken on particular meaning. It also included fusing meaning from deduction with that from induction to give it common meaning, in particular, with a view to constructing a theoretical framework that responded to the original research questions.

In all these stages, I was the main instrument for measuring data, attaching meaning or deriving meaning from it. My experiences particularly as a participant and researcher, played a critical role in empowering me to be able to make associations between different sets and recognise meaning within data.

Step twelve: Revisiting literature to compare with emerging findings from the field study

Interestingly, I would often revisit literature to see if there were documented findings of studies done before that related to my findings. In some cases, I would realise that findings that I initially thought as unique had been documented before. In other cases, I discovered literature that provided theoretical explanation to my findings, which I had not known about before. So I continued to build on literature review, even up until the time I was writing conclusions of the study. I began to use my newly found thesis, as a basis for understanding existing knowledge better, and testing and confirming the authenticity and seriousness of what I considered to be my new additions to the body of knowledge (thesis).

Annex 3: Selected excerpts by participants

Below are selected excerpts from participants that provided backup to some of the key conclusions of the study. The categories of responses and the particular excerpts have not necessarily been exhausted under this Annex. Some of the excerpts under this Annex have been cited in the main body of the thesis.

Annex 3 (a) Reports of corruption

- Leadership should be disciplined and put the interests of the kids first (55 year old community volunteer care giver, reaching out to 80 OVCs in her community)
- there is a poultry project for orphans but the leaders are corrupt. Market gardening meant for orphans is not benefiting the orphans (33 year old female guardian);
- some children with both parents are benefiting from the programmes of orphans (56 year old carer);
- there are self help projects being done but they are of no use to the orphans (70 year old grand mother);
- 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. There is corruption- for one to benefit, you need to pay the field workers either in cash or in kind (76 year old grand mother);
- the field workers are corrupt because sometimes they ask me to give them part of the products that I receive (82 year old grand mother);
- we are not even aware of some of their programmes (62 year old widow looking after 3 orphans);
- government should be clear to people and not deceive (45 year old widow);
- sometimes people who distribute food aid do not do their work fairly (59 year old school teacher and caregiver);
- not all people are benefiting from the assistance. There are people who are very corrupt in the community because for one to receive assistance the local chief and local leaders have to be consulted. For example in the case of the sowing club, the members are selected by the local political leadership, so you find that we have some better- off members who are benefiting at the expense of those who are very poor (42 year old);
- guardians are corrupt and end up consuming things meant for orphans (45 old widow);
- I tried to register with [name of organisation given] but the field workers said I should give them a hen before registration, and that when we receive the goods, I will have to give them part of the goods (76 year old grandmother).
- NGOs and Government Offices must be easily accessible to the people to ensure transparency. Corruption must be reduced (37 year old carer (uncle) of 3 orphans)
- The Government should have a data base of all orphans in the area such that all those who want to assist can look at the database and target those who need assistance. I think this will minimise corruption. Some people are benefiting at the expense of OVC (48 year old carer (uncle) of 3 orphans)

Annex 3 (b) Expressions of desire for support to build self-reliance among carers and orphans

- We would like to have a place to plough as a community and sell the goods so that we can help the orphans to go to school (44 year old widow, also looking after two other orphans)
- I wish there could be some projects in the community. Projects like poultry production to raise money for the care of the orphans, (63 year old retired grandfather and widower)
- If only people could form some clubs whereby each one can bring in their special skills to a project and raise money for the children in our community. And also the orphans can be brought once every week to the project and be taught skills applied in these projects so that they can eventually be able to

work for themselvesö (50 year old widower, looking after 7 children, including those of deceased relatives)

- ❑ öAs widows, we don't want to depend entirely on aid. We should be given the tools to assist ourselvesö (54 year old widow)
- ❑ öIf given fence to establish a garden, and a borehole and build some dams to provide water for gardening to assist us to raise money to send orphans to schoolö (51 year old female carer who was also illiterate)
- ❑ öWe need more funding to support us with our baking projectí We also do sowing of uniforms and other clothes so that we can fully support our familiesö (54 year old widow)
- ❑ öWe need to be given capital to improve our small businesses because if they give us food and school fees, we will continue to look up to them for assistance all year roundö (46 year old female carer of two orphans)
- ❑ öThey should assist us with funds to start income generating projects. They should not give us food handouts because this will make us dependent on the food handoutsö (37 year old widow with 2 kids whose husband had died in 1998)
- ❑ öThere can be some projects which can generate money in order to send OVCs to schoolö (24 year old widow of 3 children)
- ❑ öTo have projects like poultry production so that we get some money to look after the childrenö (26 year old widow and vendor).
- ❑ öWe need self help projects such as sewing clubs and poultry projects which are easy to do and to manageö (65 year old grandmother)
- ❑ öIf we can be assisted financially so that we form clubs or we do poultry production in order to get money to assist the children with school feesö (27 year old widow and vendor with 2 children)
- ❑ öHaving projects like poultry so that we can assist the children as a communityö (28 year old widow and vendor with 2 children)
- ❑ öIf they can sponsor us and give us money to start some projects such as poultry production so that we get money which can enable us to buy books and send children to schoolö (23 year old carer ó guardian ó aunt, with 2 children who had started caring for orphans when she was aged 20 years)
- ❑ öTo have some projects which generate money so that the OVCs can be able to go to schoolö (19 year old carer- aunt looking after 1 child, who she started looking after when she was a child of 15 herself. She ended school in grade 7).
- ❑ öIn my case as a welder, I need more machinery and to join with other welders so that we can work together and get some monies to help these childrenö (50 year old carer- uncle with 2 orphans)
- ❑ öIf the Government can assist with seeds so that we plough and support the childrení and if there can be a project for OVCs like poultry production or market gardeningö (60 year old grandfather and widow with 5 children)
- ❑ öNGOs must buy us farming inputs so that we improve our food securityö (63year old illiterate grandmother with one grandchild)
- ❑ Draught power, farming inputs should be given to community caregivers and local leaders (chiefs and headman) to facilitate planting of community fields that will benefit OVCs in our areaö (a concept commonly known as Zunde raMambo ó chief's granary) (55 year old volunteer care giver responsible for 80 children in her neighbourhood)
- ❑ öWe need a good market to sell our vegetables, such that we can fully benefit from our labourö (65 year old grandmother).
- ❑ öOur programmes are failing to offer self-sustaining skills for use by orphans when the support is withdrawn. It is important to launch skills training programmes and income generating projects for orphansí put more emphasis on manual [vocational] skills for self-employmentö, (45 year old social worker).

- ❑ Resources should be channeled more towards life skills development programmes empowering orphans and instilling assertiveness and a spirit of achieving greatness (24 year old programmes officer).

Annex 3 (c) Project practitioners' perspective of service delivery to OVC and their families

- ❑ We give the orphans support and ensure that they receive it, (35 year old Coordinator of an NGO).
- ❑ Our organisation provide psychological needs as we provide counselling, which is our main mandate. All of the needs are met by our organisation indirectly as we link our clients to resources which provide educational assistance. We work closely with the department of social welfare which is the main custodian of the children, complimenting their duties. Workshops and training programmes are run by our organisation to educate people on children's rights, (24 year old social worker).
- ❑ Our approaches are appropriate but they need to be balanced as per the demands of the situation, (33 year old M&E officer)
- ❑ Yes, depending with the type of people that they are staying with, some OVC are not attending school, (35 year old Coordinator of an NGO).
- ❑ Orphans are the beneficiaries. They decide some of their activities and also take part in monitoring and evaluation. They also take part in activities to do with livelihoods, (41 year old project officer).
- ❑ Communities participate in child development assessment and providing resources that are available locally. Orphans participate in committees that deal with child issues, (44 year old programme manager of a CBO).
- ❑ There is need to mobilize communities to set up revolving funds in forex and local authorities should oversee the management of the funds, (41 year old project officer).
- ❑ People use orphans to get funding that is later on converted to their own use, (35 year old Coordinator of an NGO)
- ❑ Some unscrupulous relatives take advantage of OVC and use them to access services and then go on to abuse them, (41 year old project officer).
- ❑ Yes, orphans are not receiving all the support because service providers are currently overwhelmed, hence not covering all the orphans in need of support. So many children are not going to school because no one organisation can assist, (24 year old social worker).
- ❑ TF has also developed what we call beneficiary accountability in which children determine mechanisms that they would like to give feedback on a project and through these, they can say what they think about the project. This is done in non-threatening environment, (40 year old Director of international NGO).
- ❑ Yes; most programmes are short term and are emergencies instead of planned programmes. We cannot have children catered for only when they are alarm bells of danger and then not to continue after the threat has disappeared. Educational support programmes for example need to continue for a long time. Orphans are not receiving all the needs because most partners focus on one aspect of development (food relief which is not sustainable). The programmes are short term instead of running a comprehensive support programme (just an emergency programme), (42 year old Director of a Regional Organisation).

Annex 3 (d) Reports of political polarisation as a cause of vulnerability

Participants were generally cautious not to talk about the impact of politics on OVC services. However, a some highlighted some of the following politically motivated impact:

- ❑ Although there are still growing vegetables at the garden, people are no longer working together as one. They have been torn apart by the political situation in our country. Even the support from

Government, it seems it's being provided to those members of the community who belong to a certain party. This is not okay because all children need support (63 years old grandfather and widower).

- ❑ If things were well in the country, it would have been better to have some community projects to raise money for supporting orphans (61 year old grandfather)
- ❑ *"This is a political question which requires political settlement"* (32 year old Director of a private sector funded CBO, responding 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?")
- ❑ When the political environment is not stable, children's welfare is compromised, (38 year old M&E officer).
- ❑ The socio-economic and political environment have to be conducive in order for [aid] organisations to operate.

Annex 3 (e) Calling for community / child participation

- ❑ We need a bottom up approach to the solving these problems, (35 year old Coordinator of an NGO).
- ❑ There should be more involvement of the community at the proposal writing stage and conceptualisation stages. Community consultation and needs analysis should be improved. Involve the orphans at all the stages. I would appeal to service providers to kindly at all cost genuinely consult children and involve them in issues that affect them, (33 year old programme manager of international NGO).
- ❑ Orphans should participate in programmes organised for them by themselves, (48 year old social worker).
- ❑ Orphans are not included in the planning phase. They are not also given sufficient space to mention their needs. They need to be empowered so that they are able to fend for themselves. Children are very much aware of their needs. With proper grooming, children can take control of their fate, (41 year old Project Officer).
- ❑ Orphans should be helped while in their familiar environment with relatives. Communities should take charge of their orphans, (45 year old social worker).

Annex 3 (f) The social welfare system

- ❑ Social welfare should be brought back because before, older people were not paying for medical bills at government hospitals, (63 year old grandparent).
- ❑ Yes, OVC are not receiving all the support. The hierarchy of needs for OVC are plenty and the support provided is not adequate as evidenced by those OVC who are not benefiting from the welfare system. More resources may help, (33 year old M&E officer).
- ❑ There is need to improve the support provided by the social welfare department, (Director of a community based organisation).
- ❑ More resources are required particularly for the department of social welfare to effectively take up the job of protecting orphans, i.e. Vehicles, computers, stationery, (24 year old social worker).
- ❑ The department of social services conduct needs assessments and recommend children for our programmes to support, (45 year old social worker for CBO).
- ❑ When social safety nets are not effective, children's welfare and the welfare of the family is compromised, (38 year old M&E officer).
- ❑ Orphans programmes should have the same level of consideration as adult programmes, (38 year old M&E officer).

Annex 3 (g) Need for holistic approach /community based approach

- ❑ "We would like to see support for OVC being provided by other Government departments" (35 year old Coordinator of an NGO).
- ❑ "You cannot look at it as one or in sequence. There is need to be holistic. Yes, education, health, food, shelter, play, interaction " in a holistic manner. These things compliment", (32 year old Director of a private sector funded CBO).
- ❑ "As an organisation [international organisation providing support to local NGOs] we do provide support which cover all the sic basic services. However, working through local partners means that we can't guarantee that children are supported comprehensively because some of the local partners limit their support to one or two services. We do however try and help to link partners to other partners providing other services which they may not be providing. So yes to a large extent although with some limitations because of our support strategy and our partners of choice who are faith Based Organisations (FBOs) who tend to specialize in one or two support services" In cases where the selection and distribution of services is centralised which tends to happen in FBOs, there is likelihood to have problems of poor service delivery" .We cannot make a difference in orphans' lives by providing one service. There is need to provide holistic support" support should be family focused and not only child focused", (40 year old Director of an international organisation).
- ❑ "Communities are generally collaborative and creative" People centred approaches are effective. In particular, Christian principles are very effective in influencing behaviour of communities and beneficiaries" I recommend that communities be supported to take on responsibility for caring and support OVC", (33 year old M&E officer).
- ❑ "Only a holistic and comprehensive form of support will help towards reducing the number of OVC in need of care. There is no single factor that can be addressed adequately on its own especially in the area of child abuse because all [factors] are interlinked and affect them all at the same level", (23 year old female Project Officer for NGO)
- ❑ "Counselling and other psychosocial support services should be provided at all levels for the child to grow up into a healthy and responsible person in society", (23 year old female Project Officer for NGO).
- ❑ Orphans face multiple problems, and innovation and constant review of activity plans has helped us to help these children better as some problems are rather seasonal and emerge after certain disturbances have occurred" (23 year old female Project Officer for NGO).
- ❑ "Street children need more counselling together with a supportive family. They need to be treated like any other children and not be stigmatised or label them as a different class of children" Society is generally not fully acceptable of street children" .orphans have been labeled in such a way that the families staying with them end up abusing them, particularly because their own children will not be getting the same help as these orphans, (48 year old social worker).
- ❑ "Orphans have been labeled in such a way that the families that the stay with end up abusing them, particularly because their own children will not be getting the same help as these orphans. Every child should be treated equally despite whatever circumstances may prevail and should not be stigmatised. Orphans projects need the full participation by all stakeholders and at all levels" .the Government and nation at large should be involved, and the extended family should be strengthened once more. Adequate funding is needed to cover the primary beneficiaries as well as the secondary beneficiaries", (48 year old social worker).
- ❑ "It takes more than just a place of shelter to look after a child or orphan. You need psychological support as well", (Director of a community based organisation).
- ❑ "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. We also collaborate and network with other organisations that address other special needs for children " referral network", (41 year old Project Officer narrating how his organisation provided comprehensive services for OVC).

- "NGOs should play a coordinating role with a viable exit strategy that sees the communities carry on with programmes without external assistance", (41 year old project officer).
- "There is need for continuous provision of free services , more home visits and very strong networking systems to enable us to effectively link our clients to resources. Orphan support should be totally holistic. Orphans and their carers should be empowered to go on with life and not be hopeless. Government and NGOs should complement each other in seeing to it that orphan needs are met. Society should be educated on the rights of children - effectively", (24 year old social worker).
- "Every child has a relative somewhere who can look after that child with support given by organisations. Orphans originate from communities therefore community based approaches work best with orphans and are cheaper than institutionalization", (45 year old social worker).
- "Continuous capacity development to staff is very essential as new approaches emerge very often. Networking and data sharing by organisations working in the same areas is required to avoid duplication and also identify gaps and filling them", (44 year old programme manager).
- "It is possible to have men and young men involved in the care and support of orphans. All stakeholders and local authorities need to improve services for the benefit of orphans and vulnerable children", (55 year old programmes coordinator).
- "Peer reviews which allow partners to review each other's work are required, without much involvement of the donor. The beneficiary accountability methodology which gives a voice to the children on issues that affect them is also important", (40 year old Director of an International NGO).
- "Children are developed through a process within the community that they grow up in. A new extremely different condition of the child is threatening to the child's development", (42 year old Director of a Regional Organisation)..

