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FACULTY OF ARTS

DEPATMENT OF DEVELOPMENT STUDIES

RESEARCH TOPIC

The effectiveness of civil society in enhancing the livelihoods of Orphans and Vulnerable Children. The case of the Salvation Army Pathways Project in Chiweshe Rural, Mazowe District

BY

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DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE BACHELOR OF ARTS IN DEVELOPMENT STUDIES HONOURS DEGREE.

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APPROVAL FORM

The undersigned certify that they have supervised the student Tatenda M Chinembiri a research project entitled: The effectiveness of civil society in enhancing the livelihoods of Orphans and Vulnerable Children. The case of the Salvation Army Pathways Project in Chiweshe Rural, Mazowe District. The dissertation was submitted in partial fulfilment of the requirements for the Bachelor of Arts in Development Studies Honours Degree.

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I declare that this research is my original work and is submitted in partial fulfilment of the requirements of BA in Development studies Honours Degree at Midlands State University.

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DEDICATION

I dedicate this work to my family especially my mother Mrs A Chinembiri who stood by me through the entire process with her support, prayers and encouragement to keep looking up to the Almighty for He has answers for all. I also dedicate this study to all the Orphans and Vulnerable Children in Chiweshe. God Bless You.

ABSTRACT

Echoes of weakening provisions of basic services by the state, combined with the surge in numbers of Orphans and Vulnerable Children in Zimbabwe due to socio-economic and political crisis has contributed to service provision from the civil society. The civil society has stepped in to address to the needs of OVC by strategically implementing programs which addresses to their livelihood vulnerabilities. The vulnerabilities of OVC in Chiweshe rural communities have necessitated the Salvation Army Pathways project to play a pivotal role in enhancing OVC livelihoods through its various intervention strategies as pathways to a better and sustainable future for them and generations to come. The study is shaped through research undertaken in Mazowe rural communities. The study using a qualitative research approach unpacked the various livelihood vulnerabilities or challenges OVC encounter. The research also investigates on the intervention strategies implemented by Pathways Project revealing its effectiveness in improving OVC livelihoods. Data collection methods namely, interviews and questionnaires were used to inform the researcher on the various forms of the Pathways' interventions. The study unpacked strategies which include, income generating projects, SILC services, education assistance, HIV/AIDS treatment and care programmes among others. In spite of the challenges faced by the project to enhance OVC livelihoods, the livelihood strategies have contributed to sustainable livelihood outcomes which include reduced vulnerability, improved food security, increased health and wellbeing and income security of OVCs in Mazowe District.

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ABBREVIATIONS AND ACRONYMS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBT	Cognitive Behavioural Therapy

CCW	Child Care Worker
CLWHIV	Children Living with HIV
COFE	Child Optimised Financial Education
DREAMS	Determined, Resilient, Empowered, AIDS free, Mentored and Safe
HIV	Human Immune Virus
IMBC	Integrated Mother Baby Course
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
OVC	Orphans and Vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission
PTCE	Part Time Continued Education
SILC	Savings and Internal Lending Communities
USAID	United States Agency for International Development
VHW	Village Health Worker
WASH	Water Sanitation and Hygiene

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INTRODUCTION

The issue of Orphans and Vulnerable Children (OVC) has been more than a pandemic in Zimbabwe among the Sub-Saharan countries. The result of the impact of HIV/AIDS in Mazowe district led to the surge of orphans and vulnerable children in the communal areas of Chiweshe. Therefore, due to the growing numbers of OVC in Chiweshe Rural the emergence of the civil society intervention strategies arose to address to the needs of the vulnerable groups in communities. The study focuses on how the civil society is enhancing the livelihoods of orphans and vulnerable children through various intervention strategies initiated by the Salvation Army Pathways Project. Salvation Army Howard Hospital a faith based organisation is vibrant in Mazowe district through its various works recognised by the people in Chiweshe community. Pathways project's main aim is to diminish OVC vulnerability and encourage them to build up their own capacity to develop sustainable livelihood skills and self-sufficient activities to improve their income security, food security, reduce their vulnerability and have an improved well-being. The organisation works with 63 volunteers in all the 17 wards of Mazowe district for program coordination and implementation. Therefore, the main objective of the study is to assess the effectiveness of the Salvation Army Howard Hospital Pathways Project in enhancing OVC livelihoods in Chiweshe.

