



# National Action Plan for Orphans and Vulnerable Children

PHASE II 2011-2015



ZIMBABWE  
Ministry of Labour and Social Services



National Action Plan for  
Orphans and Vulnerable Children

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for  
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Phase II  
2011 - 2015**

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# Preface

Zimbabwe, like any other Sub-Saharan African country is faced with the devastating effects of the HIV and AIDS pandemic. The effects of HIV and AIDS have been compounded by the net effects of poverty due to multiple causes among them recurrent droughts and an unfavourable economic environment. While the HIV prevalence rate has been on a downward trend, reaching 14.3 percent in 2009 from 20.1 percent in 2005, the burden and net effects of HIV and AIDS and poverty have continued to place a heavy burden on children and the families housing those children.

The Government of Zimbabwe (GoZ) as a signatory to various regional and international declarations on the rights and protection of children has implemented various social protection policies, legislative instruments and programmes to ensure the fulfilment of all children's rights. One such programme, which was approved by Cabinet in 2004 and implemented from 2005 to 2010, is the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) programme. The NAP for OVC programme is designed to enter the second phase (2011 – 2015) of programming in line with the Zimbabwe National Strategic Plan on HIV and AIDS (ZNASP), which is the country's overall guiding strategic plan for the national response to HIV and AIDS. The NAP programme takes into consideration government's development thrust in line with the objectives of the Short Term Economic Recovery Plan (STERP) whilst also developing long term social protection strategies.

While the country has an estimated 1.6 million children made vulnerable by the HIV and AIDS epidemic, only 5000 (0.3 percent) of them are living in institutions with the rest being cared for by their families and communities. Zimbabwe's legislation recognizes the central function played by families in supporting child growth and development. What is urgently needed is to rebuild families economically and socially so that they can again perform their central role. The family-centred, community-based approach needs to be strengthened in order to provide comprehensive care and support for orphans and vulnerable children. In most situations, the children are living in inter-generation gap households where the care givers are also people in need of care due to old age.

It is expected that the achievements of the first phase of the NAP for OVC programme will be consolidated in the second phase, in line with national obligations for the creation of a protective environment for all children. The NAP for OVC programme will also go a long way towards contributing to the attainment of the Millennium Development Goals, particularly goals relating to poverty reduction, education, gender equality and combating HIV and AIDS.

The government remains fully committed to ensuring that all children in Zimbabwe and their families have their rights fulfilled in line with national, regional and international requirements to which the country has committed itself. The government remains particularly grateful to all the communities, families and development partners who have provided and continue to be the first line of care for all children.

Hon P Mpariwa (MP)

**MINISTER OF LABOUR AND SOCIAL SERVICES**

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# Acronyms

AMTO	Assisted Medical Treatment Order
ART	Anti Retroviral Therapy
BEAM	Basic Education Assistance Module
CBO	Community Based Organisation
CPC	Child Protection Committee
CPS	Child Protection Society
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CSO	Central Statistical Office
DCPC	District Child Protection Committees
DFID	UK Department for International Development
DHS	Demographic and Health Survey
DSS	Department of Social Services
FACT	Family AIDS Caring Trust
FBO	Faith Based Organisation
GFTAM	Global Fund for Tuberculosis, Aids and Malaria
GoZ	Government of Zimbabwe
IEC	Information, Education, and Communication
ILO	International Labour Organisation
LAs	Local Authorities
M&E	Monitoring and Evaluation
MIMS	Multiple Indicator Monitoring Survey
MoESAC	Ministry of Education, Sports, Art and Culture
MoFED	Ministry of Finance and Economic Development
MoHA	Ministry of Home Affairs
MoHCW	Ministry of Health and Child Welfare
MoJLA	Ministry of Justice and Legal Affairs
MoLGPWNH	Ministry of Local Government, Public Works, and National Housing
MoLSS	Ministry of Labour and Social Services
MoWAGCD	Ministry of Women Affairs, Gender and Community Development

NAC	National AIDS Commission/Council
NANGO	National Association of Non-Governmental Organisations
NAP	National Action Plan
NGO	Non-Governmental Organisation
NPAC	National Programme of Action for Children
OVC	Orphans and Vulnerable Children
PASS	Poverty Assessment Study Survey
PCPC	Provincial Child Protection Committees
PLWHA	Person Living With HIV and AIDS
PMP	Performance Monitoring Plan
RAAAP	Rapid Assessment, Analysis and Action Planning
RDC	Rural District Council
RDDC	Rural District Development Committee
RRU	Relief and Recovery Unit
SCN-Z	Save the Children, Norway in Zimbabwe
SC-UK	Save the Children, United Kingdom
SIDA	Swedish International Development Agency
SSACC	Social Service Action Committee of the Cabinet
UN	United Nations
UNAIDS	United Nations Global Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Village AIDS Council/Committee
WAC	Ward AIDS Council/Committee
WCPC	Ward Child Protection Committee
WPO	Working Party of Officials
ZDHS	Zimbabwe Demographic Health Survey
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZINASP	Zimbabwe National HIV and AIDS Strategic Plan

# Executive Summary

## Introduction

The National Action Plan for Orphans and Vulnerable Children, Phase II (NAP II - 2011-2015) will provide a framework for coordinated action to ensure that orphans, vulnerable children and their families, in Zimbabwe, have incomes and access to basic services, and that all children are protected from abuse and exploitation.

NAP II will address the needs of about one million children and their families throughout Zimbabwe. It will build on the experience gained in implementing NAP I (2004-2010) and will emphasise:

- targeting *vulnerable children and their families*, to improve effectiveness;
- providing a *comprehensive package of high quality interventions*, designed to address the wide range of deprivations facing orphans, vulnerable children and their families;
- developing *minimum standards for service provision* and strengthening monitoring and follow-up;
- *rebuilding the capacity of Government* to deliver the social services needed by children and their families.

Under NAP II, a child will be defined as any person below the age of 18 years. NAP II will target: child orphans, who have lost one or both parents; vulnerable children with unfulfilled rights; and their families.

NAP II was designed in close consultation with children and their families from different parts of the country and representatives of government, civil society and development partners. During NAP II, children will be encouraged to participate actively in decisions on all issues that concern them from community to national level.

## NAP Vision, Goal and Strategies

The Vision and Goal of NAP II are as follows:

**Vision:** by 2020, all Children in Zimbabwe will live in safe, secure and supportive environments that are conducive to child growth and development.

**Goal:** by December 2015, the most vulnerable children in Zimbabwe will be able to secure their basic rights through the provision of quality social protection and child protection services.

The Vision and Goal will be achieved through four inter-linked strategic pillars:

### Pillar 1: Strengthening the Household Economy

Increase the incomes of 250,000 extremely poor households, particularly those with orphans and vulnerable children, through systems such as cash transfers, to build a healthy and supportive family environment.



## Pillar 2: Child Protection

Increase access of all vulnerable children to effective child protection services, including social welfare, justice and specialised child protection services.

## Pillar 3: Access to Basic Services

Increase access of all orphans and vulnerable children and their families to basic education, health and other social services, including:

- o primary education support to at least 750,000<sup>1</sup> of the country's poorest children, including those living with disabilities per year;
- o secondary education support to at least 200,000 of the country's poorest children per year; and
- o medical support to children from at least 25,000 of the country's poorest households per year;
- o facilitating access to basic services through birth registration of children.

## Pillar 4: Programme Coordination and Management

Strengthen coordination structures for OVC programmes at national, and sub-national levels, by mobilising increased resources and capacity building of staff.

NAP II will strengthen the implementation of national laws and policies pertinent to children and support the country's steady progress in fulfilling its commitments under national, regional and international protocols (e.g., the Convention on the Rights of the Child, 1989 and African Charter on the Rights and Welfare of the Child, 1990).

NAP II will strengthen the co-ordinated approach adopted under NAP I, which sought to mobilise and/or harness the collective efforts of key government ministries, UN and bilateral donor agencies, international and national non-governmental organisations (NGOs) and civil society, to address the plight of orphans and vulnerable children in Zimbabwe.

## Institutional Structure

The Ministry of Labour and Social Services, through the Department of Social Services (DSS), is mandated to implement NAP II, in collaboration with other relevant Government ministries. At the national level, the Core Team will comprise the NAP Secretariat, National AIDS Council and UNICEF. The NAP Secretariat, in MoLSS, created under NAP I, will be strengthened to coordinate implementation. In order to maintain the collaboration initiated under NAP I, the Secretariat will be supported by multi-sectoral teams at national, provincial and district levels; building on existing structures such as the Child Protection Committees, Victim Friendly Court Sub-Committees, District AIDS Action Committees and others. Membership of Core Teams at sub-national levels will include the DSS, NAC, Local Authorities, NGO and one other relevant Government Ministry.

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<sup>1</sup> Includes about 560,000 children per year and those who are recruited to replace those who graduate to secondary education.

Coordination among donors and with the government will continue through regular meetings of the OECD donors' OVC group, established during Phase 1 of the NAP. The group coordinates financial support from development partners for the programme.

In NAP II, the monitoring and evaluation system developed during NAP I will be refined to assess the outcomes of the programme and continue to be harmonised with national systems.

Over the 5 year period (2011-15), the total cost for NAP II is estimated at US\$336 million. The breakdown by strategic pillar is shown in the following table:

Strategic Pillar	Share in Total	Cost, USD
Strengthening the household economy	30%	101,520,000
Child protection	17%	58,570,000
Access to basic services	48%	162,500,000
Programme coordination and management	4%	13,750,000
<b>Total Budget</b>	<b>100%</b>	<b>336,340,000</b>



# 1

## Introduction

### 1.1 Background information

The National Action Plan (NAP) for Orphans and Vulnerable Children Phase II (2011-2015) builds on the strengths as well as the lessons from the implementation experience of NAP I (2004-2010). NAP I was developed during the period 2003 - 2004 to strengthen the national response to the orphan crisis, fuelled mainly by the HIV and AIDS pandemic. NAP I was approved by Cabinet in 2004 and launched in 2005. Since then, NAP has become one of the most important vehicles by which the country fulfils its commitments under the UNGASS Declaration of June 2001, regional protocols, and national policies and laws pertaining to children's rights, survival and development.

The vision of NAP I was "to reach out to all orphans and vulnerable children in Zimbabwe with basic services that will positively impact on their lives". It

sought, by December 2010, to develop a national institutional capacity to identify all orphans and vulnerable children and to provide services to at least 25% of the most vulnerable children in the country. NAP I comprised seven areas of activity: coordination, child participation, birth registration, formal education, social services (e.g., psycho-social support; water and sanitation; health, nutrition and hygiene education; shelter), extra-curricular education, livelihoods support and child protection.

To coordinate and scale up international support for NAP I, resources were mobilised under the Programme of Support (PoS I), a predictable funding mechanism through which interested donors could pool their resources. The resources were accessed by registered NGOs through a project proposal appraisal process set up in 2006<sup>2</sup>. This funding mechanism was managed by UNICEF, in close collaboration with the Government of Zimbabwe.

<sup>2</sup> Programme Design Document: Programme of Support for the National Action Plan for Orphans and Vulnerable Children (Markus Buhler, Geoff Foster, and Derek Reynolds, 2005).

By March 2010, \$86 million had been contributed by development partners, including Australia, the European Union, Germany, Netherlands, New Zealand, Sweden and the United Kingdom.

In March 2010, all NAP I activities funded through the PoS were independently evaluated. The evaluation concluded that NAP I had achieved well against the OECD criteria of relevance, efficiency and effectiveness and needed to continue, albeit with an improved design. It had exceeded its target for coverage by reaching 410,000 OVC with services, at a critical time when the capacity for service delivery was declining in government and outside. However, the support provided was not comprehensive and the programme delivered an average of only 1.6 services per child.

The evaluation recommended that a second five year phase (NAP II), should be designed and implemented, with a linked PoS, which would: (a) target vulnerable children and their households to improve effectiveness; (b) provide a comprehensive package to address the wide range of deprivations experienced by vulnerable children and their families; (c) develop minimum standards, strengthen monitoring and follow-up, and prioritise quality ahead of reach to ensure children are serviced by quality interventions; (d) rebuild the capacity of Government to deliver the social services needed by children; and (e) strategically position the revised NAP II to become a national child sensitive social protection programme for the most vulnerable children and their families, building on Zimbabwe's long history of success in social protection programming.

NAP II has been designed in line with these recommendations. The new phase will further enhance the implementation of national laws and policies pertinent to children, in particular the Children's Act (Chapter 5:06) and the Zimbabwe National Orphan Care Policy of 1999. While the Act provides legal protection for children who fall through social safety nets, the Policy puts in place a mechanism for coordination, which is the overall responsibility of government to provide minimum

standards and guidelines for civil society, the community and all other duty bearers to monitor and respond to the situation of children.

NAP II will continue as a vehicle for mobilising the resources needed to intensify service delivery to benefit the most vulnerable children and their families. It has been designed to respond to new challenges and opportunities that are confronting children in present-day Zimbabwe.

NAP II recognises that while the prevalence of HIV and AIDS among adults has significantly declined, the orphan crisis continues, due to the lagged response of AIDS related mortality. It also recognises that though HIV and AIDS is still a major cause of children's poverty and vulnerability in Zimbabwe, the country should not neglect many other factors at play that are adversely affecting the lives of children.

NAP II also acknowledges the country's steady progress in fulfilling its commitments under national, regional and international protocols. It also carries forward the broad-based, multi-sectoral approach adopted under NAP I, which sought to mobilise and/or harness the collective efforts of key government ministries, UN and bilateral donor agencies, international and national non-governmental organisations (NGOs) and civil society, to address the plight of orphans and vulnerable children in Zimbabwe.

NAP II is in line with United Nations General Assembly Special Session (UNGASS) goals 65, 66 and 67, which directly target orphans and vulnerable children and urge member states to develop national policies and strategies, which strengthen the ability of governments, communities, and families to support orphans and children infected and affected by HIV and AIDS, and to implement these policies and strategies. Zimbabwe's experience in NAP I demonstrated how critical it is to focus on results at the level of the child. NAP II emphasises improving the quality of programming and results achieved for children.

## 1.2 Definition of Orphans and Vulnerable Children

The definition of a child in this document is any person below the age of 18 years. Orphans are those children who have lost one or both parents; vulnerable children are children with unfulfilled rights<sup>3</sup>. The Zimbabwe National Orphan Care Policy and the NAP for OVC I define orphans as those children aged 0-18 whose parents have died. Vulnerable children include the following<sup>4</sup>:

- children with physical and/or intellectual disabilities
- children affected and/or infected by HIV and AIDS;
- abused children (sexually, physically, and emotionally);
- working children;
- destitute children;
- children living outside a family environment;
- pregnant/married children and/or child parents;
- neglected/abandoned children;
- children in remote areas (who walk long distances to schools, health centres, and other service centres);
- children with chronically ill parent(s);
- children in conflict with the law;
- unaccompanied child migrants;
- children of school going age, who are not in school (e.g., dropouts);
- children living with very poor/elderly parents/guardians;
- children of mobile vulnerable populations;
- children living in very crowded shelter.

In view of the socio-economic situation, including the devastating consequences of the HIV and AIDS epidemic, and the limited awareness of children's rights within families, communities and institutions serving children, virtually all children in Zimbabwe are potentially vulnerable.