Annex 3.h. Do carers communicate needs

- "You can only talk to family members but there is virtually nothing that you will receive materially from them. You can only talk", (37 year old electrician and carer; 62 year old grandmother),.
- "The communication channels are not very open at present", (30 year old guardian, Degreed)
- "I do not know", (34 year old widower).
- "My family members always come and consult about the welfare of the children", (35 year old widower).
- "Last time we were promised that we will be given some money to start a project so that we support the children. But all was in vain. These people just came and promised us and they went for good. So we do not know where to find them", (42 year old widower).
- "We have a support group that was formed recently. So we meet every time and discuss the problems; we meet every day. Field workers do visit us regularly. Every month end, we have a workshop with Red Cross, and we also meet at the clinic where we receive drugs (ARVs)", (34 year old AIDS widower).
- "Usually, we have School Development Committee general meetings where we discuss these issues. We also have workshops for OVC", (44 year old teacher and carer).
- "If I have a problem, I phone my brother and the orphans' aunties, then they will come with the assistance if they can", (30 yr old guardian /uncle)
- "I only ask for assistance from people whom I am close to - family and friends", (34 year old widower).
- "We first of all communicate in our local wards, then 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 community care giver).
- "We hold family meetings on how we can solve the problems, so, whoever with something will assist", 40 year old guardian /aunt)
- "We communicate through church. But at the moment, NGOs are banned", (37 year old widow).

- ❑ ðAs a community, we do meetings with the Councillor and tell him that we need such assistance to the OVC. 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 community members who are responsible for OVCö, (36 old care giver /auntie/sister)
- ❑ ðUsually, people do come with assistance without even asking them. Red Cross people come to my place most of the timeö, (57 year old grandmother)
- ❑ ðWe communicate through council meetings, during burials proceedings, at burial society meetings, and at church functionsö, (62 year old care giver)
- ❑ ðWe hold workshops with our support group, thatø where we tell them the problems that we face in caring for orphans. Those in my family, I will approach them at their homes if I have any problemsö, (56 year old grand mother)
- ❑ ðI have no idea how we can tell them how we feel because they never visited usö, (50 year old widow).
- ❑ ðWe communicate to the Government through the Council, but it is very difficultö, (60 year old grandfather)
- ❑ ðAt school, we go as parents and complete some forms about OVC so that we can get helpö, (23 year old guardian).
- ❑ ðWe send a list of orphans to the district education officeö, (52 year old headmaster),
- ❑ ðThere is no help and we do not know how to communicate to these peopleö, (68 year old grandmother).
- ❑ ðLack of communication is the problem because as it is now (political and economic problems), how can one notify Government. We have not gotten anything even from donorsö, (51 year old carer/aunt)
- ❑ ðYou cannot communicate to these people unless they introduce themselves that they can helpö, (50 year old widow).
- ❑ ðAt the moment, it is difficult to communicate as there is nothing that is being done in the community by Government ö, (61 year old grandfather)
- ❑ ðI do not know what those who are getting support did. As for me, I just depend mostly on support from my child who is in South Africaö, (63 year old grandfather)
- ❑ ðAs of now, I have never gotten any help, so, there is no way I can communicate to themö, (27 year old vendor and widow)
- ❑ ðThere is no way I can communicate to them. I think they are the ones who should come to us firstö, (48 year old widowö).

Annex 4. Highlight of events leading to the doctoral study and application and testing of Practitioner Experiential Action Research (PEAR) as a research method.

Under this section, I provide a narration of the chronology of overlapping and complimentary events leading to the execution and completion of my doctoral study.

The events that are narrated here provide a birdsø view of the work and essence on which Practitioner Experiential Action Research (PEAR) was grounded, developed and tested. This was the work and essence that also facilitated my multiple roles as the researcher, the research participant, the observer, as well as the narrator of the stories of orphans and their families in this research study.

- ❑ January 2004 ó December 2005 [*The storming and curiosity phase*]: I studied for a Master of Commerce degree in Project Management and Leadership with the University of Kwazulu Natal. This marked a period of steep learning curve for me in the areas of project management and systems theory and practise. I describe it as the storming period in systems theory which would eventually motivate me to further interrogate the potential use of systems theory for improving the effectiveness of social development programmes in the SADC region;
- ❑ June 2006 - September 2006 [*PhD contemplation phase*]: Motivated by the successful completion of the Master of Commerce degree, and the interest in pursuing a deeper understanding of systems theory and its potential application to social development and project/programme management, I contemplated pursuing doctoral studies in this area, and to execute some of the recommendations I made in the Master of Commerce degree study;
- ❑ October 2006 ó September 2007 [*Shaping the PhD research agenda phase*]: I enquired with the University of Kwazulu Natal on possibilities to register for PhD studies, put together a brief of what would grow into my research proposal and submitted an application. During the same period in November 2006, I took up a new post of Technical Advisor for orphans and other vulnerable children and youth with the Southern African Development Community (SADC), a regional inter governmental body comprising of 15 southern African States, a position that I held for the entire duration of my doctoral studies. This position required me to design and manage a new regional programme to address the unprecedented challenges of orphans and other vulnerable children and youth and facilitate its implementation in SADC. Prior to taking up this position, I had been a Project Manager for Regional HIV and AIDS Project at SADC. During this period, I have had frustrations related to rigidity of project designs that in my view, led to the many failures of social development efforts to bring about sustainable and lasting benefits to people of southern Africa. These sentiments and frustrations had also been raised by SADC Ministers of Health, who on many occasions had requested the SADC Secretariat HIV and AIDS Programme to come up with a broader developmental approach to addressing HIV and AIDS, beyond the traditional approaches. No one could address this request which appeared impossible. Upon assuming my new job, I thought to myself, this was an opportunity to relate my studies to my work in pursuit of an innovative approach to social development that could address these frustrations, particularly since it involved one of the most difficult challenges to address - that of increasing numbers and plight of orphans and vulnerable children in southern Africa. Any ideas that could come close to solving this problem would be nearer to solving the most complicated of social development challenges for the poor ó so I thought! The following two months would see me narrowing my research ambitions from broad social development project management to that of orphans. On 12 December 2006, I was formally granted acceptance onto the PhD programme. My Christmas break of 2006 was full of excitement to study and from the end of January 2007, I began engaging closely with the University of Kwazulu Natal, attending post graduate research seminars and shaping the research proposal up until its formal approval on 21 September 2007. I also began to shape my work and life to suit the doctoral studies

and in particular, as a process of experiential learning. Henceforth, I would carry a note book and began to diarise thoughts, and experiences that emerged randomly which I thought could be relevant to my study. This also included ideas that emerged in my formal and informal interactions at work and in my social life;

- ❑ August 2007 onwards [*Engaging with professional project management practise phase*]: In December 2007, I was formally admitted as a Full Member of the Association for Project Managers ó UK and subscribed to the Journal of the International Project Management Association. This enabled me access to literature and updates on project management and to participate in international project management discourse;
- ❑ October 2007 ó October 2008 [*Preparation for getting immersed in the research phase*]: I began to extensively review literature and shaping my work and life to suit the doctoral studies and in particular, as a process of experiential learning. I also developed research instruments, laying ground work for field work including application and approval of the research process by the Higher Degrees Ethics Committee, which was granted in September 2008 triggering field research, and preliminary identification of research sites;
- ❑ January 2007 ó November 2008 [*Application and testing of systems theory to project management practise phase*]: In January 2007, I began the long journey of conceptualizing and formulating the óRegional Strategic Framework and Programme of Action 2008-2015: Comprehensive Care and Support for Orphans and other Vulnerable Children and Youth (OVC & Y) in SADCö. This coincided with the writing of my PhD proposal which had begun towards the end of 2006 and was approved by the Higher Degrees Committee of the University of KwaZulu-Natal in September 2007. Informed and motivated by the desire to test systems theory into project management practise, this process was designed to be extensively consultative of different stakeholders in the SADC region and elsewhere. This included: an extensive review of literature and case studies on orphans and other vulnerable children and youth in southern Africa and globally; deliberate engagement on social policy debate relevant to OVC & Y in the region during conferences, workshops and one on one engagements with social development experts and policy makers; and personal philosophical reflection into matters of social justice, equality and vulnerabilities. As part of my work, I began to draft the SADC Strategy. Meanwhile, in the middle of 2008, in an effort to integrate issues of OVC & Y holistically into sexual reproductive health in SADC, I facilitated the review and finalization of a draft Sexual Reproductive Health Strategy that had been developed in 2006, ensuring that it emphasised the inter-sectoral, holistic and comprehensive (systems) approach that was elaborated in the SADC Strategic Framework for OVC & Y.

Once I had developed a draft frame of the strategy ó which also informed some of the earlier activities of my work, and to inform priority setting and finalization of the SADC Strategy on OVC & Y, I conceptualised and commissioned consultants to conduct a regional study on the situation of OVC & Y and the quality of projects and programmes that responded to their plight at national and regional levels in SADC. While it constituted more of óintelligence gatheringö than in depth research, the rapid SADC regional study on the situation of OVC & Y and the types and quality of projects and programmes supporting OVC & Y conducted in 2008, served as reference material for my research. It provided a general picture of the care and support for OVC & Y environment in each of the then 14 SADC Member States in which it was conducted which provided me with insight on priorities for my doctoral study. The findings of the SADC study have however not been considered as a data set for my research.

The extensive reading, consultations and experiences that I did in the process of guiding the consultants, helped me to think through my doctoral research agenda, and in particular, what I meant by ócomprehensive care and support for OVC & Yö. For example, once the consultants were engaged, I realised that they had little understanding of how to link the traditional situation analysis

with project management practise, and this necessitated me to give them a conceptual framework guided by the project management body of knowledge (PMBOK) and systems ideas. In addition to the regional situation analysis, I convened a regional consultative meeting of different stakeholders in the SADC represented by directors or their equivalents in Government Ministries in charge of youth, orphans and vulnerable children, HIV and AIDS, and education and skills development; civil society organisations; youth representatives; and relevant United Nations agencies in particular UNICEF, FAO, ILO and UNFPA, to validate the situation assessment and analysis conducted by the consultants and at the same time using the forum to review the draft Strategic Framework and Guide that I had written. The meeting made recommendations towards the finalization of the assessment and Strategic Framework. I invited my PhD supervisor who attended and witnessed the meeting and its linkages to my doctoral work. The final Strategic Framework was approved by SADC Ministers of Health and HIV and HIV and AIDS at their meeting in November 2008. It is important to note that the Ministers and senior Government Officials at that meeting commended the inter-sectorality and holistic comprehensive approach to care and support for OVC & Y that was emphasised by the Strategic Framework, acknowledging that it was novel. This encouraged me to move forward.

Prior to its approval by Ministers of Health and HIV and AIDS, I had presented a draft version of the Strategic Framework to SADC Ministers in charge of Education and Skills Development at their meeting in July 2008. The Ministers had also commended and adopted the inter-sectorality, holistic and comprehensive approach to care and support for OVC & Y, and in addition, directed the Education and Skills Development of SADC to implement the approach within the education sector. Between January and March 2009, working with the monitoring and evaluation expert at SADC Secretariat and an expert from the UNICEF office for Eastern and Southern Africa, I compiled a Business Plan to guide the implementation of the Strategic Framework which was approved by SADC Ministers in charge of Health and HIV and AIDS in April 2009. In the same vein, SADC Ministers in charge of Employment, Labour and Social Welfare and representatives of Labour and Employers during their annual Tripartite meeting in May 2009, and those responsible for Gender in June 2010, also adopted the approach and directed the SADC Secretariat to integrate it within their sectors, again commending the multisectoral and comprehensive service delivery approach. A close working relationship was also developed with SADC programme on Food Security.

Between March and June 2009, I was requested to lead a multi-sector technical team at the SADC Secretariat comprising experts from the Directorate for Social Human Development and Special Programme to which I belong, Gender and Legal Units, and the Directorate of the Organ on Politics Defence and Security, to develop a Ten-year Regional Plan of Action on Combating Trafficking in Persons Especially Women and Children, 2010-2019 which was approved by SADC Ministers in charge of combating trafficking in persons at the end of June 2009. The Plan of Action placed emphasis on inter-sector collaboration and a holistic and comprehensive approach.

Meanwhile, from the beginning of 2008 up until October 2009, I also worked closely with expert colleagues to provide technical support towards the development of a new SADC HIV and AIDS Strategy and Business Plan 2010 -2015, ensuring the adoption of the intersectoral, holistic and comprehensive (systems) approach to the HIV and AIDS response. I particularly proposed that the HIV and AIDS Business Plan 2010 -2015 bear the adopted theme of "Accelerating a Multisectoral Response". By November 2009, this had resulted in the adoption by the SADC Secretariat and its major donors, of an Integrated Business Plan on HIV and AIDS which include the Business Plan on OVC & Y, the SADC Sexual Reproductive Health Strategy and the SADC Pharmaceutical Business Plan. This facilitated harmony and linkages in funding and implementation of the four different but related programmes at the SADC Secretariat to achieve integration.

- ❑ March 2008 ó November 2009. Working with the Senior Programme Officer for Education and Skills Development, I worked on a parallel process to develop a regional project for integrating comprehensive care and support for OVC in the Education Sector using the systems ideas of the draft Strategic Framework for OVC & Y, the concept of which had been approved by SADC Ministers of Education at the beginning of July 2008 as highlighted earlier. This project known as Care and Support to Teaching and Learning (CSTL), drew from lessons learnt from related pilot initiatives that promotes the use of schools as centres for facilitating comprehensive care and support for OVC & Y in SADC. An independent nongovernmental organisation with experience in this area was identified and began working with six SADC Member States to implement the project. Practical implementation experiences from this project already partially demonstrate the applicability of the use of systems ideas in social development project management practise. During the process of developing the CSTL proposal I introduced and tested systems ideas and concepts regarding holistic and comprehensive care and support for OVC & Y which helped to shape the broader SADC Strategy for OVC & Y as well as my research. Most importantly, the practical experience of thinking through and identifying aspects of OVC & Y that could be integrated in different sector programmes of SADC was a key experiential learning process that helped me to shape the design and conclusions of the study.
- ❑ September 2008 ó January 2009 [*Listening to stories from the communities phase*]: Ethical clearance was granted. I developed and tested research instruments and collected data in two rural and two urban communities in Zimbabwe;
- ❑ February 2009 ó April 2009 [*Making sense of the stories from communities phase*]: Data analysis and interpretation began;
- ❑ March 2009 ó October 2010 [*Telling the world my story about the community stories phase*]: I began writing the thesis, continuing to supplement literature review, testing ideas and recommendations that emerged from the study within my work setting, observing professional practise in relation to the study, and getting feedback from my doctoral supervisors until final submission.
- ❑ September 2009 to October 2010, through a partnership with UNICEF Regional Office for Eastern and Southern Africa (UNICEF ESARO), Regional Psychosocial Initiative (REPSSI), I conceptualised and led the development of a SADC Minimum Package of Services for OVC & Y, and a Conceptual Framework to guide Psychosocial Support in the region. These documents were recognised as the first of their kind in the SADC region and globally, and were developed through extensive engagement and consultation of experts from Government Ministries, United Nations Agencies, Civil Society Agencies and the SADC Secretariat over a period of one year. The Minimum Package document is meant to promote intersector collaboration for the delivery of basic comprehensive OVC & Y services, and serve as a benchmark for standards of comprehensive care and support for OVC & Y in SADC. The development of these documents was informed by a regional assessment. Again, in the process of developing these documents, the consultants and most members of the Regional Technical Working Group that I had put together to support the process did not always understand the comprehensive ó systems oriented approaches that I embedded in the terms of reference for the work. As a result, I often had to write chunks of text on several drafts of the documents prior to their acceptance (I was the conceptual and technical leader and editor of these documents).
- ❑ To compliment the Minimum Package of Services and facilitate the monitoring of its implementation across the different sectors in SADC Member States, in June 2010, I launched a regional assessment to establish the status of Monitoring and Evaluation (M&E) and Management Information Systems (MIS) for OVC & Y in the different sectors in SADC Member States, which would inform the development of a M & E and MIS Framework for OVC & Y in SADC and a capacity building plan for implementing the Framework. Essentially, this Framework was envisaged to form the basis for tracking and measuring progress on the implementation and realisation of the comprehensive service delivery approach for OVC & Y between different sectors that had a mandate for children and youth and poor families in SADC Member States. The Framework would also serve to track progress made in the realisation of comprehensive service delivery for OVC & Y in SADC in the long term, and

identify factors that delayed progress. In this Framework, the different relevant sectors would each have specific indicators that track the extent to which they were delivering services specifically to OVC & Y within their sectoral mandates. The concept of this initiative was that, if sectors could target the vulnerable, then it would be possible to ensure that all children and youth received the basic services that they needed to survive and grow up well in the SADC region.