BACKGROUND

The development of the global economy is closely linked to the sustainable well-being of every young person possessing capabilities and assets required for a means of living. Without these possessions the young people are left vulnerable to the social, political, economic shocks and trends around them. In the context of this study, over the years due to high poverty levels, unfavourable economic changes, recurrent droughts, periodic violent political conflicts and the devastating effects of HIV/AIDS, developing countries' populations have

been left vulnerable leading to the origins of orphans and vulnerable children. HIV and AIDS pandemic being the leading factor to OVC origins has left children vulnerable to poverty malnutrition, ill health and mortality. WHO and UNAIDS (2008:13) reported that by end of 2007 the number of OVC had increased to 30 million with AIDS orphans constituting 60% of the total number of orphans in sub-Saharan Africa.

Zimbabwe being among the countries in sub-Saharan Africa affected by the HIV/AIDS epidemic took a surge in the early 2000 leaving children under the age of 15 at large vulnerable. UNAIDS (2004) indicated that about 165 000 children are living with HIV/AIDS which undermines the capacities of local communities to cope with challenges presented by OVCs. In 2008 UNICEF survey found that OVC in Zimbabwe estimated to about 1,3 million and 78% of them were orphaned by AIDS and by 2010 the number was projected so surpass 1.4 million. UNICEF (2010) projected a total number of 1 300 000 orphans in 2015. In 2019, Zimbabwe had about 1.2 million people living with HIV, UNAIDS (2019).

In response to the well-being of children, the government of Zimbabwe recognised this by signing the United Nations Convention on the Rights of the Child (UNCRC) in 1990 and in 1995 ratified the African Charter on the Rights and Welfare of the Child (ACRWC). According to Chandiwan (2008) in response to the growing orphan crisis the government instituted the National Orphan Care policy in 1999, defining the basic package for orphans and incorporated the Basic Education Assistance Module (BEAM) to help cover school fess for children from resource-poor households. Policies continued to evolve, in 2006 the National Gender Policy was initiated to complement and strengthen the over stretched indigenous strategies, Masuka et al (2012). In 2006 again the government of Zimbabwe adopted the National Action Plan (NAP) for Orphans and Vulnerable Children which outlined seven objectives to help ensure vulnerable children receive access to food,

education, birth registration, health and protection from exploitation and abuse noted Chandiwan (2008).

Zimbabwe still is facing enormous challenges in mitigating the impact of poverty and HIV on OVC despite the aforementioned child policies. An estimated one in four children is an orphan with the majority between the ages of 10 and 17 years old, UNICEF (2005). OVC have been left in care of elderly guardians or in child headed households. The households' ability to produce food, education expenses, clothing, and health expenses among others has been negatively impacted due to the shocks around them. Quite a number of OVC have taken up the role of an adult through performing duties such as caring for younger siblings and elderly relatives while trying to earn a livelihood. They are more likely to be exposed to forced sex, especially adolescent girls, thus increasing their vulnerability to HIV, UNICEF (2008). The severe economic decline of the past decade has further endangered OVC and their families, causing high unemployment (particularly among youth), significant out-migration, and food insecurity noted ZimVac (2010). Many households have resorted to selling valuable assets, pulled children out of school and reduced the quality and number of meals to cope in the harsh environment surrounding them hence, crippling their capabilities to respond to emergencies and sustainable planning. Therefore, the civil society in Zimbabwe, in response to the livelihood vulnerabilities of OVC came in to complement the government of Zimbabwe's efforts in alleviating OVC livelihoods. Non-governmental Organisations and Faith based Organizations like World Vision, Save the Children, and Salvation Army Pathways Project among others have notably improved the livelihoods of orphans and vulnerable children in Zimbabwe by giving them access to education, health, basic needs and a better life through various activities therefore ensuring better livelihood outcomes in many vulnerable societies.

STATEMENT OF THE PROBLEM

The rising number of OVCs in Zimbabwe coupled with the political crisis, global meltdown and socio-economic environment has resulted in families and societies being over-stretched with coping capabilities to care and support OVCs. The prevalence of the HIV/AIDS epidemic and aforementioned factors which have escalated the number of orphans and vulnerable children in Zimbabwe has threatened the state's capabilities to tackle the situation alone. Therefore, to fill in the gap the civil society, which consists of the non-governmental organisation and faith based organisations among others, have stepped in as development agencies to improve the livelihoods of OVC in rural communities through several intervention strategies. Little have been documented on the efficacy of civil society in rural remote areas thus it is against this background that the research will explore and bring more insight on the effectiveness of the various interventions by the Pathways Project in enhancing the livelihoods of OVCs in Mazowe District.