NAP II recognises that communities are well placed to identify vulnerable children. Children can also assess their own vulnerability, identify vulnerable children, prioritise interventions to best fulfil their basic rights, and monitor and evaluate the impact and effectiveness of interventions designed for children. During the design of NAP II<sup>5</sup>, the children consulted identified urban orphaned children living alone or under the care of very poor elderly guardians, children living with chronically ill parents or with a mental illness, children of internally displaced families, children living with abusive adults, children living in very crowded shelters, children living on the streets, children who are mentally disturbed or living with disability, children living with HIV, pregnant children, and school drop outs as being among the most vulnerable and in greatest need of support.

In view of this, under NAP II, communities will be actively involved in identifying and caring for vulnerable children and child participation will remain central to the design, implementation and evaluation of interventions.

<sup>3</sup> It has to be noted that UNAIDS defines an orphan as a child under the age of 15 who has lost his/her mother (maternal orphan), his/her father (paternal orphan) or both parents (double orphan). This definition is used in the statistics on orphans that are quoted in this document, including in Section 2.1.

<sup>4</sup> This list also includes definitions given by children who were consulted countrywide to provide their views on priority areas of support under NAP for OVC Phase II and makes specific provision for children living in poverty.

<sup>5</sup> Jimat, 'Review of the National Action Plan for Orphans and Vulnerable Children in Zimbabwe: Report on the Findings from Focus Group Discussions with Children in Harare, Manicaland, Mashonaland Central, Bulawayo and Matebeleland South Provinces', 2010

# 2

## Situation of OVC in Zimbabwe



### 2.1 The HIV and AIDS situation and its impact on children and families

Despite the decline in adult HIV and AIDS prevalence between 1998 and 2010, from 27.2% to 14.3%, Zimbabwe continues to experience some of the worst effects of HIV and AIDS in the world (Box 1). The annual number of newly infected is increasing after a steep decline in the 1990s and period of stability: It is estimated that 182 Zimbabweans were infected with HIV daily in 2009

compared to 173 in 2007<sup>6</sup>. Projections into the future, based on current HIV prevalence, population growth and ART utilization indicate that the number of newly infected adults will continue to grow. The total number of people living with HIV continues to rise in absolute terms as does the number of orphans. It is estimated that over 1,270 people are dying of AIDS every week while 9,400 children succumb to AIDS every year<sup>7</sup>. About 1 million children in Zimbabwe have lost one or both parents due to HIV and AIDS and related causes<sup>8</sup>.

<sup>6</sup> Zimbabwe National HIV and AIDS Strategic Plan 2011-2015 [ZNASP II]

<sup>7</sup> Zimbabwe National HIV and AIDS Estimates, 2009, (MoHCW, AIDS & TB Unit).

<sup>8</sup> Zimbabwe National HIV and AIDS Estimates, 2009, (MoHCW, AIDS & TB Unit).

**BOX 1****Main Statistics on HIV and AIDS and related factors**

• Zimbabweans infected with HIV as of 2009	1,102,864
• Percentage of adults (15-49 years) who are HIV positive as of 2009	14.3%
• Estimated number of children (0-14 years) living with HIV and AIDS at end of 2009	105,740
• Estimated new HIV infections among adults during 2009	66,156
• Estimated new HIV infections among children during 2009	14,957
• Estimated number of children in need of ART in 2009	35,189
• Estimated number of annual AIDS deaths in adults in 2009	56,676
• Estimated number of annual AIDS deaths in children in 2009	9,397
• Weekly estimated number of deaths due to AIDS in 2009	1,271
• Life expectancy has fallen from 61 years to	39 years
• Estimated number of orphans due to AIDS in 2009	989,009
• Estimated number of children of school age living with disabilities in 2010	300,000
• Children living on/off the streets	12,000
• Percentage of children (5-17 years) engaged in economic activity <sup>9</sup>	32%
• Children living in institutions	5,000

**Sources:** Zimbabwe National HIV and AIDS Estimates, 2009, (MoHCW, AIDS & TB Unit); Children on the Brink (UNICEF, UNAIDS, USAID: 2002); Children in Especially Difficult Circumstances in Zimbabwe (UNICEF: 1998), A Situation Analysis of Orphans and other Vulnerable Children and Adolescents in Zimbabwe (UNICEF: 2001), Zimbabwe 1999 National Labour Survey: Country Report (MoPSLSW, with the CSO and ILO), and DSS.

Most orphans are cared for by their extended families, including grandparents ('generation gap' households) or are living in child-headed households. Many orphans live in extremely poor households and are less likely to access health care, attend school or have basic clothing, shoes and bedding than other children from the same communities<sup>10</sup>.

They are also more likely to suffer from psychological problems and to be subjected to child

abuse, including forced sex in adolescence, which increases their likelihood of contracting HIV<sup>11</sup>. Many orphans are denied their inheritance rights and have to fend for themselves from a young age. They are generally without skills or capital and have to rely on lowly paid casual jobs. Because of their low incomes, they cannot invest in productive enterprises or training and are thus locked into a vicious cycle of poverty.

Recent research indicates that 1.5 million

<sup>9</sup> Zimbabwe Child Labour Report 2004. Central Statistical Office Harare

<sup>10</sup> Jimat 2010, Review of the National Action Plan for Orphans and Vulnerable Children in Zimbabwe: Report on the Findings from Focus Group Discussions with Children in Harare, Manicaland, Mashonaland Central, Bulawayo and Matebeleland South Provinces.

<sup>11</sup> HIV infection and reproductive health in teenage women orphaned and made vulnerable by AIDS in Zimbabwe. By Gregson S, Nyamukapa C.A., Garnett G.P., Wambe M, Lewis J.J., Mason P.R., Chandiwana S.K., Anderson R.M., 2005.

households in Zimbabwe are extremely poor and food insecure. These households include 3.5 million children<sup>12</sup>, who urgently need free access to basic services and protection. Many of these children have to work to meet their basic needs and are often exploited. This can result in unsafe migration, child trafficking, child prostitution, child labour and other forms of abuse.

Many community-based initiatives exist to support orphans and vulnerable children, such as community foster homes and projects that provide material and psychosocial support. However, they need to be strengthened and better coordinated to become a more effective and sustainable means of addressing the growing challenges faced by children.

## 2.2 Other factors contributing to poverty and vulnerability of children and their families in Zimbabwe

Recent analyses indicate that over two-thirds of all children in Zimbabwe live below the food poverty line (ZIMVAC, 2010; and PASS, 2003) and are unable to access basic services such as health and education. Many factors have contributed to this, including macro-economic instability, rising unemployment and the loss of family financial assets during hyper-inflation and dollarisation.

Currently, two out of every five children in the lowest two wealth quintiles lack shelter, one in every three children lacks sanitation and one in every five lacks potable water (ZDHS, 2006) (Table 1).

**Table 1: Proportion of children affected by severe deprivations by wealth quintile<sup>13</sup>**

	Type of Severe Deprivation						
	Shelter	Sanitation	Water	Information	Food	Education	Health
Poorest	24.4	20.4	11.7	9.6	0.6	0.5	1.9
Second	16.2	11.9	8.8	5.5	0.5	0.3	1.6
Third	3.1	5.4	6.3	4.5	0.4	0.2	1.2
Fourth	1.8	0.5	1.2	0.5	0.4	0.1	1.0
Richest	0.6	0.0	0.1	0.0	0.2	0.0	0.6
<b>Total</b>	<b>46.1</b>	<b>38.2</b>	<b>28.1</b>	<b>20.0</b>	<b>2.0</b>	<b>1.2</b>	<b>6.3</b>

Source: Zimbabwe Demographic and Health Survey (DHS), 2006.

<sup>12</sup> Estimates from the ZimVAC (2010) Rural Vulnerability Assessment, Harare (May); Poverty Assessment Survey, 2003 and further analysed in the paper "Child Sensitive Social Protection Thought Paper", UNICEF, Bernd Schubert, 2010.

<sup>13</sup> Zimbabwe Demographic and Health Survey (DHS), 2006



The capacity to respond to the needs of children has been limited both within and outside government. Due to its seriously constrained finances, in 2009, government investment in social protection reached an all-time low of less than 1% of the total recurrent

budget of government. The independent evaluation of the Programme of Support for NAP I indicated that many interventions were not effective in addressing the challenges faced by children (Table 2).

**Table 2: Effectiveness of interventions to deliver services to children**

Intervention	% of children confirming effectiveness (resolved problems)
Education	50
Food + nutrition	49
Child Protection	47
Economic strengthening	23
Psycho-social support	82
Health care	63
Shelter, clothing	90

**Source:** Jimat, 2010. *PoS Outcome Assessment, Final Report (Produced for Ministry of Labour and Social Services and UNICEF)*.

Child abuse is an increasingly recognised issue requiring urgent attention. In a recent study conducted by MoLSS and UNICEF in 2010, 22% of children reported abuse<sup>14</sup>. Children from all parts of society are vulnerable to physical, sexual and psychological violence, abuse and exploitation – not just orphaned children or children living in poor households. Although the country lacks data on the

prevalence and incidence of sexual and physical violence in Zimbabwe, anecdotal evidence and local studies suggest that violence of all types is a significant problem, especially for girls and other vulnerable children, including orphans and children living away from their family, children on the move, children with disabilities and children who come into conflict with the law (Box 2).

<sup>14</sup> Research Support for Data Collection to Measure Outcome of the NAP for OVC Programme Interventions under the Programme of Support: Final Draft Survey Report, prepared by GreatMinds Trust, June 2010.

**BOX 2****Extent of the problem of child abuse in Zimbabwe**

- 13 per cent of girls report being sexually harassed by teachers and/or fellow pupils, with 7 per cent of them reporting having been forced into sex at least once<sup>15</sup>;
- An estimated 60 per cent of rape survivors brought to the attention of authorities are children, an overwhelming majority of whom are girls<sup>16</sup>;
- The Police recorded 3,448 child abuse cases in 2009, the Victim Friendly Courts heard 1,222 cases of child sexual abuse and it is generally acknowledged that the majority of abuse is not reported to authorities;
- 25 per cent of boys living and working on the streets of Harare are victims of sexual abuse, and only 8 per cent of these boys are able to report that the perpetrator had been arrested<sup>17</sup>;
- 24 per cent of alleged perpetrators of cases of child abuse reported through Childline in 2009 were arrested. A court hearing date was obtained in 23.5 per cent of the cases, but only 8 per cent of the cases went to trial. The perpetrators were sentenced in 3.5 per cent of cases and imprisoned in 1.2 per cent of cases<sup>18</sup>.

Children exposed to violence, abuse and neglect are entitled to seek recourse and protection through the legal system. However, due to the challenges facing all government service delivery mechanisms, including the justice system, (e.g., retention of qualified staff, shortage of funds, deteriorating infrastructure) most children cannot access justice services. Emerging evidence indicates that it is children in hard-to-reach communities that require the most support<sup>19</sup>. Furthermore, children living in well-to-do families but with abusive adults are equally difficult to reach as they are not always considered vulnerable.

Most of the children who do succeed in accessing the justice system face delays and other hardships when they come into contact with the police and the courts. Also, because the current system has limited links to the social welfare system, it cannot deliver

comprehensive, specialised psycho-social care, medical support, legal support and referral services to boys and girls who have witnessed, experienced or allegedly perpetrated criminal acts.

Zimbabwe's socio-economic and political environment is leading to increased deprivation and causing some children to move, often unaccompanied, within the country and to other countries in southern Africa. This movement exposes these children to violence, exploitation and abuse, and denies most of them their right to education.

Children with disabilities may be 'doubly vulnerable' because they live with a disability, in addition to experiencing other disadvantages (e.g., 25 per cent of children receiving services at the Children's Rehabilitation Unit, Harare Hospital, are cared for by a grandparent, and 20 per cent of primary

<sup>15</sup> Research Report on Child Abuse in Schools: A baseline study report for the "Learn without Fear Campaign", Plan International, Zimbabwe (2009).

<sup>16</sup> Victim Friendly Unit Police Reports, disaggregated by year to uncover general trends (2008,9,10)

<sup>17</sup> "The nature and prevalence of violence and sexual abuse among boys living and working on the streets of Harare", Study conducted by Save the Children Norway, Childline, and Streets Ahead, 2009.

<sup>18</sup> Childline Zimbabwe and CCORE (2010), Sexual Abuse Report, December 31st 2008 - January 1st 2010.

<sup>19</sup> See for example, preliminary reports from the research report: "My Life Now" by the Department of Social Services and UNICEF, 2010, highlighting that those children who live in rural areas lack the most access to basic services and are least able to report abuse, exploitation and violence. N = 3,000.

caregivers have HIV). There is global evidence to suggest that children with disabilities experience violence, abuse and exploitation twice as often as children without disabilities<sup>20</sup>. Girls and boys with disabilities are more likely to be discriminated against and are thus among the most vulnerable children in society.

Reliable estimates of how many children in Zimbabwe live with disabilities are not available, though Government estimates this number at 150,000<sup>21</sup>. The Children's Rehabilitation Unit (CRU) at Harare Hospital suggests that there has been a significant upsurge in the last 2-3 years, possibly due to deterioration in health and social care systems. Children with disabilities require special attention if their rights are to be realized and they are to enjoy equality of opportunity within the overall child protection system.

## 2.3 Urgent issues for a National Response to the Situation of OVC in Zimbabwe

### 2.3.1 Improving coordination of the national support to OVC

NAP II seeks to prioritize and address the urgent issues facing OVC, their families, and communities. Although many communities and community-based organizations respond to the plight of orphans and vulnerable children, their impact was fragmented, under NAP I, due to the limited sub-national capacity for coordination. As a result, available resources could not be utilized to their full potential to benefit children.

### 2.3.2 Enhancing the scope and ensuring full implementation of existing national policies and laws

To ensure full implementation of existing policies and laws, and enhance their scope, three areas need attention.

Firstly, national policies and laws, which provide the framework for coordination of OVC programmes and services, have not been fully implemented and enforced, due to a lack of human and financial resources. As a result, OVC service providers report an alarming increase in cases of child abuse. Legal awareness needs to be raised to ensure that laws are enforced in the best interests of the child. For this to be done, extra funding will be needed.

Secondly, the scale of the problem and the rapid increase in the number of households headed by children and grandparents was not anticipated when the laws were framed, and the laws and policies need to be revised.

Thirdly, legal issues affecting children in Zimbabwe can be addressed under both customary law and legislation based on the Constitution and statutes. The existence of these dual systems, in the absence of (a) a provision in the Constitution on non-discrimination on grounds of age or sex and (b) derogations of the non-discrimination principle on matters related to customary and family law, has sometimes worked against the best interests of children.

### 2.3.3 Facilitating children's access to basic services through birth registration

The reported widespread lack of birth certificates particularly children under 5 years can limit children's access to basic services and rights. Some adults do not understand the importance of birth registration or lack the money needed to take the child to the nearest birth registration office. Many children do not have adults able to register their birth. As a result, a significant number of children do not acquire birth certificates.

### 2.3.4 Ensuring children participate in decision making

Often children, particularly OVC, are unable to participate in decisions that affect their lives.

<sup>20</sup> National Centre on Child Abuse and Neglect (NCCAN); Washington DC

<sup>21</sup> NAP for OVC Phase I (2005-2010).

Nowhere is the lack of children's participation more evident than in the legal and policy issues that affect them.

### **2.3.5 Restoring centrality of family support to child development**

Zimbabwe's laws recognise the important role of families in supporting child growth and development. Yet, families are known to have been disintegrating through the impact of HIV and AIDS, economic malaise and emigration. What is urgently

needed is to rebuild families economically and socially so that they can again perform their central role. A family-centred, community-based approach needs to be revitalised in order to provide comprehensive care and support for orphans and vulnerable children. There is abundant evidence that strong, healthy families and communities enable quality care and support to be rendered to children. Social welfare and health services can also be delivered to large numbers of children whilst at the same time promoting household stability through these approaches.