- ❑ Meanwhile, in all other activities that I initiated as part of Technical Advisor role up to the time of submitting my thesis, and also in my provision of technical support to several policy and programmatic initiatives of other programmes within the Secretariat and regional partners, I would make sure that the concepts of comprehensive, integrated and holistic approach to service delivery were ingrained within these works.
- ❑ At the time of submitting the thesis in October 2010, the assessment on M & E and MIS was still ongoing.

Overall, my experiences in the research helped to develop, shape and test PEAR, as well as to develop, shape and test the concept and practicality of comprehensive service delivery for OVC & Y in the SADC region under the philosophical guidance of systems theory. Whereas the full concept of Comprehensive Service Delivery (CSD) had not been adequately implemented and evaluated through the SADC OVC & Y programme at the time of the study, experiences demonstrate that the concept was well received by political leaders and experts from Government, United Nations and Civil Society Organisations in SADC. The successes of implementing it would be an interesting area of further project management, systems thinking and child development studies.

Annex 5: Media reports on the situation in Zimbabwe at the time of the study

This section outlines a few of the selected media reports on the situation in Zimbabwe at the time of the study, collected during the period between May 2008 and May 2009. The reports or articles have been organised into themes that are related to the focus of the study. They also relate closely to field responses provided by participants. These media reports help to strengthen /cross validate data from the field as reported by participants. Media reports depicted several themes related to vulnerability and deprivation of children's needs and rights in Zimbabwe at the time of conducting the study as described below. For most of the reports, only fractions of the stories have been quoted for purposes of this thesis.

Annex 5.a: Media reports on the hostile economic environment in Zimbabwe

The following are selected media reports and excerpts describing the economic situation in Zimbabwe at the time of the study.

1) Tougher Time for Zimbabweans as Inflation Surges

The Zimbabwean online, Wednesday, 20 August 2008 11:10

http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=14802:tougher-time-for-zimbabweans-as-inflation-surges-&catid=31:top%20zimbabwe%20stories&Itemid=66

The economic crisis in Zimbabwe is worsening, with no solution in sight. People are struggling to eke out a living as the rate for the Zimbabwean dollar continues to collapse. UK based money transfer companies were on Tuesday trading the Zimbabwe dollar at \$780 to the British pound on the parallel market, when just four days before the rate was Z\$210 to £1. Even the Central Statistical Office has had to admit to the seriousness of the crisis. In the Herald on Tuesday they said the official inflation figure in June was more than 11 million percent, up from May's 2.2 million percent.



It is completely unknown what the true figure is as it has become impossible to gauge. Leading Zimbabwean bank Kingdom, said inflation now exceeds 20 million percent, while economist John Robertson told AFP news agency the June figure could be as high as 40 million percent. "The actual figure for July could be as high as 300 million percent, while for August it could be 600 million percent," he added.

With the economy in freefall, more than four million people face starvation as the government deliberately blocks aid agencies from distributing much needed food. Once again Zimbabwe meets its tragic target for the highest inflation in the world and the world's fastest shrinking economy, for a country not at war. *SW Radio News Stories, 19 August 2008*

2) Reserve Bank runs out of cash

The Zimbabwe Times, September 22, 2008, by our correspondent

<http://www.thezimbabwetimes.com/?p=4634>

BANKS are failing to meet the demand for cash by the public as the Reserve bank has failed to satisfy the demand. The Reserve bank last week reviewed the maximum cash withdrawal from \$500 to \$1000 for both individuals and companies but this has not reduced the number of people queuing to withdrawal money. Today, Monday, many people failed to access their cash as most banks said they had not received any cash from the Reserve bank. This is happening despite claims by Reserve Bank governor Gideon Gono to have put in place "pro-active and appropriate" strategies after the withdrawal of Giesecke and Devrient, the German company which was the main supplier to Zimbabwe of paper to print money since 1952.

3) The Digit: Zimbabwe's inflation estimated at 531 000 000 000 %,

Monday, 06 October 2008, 06:44

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

Zimbabwe is the first country in the 21st century to hyper-inflate. In February 2007, Zimbabwe's inflation rate topped 50% per month, the minimum rate required to qualify as a hyperinflation (50% per month is equal to a 12,875% per year). Since then, inflation has soared. The last official inflation data were released for June and are hopelessly outdated. The Reserve Bank of Zimbabwe has been even less forthcoming with money supply data: the most recent money supply figures are ancient history-January 2008.



A child poses with wads of Zimbabwean dollar notes begged on the streets of Harare

Absent current official money supply and inflation data, it is difficult to quantify the depth and breadth of the still-growing crisis in Zimbabwe. To overcome this problem, Cato Senior Fellow Steve Hanke has developed the Hanke Hyperinflation Index for Zimbabwe (HHIZ). [*Steve H. Hanke is one of the world's leading experts on exchange-rate regimes.*] Notes: Prof. Hanke can be reached at his Johns Hopkins University office: (410) 516-7183 or hanke@jhu.edu

4) Total chaos now reigns in Zimbabwe

The Zimbabwe Times, October 4, 2008, <http://www.thezimbabwetimes.com/?p=5216>



A mass of people waiting to withdraw money from the banks on Monday. (Picture by Tsvangirayi Mukwazhi.)

By Eddie Cross

TODAY I went from one meeting to another using the main streets in Harare ó it was pure chaos. The city had no electricity, the traffic lights at all intersections were not working and the traffic was gridlocked. The police were nowhere to be seen and even as we sat in the traffic a police car drove past ó ramped the pavement and drove through the intersection paying no attention to what was going on around them.

At the Reserve Bank it was the same. They are printing money and creating money in other forms so fast that the inflation rate is no longer calculable. What we do know is that the RTGS rate - that is the rate at

which foreign exchange is exchanged in the open market for money transferred by electronic means is moving by the hour. At the beginning of August it was 7 to 1 against the US dollar (after we dropped nine zeros) and yesterday it was 2 000 000 to 1. Quite a change in 8 weeks! At this rate it will be no less than 10 million to one by next weekend.

Desperate people are queuing for days at the banks and other financial houses to try and get their money out of the system so that they can spend it before it literally melts to nothing. In Gweru last week the main street was almost closed by crowds at ATMø and banks. In Harare literally thousands of people jam every cash outlet. The maximum withdrawal by an individual is \$20 000 a day worth US\$ 0,001 cents. The Reserve Bank, faced with the escalating consequences of their own ineptitude are now printing money on plain local bond paper with no security features. í í í í .

None-cash forms of payments are rampant ó barter is common, the use of fuel coupons with a face value of about US\$30 each is also common tender. í í í í í í

Annex 5.b: Media reports on the food crisis in Zimbabwe

1) UN says five million facing starvation

The Zimbabwe Times, June 19, 2008, By Our Correspondent
<http://www.thezimbabwetimes.com/?p=510>

HARARE - Two United Nations (UN) bodies have reported that more than five million Zimbabweans could soon be starving after the crisis-ridden country failed to produce sufficient maize to feed its citizens.

The Food and Agriculture Organisation (FAO) and the World Food Programme (WFP) on Wednesday disclosed in a report that Zimbabwe only harvested 575 000 tonnes of maize in the just ended harvesting season which would not be enough to feed its twelve million people. Zimbabwe requires two million tonnes of maize for its annual domestic consumption.í ..

õThe Mission estimates that 2.04 million people in rural and urban areas will be food insecure between July and September 2008, rising to 3.8 million people between October and peaking at about 5.1 million at the height of the hungry season between January and March 2009.ö í .. The UN bodies also reported that the market availability of cereals for households that had purchasing power would be crucial to avoid more people becoming food insecure due to scarcity and higher food prices that could result from such scarcityí .

2) Zimbabwe faced with massive starvation

By Raymond Maingire

The Zimbabwe Times, August 5, 2008, <http://www.thezimbabwetimes.com/?p=2061>

HARARE ó Zimbabwe stocks are fast running out raising the spectra of imminent starvation on a large scale.

At least four million Zimbabweans, who constitute nearly a third of the population, are in dire need of relief food aid to mitigate against the effects of a combination of official bungling and a poor agricultural season. But while a greater percentage of the four million generally belong to the countryø most

vulnerable groups, the remainder of the population comprising the usually less dependant also find themselves in equal danger, as food stocks are fast running out .

The situation is not being helped either by the Grain Marketing Board (GMB), which is reportedly paying maize producer prices of \$80b (\$8 revalued) for a bucket of maize, a mere pittance considering that a packaged bag already costs \$40b (\$4 revalued). The GMB is responsible for organising cereal for systematic distribution within the country. The GMB's ridiculous prices have scared away ordinary farmers who would now opt to sell their produce to individual buyers who pay them more than a \$1 trillion (\$100 revalued). Some innovative farmers are now trading part of their yields for small groceries such as soap, sugar and cooking oil, which are also scarce in Zimbabwe....

Agriculture minister Rugare Gumbo last week all but admitted his government's bungling of the country's food situation. Gumbo told the state controlled Herald newspaper that farmers had again failed to meet the country's winter wheat target after they planted only 43 percent of the targeted hectareage. "We had a target of 70 000ha but we only achieved 30 379ha," he was quoted in The Herald as saying

3) Huge fertilizer shortfall spells disaster

The Zimbabwe Times, September 19, 2008, By Our Correspondent
<http://www.thezimbabwetimes.com/?p=4467>

BULAWAYO- Zimbabwe faces a huge shortfall of its fertilizer requirements ahead of the coming farming season, outgoing Agriculture Minister Rugare Gumbo said yesterday. In an interview, Gumbo said the nation had a huge shortfall of over 35 000 tonnes of fertilizer ahead of the farming season owing to failure by the fertilizer manufacturing companies to produce because of a number of challenges .

Food shortages in Zimbabwe started in 2 000 following the chaotic land reform programme that saw landless blacks, without farming expertise, take over prime farming land from white commercial farmers. As a result, agricultural production plummeted. Since then, the nation has survived on food imports and food handouts from benevolent food aid agencies .

4) Starving Villagers Barter Cattle For Maize

The Zimbabwe Standard on line, Saturday, 04 October 2008 19:27
<http://www.thezimbabwestandard.com/business/19025-starving-villagers-barter-cattle-for-maize.html>

In Dongamuzi village, in the Lupane district of Zimbabwe's Matabeleland North Province, Jestina Moyo (56), is making a deal she knows is unfair, but she also knows she has little choice but to barter one of her few remaining cows for six buckets of maize to feed her family. As in many other villages, people like Moyo have steadily seen their livestock depleted this year as animals are exchanged for grain in a bid to survive the country's acute food shortages.

Moyo exchanged her cow to feed her eight orphaned grandchildren and a sick relative in her care. "After pounding the maize, the maize-meal I will get will only last a month, as I have to make porridge for the children before they go to school and I have to cook lunch and dinner. The amount is too little, as I am taking care of a sick nephew who has to eat frequently throughout the day," Moyo said. "These people are taking advantage of the food shortages to rip us off. The exchange is not fair but I have no choice, as there is no grain throughout the whole district; but this is a rip-off," Moyo said, watching the cow being loaded onto the truck that will take it, along with many others, about 200km southeast to Bulawayo, Zimbabwe's second city.

So far this year she has bartered six cows for either food or money to pay her grandchildren's school fees. "At the beginning of the year things were better because villagers were selling the cows for cash, and this allowed us to buy more grain amongst ourselves, but the whole village has nothing now and we have to get the grain from outsiders, who only want to exchange the maize for livestock," Moyo said. She said one bucket of maize was now equal to four live chickens or a goat, while five buckets of maize were where negotiations started for a cow. Livestock was also being exchanged for soap, cooking oil, flour, sugar and salt, which are not available in shops. IRIN.

5) Food Shortages To Persist

The Zimbabwean, Saturday, 29 November 2008

http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=16780&Itemid=103

GWERU; The onset of the rainy season initially raised hopes that the persistent food shortages being faced by many Zimbabweans may be alleviated. But sadly, this is not so, Zimbabweans should brace for another hungry year as most farmers are failing to plant crops, due to a lack of inputs including seed and fertilizer among other things. Normally there would have been a lot of agricultural activity at this time but as evidenced at some of the former commercial farms that RadioVOP visited, this is not so. ..

Some war veterans also expressed concern over the unavailability of inputs and castigated people involved in Operation Maguta - who are supposed to give inputs to farmers - for being corrupt. Most inputs provided by the government rarely benefit real farmers as they end up on the parallel market. While some residents of Chirumhanzu worry about the unavailability of seed, their counterparts in Shurugwi, Chiundura and Lower Gweru face other problems. ..

The World Food Programme recently warned it would have to cut rations in Zimbabwe due to a lack of funds from donors. Over 5 million people are expected to need food aid by January. Food aid agencies need to raise about USD 550 million to feed hungry people in Zimbabwe. - Radio VOP

Annex 5.c: Government ban aid agencies from providing assistance

1) EU and USAID appeal for distribution of food

The Zimbabwe Times, August 2, 2008, By Munyaradzi Mutizwa

<http://www.thezimbabwetimes.com/?p=1843>

TWO foreign organisations have called on the Zimbabwe government once more to permit aid agencies to distribute food to starving Zimbabweans. The European Union Humanitarian Aid Commission and the United States Agency for International Development (USAID) have both called on the government to urgently allow donor organisations to distribute food and to stop the ongoing violence and other human rights abuses in the country ahead of key power-sharing talks scheduled to end on Monday.

Expressing concern about violence EU Humanitarian Aid Commissioner Louis Michel said: "I am concerned about the continued widespread violence and intimidation. I am also deeply worried about the persistent restrictions imposed to humanitarian activities. We call on the authorities to denounce and abandon violence and to provide unfettered humanitarian access across the country in order to deliver much-needed aid to the most vulnerable," Michel said in a statement. ..