STUDY OBJECTIVES

- To establish the livelihoods of OVC in Chiweshe Rural
- To find out Pathways Project OVC livelihood intervention strategies
- To examine challenges faced by the Pathways Project in improving livelihoods of OVC in Chiweshe Rural

RESEARCH QUESTIONS

1. What are the livelihoods of OVC in Chiweshe Rural?
2. What are the Pathways Project OVC livelihood intervention strategies?

3. What are the challenges being faced by the Pathways Project in improving livelihoods of OVC in Chiweshe Rural?

SIGNIFICANCE OF THE STUDY

The study manages to contribute to the knowledge on how the civil society is indeed enhancing the livelihoods of orphans and vulnerable children using various interventions to improve OVC livelihoods. The research fills in the gap of incorporating the vulnerable aspect instead of only focusing on orphaned children as various studies conducted reveal over the years. The research is to further bring insights to assist policy makers in considering various locations in rural remote areas and their livelihood vulnerability status. In addition, the study will also reveal different aspects that might hinder the implementation process in service delivery of the civil society towards their development-oriented goals. Recommendations and suggestions of alternative or improved strategies that will assist the civil society in working towards helping OVCs will provide a foundation for the further research in this field.

LIMITATIONS OF THE STUDY

- Limited time and resources to carry out the research
- The prevalence of the covid-19 pandemic might hindered the data collection process due to lockdown restrictions

CONCEPTUAL FRAMEWORK

Orphans and Vulnerable Children

The term orphans and vulnerable children was devised for use globally due to the escalating numbers of children affected by the HIV and AIDS pandemic. The term orphans and

vulnerable children was coined to include not only children orphaned by their parent's death, but those considered vulnerable to shocks that endanger their health and well-being, including living with a chronically ill parent. Boler and Carroll (2003) asserted that the OVC category is conceptually problematic as to who should be included and who should not? Hence, some argue that in high HIV prevalence countries, all children are already affected by the epidemic and are therefore vulnerable. Consequently the definitions of OVC are mostly subjective as according to Burkey (1993) states that, subjective definitions are relative since they are based on people's diverse contexts and experiences.

A child means every human being below the age of 18 years according to the African Charter on the Rights and Welfare of the Child article 2 (ACRWC). Over the years there exists different ways to define orphanhood. According to OGAC (2005) in PEPFAR's indicator guidance, an orphan is defined as a child under 18 who lost either a mother or a father. OGAC (2006) noted that PEPFAR in its second annual report defined an orphan as a child under age 15 who has lost a mother, a father or both. UNAIDS (2000) also identifies 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). Generally the most acceptable definition is any child who has lost one of both parents due to death. Therefore, in this study the definition of an orphan includes any child who is below the age of 18 who has become a maternal orphan, paternal orphan or double orphan. Vulnerable children are not only orphans in some instances, children in difficult situations or have been deserted or neglected to the extent of not having any means of survival and is exposed to the dangers of stigmatization, abuse, exploitation, poverty, malnutrition, poor health among others make them vulnerable. UNICEF (2008) identifies the following categories of vulnerable children, married, neglected, living in a remote area, living with chronically ill parent, having children, being in conflict with the law, being vulnerable as defined by their communities, having one parent

deceased, disabled, affected and/or infected by HIV/AIDS, abused (sexually, physically and/or emotionally), working, destitute and living on the streets.

Vulnerable children are also identified as the girl child, adolescent young girls and women, trafficked children, children livin r abandoned children, children in child headed homes, child dom , child sex workers, children of migrant workers and children ilities. The illustration below summarises vulnerable children:

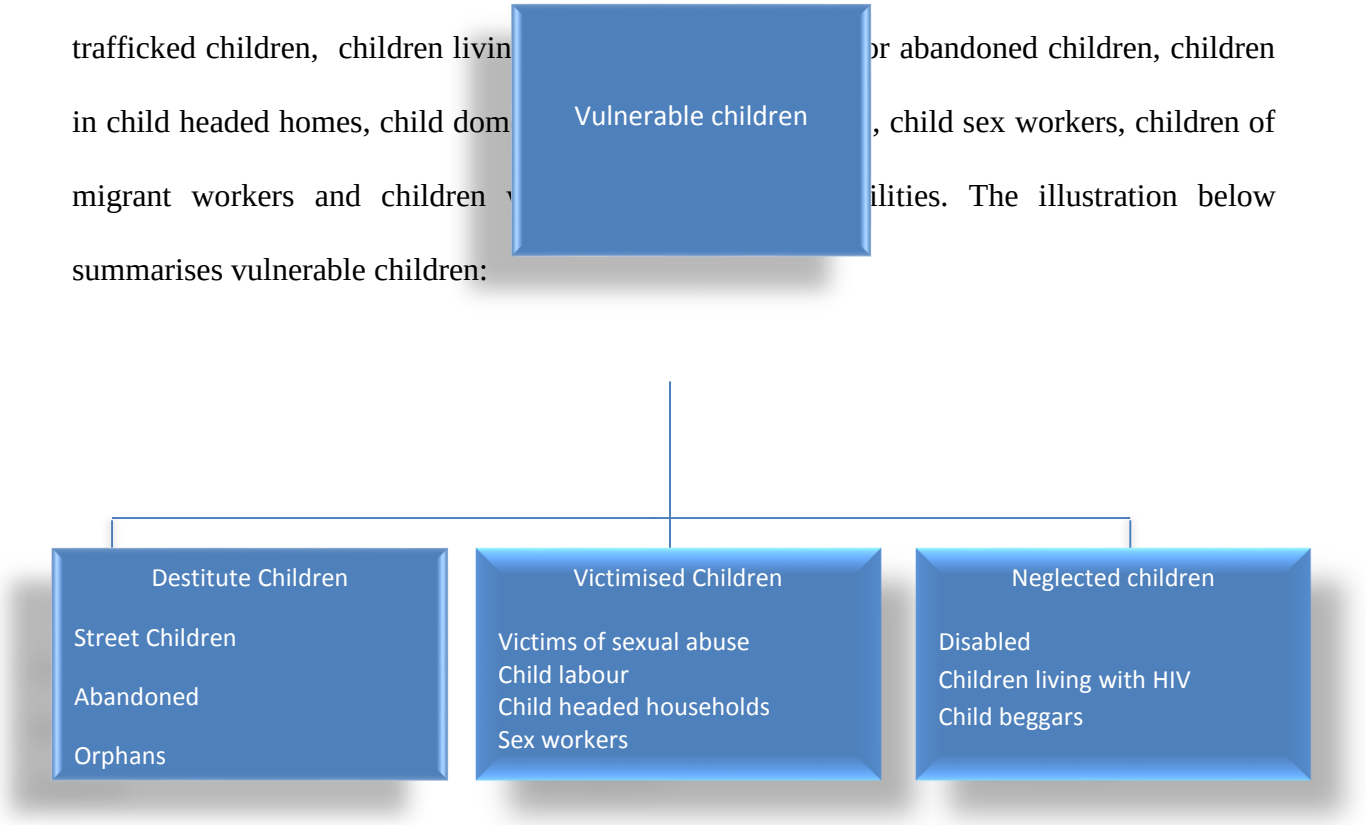

Figure 1: Summary of vulnerable children

Livelihood

A livelihood comprises the capabilities, assets including both material and social resources and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stress and shocks and maintain or enhance its capabilities and assets both now and in the future while not undermining the natural resource base, according to Chambers and Conway (1991). Livelihood assets can be categorised into the following groups, human, social, natural, physical, financial and political capital.

Human capital:	Skills, knowledge, health and ability to work
Social Capital:	Social resources, including informal networks, membership of formalized groups and relationships of trust that facilitate cooperation and economic opportunities
Natural Capital:	Natural resources such as land, soil, water, forests and fisheries
Physical Capital:	Basic infrastructure, such as roads, water & sanitation, schools, ICT; and producer goods, including tools, livestock and equipment
Financial Capital:	Financial resources including savings, credit, and income from employment, trade and remittances

Table 1: Source: Eldis-Livelihoods Connect

In the context of this study livelihoods were derived from the social, economic and political contexts in Chiweshe rural. From the categorised livelihood assets, activities and capabilities the study derived the following livelihood indicators, quality of life, standards of living, poverty reduction, basic education, health services and employment which determine positive livelihood outcomes for OVC.