# 3

## Current Responses to the Situation of OVC

### 3.1 Global commitments

#### 3.1.1 Convention on the Rights of the Child

Zimbabwe is a signatory to the Convention on the Rights of the Child (CRC), the most comprehensive international document pertaining to the rights of children<sup>22</sup>.

The CRC defines a child as any person under the age of 18 and sets out a wide range of political, civil, cultural, economic and social rights for children. The Committee on the Rights of the Child has identified the following articles in the Convention, which are basic to the implementation of all rights contained in the CRC:

- non-discrimination (Article 2);
- best interests of the child (Article 3);

- right to life, survival and development (Article 6); and
- respect for the views of the child (Article 12).

The CRC highlights the need to provide special care for children, including legal and other rights, before and after birth and throughout childhood. It places special emphasis on the role of the family in caring for children. The CRC emphasises the responsibilities of the family in providing guidance and direction to the child, and of the state in supporting, rather than usurping, the family in this role.

The following rights of the child set out in the CRC are particularly, but not exclusively, relevant to the NAP for OVC in Zimbabwe:

<sup>22</sup> Zimbabwe ratified the CRC in 1992.

- Article 2 – Non-discrimination:** All rights apply to all children without exception, and the State must protect children from any form of discrimination. The State must not violate any right, and must take positive action to promote the rights of the child.
- Article 3 – Best interests of the child:** All actions concerning children should take full account of their best interests. The State is to provide adequate care when parents or others responsible fail to do so.
- Article 6 – Survival and development:** Every child has the inherent right to life and the State has an obligation to ensure the child's survival and development.
- Article 7 – Name and nationality:** The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.
- Article 12 – The child's opinion:** A child has a right to express an opinion, and to have that opinion considered in any matter affecting the child.
- Article 18 – Parental responsibilities:** Parents have joint primary responsibility for raising the child and the State shall support them in this.
- Article 19 – Sexual and physical abuse:** Children should be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.
- Article 20 – Protection of a child without family:** The State is obliged to provide special protection for a child deprived of the family environment and to ensure that appropriate family care or institutional placement is available.
- Article 24 – Health and health services:** Children have a right to the highest level of health possible which includes a right to health and medical services, with special emphasis on primary and preventive health care, public health education and the diminution of infant mortality.
- Article 28 – Education:** All children have the right to education, and this right should be achieved progressively and on the basis of equal opportunity. It is the State's duty to ensure that primary education is free and compulsory.

The CRC came into force in September 1990. This was followed by the first World Summit for Children - the first major global action for the implementation of the CRC.

### 3.1.2 United Nations General Assembly Special Session on HIV and AIDS

In an effort to set common targets that effectively respond to HIV and AIDS and alleviate their impact, the international community adopted a Declaration

of Commitment at the United Nations General Assembly Special Session on HIV and AIDS (UNGASS), held in June 2001 in New York. Zimbabwe is a signatory to the UNGASS Declaration of Commitment on HIV/AIDS. Goals 65, 66 and 67 directly target children who are orphaned and made vulnerable by HIV and AIDS:

**Goal 65: by 2003, develop and by 2005 implement national policies** and strategies to build and strengthen governmental, family and

community capacities to provide a supportive environment for orphans, girls and boys infected and affected by HIV and AIDS, including **providing** appropriate counselling and **psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services** on an equal basis with other children; and **protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;**

**Goal 66: ensure non-discrimination** and full and equal enjoyment of all human rights through the promotion of an active and visible policy of **de-stigmatisation of children orphaned and made vulnerable by HIV and AIDS;** and

**Goal 67:** urge the international community, particularly **donor countries, civil society, as well as the private sector, to complement effective national programmes** to support programmes for children orphaned or made vulnerable by HIV and AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa.

### 3.1.3 2002 World Summit for Children

The U.N. General Assembly Special Session on Children held in May 2002 was a follow up to the 1990 World Summit for Children. Recommendations of this meeting are documented in 'A World Fit for Children'.

Together with other world leaders, the Government of Zimbabwe signed this declaration, committing itself to a time-bound (2002-2010) set of specific goals for children and young people and to a basic framework for getting there. It sets targets for 2010 to measure progress towards reaching the Millennium Development Goals by 2015<sup>23</sup>.

At the World Fit for Children summit, world leaders agreed to address outstanding issues and jointly create a child-friendly environment – a time of play and learning, with love and respect, a place where boys and girls can cherish moments, protect and promote their rights without discrimination, a place in which they feel safe and can grow up healthily, blessed with peace and dignity.

### 3.1.4 International Labour Organisation (ILO)

The ILO Convention 182 Concerning the "Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour"<sup>24</sup> was adopted by the UN member states in June 1999. It defines the worst forms of child labour as:

- all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performance;
- the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties; and
- work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

Following Convention 182, Zimbabwe amended one of its laws, the Children's Protection and Adoption Act to come up with the current Children's Act (Chapter 5:06), to address some of the worst forms of child labour and other child protection issues.

<sup>23</sup> At the Millennium Summit of September 2000, Zimbabwe was among 189 Heads of State and Governments that agreed to the Millennium Declaration, which establishes common development goals, including universal primary education for all girls and boys, eradication of extreme hunger and poverty, and halting and beginning to reverse the spread of HIV and AIDS.

<sup>24</sup> Zimbabwe ratified the convention in September, 2000.

## 3.2 Regional commitments

### 3.2.1 African Charter on the Rights and Welfare of the Child

Zimbabwe is a signatory to the African Charter on the Rights and Welfare of the Child, the first regional child rights treaty, which came into force in 1999<sup>25</sup>. The Charter defines a child as every human being below the age of 18 years and like the CRC covers civil, political, economic, social and cultural rights. The Preamble recognises that the child occupies a unique and privileged position in African society, but also notes with concern the critical situation of most African children. Furthermore, the Charter puts special emphasis on the protection against harmful social and cultural practices and the responsibility of children towards parents and the wider community. It also stresses the importance of the family as the natural unit and basis of society and, like the CRC, emphasises the responsibility of the parents for the upbringing and development of the child.

The African Charter promotes non-discrimination and non-stigmatisation of children. It specifically states that every child should enjoy the rights and freedoms recognized and guaranteed in the Charter irrespective of the child's or their parents' or legal guardians' race, ethnic group, colour, sex, language, religion, political or other opinion, national and social origin, fortune, birth or other status.

The Charter also emphasises the need to protect and promote the fulfilment of the rights of children with disabilities, including the right to special measures of protection in keeping with his/her physical and moral needs and under conditions which ensure his dignity, promote his self-reliance and active participation in the community. It urges member states to ensure that the disabled child has effective access to training, preparation for employment and recreation opportunities so that the child can achieve the fullest possible social

integration, individual development and cultural and moral development. It also encourages governments to provide resources for children living with mental or physical disability so that they can travel to and access necessary services.

### 3.2.2 Regional Workshop on Children Affected by HIV and AIDS

In November 2002, Zimbabwe, along with other countries in Eastern and Southern Africa, participated in the Regional Workshop on Children Affected by HIV and AIDS in Windhoek, Namibia, to measure progress towards fulfilment of the UNGASS goals. This workshop enabled the Zimbabwean delegation to review national progress, learn from different countries' experiences (e.g., on scaling up), identify key action points (based on lessons learnt during the workshop), and formulate a plan to secure further commitment to action in Zimbabwe.

The Zimbabwean delegation committed the nation to:

- advocate for greater political commitment to support for children;
- conduct a situational analysis of OVC programming in Zimbabwe;
- conduct a national stakeholders' consultative conference; and
- develop a national plan of action for orphans and vulnerable children.

Implementation of the country plan led to the development of the NAP for OVC phase I. Zimbabwe has also participated in a number of regional workshops on livelihoods organised by the United Nations Food and Agricultural Organisation, and the Regional Inter-Agency Task Team. The resolutions of these workshops emphasised the need to adopt family-centred approaches and child participation when strengthening livelihoods and food security.

<sup>25</sup> Zimbabwe ratified the African Charter in 1995.



### 3.3 National commitments

#### 3.3.1 National Programme of Action for Children

As signatory to the CRC, Zimbabwe pledged, at the 1990 World Summit for Children, to develop a National Programme of Action for Children (NPAC) guided by principles established in the World Summit Declaration within a Zimbabwean context. The NPAC, developed in 1992, aims to consolidate and strengthen the commitment and mobilisation of resources for children as an integral part of Zimbabwe's national plans and policies. NPAC is coordinated by the Ministry of Health and Child Welfare. This NAP II is a key vehicle for implementation of one of the components of the NPAC addressing Children in Difficult Circumstances (CDC). The NPAC may be reviewed over time.

#### 3.3.2 Policies and legislation supporting children

Zimbabwe has two key national policies and a legal framework that support children. Laws pertinent to children include the Children's Act (Chapter 5:06) as amended in 2001, the Guardianship of Minors Act, the Maintenance Act, and the Child Abduction Act. Many other statutes are also relevant to children, including those pertaining to health, birth, death, and marriage registration, legal age of consent and majority, sexual offences and inheritance.

National policies include the National Orphan Care Policy and the National AIDS Policy, both adopted in 1999. These policies were developed through broad-based consultation, reflecting Zimbabwe's strengths and traditions and through collaboration between government and civil society. These policies also establish the government structures and systems to implement and coordinate services and benefits provided in the policies.

The Children's Act of 2001 and the Zimbabwe

National Orphan Care Policy of 1999 make special further provisions:

- The Children's Act provides for other categories of children needing care, including those who are destitute or have been abandoned, who are denied proper health care, whose parents are dead or cannot be traced, whose parents do not or are unfit to exercise proper care over them, and whose parents/guardians give them up in settlement of disputes or for cultural beliefs.
- The Zimbabwe National Orphan Care Policy identifies opportunities to provide care and support for vulnerable children that are based on the country's laws, the cultural tradition of caring and the collaborative approach, which exists between government and the civic society. It established a partnership between government ministries and private voluntary organisations, communities, faith based organisations, traditional institutions and non-governmental organisations (both national and international). The partners collaborate and network to monitor the situation of children, advocate on their behalf, and respond to their needs through Child Protection Committees, which have been established at all tiers, from the village to national levels. It recognises the traditional leaders' role in the care of orphans and the support of their programmes such as the *Zunde raMambo/Insimu yeNkosi*<sup>26</sup> and *Dura raMambo/Isiphala seNkosi*<sup>27</sup>.

The NAP for OVC continues to support implementation of existing laws and policies and strengthens coordination by mobilising necessary human, material and financial resources.

#### 3.3.3 Current programmes supporting OVC

##### 3.3.3.1 Government programmes

Government has adopted a collaborative approach to care and support for vulnerable children, with programmes coordinated through the Child Protection Committees at district, provincial, and national levels.

<sup>26</sup> A collective field which is worked by the community under the leadership of the chief and the village head for the benefit of the indigent persons specifically orphans.

<sup>27</sup> The granary where proceeds from the *Zunde raMambo/Insimu yeNkosi* are stored. Also funds and resources mobilised and banked by the chief/village Child Protection Committees for purposes of caring for orphans.

Programmes targeting orphans and vulnerable children include:

- **Tuition fee waiver for children enrolled in rural primary schools.** Only levies are charged. These are paid through BEAM if the child qualifies.
- **The Basic Education Assistance Module (BEAM),** through which tuition fee, levy, and examination-fee assistance is provided to vulnerable children.
- **The Education Transition Fund (ETF),** which supports all schools in Zimbabwe with teaching and learning material.
- Government assistance to vulnerable families, with basic living costs, through programmes such as **Public Assistance, Drought Relief, Assisted Medical Treatment Order** and **Public Works Programme.** A conditional cash transfer programme for vulnerable groups is currently being reviewed.
- The **Zimbabwe National HIV and AIDS Strategic Plan (ZINASP),** which has identified a number of priority areas for investment including prevention as first priority. ZINASP provides for the care and treatment of affected people to mitigate the impact of HIV. It is resourced through a 3% tax levy (introduced through the National HIV and AIDS Policy known as AIDS Levy) which is complemented by funding from the Global Fund for Tuberculosis, AIDS and Malaria (GFTAM).
- **Children in Difficult Circumstances** national budget line, through which the government provides resources for children in both government and non governmental institutions and children in foster care.
- **NAP I,** managed and coordinated by government with support from development partners through a **Programme of Support (PoS).** The PoS will be reviewed to align with, and support activities envisaged under NAP II. The Programme is also supported in coordination and targeting through the GFTAM Round 8 which will continue into NAP II.
- **Street Children Fund,** which provides for the needs of more than 12,000 children living on/off the streets. It supports reintegration of these children with their families and supports families to ensure smooth and sustainable reintegration.

### 3.3.3.2 Non-government programmes

OVC programmes are implemented in partnership with community-based organisations (CBOs), faith-based organisations (FBOs), and NGOs. Over the last decade many new CBO and FBO initiatives have started to provide care and support to orphans and vulnerable children. Many of these initiatives receive support from international NGOs working specifically on OVC in Zimbabwe, mostly in the context of HIV and AIDS. The NAP 1 for OVC provided a framework for coordination of all these programmes by government.

Some NGO and CBO programmes for orphans and vulnerable children are also supported through livelihoods programmes such as the Protracted Relief Programme and various other food security and water and sanitation programmes.

### 3.3.4 Greater political commitment to support OVC

NAP I was approved by Cabinet in 2004 and launched in 2005. A Programme of Support to rally international financial support for NAP I was set up and guidelines to operationalise the NAP I using these resources were approved by Cabinet in 2006. The PoS mobilised US\$86 million from the following development partners: Australia, the European Union, Germany, Netherlands, New Zealand, Sweden and the United Kingdom, through a pool funding mechanism managed by UNICEF.

Responding to the needs of orphans and vulnerable children remains an important government priority. Government support to OVC programmes through the national budget, increased in 2010.

Government has allocated US\$15 million towards BEAM for secondary education to match the US\$15 million committed by development partners to primary education. Government's cash transfer programme has been revitalised and reached more than 11,000 people in 2010 while 136,866 secondary school children have benefited from BEAM.

### 3.3.5 Review of OVC programming in Zimbabwe

An independent evaluation of the Programme of Support (PoS) for NAP I, undertaken in 2010, confirmed that NAP I had exceeded its target, reaching over 410,000 OVC with an average of 1.6 services per child. NAP activities funded through the PoS were found to have been relevant and efficiently and effectively carried out. However, the evaluation found there is a need to improve the quality and comprehensiveness of services in order to improve outcomes and impacts for children.

The PoS evaluation identified the main achievements of NAP I to have been:

- identification and provision of support to children at a time of acute need;
- wide collaboration and sharing of good practices and mobilisation of resources that led to the development of PoS as a funding mechanism;
- development of an innovative M&E system that enabled interventions to relate to each other and effective tracking of implementation progress and outputs achieved; this M&E model has become an example of a good practice for many countries implementing OVC programmes; and
- documentation of processes and development of standard guidelines.