2) Robert Mugabe's Zimbabwe food ban see 5 million going hungry

The Zimbabwean, Thursday, 21 August 2008 10:05

http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=14841:robert-mugabe-zimbabwe-food-aid-ban-sees-five-million-going-hungry&catid=31:top%20zimbabwe%20stories&Itemid=66

Five million Zimbabweans are in need of food aid but supplies in South African warehouses risk being sent elsewhere because of a ban on aid agency operations. í

í The ban was imposed by President Robert Mugabe's regime after aid agencies were accused of campaigning for the opposition Movement for Democratic Change ó allegations they strongly deny. Under the terms of the memorandum of understanding governing the talks between the political parties, it was supposed to be lifted, but with the talks deadlocked over power-sharing arrangements, the ruling Zanu-PF party has so far refused to do so. "The government knows this is nonsense, we work around the world and stay out of politics," said the director of a humanitarian agency who did not want himself or his organisation identified. Zimbabwe has had its worst summer harvest in living memory and five million people, almost half the population, are expected to need food before the next harvest in April. "Reports are coming in of seriously malnourished children," said the official.

"We are desperate to get working but until the World Food Programme signs an agreement with the government we can't. "Even some top Zanu-PF politicians are encouraging us to break the ban as there is pressure from traditional leaders for food aid." The country director of one of the largest distribution agencies, who also did not want to be identified, said: "If the ban is lifted it will take us another month to set up. Food in warehouses in South Africa may be sent to other countries or else it will become stale."

í Renson Gasela, a former MDC MP turned agriculture commentator, said: "This ban is appalling and disgraceful and is a violation of the memorandum of understanding. No country in the world should be allowed to stop food from people in need."

3) Residents take Chihuri to court over food

The Zimbabwe Times, September 28, 2008, By Our Correspondent
<http://www.thezimbabwetimes.com/?p=4922>

HARARE - An association of residents in Glen Norah, Harare has taken the Minister of Public Service and Social Welfare and Commissioner-General of Police Augustine Chihuri to the High Court seeking to reverse a ban which bars the group from distributing food to its members. The Glen Norah Resident Association has 200 members among the suburb's poor community, who include elderly pensioners, orphans and the disabledí .

4) War Veterans Block Donation

The Zimbabwean, Thursday, 16 October 2008 12:19
http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=15828:war-veterans-block-donation-&catid=31:top%20zimbabwe%20stories&Itemid=66

HARARE, October 16 2008 - War Veterans and police last week prevented the opposition Movement for Democratic Change (MDC) from distributing food to starving orphans in Nyanga in Manicaland

province, saying the assistance was not sanctioned by government.¹ According to a recent UN Food and Agriculture Organisation/WFP crop and food supply assessment mission, more than two million people were already in need of assistance and this number would rise to 5.1 million by early next year. Humanitarian organisations have implored the government to declare the current situation in the country - particularly in the two Matabeleland regions - a national disaster to speed up the allocation of food to needy communities.

Annex 5.d: Development agencies respond to Zimbabwe crisis

1) To the Red Cross distributors

The Zimbabwe Times, September 17, 2008, <http://www.thezimbabwetimes.com/?p=4346>

THIS is an urgent appeal. I am at Bondolfi Mission near Masvingo. Yesterday a whole village arrived here begging for food. Recently three children died here of hunger. I did not see Masvingo mentioned among the areas you are distributing food in. Please, please, the need is enormous.

May God open your hearts and your ears in the name of the hungry people of this whole area, particularly Wards 10, 11, and 12.

I hope this reaches you!!!!!!!!!!!!!!!, Sr. Helen Bothe, sisters@bondolfimission.com

2) Red Cross starts distributing food aid

By Our Correspondent

The Zimbabwe Times, September 17, 2008, <http://www.thezimbabwetimes.com/?p=4337>

HARARE - Red Cross Red Crescent trucks yesterday started ferrying more than 380 metric tons of food aid destined for vulnerable communities across the country. The operation to move the relief supplies from warehouses in Harare, Bulawayo and Mutare started three days after Prime Minister-designate Morgan Tsvangirai announced that the new government's first priority would be to allow the resumption of food distribution, which was suspended in June. The resumption of food aid distribution is part of the International Federation of Red Cross and Red Crescent Societies (IFRC)'s US\$26.8 million food security programme. A statement released Wednesday says this initial deployment will provide 24 000 people in eight of Zimbabwe's provinces with enough maize, beans and cooking oil to last for one month. A total of 260 100 people will be supported each month. The head of the IFRC delegation in Harare, Peter Lundberg, said: "This is a critical period for these communities. They have already faced months without enough food and, for many families, the situation has deteriorated drastically in recent weeks."

According to health authorities in Masvingo Province - one of the regions worst affected by the food crisis - 70 per cent of people on ART have defaulted in recent months because of the lack of food. Once treatment is stopped, the HIV virus typically returns with a vengeance, causing a rapid deterioration in health. Reports from Masvingo indicate that Christian Care had started moving food for distribution to desperate villagers in the drought-prone province, bringing instant relief to families who were surviving on wild fruit.

3) EU to avail additional relief package to Zimbabwe

Zimonline, Friday 26 September 2008, by *Nokuthula Sibanda*
<http://www.zimonline.co.za/Article.aspx?ArticleId=3713>

HARARE ó The European Union (EU) will provide an additional 10 million Euros in humanitarian aid to Zimbabwe which is in the grips of its worst ever economic crisis and food shortages. Brussels said the funds, coming following the signing of a power-sharing deal between Zimbabwean President Robert Mugabe and opposition leader Morgan Tsvangirai, will be used mainly to assist in the provision of clean water, health and sanitation requirements for the most vulnerable population groups. European Commissioner for Development and Humanitarian Aid Louis Michel said: "The EU's humanitarian assistance is neutral and impartial and not an instrument of politics. I expect all restrictions on humanitarian operations to be totally lifted as a result of the recent political settlement. "This will allow our assistance to reach all those ordinary Zimbabweans with acute humanitarian needs who have no access to basic foodstuffs, clean water, essential household items, hygiene commodities or basic healthcare."

The aid is on top of 15 million Euros in food aid already allocated this year, the EU said. ó ZimOnline

4) UK sets aid condition for Mugabe

The Zimbabwe Times, September 28, 2008, <http://www.thezimbabwetimes.com/?p=4925>
Prime Minister designate Morgan Tsvangirai and President Robert Mugabe after signing September 15 deal.

UNITED NATIONS (AFP) - Foreign Secretary David Miliband on Saturday said the world stood ready to assist in Zimbabwe's reconstruction but only if a new government reflecting the will of its people is formed. Commenting on Zimbabwean President Robert Mugabe's call for a lifting of what he called "illegally imposed sanctions" on his regime, Miliband said: "the world stands ready to help with the reconstruction of Zimbabwe in the wake of the September 15 power-sharing deal in Harare." But the top diplomat said this would happen only if "the democratic process is respected, the new government is formed reflecting that process and action on the ground reflects a new approach." He said financial and travel sanctions imposed by European countries and the United States targeted only "individual members of the (Harare) regime."

"The parlous state of the Zimbabwean economy is not the result of the international community. It is the result of mismanagement by the Mugabe regime," Miliband told reporters after attending a ministerial session on Myanmar hosted by UN chief Ban Ki-moon at UN headquarters. Zimbabwe's economy has been in decline for a decade with sky-high unemployment, devastating food shortages, crippling poverty and the world's highest rate of inflation.

5) NGO helps school orphans

The Zimbabwean, Wednesday, 08 October 2008 13:32,
http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=15658:ngo-helps-school-orphans-&catid=31:top%20zimbabwe%20stories&Itemid=66

MBERENGWA ó A fledgling aid agency, Chanaka Development Trust, is helping children orphaned by the AIDS epidemic attend school and work towards a better future. In Mnene, the chance for a school education can be as scarce as rainfall on the high plateaus. Primary education is not cheap and because of high tuition costs most children have stopped attending school altogether. "A good basic education ranks among the most effective, and cost-effective, means of HIV prevention," Rifiloe Tlou Chanaka, director of Chanaka Development Trust, said.

The agency is providing funding for 15 AIDS orphans to attend Mnene High School.

"Giving a child orphaned by AIDS an education affects the choices she makes later in life, and thus her community, town, and even her country." Chanaka Development Trust is a non-profit organisation working with local partners, such as the National Aids Council, to improve educational opportunities for children in Zimbabwe by sending high school students to school, supplying tuition, books, exam fees and school uniforms. The agency is hamstrung with funding for programmes that it wants to expand to include the supply of anti retroviral drugs to people living with HIV/AIDS.

Annex 5.e: Government acknowledges failure and criticized by supporters amid corruption

1) We have failed to feed the nation - Mugabe

The Zimbabwe Times, June 21, 2008, By Owen Chikari,
<http://www.thezimbabwetimes.com/?p=554>

MASVINGO - President Robert Mugabe has openly admitted that his government has failed to provide food for millions of starving people, but said that should not be the reason why people should vote against him on Friday. Addressing party supporters in Mwenezi at Sarahuru business centre Mugabe said his government had, indeed, failed to provide food to the starving people but hinted that the situation would soon improve.

“We have failed as a government to feed the nation because we had not secured enough food to feed the people,” said Mugabe. “I know some of you are very angry because of hunger but let me assure you that the government through the Reserve Bank of Zimbabwe has since imported over 5 000 tonnes of Maize from South Africa to feed the people.” “We have tried our level best as a government to address all the economic challenges that you are facing but the only problem is that most of the companies in the country are foreign owned.” “Now that we have identified the problem we are going to make sure that our own people run crucial companies so that our people benefit.”

2) Minister warns of ongoing grain shortages

The Zimbabwe Times, August 6, 2008, By Our Correspondent
<http://www.thezimbabwetimes.com/?p=2132>

HARARE - Zimbabwe could continue to grapple with a severe grain shortage as the government has only secured 60 percent of the seed maize requirements for use in the next farming season. Agriculture Minister Rugare Gumbo made the chilling revelations when he addressed farmers at the Commercial Farmers Union (CFU) annual congress in Harare Tuesday.

3) Easier to sell diesel than to till the land

The Zimbabwe Times, August 15, 2008, BY Sibangani Sibanda
<http://www.thezimbabwetimes.com/?p=2689>

A story appeared in the government mouthpiece, The Herald, the other day. I am not suggesting here that stories do not always appear in the said publication; just that it was a story that just about summed up the nightmare that it is to navigate the economic policies propagated by Reserve Bank governor Gideon Gono, with the help of his mentor and major client, President Robert Mugabe. It was the story of an investor who, having invested in preference shares some ten years ago, went to redeem them and found that his investment was worth, one Zimbabwe cent!

For those who do not live in Zimbabwe, or have not done so for a while, this will not make sense. How much had he invested to come out with such a puny sum? I hear you ask. Well, a few days before this story appeared, the investor's one cent would have been worth, one hundred million Zimbabwe dollars. It only became one cent because governor Gono decided to remove ten zeroes from our currency. In fact, had it not been that governor Gono removed three zeroes from the same Zimbabwe dollar two years ago, the investment would have been worth, one hundred billion!

On the first of August 2008, the price of one thousand litres of diesel for the said selected groups became Z\$0.059 – just over one half of a Zimbabwean cent! One litre was, therefore, worth Z\$0.000059. Now it makes sense. Our Preference Shares investor can take his one-cent, use just over half of it to buy one thousand litres of diesel (the rest he can give to charity), sell the diesel at the current black market price of eighty Zimbabwe dollars per litre (eight hundred billion before August 1st), and make eighty thousand Zimbabwe dollars which he can use to buy American dollars on the black market at, say, Z\$80.00 to one American dollar. His one Zimbabwe cent quickly becomes one thousand American dollars! Imagine the really large-scale 'farmers' who are getting ten and twenty thousand litres at a time must be constantly smiling to under the bed or wherever they keep their money!

4) ZCTU says Mugabe as inept as his cabinet

The Zimbabwe Times, August 29, 2008, By Our Correspondent
<http://www.thezimbabwetimes.com/?p=3218>

HARARE- Zimbabwe's labour movement has lambasted President Robert Mugabe for retaining for five years a cabinet he described as the worst he had ever appointed. Zimbabwe Congress of Trade Unions (ZCTU) secretary general, Wellington Chibebe, on Wednesday said Mugabe's admission that his cabinet was inept reflected his lack of leadership. Chibebe said, as the head of government, Mugabe should ultimately be held responsible for Zimbabwe's crisis.

Speaking during a luncheon organised by the local government ministry to mark the opening of parliament on Tuesday, Mugabe railed against his cabinet ministers, criticizing them for their penchant for self-enrichment. "The Cabinet that I had was the worst in history. They look at themselves. They are unreliable" Mugabe said while promising to appoint a new cabinet which should have the competence to manage the business of the people. Chibebe said the poor performance of the cabinet, which he said was running the country illegally after the March 29 elections when Zanu-PF was convincingly defeated, should include him as well.

"The question which now begs for an answer from him is: why did he allow this worst cabinet in history of Zimbabwe to continue ruining the country even after his defeat at the hands of the Movement for Democratic Change (MDC)?" Chibebe said.

5) Chiefs attack Mugabe for failing to deliver

The Zimbabwe Times, September 13, 2008, <http://www.thezimbabwetimes.com/?p=4030>

BULAWAYO (zimbabwejournalists.com) - Chiefs, attending their annual conference, just ended here, blamed the government of President Robert Mugabe for failing to provide food to the people, especially in rural areas. The traditional leaders were uncharacteristically frank in their remarks at the four-day conference, which started on Tuesday. President Mugabe officially opened the conference on Thursday morning. The chiefs complained of rampant corruption involving senior politicians, the army, police and civil servants in the distribution of maize and farm implements. One chief shocked the outgoing Deputy

Minister of Agriculture David Chapfika, telling him that the rosy report on food imports and distribution that the minister had presented to the conference did not reflect the dire hunger stalking the rural folk. 'You are not going to the ground to see the situation there,' Chief Chiweshe, from Mashonaland East told the visibly shaken deputy minister. 'You are not going to the Grain Marketing Board depots to see what is happening there. If you were, you would not be reading that speech which was written for you, because it's very different from what is happening on the ground.' Chiefs are generally viewed as being pro-government, but this time around, they apparently chose to be honest about the starvation that has become visible in the countryside.

'This country is being destroyed by chiefs. Those who are called honourable, after we vote for them, they forget about us and treat us like fools,' he said. Chief Fortune Charumbira, a senator and president of the Zimbabwe Council of Chiefs, said the provincial food task forces, whose officials are drawn from the army, CIO and other civil servants were leading in corrupt deals, especially in Masvingo. 'In my area,' said Chief Charumbira, 'even members of the district task force are complaining, because members of the provincial task force are not doing their job properly. They are enriching themselves because of side-marketing of maize and we know some members of the task force who are building mansions. Elections are gone and we have to be frank because during elections, we tend to hide some things. We need to say the truth otherwise we will sink together.'

6) 'Zimbabwe one of most corrupt countries'

Zim Online, Thursday 25 September 2008, by *Nqobizitha Khumalo*
<http://www.zimonline.co.za/Article.aspx?ArticleId=3707>

BULAWAYO – Zimbabwe has been rated one of the most corrupt countries in the world, according to the latest Transparency International corruption perceptions index (CPI) ratings. The 2008 CPI polled 180 countries, the same number as the 2007 CPI, on a scale from zero (highly corrupt) to 10 (highly clean).