THEORETICAL FRAMEWORK

The researcher used the basic needs approach to development to guide the study. The basic needs approach is an approach used to measure poverty in developing countries especially to measure rural development. The approach was introduced by the International Labour Organisation (ILO) World Employment Conference in 1976. The International Labour

Organization influenced the programmes and policies of major multilateral and bilateral development agencies around the globe. ILO noted that basic needs include two elements, first they include requirements for family for private consumption like adequate food, shelter, clothing, furniture and secondly, essential or universal services provided by the community at large such as safe drinking water, sanitation, cultural activities and health among others. The basic needs approach to development places its focus to directly attack poverty through meeting the basic human requirements of the neediest segment of the society, the OVC in the context of this study. According to Johnson (1992:50), a need is that which is necessary for either person or social system to function, within reasonable expectations, given the situation that exists. Thus in relation to the above children in rural communities have certain desirable necessities which are fundamental to them but sometimes children's needs remain unfulfilled due to certain conditions that threaten their livelihoods. The basic needs approach insists on relating the rights and needs of a child therefore rights are important in ensuring that provision of services meet children's wants. The concept of basic needs also contribute to the economic and social development and not only the basics necessary for subsistence. Esman and Uphoff (1984) contend that NGOs could play the role of local intermediaries by mobilizing the people for participation in projects aimed at improving their lives and as intermediaries for the delivery of services to disadvantaged people in society. Hence, the civil society can be considered as alternative organizations through which the OVC and the underprivileged sections of society are well aided. State failure, in terms of social service provision, has created a gap, hence, the need for the civil society to fill in the vacuum and understand the needs of OVC, which need to be addressed. In this context, the civil society is working towards enhancing the livelihoods of orphans and vulnerable children by giving them access to the above-mentioned basic needs.

RESEARCH METHODOLOGY

A research methodology is a path through which researchers take in undertaking a study. Research methodology shows the researcher's intentions and the path through which problems and objectives are formulated from and also present their result from the data obtained from the study period.

Approach

The researcher undertook a qualitative research approach to satisfy the objectives of the dissertation. The qualitative research method originated from social sciences and is still being used in different academic disciplines by researchers. According to Collins and Hussey (2003) a qualitative research offers a complete description and analysis of research and the nature of participant's responses. Burns and Groove (2009) have provided their opinions that qualitative research is a systematic and subjective approach to highlight and explain daily life experiences and to further give them proper meaning. This approach is not only about what people think but also why people think so. Polkinghorne (2005) noted that it is exploratory and seeks to explain 'how' and 'why' a particular social phenomenon or program operates as it does in a particular context. It tries to help us understand the social world in which we live and why things are the way they are. The qualitative research aims to provide a detailed understanding into human behaviour, emotion, attitudes and experiences, according to Tong et al (2012). Therefore the researcher used the qualitative research design to understand people's beliefs, experiences and perceptions on OVC livelihoods in a rural setting. In addition, the researcher used a qualitative design as it provides in depth information about how the civil society is enhancing the livelihood of OVC, the challenges they face and other risk factors during implementation.

Sampling method and sample size

The research utilized two non-probability sampling methods. The methods include purposive and snowball sampling. Thakur (2009) noted that sampling methods assist in accessing or getting vital information quickly. Therefore, the study used sampling non-probability methods to identify respondents in Mazowe district so as to explore on the effectiveness of the Pathways Project in addressing OVC livelihoods. The researcher used purposive sampling to identify the respondents, explore their livelihood status and have a deeper understanding on the context of the study. Snowball method was used to expand more on the findings and trace additional participants suitable for interviewing using the referral from a key respondent. The research focused on 17 wards in Mazowe District selecting 5 participants per ward giving a total of 85 respondents. OVC ranging from 9 to 20 years were selected using purposive sampling. OVC targeted groups included Adolescent girls and Young Women (AGYWs), children selling sex, Children living with HIV (CLWHIV), children from child headed households among others. Other key informants to research such as caregivers, community cadres and Pathways staff were also selected using the non-probability sampling methods. Consent and willingness of participants was accounted for. Respondents unwilling to disclose their experiences, anonymity was highly guaranteed.

Data collection methods

Data collection tools are devices or instruments used to collect data. In this regard, the researcher used interviews, questionnaires, case studies, desktop research, and direct observations to acquire information necessary for the objectives of study.

QUESTIONNAIRES

The researcher used questionnaires during the course of collecting data for the study. A questionnaire is a research tool that consists of a series of questions aimed at collecting valuable information from a respondent. Saunders (2005) defines a questionnaire as a set of

pre-set questions. The study made use of the unstructured questionnaire to collect qualitative data using closed and open ended questions to have and in depth analysis of the study. The researcher distributed questionnaires to respondents purposively selected through the community cadres per ward. OVC targeted were between the ranges 9 to 20 years old. The questionnaires gathered information quickly about OVC experiences, livelihood vulnerabilities and outcomes complementing the research objectives.