The main gaps in NAP I:

- fragmented interventions and lack of quality assurance tools and supervision resources;
- needs-based programming as opposed to child-rights programming;

- individual child targeting approach, which did not support family livelihoods for holistic, effective and sustainable child care and eventual graduation out of poverty;
- programming for children with special needs not adequately covered;
- limited or no support to DSS and Child Protection Committees down to community level; social services delivery systems by central government weakened while capacity of NGOs was strengthened, hence coordination gap remained wide;
- the lack of a clear communication strategy for capacity building of implementing partners and for programme visibility.

The independent evaluation recommended that both the NAP and the PoS should continue but in a way that provides a more holistic package of interventions, placing the family at the centre of providing for children. NAP II and PoS II should aim to revitalise the family economy and deliver direct support to orphans and vulnerable children to address issues that the families may not be able to tackle (e.g., child abuse and the needs of the most vulnerable children who are living outside family care).

The evaluation recommended greater investment in economic strengthening of families through (a) cash transfers and reinforcing child protection services, (b) the national justice service delivery system and (c) community level initiatives. These areas of intervention should also be complemented with direct support for children to increase their access to basic services so that gains already made in improving service access should not be lost.

# 4

## The National Action Plan for OVC II



### 4.1 Development of the National Action Plan for OVC II

The NAP II, together with the associated funding mechanism, PoS II, was developed from July to October 2010 through reviewing NAP I in close consultation with children and their families from different parts of the country and representatives of government, civil society and the development partners. Children and their families were consulted in five provinces, a National Stakeholder Consultation Workshop was held in Kadoma<sup>28</sup>, working sessions were held with key government and non-government stakeholders, a National NGO Consultation Workshop was held in Harare and consultative meetings were also held with development partners under the auspices of the OECD OVC Group.

These consultations led to (a) a better understanding of the major factors causing poverty and vulnerability among children, (b) identification of priority areas of focus for NAP II, (c) mapping of roles and responsibilities of the major stakeholders, and (d) exploration of potential sources of funding for the programme.

Stakeholders (including orphans, vulnerable children and their families) converged on the need for NAP II to focus on prevention and mitigation of child abuse; increasing access of OVC to basic education and health services; promoting access of children to child-friendly justice services; and strengthening family livelihoods. The importance of stronger laws and policies and enhanced standards and capacity building of government institutions in policy guidance, service delivery and quality assurance were also emphasised.

<sup>28</sup> The National Stakeholder Consultation Workshop held in Kadoma was attended by key government ministries (e.g., Labour and Social Services; Justice, Legal and Parliamentary Affairs; Education; Health and Child Welfare; and Home Affairs (Registrar General's Office)); key institutions such as NAC and development partners.



NAP II is designed to respond to these priorities. It seeks to ensure that orphans, vulnerable children and their families have incomes and access to basic education, health, nutrition and birth registration services, and that all children are protected from abuse and exploitation through better coordinated and more intensified efforts by government, civil society, the private sector and development partners. As in Phase I, NAP II will promote the active participation of children in decision making and in the delivery, monitoring and evaluation of measures (policies, legislation, goods and services) implemented for their benefit.

## 4.2 Vision and goal

The vision and goal of the NAP II are:

**Vision:** By 2020, all Children in Zimbabwe will live in safe, secure and supportive environments that are conducive to child growth and development.

**Goal:** By December 2015, the most vulnerable children in Zimbabwe are able to secure their basic rights through the provision of quality social protection and child protection services.

## 4.3 Objectives

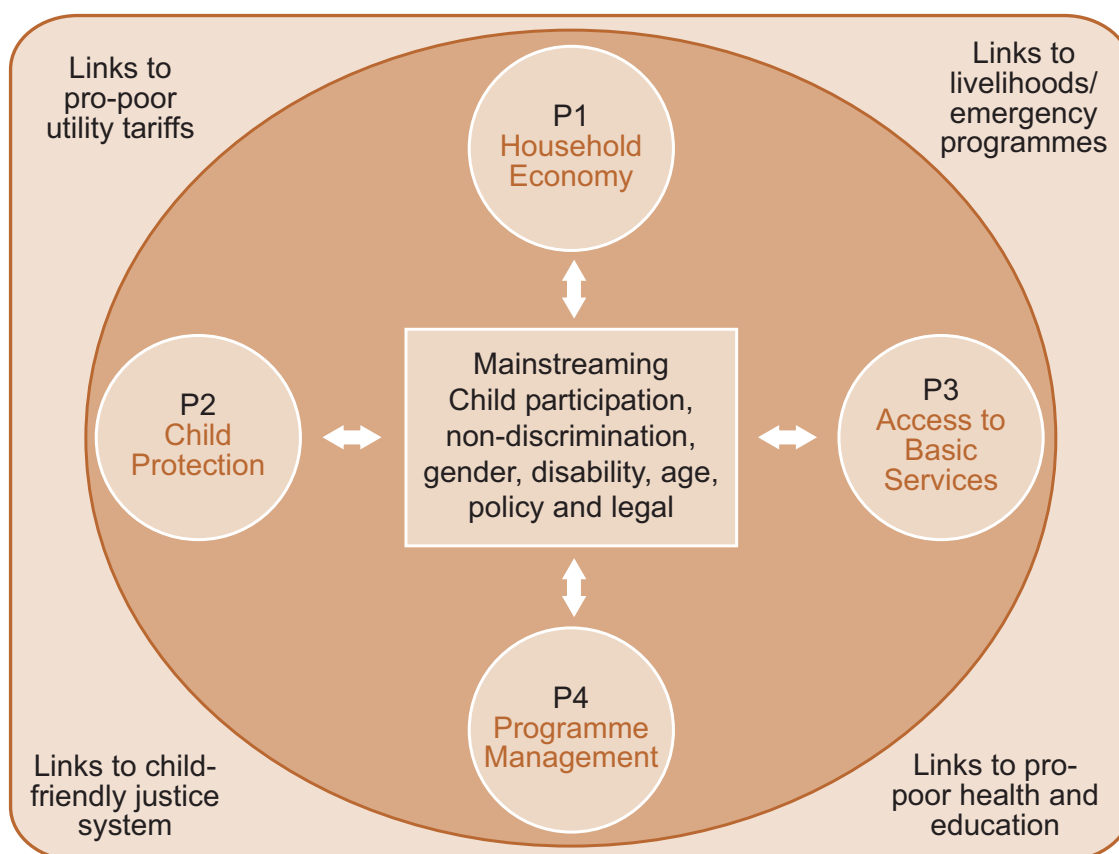
The vision and goal will be achieved through improved coordination of interventions, which is the overall responsibility of the government. The following are the key objectives. By December 2015, NAP II will:

- strengthen existing coordination structures for OVC programmes at national, and sub-national levels, by mobilising increased resources and capacity building of staff;
- increase the incomes of 250,000 extremely poor households, particularly those with orphans and vulnerable children, to build a healthy and supportive family environment;
- increase access of all orphans and vulnerable children and their families to basic education, health and other social services, including:
  - o Primary education support to at least 750,000<sup>29</sup> of the country's poorest children, including those living with disabilities per year;
  - o Secondary education support to at least 200,000 of the country's poorest children per year; and
  - o Medical support to children from at least 25,000 of the country's poorest households per year;
- Increase access of all vulnerable children to effective child protection services, including social welfare and justice services, but in particular providing specialised quality child protection services to child survivors of violence, exploitation and abuse;
- Increase child participation, where appropriate, in all issues that concern them from community to national level.

## 4.4 Strategies

NAP II adopts a child-sensitive social protection framework approach which has four key result areas or pillars (illustrated in Figure 1). A full activity schedule for all the pillars and mainstreaming issues is attached. (See Annex 5).

<sup>29</sup> Includes about 560,000 children per year and those who are recruited to replace those who graduate to secondary education.

**Figure 1: Child Sensitive Social Protection Framework for NAP II**

The objectives of NAP II will be achieved through a number of interlinked strategies that will be pursued under each pillar. These strategies emphasize identifying, mobilizing, and coordinating existing resources from all sectors and are articulated under each pillar as follows:

#### Pillar 1: Strengthening of the household economy

- Economic strengthening of households through cash transfers and skill building.
- Linking social cash transfer beneficiaries to other livelihoods programmes.

#### Pillar 2: Child protection

- Development and strengthening of a rights-based child-sensitive framework of national policies and laws, which defines standards, regulations, oversight responsibility for effective social protection, social welfare, access to justice and community engagement.

- Education and advocacy on the implementation of existing legislation and policies in the best interests of the child.
- Strengthening child protection role of the DSS through probation services and facilitating the provision of critical justice services for vulnerable children.
- Strengthening the rights-based approach to programming, where the family, community, local authorities, civil society, and the state are viewed as duty bearers, and must commit to upholding children's rights.
- Strengthening case management and referral systems for community-based care services and support systems for vulnerable children, which include community-based initiatives and social safety nets addressing, among others, disability, gender based violence, child abuse, street / abandoned children.
- Strengthening quality of institutional care for vulnerable children who lack parental care.

**Pillar 3: Access to basic services**

- Provision of basic education assistance, through BEAM, targeting the most vulnerable children.
- Provision of support to health and other emergency support packages for the most vulnerable, including linkage/referral to other vital nutrition, health (e.g., ART), livelihoods, and other interventions to maximise access.

**Pillar 4: Programme coordination and management**

- Strengthening the National Secretariat for the NAP II (created under NAP I), which coordinates implementation of the programme and provides guidance and leadership, and strengthening of provincial and district coordination structures and Core Teams<sup>30</sup>. The Secretariat will assume a broader mandate and work closely with technical partners in programme implementation. It will work towards full institutionalisation of all the NAP II components within the DSS structure in order to achieve more sustainable capacity building of the department as a whole.
- Strengthening of service delivery and quality assurance capacities of the DSS and other relevant stakeholders.

- Mobilising domestic and international resources.
- Operational research and in-built lesson learning to inform any re-design of any components of the programme necessary.
- Communicating with local stakeholders and other counterparts, regional and international.

**Mainstreaming cross-cutting issues**

In addition to the above four pillars, NAP II addresses a number of key cross-cutting issues that ensure effective delivery of results under the three programmatic pillars of the NAP. These issues include gender, age, disability, non-discrimination, equity, child participation, and HIV and AIDS prevention, mitigation and response, and capacity building. They will be addressed by developing analytical tools, programming guidelines, and standards to inform choice of appropriate instruments and to monitor the extent to which programmes adequately address these cross-cutting issues. Capacity building will be addressed in a holistic manner including the improvement of staff skills as well as provision of complementary resources needed for effective performance.

**Table 1: Proportion of children affected by severe deprivations by wealth quintile<sup>13</sup>**

Cross-cutting issue	NAP II mainstreaming strategy
Age	Age appropriate programming, with special attention to needs of under-fives, adolescents and the elderly, particularly those caring for OVC. Age specific monitoring indicators.
Gender	Ensure equal access to services by boys and girls, with special attention to girls who are more likely to be disempowered, drop out of school and have inadequate access to health care and nutrition. Special attention to gender-based violence as a child protection priority affecting adolescent girls. Address different needs of boys and girls. All implementing partners to have Gender Action Plans.

<sup>30</sup> At National Level the Core Team is composed of the MoLSS/National Secretariat, NAC and UNICEF. At provincial and district level, the Core Teams are composed of the MoLSS, NAC, Local Authorities, two NGOs and an additional government ministry.

Cross-cutting issue	NAP II mainstreaming strategy
Gender contd...	<p>Gender specific monitoring indicators.</p> <p>Designing operational research programmes around gender and the impact of social cash transfers.</p> <p>Ensure age and sex disaggregated data in all stages of the programme cycle (analysis, implementation, monitoring, and evaluation).</p>
Disability	<p>Sensitization of families, communities and services providers to the rights of excluded and marginalised groups, such as children with disabilities or from ethnic minorities to eliminate stigmatization.</p> <p>Linkages with services (health, education e.g., BEAM, special learning equipment) and provision of assistive devices. For disabilities, for example, this means systematically addressing and incorporating measures that challenge discrimination and promote equality of opportunity for children with disabilities into all programmatic, operational and organisational activities. Specialist assistance which ensures equity for all children in realising their rights will be offered.</p>
HIV / AIDS	<p>Psychosocial support to affected children and their families.</p> <p>Link children and their families to ART services through existing PMTCT funding and programming with the Ministry of Health and Child Welfare.</p> <p>Link children and their families to DSS for AMTOs and other social services.</p> <p>Build on good practices in peer support programming.</p> <p>Link children and families to Home Based Care Services and other programmes providing life-skills support.</p> <p>Linking social cash transfers and relevant behaviour change and education prevention campaigns</p>
Child participation	<p>Ensure that boy and girl children of different age group and abilities participate at every stage of the programme – planning, needs identification, implementation, monitoring and evaluation.</p>

## 4.5 Guiding principles

The NAP II prioritises the participation of children, the special roles of the family and the community, programme quality, delivery capacity, multi-sectoral collaboration/coordination, outcomes for children and their families, and graduation and exit strategies as some of the key issues that need to be explicitly considered when programming for OVC in Zimbabwe.

The implementation of the NAP II will be guided by the following principles:

- children have the capacity, as well as the right, to participate in decisions that affect them;
- children are not a homogenous group and diversity of approaches and instruments need to be adopted in promoting their rights;
- children are resilient and have great capacity for self-reliance;
- non-discrimination in the provision of essential services to children;
- the need to promote gender equity, or pay equal attention to the roles of girls and boys;



- orphan-hood, though a critical driver of poverty and vulnerability, is not the only major driver. Other factors are important and thus Phase II will continue to target all vulnerable children as was the case in NAP I.; and will acknowledge the need to build on existing community structures, and pay attention to family ties and traditional capital;
- effective coordination of human, material, and financial resources at all levels to make maximum use of local resources and avoid duplication;
- close collaboration between government, civil society and the private sector;
- mainstreaming of cross cutting issues such as HIV and AIDS, child participation, disability and gender into all programmes, strategies, and approaches; and
- harmonising development partner support for NAP II, in line with the Paris Declaration Principles on Aid Effectiveness.

NAP II recognises the importance of social protection, as a tool for achieving inclusive growth. Interventions will be checked for their alignment to

national policy priorities and linkages to other national programmes. Effective coordination will be promoted to ensure quality outcomes for children. In general, interventions, which deliver at scale will be promoted, rather than pilot projects.

#### 4.6 Legal and policy recommendations

In the long run, there is a need to systematically revisit laws relevant to children. In the near term, NAP II will focus on closing gaps in legislation that render children more vulnerable and outlawing practices harmful to children.

Efforts will be made to ensure that children, their families and relevant service providers are aware of children's rights enshrined in the new Constitution. Critical issues include children's access to inheritance, guardianship, early marriage, corporal punishment and children's rights to participate, associate and enjoy family love and care. In addressing these laws and policies, priority will be given to the activities summarised in Box 3.

### BOX 3

#### Priority areas for work on policies, legislation and standards

- Participation in the development of a *National Social Protection Framework*, in close cooperation with international organisations (e.g., World Bank, UN) and civil society partners, including a national social cash transfers programme;
- finalisation and implementation of the *National Residential Care Standards* that provide guidelines for the care and management of children in institutions (currently in draft);
- review, revision and finalisation of the *Multi-Sectoral Protocol on Child Sexual Abuse in Zimbabwe*;
- operationalization of the *statutory role of probation officers*, as given in the Children's Act (Chapter 5:05);
- review of the *Social Welfare Assistance Act* to include cash grants for vulnerable children and their families;
- amending legislation and policy to increase the use of *pre-trial diversion and alternatives to detention* and access to legal assistance;
- *advocacy to increase Zimbabwe's criminal age of responsibility from seven years;*

**BOX 3****Priority areas for work on policies, legislation and standards**

- review the *Private Voluntary Organisations Act* to make it mandatory for partners to report on outputs and outcomes, and strengthen the monitoring and regulatory function of DSS; and
- development of standards for justice delivery for children, building on the results of the justice for children sector analysis.
- reviewing Minimum Quality Standards for OVC programming and the training manual/handbook for probation officers.