Zimbabwe was this year ranked number 166 with a CPI score of 1.8, a significant slide from last year when the crisis-sapped nation was ranked number 150 with a score of 2.1 points. Transparency International, which released its latest CPI ratings on Tuesday, ranked Botswana the least corrupt country in Africa at position 36 with a score of 5.8, while continental economic giant South Africa was ranked number 54.

Annex 5.f: Politicisation of food aid and Government subsidies

1) Political pressure as Bacossi food distributed

The Zimbabwe Times, August 4, 2008, By Our Correspondent
<http://www.thezimbabwetimes.com/?p=1976>

HARARE - As government prepares to assess the food requirements of households in the capital city this week, residents complained of being forced to express support for Zanu-PF or denounce the opposition Movement for Democratic Change, in order for them to qualify for food aid from the state. Harare as well other major urban centres are known strongholds of the MDC. Reserve Bank Governor, Gideon Gono set up the Basic Commodities Supply Side Initiative (Bacossi) as food shortages worsened in both rural and urban areas, hoping to provide basic food commodities at 'affordable prices' to the people.

Simbarashe Moyo, the chairperson of the Combined Harare Residents Association (CHRA) has accused government of politicising the basic commodities under Bacossi. Moyo said government should not have banned humanitarian food aid organisations from distributing food to the poor as a political expedient.

“It is evil to politicize food aid and lie that the population of Zimbabwe will benefit immensely from the much publicized Bacossi programme,” Moyo charged.

“The reality on the ground is that people are starving and there is an urgent need to complement each other in assisting the starving people. Those who are thinking that the Bacossi programme alone without the intervention of the NGOs will stop starvation are either doing so irrationally or are merely politicking at the expense of the suffering Zimbabweans,” Moyo said. He said a parallel survey carried out by his organisation had revealed that four out of five families interviewed were living on one meal of very little sadza and boiled vegetables a day. Basic goods procured by the state under the Bacossi programme, which are only accessible to people or business persons with connection to Zanu-PF, are never found in the shops. Most of these goods are finding their way to the parallel market where they are sold at exorbitant prices; which the majority cannot afford.

2) Politics of fear and food still at work

The Zimbabwean, Wednesday, October, 08, 2008 13:35, BY CHIEF REPORTER

http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=15663:-children-sell-themselves-for-food-&catid=31:top-Zimbabwe-stories&Itemid=6

HARARE - Despite the veneer of calmness in Zimbabwe, a dense cloud of fear still hangs over the country, a human rights report has revealed.

The damning August 2008 report by the Zimbabwe Peace Project (ZPP) chronicles 21 cases of murder, including the discovery of 18 bodies in the Wenimbi Dam in Mashonaland East. The report says incidents of murder, rape, kidnapping, assault, looting, harassment, and displacement have lessened only gradually in the two months since the run-off election. Food politics remained in all provinces.

"With government sources as the main channels of food and basic commodities, provincial experiences show that the recently launched Bacossi is fast becoming a new frontier for politically-motivated food discriminations," said the report. "Access to GSF (government subsidised food) is reportedly through a very tight and highly centralised vetting process controlled by an array of political and state actors who include losing Zanu (PF) councillors, chiefs, village heads, war veterans, Zanu (PF) youths/militia, Zimbabwe National Army in the case of Maguta, and RBZ officials in the case of Bacossi

3) BACOSSİ politicised, collapses

ZimDaily, Thursday October, 09, 2008, By NOZIPHO MASEKO

<http://www.zimdaily.com/news/bacossi27.6465.html>

ZIMBABWE ô HARARE - The Basic Commodities Supply Side Intervention (Bacossi) programme is the new frontier for politically-motivated food discriminations, an independent election watchdog said in a report Wednesday.

The Zimbabwe Election Support Network, ZESN, said reports of partisan distribution of the basic commodities had been received in most provinces especially Mashonaland East and Central with allegations that the officials running the project are being instructed by Zanu-PF structures.

It's the first official confirmation of the politicisation of the government aid package amid spirited denials by government. The biggest challenge associated with the project is the use of traditional leaders and what are referred to as local government structures to distribute the food and is widely perceived as partisan," the ZESN report said.

BACOSI is an initiative of the Reserve Bank of Zimbabwe where the bank procures food, which is then distributed, to the people mainly in the rural and high density areas. The central bank was unavailable to respond. The programme was introduced to cushion rural people against continuous price hikes that are being affected by the business community as well as businesses that have been allowed to charge in foreign currency. "It leaves to be seen how sustainable the programme is given the fact that the bank buys the goods in foreign currency outside the country and more people are now living below the poverty datum line," the ZESN report said.

The initiative, originally meant to benefit marginalised communities access basic commodities, quickly ran out of steam just when it was supposed to move into towns. The collapse of the scheme has been colloquially dubbed "BACOLLAPSI" by critics. Under the scheme, communities are required to pay the equivalent of Z\$150 billion old currency to secure a 100ml tube of Colgate, shoe polish, Vaseline, bathing soap, cooking, flour, sugar and salt among many other things. The total cost of these good at the prevailing market rate is about USD100. Zimbabwe currently suffers the world's highest rate of inflation estimated by the Cato Institute to be over 500 billion percent.

Annex 5.g: Child abuses

1) Wild fruits instead of food aid

The Zimbabwean, Thursday, 04 September 2008 10:35

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

NHARIRA, - During the nearly three months that nongovernmental organisations (NGOs) in Zimbabwe were banned from operating by President Robert Mugabe's government, people desperate for food foraged for wild fruits to survive, in some cases with tragic consequences.

Janet Chagwiza, 70, who lives in Nharira village, about 40km south of the Mashonaland East town of Chivhu, told IRIN that two of her grandchildren were thought to have died from eating too much of a wild fruit that grows abundantly during the dry season. "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," Chagwiza told IRIN shortly after burying her grandchildren in a single pit "because people here no longer have the energy to dig graves." The fruit's pulp is separated from the hard seed by pounding it in pestles, but if eaten in excess it can cause extreme constipation, a nurse told IRIN at a nearby referral hospital where the two children were taken.

A nationwide strike by government doctors began a few weeks ago, which meant that the two children were unable to receive medical attention at the hospital. In the absence of food aid, villagers have been competing for the wild fruits with baboons and monkeys, sparking conflict between people and animals, and also between people.

Food shortages causing conflict

"The animals aside, competition for the fruits is so extreme among us and there are fights at times if some villagers feel that their territory has been invaded," Chagwiza said.

In Mhondoro district, about 60km southeast of the capital, Harare, children have been playing a vital role in finding food. "We go out early in the morning and return in the evening, looking for wild fruits and gathering leftovers from shopping centres, some of them as far away as 30km. We are helping our parents in these difficult times," said Yeukai Chirinda, 13. "If we don't do that, there won't be anything to eat." Her daily chores also include a 16km round trip to fetch water from a stream, as boreholes in the area have fallen into disrepair, as well as collecting firewood. - (IRIN)

2) Children Sell themselves for Food

The Zimbabwean, Wednesday, 8 October 2008, 13:34, BY PINDAI DUBE

http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=15663:-children-ell-themselves-for-food-&catid=31:top_zimbabwe_stories&Itemid=6

MBERENGWA - Young children have turned to prostitution in a desperate bid to get food and money. Schoolchildren as young as 12 have been seen at Mataga Growth point and Musume Business Centre in Mberengwa in the Midlands Province.

Some girls who spoke to The Zimbabwean said they had been forced to become prostitutes because the district was facing starvation. "The truck drivers give us 20kg 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," said one 15-year-old. She said her parents had died of HIV/AIDS. Through prostitution, she was able to feed her two little brothers.

A 13-year-old told The Zimbabwean that she goes to school during the day and sleeps with bus drivers and conductors at night. They give her Z\$3,000 every night. A local councillor, who spoke on condition of anonymity, said he had instructed bar and club owners as well as business owners in the two business centres to stop schoolchildren from their entering their premises, but they had ignored him for fear of losing trade.

3) Human traffickers accused of sexual abuse

The Zimbabwe Times, October 9, 2008, By Mxolisi Ncube,

<http://www.thezimbabwetimes.com/?p=5191>



A woman, baby on back, illegally crosses the border into South Africa.

JOHANNESBURG ó A Johannesburg-based feminist organisation has accused human traffickers of sexually abusing female Zimbabwean immigrants while assisting them to illegally cross the border into neighbouring South Africa. According to the Southern African Women's Institute for Migration Affairs, (SAWIMA), a Johannesburg-based non-governmental organisation close to half of the Zimbabwean immigrants who illegally cross the border go through various forms of abuse, especially rape, at the hands of the human traffickers.

“We receive shocking cases of gang-rape and other physical abuses like assault against the immigrants on a daily basis.” She added that in most cases, her organisation received more than six cases of gang-raped immigrants, most of them girls aged between 13 and 17, many of whom usually cross without enough money. “The human traffickers promise these girls heaven and earth when taking them from Zimbabwe,” said Tladi. “Those without money are allowed to travel on a pay-forward basis. “They are told that they will settle the debt after a month, or after receiving their first salary. However, the traffickers turn wild and rape the women on the way.” Human traffickers, popularly known in Ndebele as Omalayitsha (human carriers), charge the immigrants a flat fee of R1 500 for transport to carry them from Bulawayo, Zimbabwe to Johannesburg, an amount that is way beyond the reach of many Zimbabweans.

4) Hunger forces Zim children out of school into SA

Zimonline, Thursday 16 October 2008, by *Tendai Hungwe*
<http://www.zimonline.co.za/Article.aspx?ArticleId=3782>

JOHANNESBURG ó Hungry Zimbabwean children are deserting school in greater numbers and flocking to South Africa in search of food and employment, a church bishop told ZimOnline. Bishop Veyn ó whose Central Methodist church in Johannesburg provides shelter and food to homeless immigrants ó said the church had seen an increase in the number of children of school going age from Zimbabwe arriving to seek shelter after trekking into South Africa on their own. "Presently, my church is taking care of 150 children from Zimbabwe, who came to Johannesburg on their own," the Bishop said.

Adult male Zimbabweans have over the years often trekked to South Africa in search of employment on the country's sprawling farms, mines and factories but an unprecedented economic crisis and political violence have over the past decade seen nearly every other able bodied adult joining the trek down south to look for better paying jobs.

Madodana Nyathi, a 16-year-old boy from Zimbabwe's second biggest city Bulawayo said he left home because he had stopped going to school as he could no longer afford school fees, adding that he had entered South Africa illegally and was struggling to cope in Johannesburg where he was not working.

"I had no option but to quit school. The fees were unaffordable. In addition, going to school has become worthless as jobs are scarce. However, I have hopes of going back to school one day, hopefully in South Africa if I get the money," said Nyathi. However, some youths are brought to South Africa by their parents – some of who were displaced during the violence that preceded the widely condemned June 27 elections – who fear for the welfare of their children in Zimbabwe where the economic situation continues to deteriorate by the day. "I am seeking asylum together with my children. It is better that I suffer with them here than for them to experience hardships in Zimbabwe," said a single mother of two, Judy Maravaí. – ZimOnline

5) Starvation and hunger exposes villagers to economic exploitation.

The Zimbabwean online, Friday, 17 October 2008 06:36

http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=15836:starvation-and-hunger-exposes-villagers-to-economic-exploitation-&catid=31:top%20zimbabwe%20stories&Itemid=66

High levels of desperation to get food has totally exposed people in the rural areas to blatant exploitation by some haves who have access to grain. In a bid to survive the villagers in Hwedza, Buhera, Sadza and many parts in Mashonaland East are giving out their goats in exchange of a bucket of maize or half a tonne of maize for a beast of cattle. A bucket of maize is pegged at 100 Rends (\$210 000), an amount which is by far less worth a goat, considering the fact that a kilogram of goat meat is going for 50 rands(\$105 000). Under this deceitful deal a beast is worth 3 000 rands, an equivalence of 50 kgs of beef in butcheries. What exposes the level of greediness of the buyers of maize is that they purchase maize at Grain Marketing Board at only \$21 000(an equivalence of 10 rands), which means 10 buckets can fetch 10 goats for the dealers and besides they get first preference to obtain grain at the expense of needy citizens, who wait in queues for days as truckloads truck loads of maize for the rich will be loaded to lubricate their deceitful deals. What is more appalling is that in Chipinge and other marginalised areas school going girls and young women are being sacrificed to old men for mealie meal and maize. This is violation of children's rights as enshrined in the Child Protection and Adoption Act. What is disappointing is that most of the dealers are the same people whom we expect to ply a role in providing for the vulnerable and needy citizens.

The situation of those in need of food is that food is still being distributed on party lines, with those who are perceived to be opposition side deprived of the much needed food. ZANU PF is still in control of food distribution both BACCOSI and humanitarian food aid. ...- *Youth Forum*

6) Mugabe has killed Zim's next generation

The Zimbabwean, Saturday, 18 October 2008 09:58, by Professor Makumbe

http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=15849:qmugabe-has-killed-zims-next-generationq&catid=35:zimbabwe%20opinion%20and%20analysis&Itemid=64

MUGABE has "killed" the next generation of Zimbabweans, veteran political scientist at the University of Zimbabwe, Professor John Makumbe has said. In an exclusive interview, Prof. Makumbe, said the consequences of the collapse of Zimbabwe's formerly acclaimed education sector would return to haunt the country in years to come. This is the view of not only socio-political commentator Prof Makumba, but also many other analysts. The Makumbe blamed the current regime saying it had "killed" a generation,

youngsters dropping out of schools in droves, teachers fleeing the country and scores of schools closing in recent years.

Makumbe said the current generation that had been denied proper education could find themselves unemployable in future when the country pulled itself out of its current political and economic quagmire, and perhaps engage in criminal activity. "Zimbabwe will have a high price to pay for the school dropouts. The denial of schooling to these youngsters is a destruction of an entire generation," he said citing the example of South Africa when schools were closed down from 1976 at the height of apartheid. South Africa's current crime woes have a root in the 1976 uprising by students. Most of the then-youngsters did not return to school and now find themselves unemployable. Zimbabwe is currently experiencing a collapse of major sectors among them education, which has been eroded by a combination of factors.

Youngsters have dropped out of schools in numbers, some fleeing to neighbouring countries. Most of these youngsters have resurfaced in South Africa raising concern among analysts. "It is quite unfortunate," said analyst Collin Ncube. On the other hand teachers, whose meagre salaries are ever eroded by inflation, have also fled in numbers to neighbouring countries. Makumbe summed up the drawback. "Imagine, I am a professor at the University of Zimbabwe but I earn no more than R100. At that salary, I am among the highest paid professionals in the higher education sector." í --*CAJ News*

7) Boy chokes to death eating wild fruit

The Standard, Saturday, 25 October 2008 20:28

<http://www.thezimbabwestandard.com/local/19137-boy-chokesto-deatheatingwild-fruit.html>

BULAWAYO ô 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. Sifiso Dube, a Form II student at Vungu Secondary School in Lower Gweru, in the Midlands province, reportedly died on Friday 10 days ago after he was choked by a nut of the wild cork fruit or hacha/umkhuna.

He was buried on Monday at Sivalo area in Lower Gweru. The wild cork fruit or umkhuna/hacha is now the staple food for starving villagers in provinces that have been worst-hit by hunger. The fruit that is normally consumed by monkeys, donkeys and baboons can be dried up or its liquid drunk after its juice is squeezed out. But if consumed daily with no substitute or change of diet, the fruit causes digestive complicationsí According to Mantiya, food shortages in Lower Gweru have reached crisis proportions. ôVillagers are eating dangerous wild fruits, tree leaves and roots because of food shortages,ö he saidí .