In depth interviews

In depth interviews were used during the research. Interviews were useful in uncovering the story behind a participant's experiences and pursuing for in depth information around a subject. In qualitative research, interviews are used to pursue the meanings of central themes in the world of their subjects. The main task in interviewing is to understand the meaning of what the interviewees noted Mc Namara (2009). The researcher used interviews as they provide useful information from the participants, to have better control over the types of information received and if worded effectively the questions will encourage unbiased and truthful answers.

The interviews were conducted face to face for confidentiality purposes. The researcher also used scheduled telephone interviews due to the covid-19 lockdown restrictions. The interview guides covered the thematic areas in relation to the issue of OVC livelihood in Chiweshe Rural. Interview questions were directed to OVC, CCWs, caregivers, Pathways staff and other relevant stakeholders to the study. Thematic issues complementing the objective of the study were covered during interviews and these include, OVC challenges, needs, feelings and concerns in the livelihood context, OVC vulnerabilities, strategies towards enhancing OVC livelihoods, effectiveness towards the implemented approaches to mention but a few. With the help of community cadres the researcher identified respondents necessary for the study.

The researcher communicated with respondents through flexible language of the targeted audience. The interviewer recoded the responses from the interviewees as guided by the questions. The interviews allowed the researcher to have an analysis on the responses given and if any misunderstandings alterations were made instantly. Room for further clarity on the research topic was done hence, facilitating the informant to produce reliable and accurate information. On the other hand, interviews were costly and time consuming for the researcher.

DESKTOP RESEARCH

The study made use of desktop research through reading articles and publications. Documents, articles, journals from Pathways project and the internet were made us of contributing to the research findings.

DIRECT OBSERVATIONS

Observations were noted during community visits by the researcher. Events, activities and interaction of study informants the OVC and their caregivers were accounted for. The researcher noted down all findings and results in her field notebook against the date when data was collected to ensure smooth consolidation of information composed effective to the research.

LITERATURE REVIEW

The literature review enabled the researcher to link the study to existing knowledge thus identifying data from different sources relevant to the research topic. The study will attempt to address the identified shortcomings being revisited on.

Plight of OVCs in Zimbabwe

OVC literature is rife with knowledge on the importance of basic needs. The needs for OVC vary depending on the socio economic status, age, gender and remoteness of the area. Studies have shown the risks and conditions of OVC livelihoods with NGOs, community based organisations and faith based organisations contributing to the development of effective strategies with specific attention to OVC needs.

Poverty

Davids et al (2006) in their study on interventions for OVCs and central underlying forces affecting OVCs in Zimbabwe found out that poverty was the major factor leading to OVC vulnerability. OVCs have become more vulnerable due to a number of factors which include abuse, violence and poverty among others. In a Manicaland HIV and AIDS prevention study conducted in 2005, caregivers and OVCs reported that children living in extreme poverty experience psychosocial disorders like depression, anxiety, social integration, self-esteem and behaviour challenges, BRTI (2008). These psychosocial disorders were found to have negative effects on OVCs' social behaviours and school performances as some never received grief and bereavement counselling when their parents died due to HIV. Poverty has also left a number of OVC homeless especially to child headed families. Studies have shown that OVC houses collapse during rain seasons due to lack of money to repair the broken roofs or pole-dagga materials that make up their houses.

Basic education

In relation to risks and conditions of OVC livelihoods, orphans have got limited access to education depending on the orphanhood status. Nyamukapa and Gregson (2005) noted that maternal, but not paternal or double orphan 10-16 years old orphans had lower primary completion rates than non-orphans. The factors associated with education drop outs include, child marriages, forced cheap labour, early pregnancies and extreme poverty levels. A study

conducted by Manyonganise (2013) many children in Zimbabwe leave school after the death of their parents or guardians due to HIV and AIDS. The scholar further argues that most of these children are heading families as well as looking after their sick parents. The most notable effect is absenteeism from school which in turn leads to poor performance.

Birth registration

USAID, UNICEF, UNAIDS and World Food Programme in 2005 carried out a Rapid Country Assessment, Analysis and Action Planning (RAAAP) in 17 sub-Saharan Africa countries to assess the level of support for OVCs and to identify and analyse the range of services being provided to OVCs. In Zimbabwe it was noted that OVCs had challenges in obtaining birth registration as a child needs to have a birth record from the respective clinic or hospital of delivery, father or mother identification documents to mention but a few. On the other hand, studies have shown children whose parents have died, the extended family members fail to produce the proper documentation for the birth registration processes.