Together, these policies and laws will make it possible to set standards and benchmarks to target and monitor interventions for the most vulnerable children and their families. They are a critical regulatory tool to ensure that the highest standards of care and protection are afforded to those who need them most.

Efforts to change the law should not take precedence over advocacy efforts to enforce existing laws in the best interests of the child. Simultaneously, support will be provided for existing policies that promote children's rights to be fully implemented and their principles applied, evaluated, and amended, if need be, by institutions serving children.



# 5

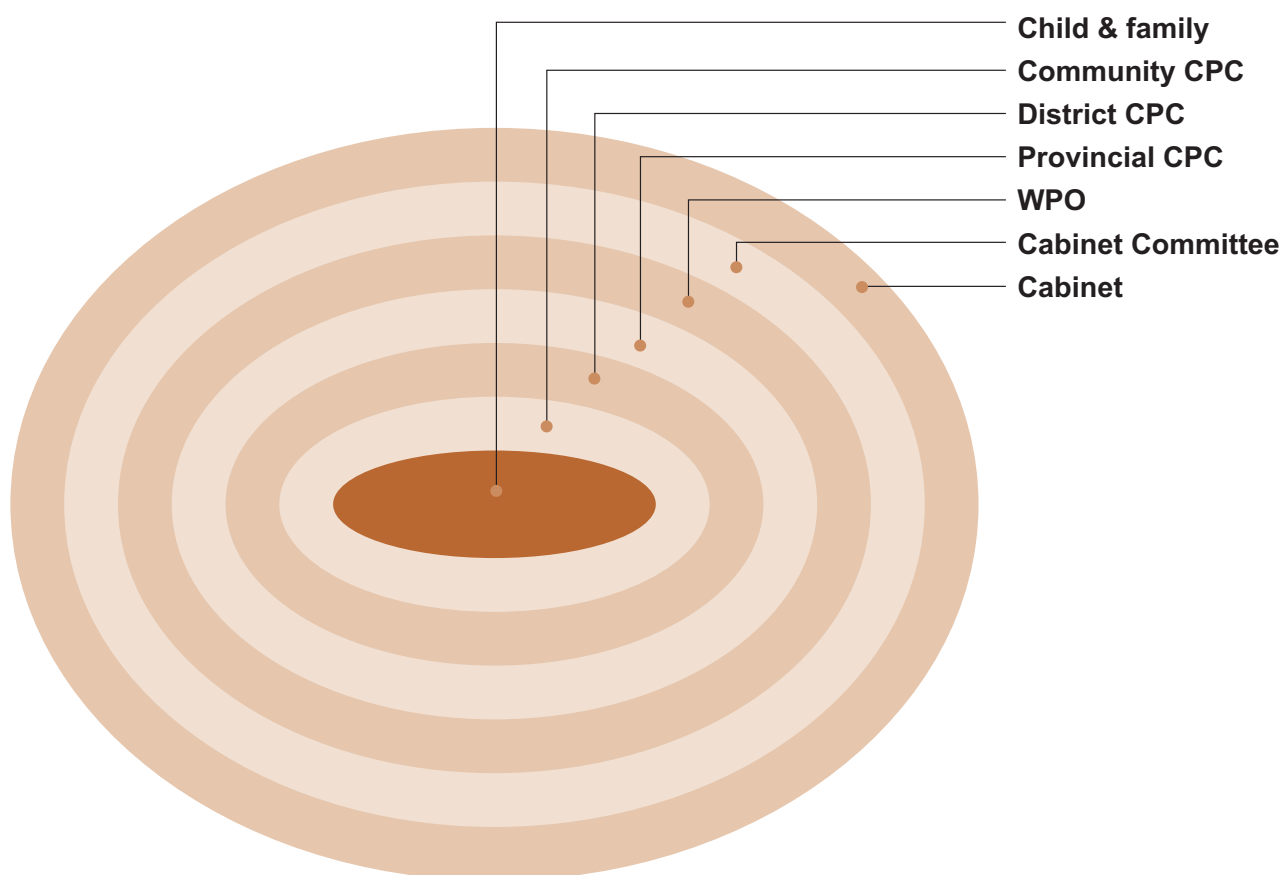
## **NAP for OVC Institutional Structure**

### **5.1 Coordination and support**

The Ministry of Labour and Social Services, through the Department of Social Services, carries the mandate to implement NAP II, in collaboration with other relevant Government ministries. Coordination of the implementation requires the NAP Secretariat<sup>31</sup> created under NAP I to be continued and strengthened to effectively provide mentoring, capacity development and implementation support role to the DSS (See Annex 1 for ToR for NAP II Secretariat). This will include dedicated personnel at national level working with assigned staff at

provincial, and district levels to support the full implementation of multi-sectoral Child Protection Committees, who will be responsible for coordinating and monitoring the service provision to children.

The National Action Plan calls for existing resources from all stakeholders to be identified and coordinated through the development of local action plans by the Child Protection Committees, with support from the Secretariat. The following are the NAP II key institutional players:

**Figure 2: Child and family-centred institutional structure for NAP II<sup>32</sup>**

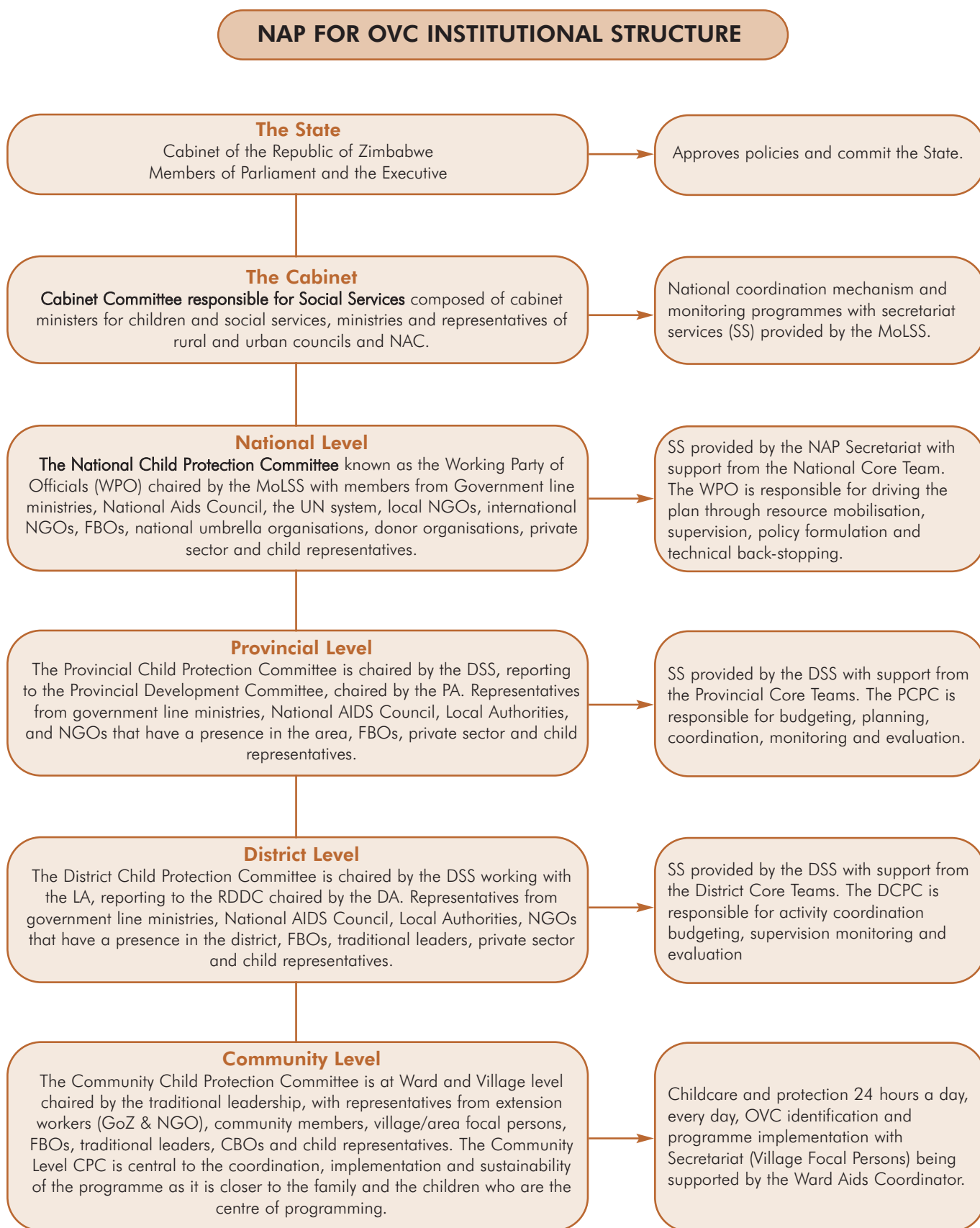
Orphans and vulnerable children in the family: The NAP II puts orphans, vulnerable children and their families at the centre of programming (see Figure 2),

with support from institutions at different levels (Figure 3).

<sup>31</sup> The Secretariat is a unit put in place by the DSS with support from UNICEF to lead programme coordination and management.

<sup>32</sup> Source – NAP for OVC 2004-2010.

**Figure 3: Coordination Structure for NAP II**



Terms of reference for the Working Party of Officials, Child Protection Committees and Core Teams are provided in Annex 2.

**Multi-sectoral collaboration and sub-national coordination:** In order to maintain the collaboration initiated under NAP I, the Secretariat will be supported by multi-sectoral teams at national, provincial and district levels; building on existing structures such as the Child Protection Committees, Victim Friendly Court Sub-Committees, District AIDS Action Committees and others. At the national level the core team will comprise the NAP Secretariat, National AIDS Council and UNICEF. Membership at sub-national levels will include the MoLSS, NAC, Local Authority, NGO and one other relevant Government Ministry. In view of the important role of BEAM in NAP II, the Ministry of Education will be important at all sub-national levels. The roles of these teams include: technical advice, information dissemination, coordination, identification and mobilisation of local resources, advocacy (serving as the voice for vulnerable children), and monitoring and evaluation as well as cross-referral for service access. In order to protect child survivors' rights to confidentiality and safety, multi-sectoral teams will not be responsible for case management, individual case management will be undertaken by probation officers<sup>33</sup>.

**Inter-donor and donor-government coordination:** Coordination among donors and with the government will continue through regular meetings of the OECD donors' OVC group established during Phase 1 of the NAP. The group coordinates financial support from development partners for the programme. In Phase II, this group may expand to include new donors and other relevant technical partners. Key government stakeholders such as MoLSS, Ministry of Finance, Ministry of Education, Ministry of Health and Child Welfare, the Registrar General's Office, the National AIDS Council, and the Ministry of Economic Planning and Development will be invited to these meetings to strengthen coordination of Government and development partners on social protection. The WPO established

by Cabinet under NAP phase I will continue to lead implementation and coordination of the NAP with other initiatives<sup>34</sup>. The WPO has sub-committees and may expand or establish new sub-committees to address emerging issues.

## 5.2 Implementation

The capacity of DSS to deliver the NAP II will be strengthened and day-to-day management of the programme will be the responsibility of the DSS, assisted by a NAP Secretariat with dedicated personnel at national level. At provincial and district levels, officers assigned to coordinate activities under NAP I will be strengthened to manage the programme. The functions undertaken by the National Secretariat will be fully integrated into the work of DSS permanent staff by the end of NAP II.

The NAP Secretariat will be strengthened to assume a broader implementation and coordination mandate. The strengthened roles will include: (a) more consistent cascading of capacity development from provincial to district levels, in close collaboration with the provinces; (b) horizontal capacity building and mentoring of DSS permanent staff; (c) providing high level advisory support on key components of the programme (e.g., cash transfers, and probation work); (d) driving innovation and dissemination of best practices; (e) institutionalising information management within the Family and Child Protection Section of DSS; and (f) capacity building of DSS to take over its functions by end of 2015.

The National Secretariat, with support from the National Core Team (NCT), key ministries and other stakeholders will develop a capacity development plan for the DSS at provincial and district level to coordinate and monitor the programme as envisaged under NAP II based on results of the DSS capacity audit carried out in 2010<sup>35</sup>. The capacity

<sup>33</sup> A probation officer according to the Children's Act is a Social Worker registered in terms of the Social Workers Act [Chapter 27:21] (No. 9 of 2001) appointed by the Minister.

<sup>34</sup> For example, the work of the Cash Transfer Working Group, the MDTF Social Protection Group and the PRP.

<sup>35</sup> Institutional Capacity Assessment – Department of Social Services – October 2010.

development plan will identify where additional human resources are needed to fully implement the Action Plan.

The NAP Secretariat will strengthen and support the existing multi-sectoral Child Protection Committees (CPCs) at provincial, district and community levels. The priority is to develop capacity at all levels starting at national level and then cascading down. This will include a rights-based approach to programming, and community-centred capacity development. The CPCs, steered by Core Teams at all levels, are responsible for guiding and coordinating implementation of the NAP II.

### 5.3 Monitoring and evaluation

The design of the monitoring and evaluation (M&E) system for NAP II draws on lessons learnt from Phase I. M&E under Phase II will complement routine output monitoring with outcome assessment. The operationalization of the system will continue to be within the “Three Ones” principle ensuring that the programme M&E system is harmonized with the national M&E framework managed by the National AIDS Council (NAC). Whilst the NAP I M&E system, was able to efficiently collect quantitative data, a gap was identified with respect to its capacity to generate qualitative data to complement the statistical data. With this realization a mechanism for the generation of qualitative data was introduced which will be carried into NAP II. Requirements for qualitative data will be at two levels. The first one will be the need to explain the trends observed in submitted monthly activity / output data returns which came to be known as *“The Story Behind the Numbers”*. The second need for qualitative data requirements will be to measure programme outcomes as a result of services delivered by the NAP. To this extent the M&E system will cover the need for the generation of qualitative data and tools for the measurement of programme outcomes such as *“My Life Now: A Child Status Monitoring Tool”* (Annex 3) and the *“Community Perception Index Tool”* (Annex 4).

#### 5.3.1 Details of the proposed M&E Framework for NAP II

##### 5.3.1.1 Output Level Monitoring

NAP II will maintain the current generation of quantitative output data for selected key indicators. All output data will be disaggregated by age and gender. This will ensure that the programme meets its obligations for national, regional and international reporting. The three pillars of NAP II will generate quantitative data as outlined below:

##### **Pillar 1: Economic strengthening of households:**

output level indicators (in addition to those developed under NAP I) will be developed to collect information on the number of households receiving monthly cash transfers.

**Pillar 2: Child Protection:** key indicators will be extracted from the National M&E system managed by NAC with additional programme level indicators.

**Pillar 3: Access to basic social services:** key indicators pertaining to access to education, health, shelter will be collected using national output indicators in the National M&E system that will be developed after finalisation of the ZNASP II document.