8) Twenty starve to death in Masvingo

THE ZIMBABWE TIMES, November 21, 2008, By Owen Chikari

<http://www.thezimbabwetimes.com/?p=7735>

MASVINGO - The number of people who have starved to death in Masvingo has risen to 20 following the death of 12 more people in Gutu South. The governor of Masvingo Province has however dismissed widespread reports of people in his province starving to death as unfounded. Gutu Central Member of Parliament, Oliver Chirume, described the situation in his constituency as critical adding that more lives could be lost if food was not urgently delivered to the people.

“We are getting reports of people dying of hunger every day,” said Chirume. “Six people have died during the past week in my constituency and these are the only cases that we know as other cases go unreported. “The most affected are the elderly and young children who cannot go out in the bush to look for wild fruits which have become the only source of food.” In Gutu South, three people are reported to have died while three others also lost their lives through hunger in Gutu North. Gutu North legislator Edmore Maramwidze yesterday confirmed the deaths which he said were caused by serious food shortages. “We are appealing for help from anyone because people are dying on a daily basis in the rural areas because of hunger,” said Maramwidzeí ..

9) Zim poverty may worsen as donors reduce food rations

Zimonline, Saturday 17 January 2009, *by Own Correspondent*
<http://www.zimonline.co.za/Article.aspx?ArticleId=4117>

JOHANNESBURG ó Zimbabweans are going for days without meals and this could worsen as more than half the country's population surviving on food handouts is set to get reduced rations because of a funding shortfall, an aid agency said Thursday. "Peoples' lives are in danger because of the lack of food," said Oxfam's Zimbabwe director Peter Mutoredzanwa in a statement. í

Critics blame Zimbabwe's troubles on repression and wrong policies by Mugabe such as his land reforms that displaced established white commercial farmers and replaced them with either incompetent or inadequately funded black farmers leading to a massive drop in farm production. -- ZimOnline.

10) Two-year old released after 76 days in prison for banditry and terrorism

The Zimbabwean, Thursday, January, 15, 2009,
http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=17752&Itemid=103

Two year-old Nigel Mutemagawo who was abducted by armed gunmen together with his parents at their home in Banket in Mashonaland West province was released from detention yesterday. Nigel was abducted during a pre-dawn raid at his parents' home in Kuwadzana Township in Banket. He was kept in captivity for 76 days together with his parents, Collen Mutemagawo and Violet Mupfuranhehwe despite a High Court ruling that they should be released. Medical reports show that during his abduction and continued detention for charges of banditry and terrorism, two year-old Nigel was assaulted and denied food and medical attention by his captors. He was later referred to Chikurubi Maximum Prison in Harare where he was detained for almost two weeks. Nigel's parents who remain in detention are facing trumped up charges of training and recruiting bandits. The abduction and illegal detention of children is a violation of the law and international statutes. It confirms that Zanu PF has become an enemy of human rights and is not sincere in implementing the Global Political Agreement which guarantees the basic rights and freedoms of individuals.

MDC Information and Publicity Department

11) ZIMBABWE: Children on the edge of survival

The Zimbabwean, Tuesday, 20 January 2009
http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=17852&Itemid=103

HARARE, 20 January 2009 (PlusNews) - Zimbabwe's defunct health system and the growing humanitarian crisis have had a devastating impact on the lives of children, particularly those who are orphaned or vulnerable, and UN officials have warned that child mortality rates will continue to rise.

UNICEF executive director Ann Veneman, who visited Zimbabwe recently, told journalists that children's access to health care and other preventative measures have been made difficult by the collapse of the health services system, the cholera epidemic, the closure of government hospitals, and the economic and food crises.

With at least 1.3 million orphans in the country, Zimbabwe has a higher number of orphans, in proportion to its population of 13 million, than any other country in the world, according to UNICEF. Life has become even more precarious for children living with HIV, as they have had nowhere to turn for treatment of opportunistic infections since health workers at government referral hospitals downed tools in October 2008 in protest over the deteriorating working conditions and poor salaries. About 120,000 children are in need of antiretroviral drugs, but only 9 percent are receiving their medication from the government-run programme. The drugs should be fetched every month, but the HIV/AIDS clinics have closed, so getting the drugs has become extremely difficult.¹

12) Chipinge, Chimanimani named as child gender abuse capitals

Newzimbabwe.com, 26 May 2009 22:12:13

CHIPINGE, Chimanimani and Marange are the child gender abuse capitals of Manicaland Province, a top magistrate has said. Police and court officials are blaming "destructive" advice from traditional healers and self-styled "prophets" after 90 percent of child gender abuse cases were found to be coming from the three districts. "Some people are advised to rape little girls as a cure for Aids, while others committed the offences after being told it can help them beat poverty," Manicaland Regional Magistrate Hlekani Mwayera revealed. Mwayera said Chipinge and Chimanimani "were topping", and it was no coincidence the two areas are "popularly known for traditional healers".

"While that's good (having traditional healers), they should not mislead people into sexually abusing little children," said the magistrate, who also chairs the Victim Friendly Court in Manicaland. She added: "Aids has no cure and hard work is the only way to success. Do not be fooled into abusing your own children." Norwegian aid agency Save the Children – a major sponsor of the Victim Friendly Court – called on parents and community leaders to play an active role to ensure that abuse cases are reported timeously.

Annex 5.h: Collapse of health service delivery

1) Zimbabwe doctors strike

ZimOnline, Thursday 21 August 2008, by Patricia Mpofo
<http://www.zimonline.co.za/Article.aspx?ArticleId=3641>

HARARE – Zimbabwe state doctors have gone on strike to demand more pay to cushion themselves from the world's highest inflation of more than 11 million percent. The industrial action began Tuesday countrywide amid revelations the doctors want to be paid in foreign currency instead of the local dollar that continues to shed value faster than any other currency on earth. Zimbabwe Medical Doctors Association chairman Amon Siveregi told ZimOnline on Wednesday that doctors would not return to work until President Robert Mugabe's cash-strapped government addressed their grievances. "I can confirm that all doctors at the country's referral hospitals and centres are on strike since Tuesday," said Siveregi. "We are demanding acceptable salaries but I can't disclose to you what we have tabled before the government due to a confidentiality clause in our dealings." – ZimOnline

2) Funding constraints slow fight against HIV/Aids

The Herald, Wednesday, September 03, 2008, *Herald Reporter*
<http://www.herald.co.zw/inside.aspx?sectid=91&cat=1&livedate=9/3/2008>

DEVELOPING countries who attended this year's United Nations high-level meeting in New York agreed that there is need to accelerate efforts meant to achieve the universal access to HIV and Aids prevention, care and treatment by 2010. The meeting was held between June 3 and 9.

Reporting back to stakeholders involved in HIV and Aids-related work on proceedings of the three-day UN General Assembly Special Sessions on HIV and Aids, Zimbabwe Aids Network deputy director Ms Sheilah Dotoro said there was a wide gap between set targets and countries' achievements. She attributed the gap to lack of financial resources to effectively implement programmes in line with achieving the set targets. "As Zimbabwe, we highlighted our plight of reduced financial resources, which hold back our efforts to achieve our agreed targets," Ms Dotoro said.

Some of the targets, which were set at such meetings but failed to reap fruits, include the Health for All by 2000, 3 by 5 initiative and the Universal Access to HIV and Aids Prevention, Care and Treatment by 2010. Despite being among the worst HIV and Aids burdened countries, Zimbabwe is receiving at least \$4 per HIV positive person compared to the \$75 per HIV person on average being received by other countries.

Echoing Ms Dotoro's sentiments, Southern Africa HIV and Aids Information Dissemination Service director Mrs Lois Chingandu, who was also part of the Zimbabwe delegation to UNGASS, however expressed concern over the sidelining of civil society voices at the conference. Mrs Chingandu said only Government delegates have the privilege of getting into plenary sessions at UN high-level meetings and civil society were expected to speak through their government. "For us it was like peeping through the window. We were not allowed into plenary sessions. We would have our own meeting as civil society while governments were having theirs," she said. However, according to Ms Dotoro's presentation, most developing countries – Zimbabwe included – will not achieve the 2010 target because of limited funding.

3) Public not warned of new cholera outbreak

The Zimbabwe Times, October 2, 2008, By Our Correspondent
<http://www.thezimbabwetimes.com/?p=5152>

HARARE – The public has not been made aware of a new cholera epidemic that has plagued Harare and Chitungwiza since September and claimed 18 lives, with 80 admitted to hospital as of Thursday. Human rights lawyers in Zimbabwe have slammed the authorities, holding them liable for the "alarming and quite unusual deaths" from a preventable disease. The Zimbabwe Lawyers for Human Rights accused the government of criminal negligence saying the deaths were a result of unacceptable failure of leadership. "Experts say the number of people infected with cholera could be much higher than the cases officially reported. The Zimbabwe Doctors for Human Rights said in a statement the official cholera deaths were grossly underestimated. "This is but the tip of an iceberg of much more morbidity," said the human rights doctors. "This has not been communicated to the public."

4) US doctors shocked at state of Zim health system

Mail and Guardian online, ANGUS SHAW | HARARE, ZIMBABWE - Nov 13 2008 17:39
<http://www.mg.co.za/article/2008-11-13-us-doctors-shocked-at-state-of-zim-health-system>

An American medical team's plans to help scores of children in Zimbabwe have been hindered by a health system nearly shut down by economic crisis, an organiser said on Thursday. Health services across Zimbabwe are collapsing along with the rest of the economy. The medical team had hoped to perform reconstructive surgery on 85 children with facial disfigurements. In the end, it was only able to do 42. Jennifer Trubenbach, executive director of Operation of Hope, a Longview, Washington, medical charity, first set up operations in the sprawling, 1 200-bed public Harare Central Hospital. The charity, on its fourth visit to Zimbabwe, also works in Asia, China and Latin Americaí .

Zimbabweans face chronic shortages of food, drugs, fuel, spare parts, most basic goods and local currency. The doctors later moved to a private hospital because it has more resources, such as drugs and equipment. Five Operation of Hope surgeons on the two-week visit scheduled 85 free operations for children brought in by parents from across the nation. They began examining patients a week ago and were performing surgeries on Monday. Phylis Gwari (33) brought her infant son Jason, suffering from a mouth and throat deformity, from Zvishavane, 360km south of Harare. The trek took them nearly two days -- the first four hours on foot through the sweltering bush to the nearest bus stop.

After surgery, the child will be able to swallow and speak normally. "I am so happy," Gwari said. In the United States, the operation would have cost at least \$35 000. But Trubenbach said on Thursday the move to the private facility had interrupted the surgery schedules and meant the doctors were only able to perform 42 operations. The group will leave Zimbabwe on Friday. Trubenbach said the line of children and parents waiting for operations had been overwhelming. Those turned away will be given priority on the surgeons' next visit, in about six monthsí . - Sapa-AP

5) Residents protest over cholera deaths

The Zimbabwe Times, November 16, 2008, <http://www.thezimbabwetimes.com/?p=7432>,
By Our Correspondent

HARARE ó Residents of cholera-affected suburbs in Harare marched in Budiro suburb while demanding that government immediately dismantle the Zimbabwe National Water Authority (Zinwa). Residents blame Zinwa for their water woes in general and for the growing number of cholera deaths in the city, in particular. Residents in Harare have demanded that government return water and sewer management to the Harare City Council and that government compensates families of cholera victims. Similar calls have been made in Bulwayo and other cities. More than 150 residents from Budiro, Glenview, Glen Norah, Highfields, Mufakose and other parts of the city braved the wet weather to register their solidarity with the cholera victims. Marchers said the Ministry of Health had failed them for not taking urgent steps to stem cholera deaths which they said reflects the collapse of the health sector.

Some residents particularly in Hatfield and Msasa suburbs throng a water reservoir along Chiremba Road to compete for water for their laundry, on weekends, or for domestic use on a daily basis.

Some members of the association are reported to have been picked by the police during the march while some still face the risk of arrest from their homes as has become custom. The Combined Harare Residents Association - a civic body agitating for more effective and efficient local government practises in the city - was still in the process of verifying the number of arrested members, the association said in a statement Sunday.



The murky waters of Lake Chivero one of Harare's major sources of water.

ZINWA was given funds by the central government to deal with the water supply problems in the city but residents have not seen any improvements.

6) Pregnant women in grave danger

THE ZIMBABWEAN, Friday, 21 November 2008

http://thezimbabwean.co.uk/index.php?option=com_content&task=view&id=16551&Itemid=103

Zimbabwe Association of Doctors for Human Rights (ZADHR) is deeply concerned that the lives of pregnant women have been placed in jeopardy by the closure of the only 2 government maternity hospitals in Harare. If these women develop complications and are unable to afford private hospital care, they will no longer have access to lifesaving surgical and other forms of emergency obstetric care. Inevitably, this will result in the unnecessary deaths of many otherwise healthy women and an even larger number of infants.

An average of 3000 women deliver per month in public hospitals in greater Harare and between 250 and 300 of them require lifesaving caesarian sections. Many more have deliveries assisted by forceps or vacuum extraction when their babies show signs of distress and a lack of oxygen. In addition, mothers who miscarry earlier in pregnancy require surgery to evacuate the uterus to avoid serious and often fatal infections and bleeding. Without access to these interventions a significant number of mothers will die. The risk to their infants is much greater as the majority of caesarian sections and instrumental deliveries are performed to rescue babies who are suffering from a lack of oxygen during labour. We can therefore expect a dramatic increase in the number of stillbirths and of infants who have suffer irreversible brain damage which will result cerebral palsy and severe mental retardation.

The Children's Rehabilitation Unit at Harare Central Hospital has witnessed a 3 fold increase in infants presenting with severe brain damage from birth complications since 2004. This is a reflection of a general decline in obstetric care which has mirrored the economic decline. The current crisis could result in an immediate ten to twenty fold increase in the number of such infants.

For most mothers there is no alternative to the public maternity hospitals. The cost of Caesarian Section in private hospitals in Harare is in the region of US\$1500, well beyond the means of the vast majority. While some mothers have attempted to access treatment at hospitals outside of Harare, enquiries have established that these are only a tiny fraction of those needing emergency care are accessing these hospitals. Marondera, the nearest provincial hospital to Harare, is no longer able to perform Caesarian Sections or any other form of surgery

7) Fears of Bubonic Plague grow as city alleys pile up with rubbish.

The Zimbabwean, Wednesday, 14 January 2009

http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=17750&Itemid=103

Although Zimbabwe appears to be out of the world's spotlight now with the current crisis in Gaza, Zimbabwe's cholera epidemic is gathering speed, with a total of 1,732 deaths out of 34,306 cases. These figures were given by the World Health Organisation (WHO) last week. The United Nations and SDAC have dispatched health experts to Zimbabwe to help its government deal with the outbreak but it is not just the cholera that the country needs to worry about. With the ever-increasing deterioration in the public service sector in the country resulting in the vast piles of trash and sewage building up in the cities, the next thing to fear, experts say, is Bubonic Plague.

Cases of the Plague have been reported in Zimbabwe in the past, and a visit to the city alleys in Bulawayo is testament to the perfect breeding grounds for plague-carrying rodents. For many months the Municipalities in Zimbabwe have simply been unable to cope with the removal of rubbish. Great piles of trash, rotting vegetables, putrid entrails, piles of waste paper, have been seen growing in alleys and sanitary lanes. í .