Poor Health Care

Under health and nutritional difficulties studies have shown that disparities in health care access have been contributed by long distances to the nearest clinic, fees charged and transportation to the health facility. UNICEF (2001) on its evaluation of OVC and adolescents in Zimbabwe noted that poor access to good health and nutritional care makes those children affected by AIDS vulnerable. OVC especially in the care of elderly parents and in child headed households contribute to the health issues like new opportunistic infections in communities. This is due to poor access to health service delivery increasing the rates of malnutrition and child mortality.

Other issues pertaining to OVC needs such as lack of good housing, standards of living, quality of life, stigmatization, abuse, poverty and socio economic factors are drivers to OVC not having a sustainable and improved livelihood status. Due to lack of these basic needs young girls especially from child headed households engage into sexual activities either voluntarily or involuntary through abuse. UNGASS (2001) asserted that international goals on HIV prevention prioritize improving efforts targeted at 15-24 year olds given that 50% of new infections occur in these age groups. Gregson et al (2005) noted that sexual behaviours among children affected with AIDS, HIV prevalence rate in female OVCs aged 15-18 was 3.2% versus 50% among non-OVC. From the above studies, OVC are at greater risk of sexual abuse since they lack parental protection, hence this research bridges in the gap to emphasis on social protection services offered to OVC to reduce their vulnerabilities and enhance a better livelihood for them.

Local OVC interventions

Foster (2002) noted that community programmes have been very efficient in providing OVC support with local informal community groups, community based organisations that use volunteers and local NGOs. Thousands of faith based organisations have responded to the plight of orphans using their minimal resources to monitor child growth in terms of nutrition statuses, regular household visits and psychosocial support to OVC. Foster (2002) went on to highlight that 19 programmes in Zimbabwe involved a total of 247 volunteers who provided support to 3,462 OVC in the form of regular visits, school fees payment, provision of food and clothing and psychosocial support, receiving an average of less than $100 each in external funding in 2001. Save the Children with technical assistance of the Ministry of Health during the period 2008-2009 has reached over 12,000 OVCs, with treatment and health education. Food and hygiene education was delivered mostly to cholera-affected areas

including water treatment tablets, soap, water containers, educational posters and flyers, and other supplies.

OVC policy documents that guide OVC programmes and responses

Frameworks responding to OVC issues have been put in place especially to developing countries which have high prevalence of OVC due to HIV/AIDS related deaths of parents. PEPFAR is working closely with several development oriented agencies such as faith based organisations to ensure that the needs of OVC are addressed. Ojo (2019) study noted that UNAIDS, UNICEF and USAID in 2002, presents five strategies for intervention, which include strengthening and supporting the capacity of families to protect and care for their children; mobilizing and strengthening community-based responses; strengthening the capacity of children and young people to meet their own needs; ensuring that governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children; and raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS have been widely accepted. Gandure (2009) asserted that the Zimbabwean National Action Plan (NAP) is another framework set up to deal with the increasing number of OVCs due to poverty and the effects of HIV and AIDS-related adult deaths. Tiku (2006:41) states that the overall framework of the NAP aims to provide for the protection, care and support of OVCs living in a world of HIV and AIDS through a comprehensive set of interventions which include birth registration, education, health care services, food, water and sanitation provision, child protection, psychosocial support, strengthening coordination structures for OVC programming and increasing OVCs' participation in programmes. Lastly, other legislative and policy framework to support OVCs include the Children's Protection and adoption Act, Guardianship of Minors Act, Maintenance Act, Education Act, Sexual Offences Act among

others. Each piece of these legislations has built in mechanisms to ensure that the rights of children in general, and OVC in particular are protected.

Therefore, in coherence to the framework strategies the study will unpack the various intervention strategies implemented to address the needs of OVC. Children living in rural areas have been bypassed by the aforementioned legal instruments leaving them to fend for themselves hence, increasing their vulnerability statuses in the adult world with a number of exploitative measures. The research further fills in the gap of investing more into equipping OVC with coping mechanisms that lead to improved livelihood outcomes for themselves and future generations. The research focuses not only on the needs aspects for consumption but to ensure an enhanced OVC livelihood through provision of the basic needs in rural communities for socio-economic development.