##### 5.3.1.2 Outcome Level Monitoring

NAP II will have a strong outcome monitoring component to facilitate measurement of the status of children over time. The outcome measurement process initiated towards the end of phase I will become a routine exercise every six months. It will include:

##### **My Life Now and Community Perception Index**

**Tools:** The results of the outcome monitoring study conducted in 2010 forms the base for the proposed series of outcome monitoring exercises to be carried out at six month intervals. In addition, specific programme outcome monitoring indicators will be developed aimed at measuring child status over time. The process will involve as much as possible, sub-national level staff from the MoLSS and NAC

supported by Core Teams and national level staff. The involvement of sub-national level staff in the exercise will assist in the achievement of the twin aims of building the capacity of government departments and building process sustainability. The revised My Life Now and Community Perception Index will also be rolled out to enable partners to carry-out their own outcome level assessments over time.

#### **Towards a standardized approach to service**

**delivery:** In addition to the above standardization of implementation processes and procedures, effective outcome monitoring will be ensured through the use of guidelines on minimum standards. Activity implementation for selected variables should be guided by existing minimum standards such as the Minimum Quality Standards on Psychosocial Support and the National Guidelines for Child Participation and Protection.

**Impact assessment:** After the first two years of implementation, a mid-term evaluation is planned for in the 3rd Year. This will afford all stakeholders an opportunity to reflect on overall programme outcomes and impact, focusing on intended and unintended impacts and value for money over time. The assessment should also fit within the broader programming framework for the national response to HIV and AIDS in the ZNASP. Data obtained would be triangulated with that from national surveys such as MIMS, Demographic and Health surveys and poverty assessments.

#### **5.3.1.3 M&E Roles and Responsibilities**

**Data Collection and Quality Control:** Implementers will be the primary agents for data collection and quality control. Output level reporting across the three pillars will be strongly monitored and validated at implementation level using existing structures at local level such as the DSS and NAC. Output and impact level data collection is best done through independently commissioned studies to enable independent analysis of processes and results. The MoLSS, NAC and UNICEF will provide technical guidance.

**Data Management and Transmission:** Data management will be the responsibility of the MoLSS, with technical support from NAC and UNICEF. A strong component of data analysis will be emphasized at sub-national level to facilitate data usage and sharing by sub-national level stakeholders and communities. Initial data analysis will be done by the MoLSS at district level with support from NAC. In line with the “Three Ones” principle and the need to strengthen national M&E systems, data flow will be from the implementation level through the MoLSS structures and NAC to the national level. This means that data reaching the Ministry at national level is similar to that reported to NAC head office.

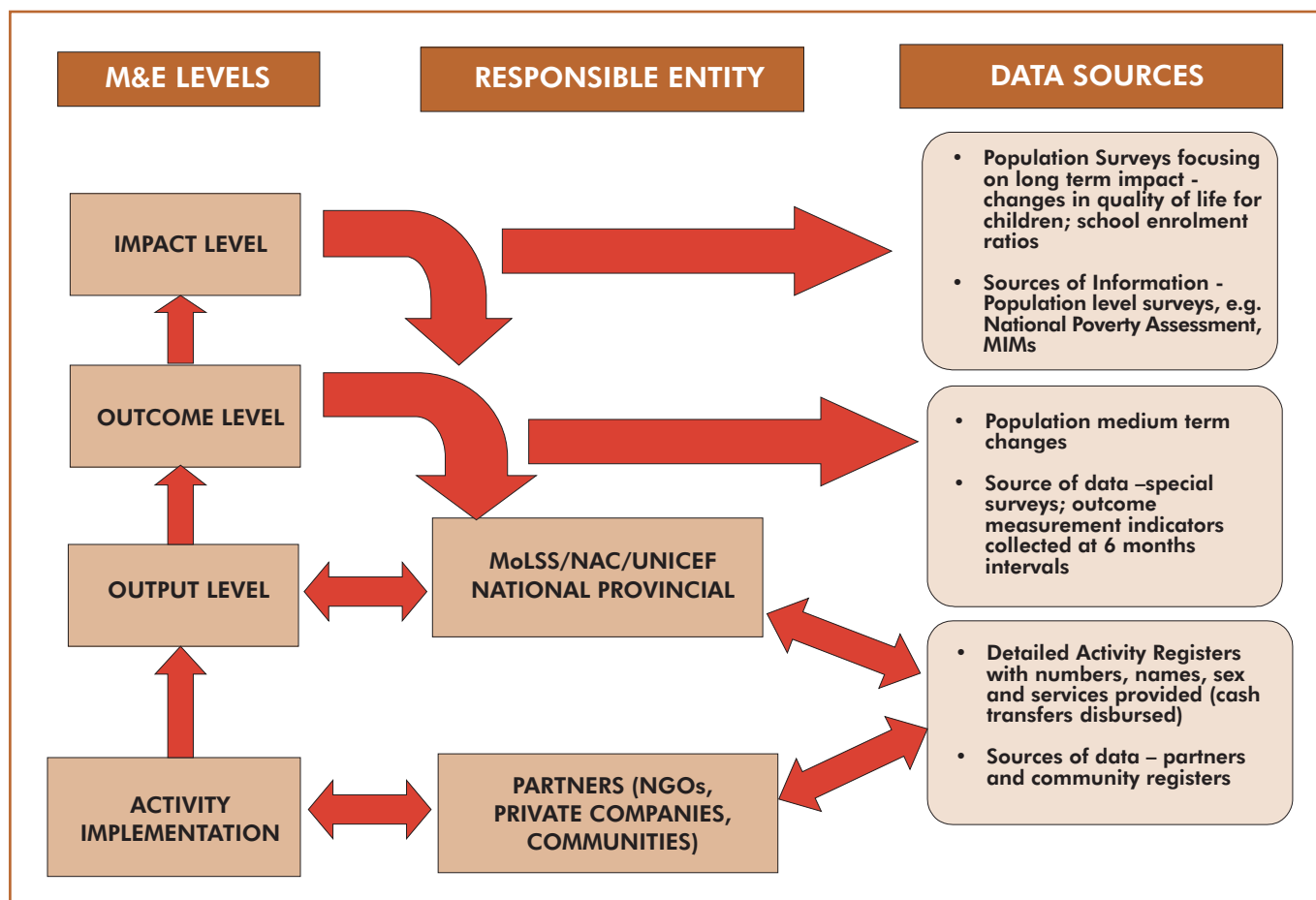
#### **Targeting and Community Information Management Systems:**

Sustainable community information management systems are vital for effective development processes. Communities should be custodians of information pertaining to development processes in order to ensure sustainability of efforts towards the alleviation of community challenges. The National M&E System has a Core National Output Indicator on the number of ward level CPC committees making use of children village/area registers for monitoring OVC interventions. The OVC registers form an important part of the community information systems for targeting and monitoring interventions. This approach ensures that the important component of participatory programme monitoring and evaluation is in-built into the M&E system. In addition, the registers contribute to the construction of community level baseline information on the situation of children in communities. This will be augmented by the Management Information System to be developed under the cash transfers programme.

The M&E framework covering the output, outcome and impact levels and outlining the responsible entities and the tools/sources of data to be used are shown in Figure 4 (page 31).



**Figure 4: NAP II Monitoring and Evaluation Framework**



# 6

## Budget



### 6.1 Budget narrative

Although this Plan proposes to identify and maximise the use of local resources through coordinated multi-sectoral efforts, additional resources are being mobilised to support the Secretariat and organisations implementing OVC interventions at community level. The Secretariat, at national level, comprises five personnel supported through UNICEF, with MoLSS providing office accommodation, communication and utilities. At sub-national level the programme is coordinated by officers reassigned by the MoLSS and fully supported through government resources. The MoLSS has a total of 140 posts designated for the coordination of the programme (10 at provincial and 130 at district levels – 2 per district). Resources are mobilised and channelled to communities through government and NGOs to implement specific interventions that address the plan's objectives.

Besides paying salaries of MoLSS sub-national staff managing the programme, additional government

contributions will be channelled through the staff from other line ministries such as Education, Justice, Home Affairs (Registrar General's Office) and from Local Government who will serve various roles in the implementation of the NAP.

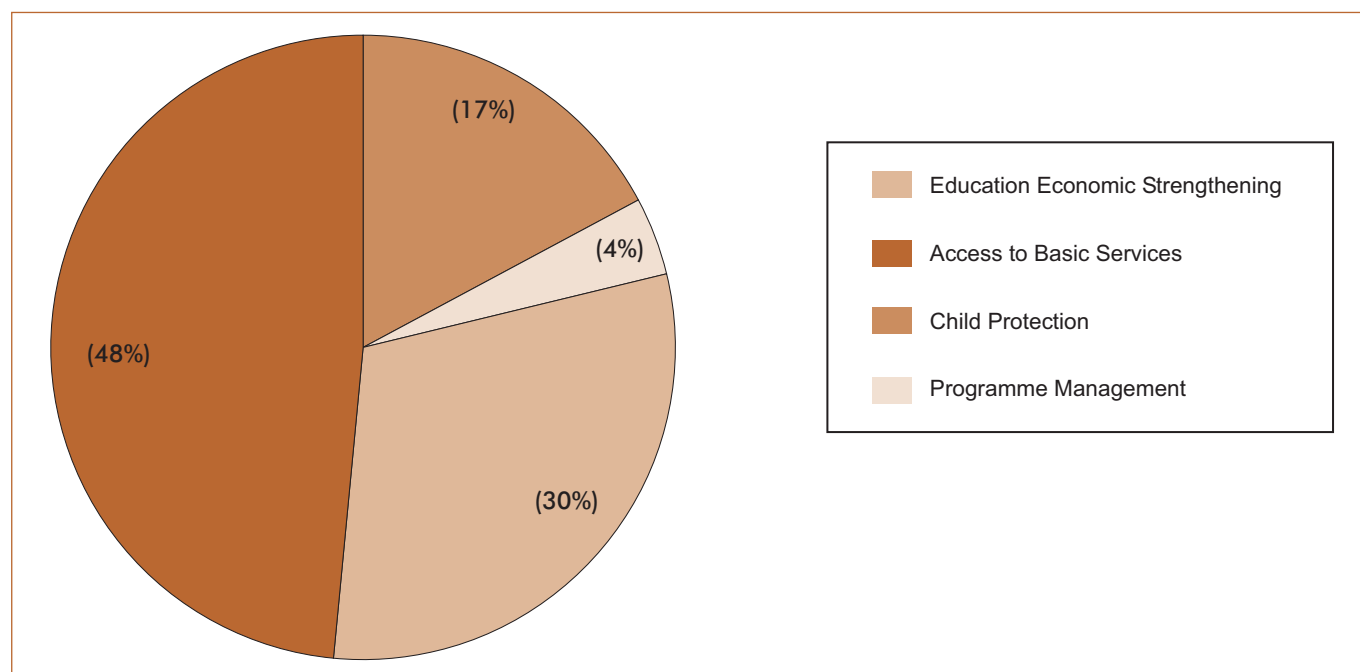
#### 6.1.1 Costing of NAP II

The resource requirements for the NAP II were calculated using the formula **Target OVC population x Coverage Goal x Unit cost per OVC per Year = Annual Resources Needed**. The budget estimates are meant to be a guiding tool which is subject to change from one operational year to another because of challenges in determining unit costs as some of the delivery approaches will be novel such as delivery of the cash transfer to households through private sector players.

Over the 5 year period, the total cost for NAP II is estimated at US\$336.34 million and is broken down by strategic pillar as shown in Table 5 and Figure 5.

**Table 5: Breakdown of the NAP II budget by strategic Pillar**

Strategic Pillar	Share in Total	Cost, USD
Family economic strengthening	30%	101,520,000
Access to basic services	48%	162,500,000
Child Protection	17%	58,570,000
Programme Management	4%	13,750,000
<b>Total Budget</b>	<b>100%</b>	<b>336,340,000</b>

**Figure 5: NAP II Budget breakdown by strategic Pillar**

The annualized budget estimates are presented in Table 6.

**Table 6: Estimated NAP II resource requirements by year (2011-2015)**

Strategic Objective	2011	2012	2013	2014	2015	Total, USD
Grand Total	51,970,000	55,836,000	63,656,000	76,144,000	88,734,000	336,340,000

The annualized budget estimates are presented in the detailed budget estimates for each strategic pillar are shown in Annex 5.

### 6.1.2 Available Resources

While there are already substantial resources being dedicated to the assistance of OVC by government, development partners, the private sector and civil society organizations, there is a need to improve resource mobilisation in order to address the substantial gaps existing in the service delivery system. Resources will include those from the Government of Zimbabwe, those mobilised through the Programme of Support (PoS) and those from other sources such as the Global Fund.

**GoZ Fiscus:** Through the MoLSS, government has been providing resources for social protection for vulnerable groups. From 2001 to date government resources budgeted specifically directly to assist OVC were in two areas, education assistance under the Basic Education Assistance Module (BEAM), and maintenance for children in institutions, foster care and children in conflict with the law under Children in Difficult Circumstances (CDC). From 2008 onwards, government made some resources available for NAP I through the CDC budget line. The budgets for 2009 and 2010 were as shown in Table 7.

**Table 7: Government allocations to BEAM and CDC**

Year	2009 (US\$)	2010 (US\$)
BEAM	8,000,000	15,225,000
CDC	2,000,000	1,000,000

**The Programme of Support:** The Programme of Support (PoS) developed under NAP I and reviewed for NAP II will provide the framework for multi-year, multi-donor funding where donors will pool resources together for the implementation of the NAP. The PoS funds will be managed through UNICEF. The main donors currently contributing to the pool (DFID, NZAID, SIDA Sweden, Netherlands Government, German Government, AUSAID and the European Commission) have given indicative commitments to provide support for implementation of the NAP II.

# 1

## ANNEX

### Terms of Reference for the NAP Secretariat

#### Background

The sharp increase in poverty in Zimbabwe over the last decade, coupled with the weakening of the social protection system, has resulted in multiple deprivations for children in terms of access to basic services. Recent research indicates that 1.5 million households are extremely poor and food insecure in Zimbabwe. These households are home to an estimated 3.5 million children, who are in need of access to basic services and protection. While the national HIV prevalence rate has come down to 14.3 %, the HIV epidemic remains one of the largest drivers of poverty in Zimbabwe. A quarter of all children in Zimbabwe – 1.6 million are vulnerable with 989,009 have lost one or both parents due to HIV and AIDS. Most of them are cared for by their extended families, including grandparents ('generation gap' households) or are living in child-headed households.

The NAP for OVC Phase II (NAP II) will build on the

good work started under NAP Phase I (2005 – 2010) and intensify the national response. NAP II seeks to deepen the implementation of national legislation and policies pertinent to children, in particular the Children's Act. While the Act provides legal protection for children who fall through the social safety nets, the policy puts in place a mechanism for coordination, which is the overall responsibility of government to provide minimum standards and guidelines for civil society, the community and all other duty bearers to monitor and respond to the situation of children. According to the DSS Capacity Assessment exercise undertaken in 2009 there are deep-seated capacity weaknesses throughout the Department in terms of skills, experience among professional front-line staff and resources. The NAP Secretariat will strengthen the DSS ability to provide leadership, coordination, guidance and maintain standards and also form the platform from which the capacity gaps identified in the DSS assessment will be addressed.

## The Secretariat and Sub – national Level Coordination Structures

The first objective of the NAP II is to strengthen the existing coordination structures for OVC programmes and increase resource mobilisation. The coordination of OVC programmes undertaken within the implementation of the Children’s Act and the National Orphan Care Policy is a mandate of the MoLSS. The Ministry also provides chairmanship and secretariat services for Cabinet Committee responsible for Poverty Reduction and Social Services.