8) UN: Zim cholera death toll rises

MAIL AND GUARDIAN, GENEVA, SWITZERLAND Jan 16 2009 16:36

<http://www.mg.co.za/article/2009-01-16-un-zimbabwe-cholera-death-toll-rises>

The death toll from cholera in Zimbabwe has reached 2 201, the United Nations said on Friday, warning that prevention measures were not working. The UN's humanitarian coordination office (OCHA) said in Geneva that a growing number of deaths were occurring outside care facilities in rural areas, with 87% of the country's districts now affected by the disease. The new death toll is nearly 100 more than the 2 106 reported by the World Health Organisation on Wednesday, while the number of people affected is up from 40 448 to 41 986.

"We've noticed a growth in the death rate outside the health system, of people in their homes, especially in the countryside," OCHA spokesperson Elisabeth Byrs told journalists. "What we're worried about is the 51% who are 'community deaths'," she said. "That proves that the results we were hoping for from the prevention campaigns and the distribution of medicines and supplies ... are not being felt," she added.

The UN pointed to a "meltdown" in social and economic facilities in Zimbabwe, hit by political crisis and runaway inflation, that stopped the provision of clean water and proper hygiene, generating a cycle of "infection and re-infection", especially in rural areas. Public health staff at government-run treatment centres were underpaid and in need of financial support to ensure continued treatment there, Byrs saidí ..

Sanctions

Meanwhile, the European Union may impose further new sanctions against Zanu-PF leader Robert Mugabe's government, the Czech foreign minister told reporters on Friday. Karel Schwarzenberg, whose country holds the EU presidency, spoke after meeting his South African counterpart, Nkosazana Dlamini-Zuma. EU development commissioner Louis Michel was also present at the meeting outside Cape Town. "The European Union is contemplating the implementation of further restrictive measures," he saidí -- Sapa-AFP

Annex 5.i: Impact of political and economic situation on children's education

1) 7 000 teachers flee from schools

The Zimbabwe Times, May 12, 2008, By Owen Chikari, <http://www.thezimbabwetimes.com/?p=81>

MASVINGO, (TheZimbabweTimes) - At least 7 000 teachers have fled their schools amid reports that several schools have been temporarily closed as political violence spreads to all corners of the country union officials said yesterday. The displaced teachers are mostly those from rural areas where President Robert Mugabe's former ruling Zanu-PF party have embarked on a terror campaign in which opposition supporters have been harassed or killed ahead of the presidential run-off. Progressive Teachers Union of Zimbabwe PTUZ president Takavafira Zhou yesterday said that at least 7 000 teachers had fled their schools due to political instability and violence across the country while about five schools have temporarily closed in the southern regions of the country. "According to our records over 7 000 teachers most of them from rural areas have run away from their schools as ruling party supporters accuse them of supporting the opposition" said Zhou. "These teachers are not going back to work unless their safety is guaranteed. In Masvingo province alone about five schools have been closed while several others have been hard hit by the shortage of teaching staff."

According to the PTUZ the situation is tense in resettlement areas where marauding Zanu-PF activists led by war veterans are harassing and beating up teachers while accusing them of supporting the victorious MDC. Some of the schools which have been temporarily closed in Masvingo include Chongogwe, Mutikizizi, Bota, and Chinga primary and secondary schools. Education officials here confirmed that several schools in southern Zimbabwe were hard hit by a shortage of teaching staff as some have fled their work places to seek refuge in urban areas where violence is minimal. Stephen Mahere the permanent secretary in the Ministry of Education Sport and Culture yesterday said his ministry was now recruiting temporary teaching staff to avert the crisis. "I can confirm that most schools in Matabeleland, Masvingo and Manicaland provinces have been affected by the shortage of teachers who have fled from violence," said Mahere. "Unfortunately the affected teachers have not reported these incidents to us and we feel they are just exaggerating the situation."

2) Teachers' union calls for exams to be scrapped

NewZimbabwe.Com, 10 September 2008 07:52:42,
<http://www.newzimbabwe.com/pages/fees42.18859.html>

SCHOOL exams in Zimbabwe should be cancelled because strike action by teachers has left pupils unprepared, a teaching union said on Tuesday. "For the record, there was no meaningful learning and teaching in 2008 and all examination classes are not prepared," Takavafira Zhou, leader of the

Progressive Teachers' Union of Zimbabwe (PTUZ), told journalists. Teachers went on strike when classes began in January, demanding pay increases and better working condition. The strike was briefly suspended following a deal with the government but nearly two months ago the teachers embarked on an indefinite strike. Due to massive inflation teachers have seen their salary shrink to a pittance. High school pupils were due to take their final examinations at the beginning of October but have not yet been informed whether they will go ahead. Zimbabwe's economy has been on a downturn for a decade with high inflation and unemployment. At least 80 percent of the population lives in poverty. The state-run Herald newspaper on Tuesday reported that some teachers were demanding payment in groceries and cash from parents and pupils. © AFP

3) 118 Zimbabwe teachers die of Aids

New Zimbabwe.com, 10 September, 2008 08:06:33, By Staff Reporter
<http://www.newzimbabwe.com/pages/fees19.14197.html>

AT LEAST 118 Zimbabwean school teachers died of HIV/Aids related illnesses during the first school term this year, a teachers' union said Tuesday. In a statement, Progressive Teachers Union of Zimbabwe (PTUZ) president Raymond Majongwe said the country's teachers have also failed to access funds from the National Aids Council (Nac) despite contributing more than \$30 billion.

“To date, despite our contributions, no teacher has benefited from NAC funds where teachers contribute well over \$30 billion a month. We have lost 118 teachers to HIV/Aids related illness this year and its time to reduce the attrition rate,” said Majongwe. He added that the PTUZ held a National Executive Committee meeting on 21 May 2006 and resolved to set up a fund as a result of neglect of its members by Nac. He said: “It was resolved that members contribute \$20 000 over and above the \$250 000 membership subscription and the 150 000 bereavement fund. This is as a result of the neglect we have suffered at the hands of the National Aids Council (NAC).

“The PTUZ remains unwavering in their quest to ensure that infected and affected teachers receive maximum support. We have therefore formed the PTUZ Aids support Network for teachers. In our endeavour to encourage teachers to come out in the open and register with us.” Aids is the biggest cause of death in Zimbabwe, with recent reports saying that as many as 2000 die weekly from the disease which has no cure.

3) Education Ministry blows up budget in 6 months

Newzimbabwe.com, 10 September, 2008 08:06:36, By Staff Reporter
<http://www.newzimbabwe.com/pages/fees21.15009.html>

ZIMBABWE'S education ministry had a budget deficit of \$5 billion this year due to high expenditure, the latest parliamentary report obtained Monday said. In its first report on the ministry's budget performance, the Parliamentary Portfolio Committee on Education Sport and Culture said: "The committee was informed that even after receiving the additional funding from the supplementary budget, the ministry still had a budget deficit of \$5 billion. "By and large, the committee noted that the expenditure pattern of the Ministry of Education, Sport and Culture was characterised by high expenditures, well above 50 percent target to June 2006."

The committee said the high expenditure was partly a result of the prevailing hyperinflationary environment. "As a result of the budgetary constraints, the ministry failed to achieve its targets during the first six months of the 2006 financial year.

4) Zimbabwe education system in a state of emergency

The Zimbabwean, Wednesday, 15 October 2008 09:32
http://www.thezimbabwean.co.uk/index.php?option=com_content&view=article&id=15748:zimbabwe-education-system-in-a-state-of-emergency&catid=31:top%20zimbabwe%20stories&Itemid=66

HARARE, 9 October 2008 - Following disturbing results from routine monitoring visits on the situation in Zimbabwe's schools in the last two weeks, UNICEF today, said it was seriously concerned by the deterioration of the education system, adding that all stakeholders needed to urgently address the current crisis to save the once vibrant sector from collapse.

Barely a week to national examinations for primary, ordinary and advanced level, the visits, revealed that an estimated 40% of the country's teachers were attending lessons, a third of pupils were reporting for classes and district education officers were ill equipped to run national exams. Confirmed by a recent report from the Zimbabwe Teachers Association (ZIMTA), the current education crisis has crippled schools across the country leaving most school operating way below capacity and the sector in an apparent state of emergency.

"Between a two-month teachers strike, limited learning materials, political violence and displacements, Zimbabwe's children have lost a whole year of schooling," said UNICEF Representative, Mr Roeland Monasch. "The depletion of teachers in schools, transport and food problems faced by the remaining teachers and lack of resources have left the sector tottering on the brink of collapse."

Zimbabwe's education system, once the best in Africa, now faces immense challenges. Public financing of the sector continues to dwindle in real terms, school fees is soaring beyond the reach of many, depletion of educators and low morale owing to salaries for the remaining teachers, have unraveled past successes in the sector. The crisis has not spared tertiary education sector, which saw all major State Universities failing to open for the first semester of 2008/2009 academic year which was supposed to resume in August.

"Education remains the engine to drive Zimbabwe's long-term prospects. It is critical that the sector is not left to collapse, enduring solutions on salaries, food and working conditions should be reached soon, the monitoring visits should be beefed up, the situation in schools require urgent action," said Mr Monasch. "Zimbabwe's children are already suffering on multiple fronts, denying them an education to better their prospects is unacceptable." According to UNICEF schools should offer children not only an education, but a safe haven from home pressures, amid Zimbabwe's current challenges. Currently the children are not receiving such support. UNICEF also pays school fees for 150 000 orphaned and vulnerable children. *Unicef*

5) Zim reverses education gains

Newzimbabwe.com, 10 September, 2008 08:06:14, By Agencies
<http://www.newzimbabwe.com/pages/fees8.11928.html>

HUNDREDS of schools have sprung up in Zimbabwe's former white farmlands but many of the black children they are meant to educate are not turning up at classes. At Laforte school in Chegutu, 140km west of Harare, three quarters of the 116 children have not paid the fees imposed by the government to cover education costs. Their parents - peasant farmers who have taken over former white-owned commercial farms - cannot pay the fee of Z\$5 000 (about R6) per term. "We don't have any textbooks, not even one," said a teacher who refused to give her name for fear of losing her job. "I have to go back to town, borrow books from friends so that I can plan for my lessons". "It's very demoralising having to teach under such condition. Pupils cannot even afford to bring a piece of scrap paper on which to write," said another teacher. í

í By the mid-nineties, 15 years into independence and black majority rule, Zimbabwe was close to realising its goal of education for all. Then primary education was free and compulsory at government schools. But now the gains have been reversed, according to figures released by the UN Children's Fund (Unicef). Primary school enrolment had improved from 82% in 1984 to 90% in 2000, but in the past three years it has slumped back to 65%. "The introduction of fees and levies in the 1990s and the current

humanitarian crisis countered the positive effects of... free education," said Unicef communications officer in Zimbabwe Shanta Bloemen.

6) Zim exam board has no money for exams

Newzimbabwe.com, 10 September, 2008 08:06:15, By Agencies
<http://www.newzimbabwe.com/pages/fees9.11945.html>

A BOARD that administers schools' final examinations in Zimbabwe has run out of funds to conduct this year's final tests, it has been reported. The official Sunday Mail newspaper said the Zimbabwe Schools Examinations Council (Zimsec) which administers the writing of the equivalent of Britain's Cambridge ordinary and advanced level exams, is broke. Traditionally, registration of candidates wishing to write exams in November of any year, is done before March of the same year, but this year students have not yet registered. Sunday Mail said the council was "making frantic efforts to source funds to import scanner sheets" used for registration of prospective candidates. Zimsec spokesperson Faith Chasokela told the paper the council was "left with inadequate finance to fully fund the November examinations".

An estimated 110 000 schoolchildren are due to sit their exams in November. Advanced level examinations are a pre-requisite for students wishing to study at universities in the country and abroad. Until 1997, Zimbabwean schoolchildren sat for examinations administered by the British University of Cambridge Local Examinations Syndicate. But the localisation of exams has been mired in problems. Examination paper leaks, a mix-up of exam papers and doctoring of results are some of the allegations levelled against Zimsec officials. Last year, some children were reportedly told to bring from home their own answer sheets for examinations after Zimsec allegedly failed to supply enough paper.

7) Examination markers fail to show up

The Zimbabwe Times, August 18, 2008, By Owen Chikari
<http://www.thezimbabwetimes.com/?p=2781>

HARARE ó Hundreds of school teachers selected to mark the June 2008 Ordinary and Advanced Level examinations have not reported for duty since August 8, arguing that their remuneration is too low. The Zimbabwe School Examinations Council ZIMSEC had ordered the markers to report for duty soon after closing schools on August 8 but no one turned up. They all cited poor remuneration by the country's sole examinations board for their decision. Most of the country's examination markers especially O- and A-Level markers are drawn from the teaching community. Teachers recently submitted separately a demand for about US\$500 each as their basic salary. A spokesman for the markers who requested anonymity for fear of victimisation told The Zimbabwe Times that the marking process had not yet started as examiners had refused to work under the current remuneration.

õWe were promised a paltry 50 cents per script which we felt is too little in view of the country's high inflationary environment,õ said the spokesman on Saturday. õWe therefore decided not to report for work. õZIMSEC has since indicated to us that it is willing to increase our marking allowances and has provided us with money for transport for a meeting at Belvedere Teachers college today. õWe are demanding that every marker be paid allowances daily which are adjusted everyday due to inflation in the country.õ ZIMSEC director Happy Ndanga confirmed the impasse but said everything was being looked into. õWe are holding a meeting today and all markers have been given money for bus fare to come and attend,õ said Ndanga õOnce we agree the marking process should begin on Monday.õ

The country's June O and A level examination results should normally be released in September but it appears this year's candidates have to wait longer for their results

í A number of examination papers have been leaked to students over the years because of the poor system of examination management.

Annex 5.j: Political violence cause vulnerability and deprivation among children

1) Nine killed in post run-off violence

The Zimbabwe Times, July 3, 2008, By Our Correspondent
<http://www.thezimbabwetimes.com/?p=735>



The legs of this baby were broken because the father is an MDC official.

HARARE - A pall of fear a campaign of post-election retributive violence that has claimed nine lives since Friday has descended over Zimbabwe. President Robert Mugabe is frantically trying to shrug off massive international condemnation over his fraudulent re-election to entrench himself for a further five years. In the aftermath of Friday's widely-condemned one candidate runoff election, Mugabe's supporters have intensified a witch-hunt of perceived opposition activists and supporters. Morgan Tsvangirai, leader of the Movement for Democratic Change, told a news conference at his Strathaven residence Wednesday that groups of soldiers and Zanu-PF youth militia had been carrying out a door-to-door purge of his supporters in rural Zimbabwe since Friday. "Since the June 27 sham election, nine MDC supporters have been murdered, with hundreds more beaten and forced to leave their homes," Tsvangirai said.