At national level, the Secretariat that was established during NAP I will be strengthened to be able to cascade comprehensive capacity development horizontally and vertically within the DSS. At provincial and district level government has re-assigned DSS staff to coordinate the programme during NAP I - one per province and two per each district. These will be retained and efforts to fill vacancies continue to be made. The Secretariat will be responsible for the capacity development of the sub-national level staff who will in - turn cascade similar capacity development to coordination structures – child protection committees up to community level.

### Terms of reference for the Secretariat

The NAP II Secretariat will be strengthened to assume a broader implementation and coordination mandate. The strengthened roles will include:

- More consistent cascading of capacity development from provincial to district levels, in close collaboration with the provinces – this will include horizontal capacity building and mentoring of DSS permanent staff to enable DSS to take over its functions by end of 2015;

- Providing high level advisory support on key components of the programme (e.g., cash transfers, probation work, facilitate the implementation of community targeting approaches and active involvement of children and communities in monitoring and evaluation processes for the programme). This will include a rights-based approach to programming, and community-centred capacity development;
- Facilitate standard setting through development of standard based approaches to OVC programming and ensure capacity development of DSS officers, coordination structures and implementing partners in the application of standards in implementation;
- Driving innovation and dissemination of best practices – this will be done through the establishment of an effective communication strategy for the dissemination of strategic information on the NAP II to all levels including the sharing and dissemination of best practices;
- Institutionalising information management within the Family and Child Protection Section of DSS – this involves establishing and maintenance of an effective management information system including the hosting of a national database on OVC to facilitate data collection, analysis and dissemination of information at all levels during the implementation;
- Supporting the strengthening and functioning of existing multi-sectoral Working Party of Officials (WPO), Child Protection Committees (CPCs) at provincial, district and community levels. This also includes monitoring and mentoring of CPCs down to community levels (ward and village levels); and
- Generate timely progress reports on the situation of OVC, assessing the outcomes and impact of programmes by stakeholders and ensuring submission of same by the WPO through the Ministry to Cabinet Committee responsible for Poverty Eradication and Social Services on a yearly basis and whenever it is necessary.

# 2

## ANNEX

### **Terms of Reference for the Working Party of Officials, Child Protection Committees and Core Teams**

#### **Terms of reference and membership**

The OVC Working Party of Officials at national level established by the Cabinet Committee responsible for Poverty Eradication and Social Services during phase I will continue to drive the implementation of the programme. It comprises of eleven permanent representatives (including nine government ministries, NAC and UNICEF) as follows:

- Labour and Social Services;
- Health and Child Welfare;
- Education, Sports, Art and Culture;
- Justice and Legal Affairs;
- Women Affairs, Gender and Community Development;

- Youth Development, Indigenisation and Empowerment;
- Finance;
- Local Government and Urban Development;
- Home affairs – The Registrar General’s Department;
- National AIDS Council (NAC); and
- UNICEF.

In NAP II, Civil Society organisations, the private sector and children will continue to nominate representatives from NGOs, FBOs, CBOs, donors, the private sector and children to serve on the OVC WPO, to bring the total number of members to 26.

The detailed membership for the WPO, Child Protection Committees and Core Teams is shown below:

Working Party of Officials	Child Protection Committees	National and Sub-national Core Teams
<ul style="list-style-type: none"> <li>• Government line ministries (9)</li> <li>• National AIDS Council (1)</li> <li>• UN system (1)</li> <li>• Local NGOs (2)</li> <li>• International NGOs (3)</li> <li>• FBOs (2)</li> <li>• National umbrella organisation (1)</li> <li>• Z/Red Cross Society (1)</li> <li>• Donor organisations (2)</li> <li>• Private Sector (1)</li> <li>• Children (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Government line ministries</li> <li>• National AIDS Council</li> <li>• Local Authorities</li> <li>• NGOs that have a presence in the area</li> <li>• FBOs</li> <li>• Private Sector</li> <li>• Children</li> </ul> <p>The number of members from each of the above stakeholder category represented in the CPCs will differ from one area to the next, depending on the types of organisations present in the area where the CPC will be created. NAC and the local authorities will be represented in all areas.</p>	<p>National Core Team</p> <ul style="list-style-type: none"> <li>• MoLSS/Secretariat</li> <li>• NAC</li> <li>• UNICEF</li> </ul> <p>Provincial &amp; District Core Teams</p> <ul style="list-style-type: none"> <li>• MoLSS</li> <li>• NAC</li> <li>• Local Authority</li> <li>• NGOs (2)</li> <li>• Any other government Ministry</li> </ul>

**Notes:** Figures in brackets denote number of members in the WPO institutional structure.

The WPO has four sub-committees as follows:

- Strategy and Coordination and Resource Mobilisation
- Advocacy and Communication
- Monitoring and Evaluation
- Birth Registration

The OVC WPO can invite new members to the sub-committees to complement its competencies and establish new sub committees from time to time. At provincial and district level the Child Protection

Committees are responsible for driving the implementation of NAP II. In order to maintain the multi-sectoral collaboration, the MoLSS/National Secretariat is supported by Core Teams at national, provincial and district level.

The National Secretariat, established in the MoLSS, provides secretariat services to the WPO while at sub-national level, provincial and district coordinators provide secretariat services to CPCs. The National Secretariat and provincial and district coordinators service the WPO and CPCs respectively with support from the Core Teams.



## Roles and responsibilities

The OVC WPO and CPCs shall:

- Provide technical advice, mobilise political commitment and advocacy on the implementation of NAP II;
- Mobilise resources and create synergies with other related programmes to ensure timely implementation;
- Advocate with local authorities, government institutions, private sector and donors to prioritize commitment of resources to NAP II activities and ensure close collaboration among stakeholders;
- Report to the Cabinet Committee responsible for Poverty Eradication and Social Services on progress made yearly and when necessary;
- Meet regularly to discuss priority needs including issues on policy, legislation and programmes by stakeholders;
- Oversee the implementation of any grants for OVC programmes;
- Ensure child participation in WPOs and CPCs and during the implementation of the NAP II;
- Monitor the overall implementation of NAP II.

# 3 ANNEX

## My Life Now Outcome Monitoring Tool

### A Child Status Monitoring Tool

Code: \_\_\_\_\_

Age: \_\_\_\_\_

Girl or Boy: \_\_\_\_\_

The content of this questionnaire have been explained to me and I consent to be included in the study.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATEMENT	YES	NO
<b>1. Participation</b>		
I am aware of activities especially arranged for children, such as youth clubs in this community		
In the last 6 months, I have participated in some activities especially arranged for children such as youth clubs in this community		
The activities I liked best were.....		
I am aware that there is a Child Protection Committee in this community.		
In the last 6 months, I have participated in activities arranged by child-led Child Protection Committee in this community.		
<b>2. Birth Certificate</b>		
I have a birth certificate.		
I do not have a birth certificate BECAUSE....		
<b>3. School attendance</b>		
I am enrolled and attend school.		
I am satisfied with my progress at school		
STATEMENT	YES	NO
Do you like to go to school?		
Which subject do you like the best? Please write here.		
STATEMENT	YES	NO
Which activities are you involved in outside school? Please tick ✓all that apply sports creative activities—art, drama, singing		
Peer education		

STATEMENT	TICK HERE
I am enrolled in school but I sometimes miss school because (Please tick ✓ all that apply)	
I have other duties at home.	
I am ill.	
Members of my family are ill.	
I do not have a school uniform.	
I do not have school fees.	
I do not have school books.	
I am hungry.	
Other reason (s) for missing school.	

I am <b>NOT</b> enrolled in school because (Please tick ✓all that apply)	
I have no birth certificate	
There is nobody to assist me	
I have no money for school fees	
I have to work	
Other reason(s) (please write in the box below)	

STATEMENT	TICK HERE
-----------	-----------

#### 4. My Diet

Please tick ✓ all that apply	
I <b>ALWAYS</b> have enough food to eat.	
I <b>SOMETIMES</b> have enough food to eat.	
I <b>NEVER</b> have enough food to eat.	

5. Where I live	YES	NO
I live in a place that is safe.		

6. My health		TICK HERE
In the last 3 months, I had (please tick ✓ all that apply)		
diarrhoea		
fever		
other illnesses (please write here)		
Access to Water Supply		
At home. I usually get my drinking water from (Please tick ✓ all that apply)		
Tap water		
Borehole		
Well with a cover		
River/stream		
Other (please specify)		
It usually takes me _____ hours/minutes to fetch drinking water.		
Toilet facilities		
At home, I normally use one of the following toilet facilities? (Please tick ✓ one)		
Flush toilet.		
Traditional pit latrine.		
VIP/Blair latrine		
No facilities/the bush		
7. Access to Health Care facilities	YES	NO
When I am sick and need treatment, I go for assistance to the clinic.		
STATEMENT	TICK HERE	
If you tick No box on the previous question, it is because (please tick ✓ all that apply)		
the clinic is far away.		

you have no money	
there is no one to take you to the clinic.	
the clinic is often closed.	
the nurse at the clinic shouts at you.	
you prefer to seek assistance from the traditional/faith healer.	

**8. How I feel about myself**

I often (please tick ✓ all that apply)	
feel worried.	
feel like crying.	
feel positive about my future.	
feel bad about myself.	
feel people dislike me.	
feel confident in myself.	
prefer to spend time with my friends.	
quarrel with my friends.	

**9. Statement**

In the last 6 months, I received (Please tick ✓ all that apply )	
clothes.	
food.	
money.	
assistance for my education such as;	
school uniform	
school fees	
school books	

food from the community garden.	
counseling.	
assistance for medical care.	

I feel that I still need the following additional support. (please write below.)

10. Life skills training	YES	NO
In the last 6 months, I have attended life skills training for example sewing, carpentry, gardening and HIV and AIDS prevention.		

Please list the training you attended.

**STATEMENT**

The training I like the best was....

The training was organized by...

**11. Who I live with**

I live with	
mother	
father	
grand mother	
grand father	
brother ( how many).....	
sister ( how many).....	
aunt ( how many).....	
uncle ( how many).....	
other children ( how many).....	
Someone else. Please tell us who...	

**12. Who takes care of me**

The person who takes care of me is (Please tick ✓ all that apply)

STATEMENT	TICK HERE
adult(s) I live with	
relatives	
community leader whom I do not live with	
siblings I live with	
other children whom I do not live with	
NGO/Government staff	
Other people (please write below)	

13. How I am treated by my caregiver	TICK HERE
--------------------------------------	-----------

The person who takes care of me (please tick √all that apply)	
supports and encourage me.	
praises me.	
comforts me.	
respect my sense of freedom.	
understand me.	
trusts me.	
treats me badly.	
treats me differently from other children.	
gives me advice and guidance.	
spends time with me.	

STATEMENT	
provides for my needs.	
beats me.	
talks nicely with me.	



14. Place or people that protect me	YES	NO
When I am treated badly, I know who I can talk to and where to go.		
The person I talk to is....		
The place I can go to is....		
15. Significant change in my life	YES	NO
I have seen an improvement in my life since I started getting assistance from an outside organization.		
<p>The three most important changes that happened in my life during the last 6 months are:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>		

# 4 ANNEX

## Community Perception Index Tool

Date \_\_\_\_\_  
Interviewee's Sex \_\_\_\_\_  
Ward \_\_\_\_\_  
Province \_\_\_\_\_

Interviewee's Age \_\_\_\_\_  
Village \_\_\_\_\_  
District \_\_\_\_\_  
Name of Interviewer \_\_\_\_\_

### Introduction

*This is a survey to find out how organizations can improve the delivery of services for CHILDREN IN NEED. Your opinion is valued and very important. Please answer the questions honestly- this will go a long way towards assisting CHILDREN IN NEED in the future. The survey is confidential and your name will not be used when we share the results*

*We will start out by obtaining some background information*

Designation of respondent (e.g. OVC Caregiver, Key Leader) \_\_\_\_\_

Have you ever heard of the National Action Plan (NAP) for OVC? Yes [ ] No [ ]  
Have you ever participated in a meeting to learn about the NAP for OVC? Yes [ ] No [ ] N/A [ ]  
How would you select children in most need of assistance in this community? \_\_\_\_\_

*Thank you.*

*Now we would like to proceed by reading some statements which we invite you to judge as true or false. If you are not sure of the answer please just say "Unsure".*

Variable	Item	True	False	Un-Sure	Comments
1) Partner visibility	In the last six (6) months I have participated in at least one meeting coordinated by organizations (name) working with CHILDREN IN NEED in this community (If False, there is need to probe on reasons for not participating. It is important to establish whether the challenges lie with the respondent (as an individual), with the NGOs or community coordination?)				Probe name please:
	In the last year I have been involved in a process to identify CHILDREN IN NEED of assistance in this community				Probe how? Formal – committees Informally –
	As far as I am aware the following types of assistance have been provided to CHILDREN in NEED by organizations working in this community:	Type of Assistance		Name of Organisation	
2) Goal	I understand what organizations are trying to achieve with respect to their work with Children in Need in this community				
3) Progress towards goal	In my opinion progress has been made towards assisting Children in Need in this community				
4) Quality of services	In my opinion, services provided by organisations met the expectations of the community 3 and 4 overlap				
5) Community involvement and participation - Planning, implementation monitoring of the projects	In the last six (6) months, I have personally participated in meetings with other members of this community to discuss ways to assist CHILDREN IN NEED This is a repetition of 1 above.  In my opinion, organizations working in this community have promoted free and open discussion concerning CHILDREN IN NEED				

Variable	Item	True	False	Un-Sure	Comments
6) Participation	I am aware that members of this community routinely meet to discuss issues concerning CHILDREN IN NEED (This overlaps with 5 above.				
7) Child Protection	There is a Child Protection Committee (CPC) in this community				
8) Child Participation	To my knowledge there is a CPC led by Children in this community				
9) Planning	In my opinion this community has been involved in developing a program (plan) for providing assistance to Children in Need				
10) Monitoring	In the last six (6) months, our community has been invited to participate in meetings where organizations share information about the progress of interventions that serve CHILDREN IN NEED				
	In the last six (6) months, organisations working in this area have consulted the community about what new action is needed to assist CHILDREN IN NEED				
11) Community perceptions of benefits	In my opinion, most CHILDREN IN NEED in this community have benefited from external support offered by organizations working here Overlaps with third item of No. 1				
12) Reach	Most people in this community know the source of assistance for CHILDREN IN NEED in this community Is it about knowing the source of assistance, or, it should be about knowing where to get assistance?  In the last six(6) months organizations working in this community have involved children in their meetings				Specify Source:

Variable	Item	True	False	Un-Sure	Comments
13) Sustainability	In my opinion, this community would be able to provide support for CHILDREN IN NEED without assistance from outside organisations				
14) Targeting	In my opinion, in the last year the children most deserving of assistance have been targeted by organizations working in this community				
15) Capacity Development	In the last 6 months some members of this community have participated in training to assist Children in Need				
16) Most Significant change	In my opinion, the three most Important Changes that have occurred as a result of organizations working with CHILDREN IN NEED in this community are :	1. 2. 3.			
17) Ethical soundness	In my opinion, organisations working in this community <ul style="list-style-type: none"> <li>• Respect the community culture</li> </ul>				
	<ul style="list-style-type: none"> <li>• Do not abuse the beneficiaries during targeting</li> </ul>				
18) Other Emerging Issues	If there are some other issues that you wish to raise, please do so				