öIn Manicaland alone, since the weekend, five hundred MDC supporters and families have been forced to flee their homes and are now seeking refuge at the party's headquarters in Mutare. Therefore, the MDC reiterates its call for peace in the country.ö

In Masvingo over the past week, there has been a sharp increase in cases of politically-motivated rape at Zanu-PF torture bases since Friday. The MDC says 10 have been hospitalized at Gweru General Hospital after being assaulted by armed police in the city's suburb of Mkoba. Tsvangirai said in Mashonaland Central, about 2 000 families were still living in the mountains as the violence against MDC members escalated especially in Mt Darwin, Shamva, Muzarabani and Mahuwe. MDC councillors in Mashonaland East and Central were all said to be on the run amid reports secret police agents in unmarked vehicles were hunting for them since last Friday's vote. Polling agent James Nevana who spoke to The Zimbabwe

Times from his bed in a private hospital in Harare Wednesday said militiamen had abducted him from Hatcliffe last Friday. They broke both his legs.

Civic groups are trying to persuade the UN and the International Red Cross to set up a safe zone, such as a tented camp under international supervision, for internal refugees. One such facility has been set up in Ruwa about 30 km east of Harare, where more than 400 internal refugees who had sought sanctuary at the South African embassy have been relocated to. "The numbers are just so huge," said a doctor with Medicins Sans Frontiers at the camp. í

2) Violence displaces 10 000 children - UNICEF

The Zimbabwe Times, May 29, 2008, *By Our Correspondent*
<http://www.thezimbabwetimes.com/?p=223>

HARARE - THE United Nations on Wednesday scaled up its criticism of President Robert Mugabe's administration while reporting that 10 000 children had been displaced since the onset of political violence in Zimbabwe. In a statement, the United Nations Children's Education Fund (UNICEF) said the displacement of children along with their mothers was making it difficult for aid agencies to continue with humanitarian operations in some parts of the country. "UNICEF today strongly denounced the political violence that has displaced at least 10 000 children in Zimbabwe, and that is affecting the continued delivery of humanitarian relief to children and their families in parts of the country," read part of a UNICEF statement availed to The Zimbabwe Times Wednesday.

UNICEF said of the dozens of non governmental organisations (NGOs) contacted by the organisation, which helps implement programmes for children, more than half had restricted their activities for children due to threats, requests to do so by authorities or general concern at current uncertainties. "It is vital that our UNICEF programme in Zimbabwe continues to reach all the children who require assistance," said UNICEF's regional director for Eastern and Southern Africa, Per Engebak. "Presently this is not the case, and it is exacerbated by the fact that so many have been forced into hiding with their parents, away from the education and health care that is their right." The global children's rights body said it had increased its emergency support over the past two weeks to more than 25 000 individuals, and continued to supply blankets, soap and clean water to new cases.

"However, it is vital that security be restored and violence ended so that all vulnerable children who are in need of assistance receive it. Also, if action is not urgently taken in the education sector, Zimbabwe's second term of school will be badly compromised as teachers flee violence," UNICEF warned.

Politically-motivated violence, which is largely blamed on supporters of Mugabe's Zanu-PF party, which suffered defeat in both the March presidential and parliamentary elections, had resulted in the death of opposition supporters, the destruction of hundreds of people's homes and the displacement of children and their parents. According to UNICEF some schools were being used as torture centres.

The organisation said one in four Zimbabwean children was orphaned while 90 percent had been absorbed in their extended family. Those families were now suffering unbearable stress as inflation rises beyond 350 000 percent.

3) 25 000 Zimbabweans escape to Zambia from S Africa

The Zimbabwe Times, May 27, 2008, *By Munyaradzi Mutizwa*
<http://www.thezimbabwetimes.com/?p=210>

JOHANNESBURG - More than 25 000 Zimbabweans are reported to be relocating from South Africa to Zambia to escape from the brutal violence meted out on foreigners, especially Zimbabweans over the past two weeks. The Red Cross reported on Monday that thousands more were leaving for Mozambique and Botswana. The police said on Sunday that the violent attacks on foreigners that started two weeks ago in Johannesburg's Alexandra Township had left 50 people dead in Gauteng Province alone amid reports that the violent wave of attacks on foreign immigrants had not spread to other province of South Africa. "In Zambia, our teams are expecting the arrival of 25 000 Zimbabweans, or 5 000 families. At least 5 500 Zimbabweans have had assistance to Mozambique and 342 have been received in centres near the border with Botswana," Red Cross director for Southern Africa, Francoise Le Goff said.

The violence, which has now spread to the provinces of KwaZulu-Natal, North West, Mpumalanga and Western Cape also left an estimated 35 000 internally displaced. South Africa President Thabo Mbeki last week ordered the military to help the police restrain the violence, a move analysts saw as an admission by the government that the attacks on foreigners had become a national crisis that could destabilise Africa's most powerful economy. Many of the immigrants chased out of their homes have taken refuge in police stations, churches and government offices across Johannesburg where the Red Cross, Medicine Sans Frontiers and several other aid groups are providing assistance. But some of the immigrants were returning to their own countries. The Mozambican government said last week that it had moved about 9 000 of its nationals from South Africa back home. Thousands of Zimbabweans, in South Africa after fleeing from their own country because political instability and economic hardships were also returning after witnessing the massacre relatives and friends during the attacks.

4) 200 seek refuge at US embassy

The Zimbabwe Times, July 4, 2008, By Our Correspondent, <http://www.thezimbabwetimes.com/?p=753>

HARARE - At least 200 displaced Movement for Democratic Change supporters fleeing post-election violence have sought refuge at the United States embassy in Harare. The group is the second in less than a month to seek refuge at a foreign embassy. More than 240 displaced opposition supporters sought sanctuary at the South African Embassy after being forcibly evicted from the MDC national headquarters at Harvest House by the police. They had fled an upsurge in brutal state-sponsored violence in various parts of rural Mashonaland West, Mashonaland East, Manicaland and Masvingo. The group has since been moved to the Ruwa Rehabilitation Centre, 30 kilometres east of the capital, where they now live under tight police security. The internally displaced are now being looked after by the Zimbabwe Red Cross and other donor organisations after embassy officials said they were failing to cope with the large numbers.

Post-election violence has continued unabated following President Robert Mugabe so-called election victory last Friday. His rival Morgan Tsvangirai withdrew from the controversial election five days before polling day. By that date even he was in hiding at the Dutch embassy in Harare. He only returned to his Strathaven home after Mugabe had been sworn in after an election victory which his supporters hardly celebrated. Tsvangirai defeated Mugabe in the original presidential election on March 29. An election re-run was declared by the Zimbabwe Election Commission after it claimed that the MDC leader had failed to secure the minimum of 20 percent of the vote required to form a new government. The result was declared five weeks after polls closed. By then there had been an outbreak of violence across Zimbabwe. Tsvangirai told a news conference Wednesday that groups of soldiers and Zanu-PF youth militia had been carrying out a door-to-door purge of his supporters in rural Zimbabwe since Friday's one-candidate election.

5) 400 displaced MDC people detained in Ruwa

The Zimbabwe Times, July 1, 2008, By zimrunoff@gmail.com
<http://www.thezimbabwetimes.com/?p=719>

NOT less than 400 MDC supporters who fled their rural homes and sought refuge at the Movement for Democratic Change offices in Harare until last week are now sheltered at Ruwa Rehabilitation Centre, about 25 km east of Harare. The centre is just across Chiremba Road from Ruwa suburb. The choice of the centre is quite strategic in that it closes all doors to international eyes. UNICEF is providing facilities to these people. Security is tight at the centre; the usually widely open gates are locked and there is a heavy presence of Zimbabwe Republic Police (ZRP) details. It is now common knowledge to the residents of Ruwa that MDC supporters are currently detained at the centre, but it's not something people talk about. Ruwa Rehabilitation Centre was built at independence in 1980 to cater for those that had been injured or handicapped during the war. It lies on a large expanse of land and has nice facilities including a hospital. Of late the infrastructure has lacked maintenance and standards have generally deteriorated. This has been aggravated by the economic situation facing the country and the water problems facing Ruwaí .

Annex 5.k: Bad governance cripples service delivery for OVC and the poor

1) Kellogg Suspends Operations

The Standard, Saturday, 01 November 2008 21:04,
<http://www.thezimbabwestandard.com/local/19177-kellogg-suspends-operations.html>

THE Kellogg Foundation, which supports activities in Zimbabwe, yesterday suspended its operations in the region amid reports that "significant financial irregularities" had been uncovered at its offices in Pretoria, South Africa. In a statement released simultaneously in South Africa and the United States yesterday morning, the Foundation said a former US diplomat had been appointed to advise on future programming. The Foundation has awarded grants of more than US\$350 million to deserving causes in Botswana, Malawi, Mozambique, South Africa, Swaziland and Zimbabwe since 1986.

Its operations in Zimbabwe include integrated rural development projects in Bulilima-Mangwe in Matabeleland South province and Chimanimani in Manicaland. There was no immediate comment from the head of Kellogg Foundation in Zimbabwe by the time of going to print. But early last year The Standard reported that Kellogg officials had misled their visiting senior officials by diverting them to a project in Manicaland that had been financed by an entirely different donor as they themselves had nothing to show the visiting mission. Established in 1930, the Kellogg Foundation supports children, families and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society. The Foundation said it was suspending operations in southern Africa for the duration of a "financial audit" of its Pretoria office and that it had also asked James A Joseph, who was the US Ambassador to South Africa from 1996 through 1999, to help the Foundation restructure its programming in the regioní ..

2) US aid agency demands Zimbabwe return \$7,3 million

New Zimbabwe, 03/11/2008 14:04:28, <http://www.newzimbabwe.com/pages/aids37.19879.html>

AN INTERNATIONAL organisation that fights AIDS and other communicable diseases is demanding that Zimbabwe returns millions of dollars in donations it says were misused. The Global Fund to Fight AIDS, Tuberculosis and Malaria says it wants US\$7.3 million back from the US\$12.3 million it deposited into Zimbabwe's Reserve Bank last year. It has not said how the funds were misspent.

Communications director Jon Liden says the Zimbabwean government promised to return the money by Thursday. The fund decides Friday whether to grant Zimbabwe's request for more funds.

Attempts to reach Zimbabwean government officials on Monday were not immediately successful.

John Parsons, the inspector general of the Fund told the New York Times Zimbabwe's actions also jeopardise a more ambitious \$188 million Global Fund grant to Zimbabwe, due for consideration by the fund's board on Friday.

The breakdown of trust between the Global Fund and Zimbabwe's government comes at a time of widening humanitarian crisis and casts further doubt on the willingness of Western donors to invest heavily in rebuilding the economically broken nation as long as Mugabe is in charge, even if a deadlock over a power-sharing government is resolved. According to the New York Times, the Global Fund deposited \$12.3 million in foreign currency into Zimbabwe's Reserve Bank. He declined to speculate on how the \$7.3 million it was seeking to be returned had been spent, except to say it was not on the intended purpose. Parsons did offer an example of the human consequences of the Reserve Bank's failure to hand over the money for disease fighting. The Global Fund has brought in large quantities of medicines that can cure malaria, but has been able to finance the training of only 495 people to distribute them safely instead of the planned 27,000.

There were 2.7 million cases of malaria among Zimbabwe's 12 million people in the World Health Organisation's most recent estimates. "The drugs expire by the middle of next year, and it would be criminal if we can't use them because of these problems," Parsons said. "They've got quite a short shelf life." Zimbabwe's information minister, Sikhanyiso Ndlovu, said he was not aware of the particulars of the disagreement, but he defended what he described as the Reserve Bank's good intentions and accused the Global Fund of politicizing aid. "They always want to put certain standards and concoct certain things to make us look bad and horrendous in international eyes," he said

3) Hunger Report Sparks Row

The Standard, Saturday, 01 November 2008 19:11

<http://www.thezimbabwestandard.com/business/19163-hunger-report-sparks-row.html>

A Zimbabwe Vulnerability Assessment Community (ZimVAC) interim report that claims that opposition controlled areas in Matabeleland South do not need urgent food assistance has sparked fierce accusations that the government is politicising operations of aid agencies. ZimVAC comprises the government, United Nations (UN) agencies and non-governmental organisations (NGOs) and it carries out hunger vulnerability assessments in the country. But its latest report was mainly compiled by government officers in August following the ban on the operations of non-governmental organisations in June on accusations that they supported the opposition. The Ministry of Local Government, Public Works and Urban Development reportedly sent a circular to all non-governmental organisations ordering them to prioritise most food insecure districts as identified by ZimVAC. According to the ZimVAC interim assessment report, Bulilima, Mangwe and Matobo are excluded from the districts that need urgent food assistance despite reports that villagers are now surviving on tree leaves, roots and fruits.

Coincidentally all the three districts are controlled by the Professor Arthur Mutambara led Movement for Democratic Change (MDC). Zanu PF-controlled Beitbridge, Insiza and some parts of Gwanda are identified as the most food insecure. Umzingwane is the only MDC- controlled district that falls in the same category. "There is no way that they can say Plumtree has enough food," complained Bulilima East MP, Norman Mpofu. "I have serious cases in Bulilima of people who are on the brink of starvation and the NGOs that normally come to their rescue are saying they cannot assist because they are guided by the

ZimVAC report." He said it was curious that almost all the districts that were classified as food secure were in the hands of the oppositioní .

4) Govt Bars Annan, Carter And Machel

The Standard, Saturday, 22 November 2008 20:16, *By Kholwani Nyathi*

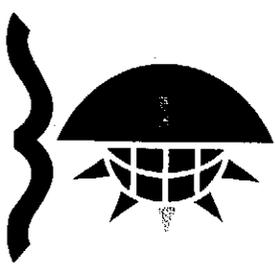
<http://www.thezimbabwestandard.com/local/19272-govt-bars-annan-carter-and-machel.html>

FORMER United Nations Secretary-General, Kofi Annan and former US president Jimmy Carter were yesterday forced to cancel their visit to assess Zimbabwe's humanitarian crisis at the last minute after the government refused to co-operate in any way.

Aid agencies immediately condemned the government's actions saying it was a huge blow to efforts to fundraise for the desperately needed humanitarian programmes in the country. The two world-renowned peace campaigners were to be joined in their high-profile trip by Graca Machel, the wife of former South African president Nelson Mandela. Although the government had announced that Annan, Carter and Machel had been told to put on hold their visit as the country was 'busy' with the cropping season and talks to form a unity government, the Elders had insisted on travelling to Harare. The three, who are members of the Elders - a forum of world leaders and influential people including Mandela - said they were disappointed by the attitude of President Robert Mugabe's government. Former South African President Thabo Mbeki, who has been mediating in talks between the ruling Zanu PF and the opposition MDC, reportedly failed to secure visas for Annan and Carter.

'We need no red carpet treatment from the government of Zimbabwe,' Annan said. 'We seek no permission other than the permission to help the poor and the desperate. However, the refusal of the Zimbabwe government to facilitate our visit in any way has made it impossible for us to travel at this time.' Annan, whose previous attempts to intervene in the country's long-running political and economic crisis have been rebuffed by the government, said millions of people were in need of urgent food assistance. 'We want to use our influence to increase the flow of assistance, immediately and in the longer term, to stop the terrible suffering,' he said. The United Nations estimates that up to five million people will need food assistance by the beginning of next year. í

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22 OCTOBER 2008

MR. M DZIRIKURE (204516510)
LEADERSHIP CENTRE

Dear Mr. Dzirikure

ETHICAL CLEARANCE APPROVAL NUMBER: HSS/0442/08D

I wish to confirm that ethical clearance has been approved for the following project:

"Towards a Management approach for sustainable social development programmes for Orphans in Southern Africa: Application of Systems Theory"

PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years

Yours faithfully

.....
MS. PHUMELELE XIMBA

cc. Supervisor (G Allen)
cc. Dr. K Pillay
cc. Mrs. C Haddon