# 5

**ANNEX**

## **NAP II Schedule of Activities**

### **Pillar 1 Strengthening the Household Economy**

**Objective:** Increase the incomes of 250,000 extremely poor households, particularly those with orphans and vulnerable children to build a healthy and supportive family environment by December 2015;

Key Activities	Facilitating Stakeholders	Indicators / Means of Verification	Time Frame	Expected Results
Facilitate design and piloting of a cash transfer programme with support from external consultants	MoLSS (Family and Child Protection and Policy Sections), UNICEF, donors	Consultants identified and design document produced # of households benefiting from cash transfers pilot	November 2010 to February 2011	Cash transfers design manual in place and evidence from pilot used to inform scale up of the programme
Facilitate scale up of cash transfers programme from design and pilot stage to cover all provinces in the country	MoLSS (Family and Child Protection and NAP Secretariat), line ministries, UNICEF, Civil Society organisations (CSO), private sector organisations	# of OVC benefiting from cash transfers pilot # of new districts where cash transfers are rolled out to; # of new households with OVC benefiting from cash transfers; - Total number of OVC benefiting from cash transfers	March 2011 And ongoing	250 000 households benefiting from cash transfers by 2015
Review current systems and design a cash transfers programme management system to facilitate smooth operations and liaison with identified cash delivery mechanisms	MoLSS (Family and Child Protection and Policy Section, NAP Secretariat) UNICEF, consultants	Programme management Framework document in place	March 2011	Timely delivery of programme components
Train sub-national structures in targeting, coordination, management and monitoring of cash transfers programme	MoLSS (NAP Secretariat, Policy Section and Family and Child protection)	# of sub-national officers trained in targeting, coordination, management and monitoring of cash transfers	March 2011 and ongoing	Improved coordination, management and efficient targeting approaches

Key Activities	Facilitating Stakeholders	Indicators / Means of Verification	Time Frame	Expected Results
Cascade training of targeting, coordination and monitoring of cash transfers to child protection committees at all levels through regular CPCs meetings	MoLSS (National Secretariat), NAC – DSS sub-national level, Core Teams	# of sub-national CPCs trained in coordination, targeting and monitoring of cash transfers	May 2011 and ongoing	Reduction in inclusion and exclusion errors in targeting
Develop and refine a sound M&E system for routine tracking of progress in the cash transfers programme	MoLSS (NAP Secretariat, Policy Section), NAC UNICEF, CSO, private sector	M&E Framework with clear indicators, timelines, data collection and reporting mechanisms in place	February – April 2011 ongoing	Reduction in inclusion and exclusion errors in targeting
Facilitate ongoing documentation, monitoring and mentoring of sub-national structures in the implementation of household economic strengthening activities	MoLSS (NAP Secretariat, Family and Child Protection, Policy Section), NAC, UNICEF DSS sub-national level, CPCs, Core Teams and CSO	Field monitoring reports Documentaries, programme reports and IEC materials produced	February 2011 and ongoing	Improved coordination, management and efficient targeting approaches Availability of information on cash transfers
Identify and form synergies with other partners for provision of livelihoods support to communities, particularly labour capable households with OVC	MoLSS (NAP Secretariat, Family and Child Protection Sections, Policy Section), UNICEF, WFP, FAO, CSO, donors	# of new partners identified to support livelihoods interventions # of households benefiting from livelihoods support	January 2012 and ongoing	Improved incomes and livelihoods alternatives for target households



## Pillar II: Child Protection

**Objective:** Increase access of all vulnerable children to effective child protection services, including social welfare, justice and specialised child protection services by December 2015.

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
Facilitate establishment of baseline information on child abuse, children in institutions, birth registration, children with disabilities, and children on/in the streets, displaced children, and child-headed households.	MoLSS (Family and Child Protection, NAP Secretariat), MoJLA, UNICEF, donors, CSO	Baseline study reports	February - April 2011 and ongoing	Evidence based child protection programming
Facilitate development of Case Management standards and procedures that improve the implementation of policies and laws for the effective delivery of justice to children	MoLSS (Family and Child Protection, NAP Secretariat), MMoJLA, UNICEF, donors, CSO	Guidelines and Standards Manuals in place for <ul style="list-style-type: none"> <li>- Children in conflict with the law including pre trial diversion,</li> <li>- Children in need of care in terms of the Children's ACT</li> <li>- Fostering and Adoption</li> <li>- Committed children case conferences</li> <li>- Victim Friendly System services</li> </ul>	By December 2012	Improved and standardised approaches in child protection case management

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
Provide ongoing training to Probation Officers, Victim Friendly Police, Health Workers, CSO and Court Officials on case management, referrals and monitoring of the situation of children	MoLSS (Family and Child Protection, NAP Secretariat), Mo/IA, Ministry of Health and Child Welfare, CSO	# of people trained in case management, referrals and monitoring of the situation of children	March 2011- December 2015	Improved and standardised approaches in child protection case management
Facilitate re-unification and re-integration of children outside of a family environment within the family setting	MoLSS (Family and Child Protection, NAP Secretariat), Ministry of Home Affairs, CSO	# of new children living outside of family care reunited within a family environment from: a) the street b) formal institutional care c) irregular migration	Ongoing	Improved protection of children on the move

### Pillar 3: Access to basic services

**Objective:** increase access of all orphans and vulnerable children and their families to basic education, health and other social services, including:

- o Primary education support to at least 750,000 of the country's poorest children, including those living with disabilities per year;
- o Secondary education support to at least 200,000 of the country's poorest children per year; and
- o Medical support to children from at least 25,000 of the country's poorest households per year;

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
Refine and align targeting criteria for BEAM and AMTOs with OVC Village/Area Registers (V/AR) for greater involvement of communities in targeting	MoLSS (NAP Secretariat, sub-national offices), NAC, Local Authorities, UNICEF, CSO	# of children identified for social services provision through OVC V/AR # of community structures trained in community targeting	Ongoing 2011-2015	Empowered communities that take ownership of interventions targeting their children
Facilitate timely payment of fees for BEAM beneficiaries every school term and AMTO claims	MoLSS (Family and Child Protection Section, BEAM PMU), UNICEF, MoESAC, Community CPCs and BEAM selection committees	# of Children benefiting from BEAM # of Children benefiting from AMTOs Timeliness of payments	Ongoing 2011 -2015	750 000 primary and 200 000 secondary school children accessing BEAM per year  children from 25 000 households benefiting from AMTOs per year

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
Develop strategies for increased community participation in monitoring BEAM processes and facilitate linkages for other non school fee needs of BEAM beneficiaries	MoLSS (Family and Child Protection Section, NAP Secretariat), NAC, UNICEF, MioESAC, Community CPCs and BEAM selection committees, CSO	# of community structures trained in monitoring BEAM # of OVC benefiting from BEAM retained in school	Ongoing 2011-2015	Improved attendance rate for children supported through BEAM
Develop mechanisms for monitoring OVC access to basic health services including reproductive health, maternal health and under 5 immunisation	MoLSS (NAP Secretariat, sub-national offices), UNICEF, NAC, Ministry of Health and Child Welfare, CSO	# of children referred to health services, including immunisation and followed up by communities # of pregnant women referred to health services by the community	Ongoing 2011-2015	Improved health standards and reduced infant mortality for OVC
Facilitate establishment of a referral system for provision of various social services including shelter, food and nutritional support, home based care services and water and sanitation to OVC	MoLSS (Family and Child Protection Section, sub-national offices, NAP Secretariat), NAC, UNICEF, Ministry of Education, sub-national CPCs, CSO	# of children referred to and receiving social services support	Ongoing 2011-2015	Improved wellbeing for OVC

## Pillar 4: Programme Coordination and Management

**Objective:** strengthen existing coordination structures for OVC programmes at national, and sub-national levels, by mobilising increased resources and capacity building of staff by December 2015;

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
National and sub-national capacity development for the DSS in line with identified capacity gaps in the DSS Capacity Assessment Report of October 2010	MoLSS (Directorate, NAP Secretariat), UNICEF, donors	Capacity development programme developed # of DSS staff benefiting from capacity development initiatives	April 2011 Annually up to 2015	Improved DSS capacity to deliver social services in line with its statutory mandate
Identify opportunities and undertake resource mobilisation activities for the fulfilment of NAP II objectives	MoLSS (Directorate, NAP Secretariat), UNICEF	Amount of resources mobilised # of new funding partnerships created	Ongoing 2011-2015	Increased funding for under funded OVC programmes
Development of an effective communication strategy for the dissemination of strategic information on the NAP II to all levels including the sharing and dissemination of best practices, networking and forming synergies locally, regionally and internationally;	MoLSS (NAP Secretariat), UNICEF, NAC, CSOs	Communication strategy document in place # Platforms created for sharing of information and best practices	By December 2011 Ongoing	Availability of programme information to all stakeholders for programme improvement
Facilitate the development and continuous updating of a Management Information System for the DSS	MoLSS (NAP Secretariat), UNICEF, NAC, CSOs	A central database of information in place	By December 2011 and ongoing	Improved data management in the DSS

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
Facilitate strengthening of existing multi-sectoral coordination structures eg Working Party of Officials (WPO) Child Protection Committees (CPCs) at provincial, district and community levels and Core Teams at all levels.	MoLSS (NAP Secretariat), UNICEF, NAC, CSOs	# of coordination meetings at all levels Monitoring and mentoring reports	Ongoing 2011-2015	Improved coordination of effort and stakeholder understanding of the programme
Facilitate production of timely progress reports on the situation of OVC and ensuring submission of same by the WPO through the Ministry to Cabinet.	MoLSS (NAP Secretariat), UNICEF, NAC, CSOs	# of reviews, assessments and operations research studies undertaken Timely submission of reports	Ongoing 2011-2015	Availability of programme information to all stakeholders for programme improvement

**Pillar 5: Mainstreaming cross-cutting issues:** to ensure inclusion of gender, age, disability, non-discrimination, equity, child participation, and HIV and AIDS prevention, mitigation and response, and capacity building

**Objective:** Increase non discriminatory child participation, where appropriate, in all issues that concern them from community to national level including children living with disabilities

Key Activities	Facilitating Stakeholders	Indicators	Time Frame	Expected Results
Support sub-national Core Teams to work with children to strengthen child led CPCs that are sub-committees of adult led CPCs and meaningful participation of children (boys and girls of different ages including those with disabilities) in all programmatic activities	MoLSS (NAP Secretariat, sub-national offices), UNICEF, NAC, CSOs	# of sub-national child led CPCs meeting regularly # of adult CPCs meeting with participation of child representatives # of children participating in child led initiatives	Ongoing 2011-2015	Empowered children with better opportunities to achieve in accordance with their potential
Sensitization of families, communities, children and services providers on gender, HIV and AIDS and the rights of children including excluded and marginalised groups, such as children with disabilities, or from ethnic minorities to eliminate stigmatization.	MoLSS (NAP Secretariat, sub-national offices), UNICEF, NAC, CSOs	# of sensitisation activities # of children living with disabilities benefiting from interventions Gender Action Plans in place for every implementing partner Gender specific and age disaggregated monitoring indicators developed	Ongoing 2011-2015	Improved community awareness on issues around gender, disability and HIV and AIDS and creation of opportunities for children with disabilities
Facilitate access to basic services for children infected and affected by HIV and AIDS including access psychosocial support	MoLSS (NAP Secretariat, sub-national offices), Ministry of Health and Child Welfare, UNICEF, NAC, CSOs	# of children accessing paediatric ART PSS guidelines finalised	Ongoing 2011-2015	Improved wellbeing for OVC

# 6 ANNEX

## Budget Estimate for NAP II, 2011 - 2015

STRATEGIC OBJECTIVE	2011	2012	2013	2014	2015	TOTAL	Share
<b>1. Strengthening Household Economy</b>							
Cash Transfers (inc mgmt charge)	4,300,000	8,900,000	16,600,000	28,900,000	41,300,000	100,000,000	30%
Skills development	66,000	132,000	252,000	440,000	630,000	1,520,000	0%
<b>Total Strategic Objective 1</b>	<b>4,366,000</b>	<b>9,032,000</b>	<b>16,852,000</b>	<b>29,340,000</b>	<b>41,930,000</b>	<b>101,520,000</b>	<b>30%</b>
<b>2. Access to Basic Services</b>							
BEAM - Primary	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	75,000,000	22%
BEAM - Secondary	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	75,000,000	22%
AMTOs	750,000	750,000	750,000	750,000	750,000	3,750,000	1%
<b>Total Strategic Objective 2</b>	<b>32,500,000</b>	<b>32,500,000</b>	<b>32,500,000</b>	<b>32,500,000</b>	<b>32,500,000</b>	<b>162,500,000</b>	<b>48%</b>



STRATEGIC OBJECTIVE	2011	2012	2013	2014	2015	TOTAL	Share
<b>3. Child Protection</b>							
National policies and standards (training skills for policy, developing and printing of policies and standards, dissemination, and communications and advocacy)	250,000	250,000	250,000	250,000	250,000	1,250,000	0%
Case management (probation work, case conferencing (20 conferences per year, @ \$200/conference), NGO cross referencing, case load database, para-social, DSS logistics for probation work, referrals to health, nutrition, HIV mitigation, ART)	1,500,000	700,000	700,000	700,000	700,000	4,300,000	1%
Community care and protection (support to NGO projects supporting critical services – disability, GBV, abuse, street/abandoned children, etc )	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	30,000,000	9%
Access to justice (child friendly courts, legal aid, children in conflict with the law)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000	1%
Institutional support (institutional support grants – appro*. 5,500 children in institutions – both Govt and non-Govt)	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000	3%
<b>Child Protection Committees</b>							
Provincial and district meetings	180,000	180,000	180,000	180,000	180,000	900,000	0%
Community meetings	186,000	186,000	186,000	186,000	186,000	930,000	0%
Printing village registers	30,000	30,000	30,000	30,000	30,000	150,000	0%
IEC materials for village focal points	558,000	558,000	558,000	558,000	558,000	2,790,000	1%
<i>Sub-total Child Protection Committees</i>	<i>954,000</i>	<i>954,000</i>	<i>954,000</i>	<i>954,000</i>	<i>954,000</i>	<i>4,770,000</i>	<i>1%</i>
Child Participation	650,000	650,000	650,000	650,000	650,000	3,250,000	1%
<b>Total Strategic Objective 3</b>	<b>12,354,000</b>	<b>11,554,000</b>	<b>11,554,000</b>	<b>11,554,000</b>	<b>11,554,000</b>	<b>58,570,000</b>	<b>17%</b>
<b>Total Programme Costs</b>	<b>49,220,000</b>	<b>53,086,000</b>	<b>60,906,000</b>	<b>73,394,000</b>	<b>85,984,000</b>	<b>322,590,000</b>	<b>96%</b>
<b>4. Programme Management</b>							
Programme coordination, administration, monitoring and monitoring (BEAM, cash, child protection)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000	1%
Operational research	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000	1%
Monitoring, evaluation, research and communications	750,000	750,000	750,000	750,000	750,000	3,750,000	1%
<b>Total Programme Management</b>	<b>2,750,000</b>	<b>2,750,000</b>	<b>2,750,000</b>	<b>2,750,000</b>	<b>2,750,000</b>	<b>13,750,000</b>	<b>4%</b>
<b>GRAND TOTAL</b>	<b>51,970,000</b>	<b>55,836,000</b>	<b>63,656,000</b>	<b>76,144,000</b>	<b>88,734,000</b>	<b>336,340,000</b>	<b>100%</b>







National Action Plan for  
Orphans and Vulnerable Children