ETHICAL CONSIDERATIONS

The researcher conducted this study by making sure that all the ethical guidelines are adhered to through seeking permission from the local leadership, the organisation as a whole and the participants individually. The researcher obtained informed consent to ensure that participating individuals are interviewed willingly and with adequate understanding of what the research entails. Respondents were also informed that participation is voluntary as Durrheim & Terre Blanche (1999) notes that obtaining consent from participants does not merely involve signing a form but consent should be voluntary and informed. In addition, OVCs were interviewed with caregivers or a parent present since they are vulnerable to make informed decisions about disclosing sensitive information. Furthermore, participants were assured of the confidentiality and anonymity of the information they supplied to the researcher.

CHAPTER 1

LIVELIHOOD VULNERABILITIES OF ORPHANS AND VULNERABLE CHILDREN IN CHIWESHE RURAL.

CHAPTER INTRODUCTION

The chapter outlines the livelihood vulnerabilities of OVCs in Chiweshe rural before the intervention strategies of the Pathways project. Livelihoods simply put are the means of making a living to secure the necessities of life. Looking at Chiweshe community over the years due to the high prevalence rates of the HIV pandemic a number of children have been left vulnerable without any means to secure the basic necessities needed in their day to day lives. The chapter presents the livelihood indicators which include quality of life, standards of living, basic education, poverty reduction, health services therefore, OVC vulnerabilities are to be unpacked relating to the indicators aforementioned.

Basic education

Basic education under SDG 4 is one of the key aspects needed in one's life to equip individuals for career opportunities to earn a living. Education being one of the main avenues out of poverty for OVC the findings revealed a number of shortcomings towards its access. Costs associated with meeting the schooling expenses have been a major barrier especially to the adolescent young girls. Although education has been rendered free for all in the new Zimbabwe Education Act of 2020, costs for uniforms, meals, stationery among others are not included. The researcher found out that Chiweshe rural was characterised by OVCs who faced challenges in accessing basic education and to those who had access challenges came in

the form of acquiring capital to finance their education expenses. Quite a number of adolescent girls were deprived of their right to education as compared to their male counterparts since they are not viewed as an investment for education. This is largely because of the ignorance of the caregivers who are sometimes illiterate or with little education to the importance of ensuring gender parity to both girls and boys for them to get better opportunities and earn a better sustainable livelihood.

From the findings, the researcher found out that household and community level constraints and expectations were a barrier to education attainment for OVC especially the girl child, children living with HIV and the disabled. Adolescent girls are relegated to carryout household chores due to the gendered stereotypes around domestic work in the community of Chiweshe. Most girls are expected to sacrifice their education and focus more on looking after other siblings, a sick caregiver or family member. They are also expected to engage into agricultural activities to earn money or food for the household's necessities. An adolescent girl from Forrester C Farm aged 17 during an interview said that,

> *'l lived with my aunt and siblings and as the eldest l worked at the Forrester farm planting tobacco and sometimes taking care of the sheep and cattle so as to earn money which supported my siblings in school and a little food for the family.'* When asked how she felt about this she remarked that, *'I felt left out as my peers were pursuing their dreams as a result of hopelessness l opted to elope to a man who had promised to give my family money and food. I jumped to the suggestion, conceived my first child at the age of 15 and l regret ever taking that decision since l thought l would have a better life.'*

Thus this instance proved to the researcher that due to the circumstances surrounding the vulnerable groups, early marriages, new HIV infections, sexual assaults, early and forced

marriages are a consequence rather than a reason to the high school dropouts and a push factor to those not in school.

Other barriers to education attainment include religious beliefs for instance the apostolic sect which deprives a girl child the right to education and are expected to be married at a young age going against the stipulated 18 years by the rule of law of Zimbabwe. Stigmatisation of the disabled and CLWHIV has left a number of OVC unable to enrol in school making them more vulnerable to the shocks of life which hinder the opportunity to secure a better livelihood for themselves.

Standards of living

Standards of living in the context of the study refer to the level of wealth, comfort, material comfort and necessities available to the socio economic class of OVC. Looking at the OVC of Chiweshe community, the researcher found out that comfort and level of wealth was threatened by a number of factors to be mentioned. The right to shelter is one of the basic necessities to OVC livelihood as it provides protection against threatening factors such as abuse and violence. The findings of the study indicate that OVC in Chiweshe live in houses roofed with thatch and mud floors. Mud is also commonly used as walling material since OVC households cannot afford the high cost building materials, labour and transportation among others. Respondents from most farming areas indicated that they live in elephant shaped houses and lack enough ventilation risking their health status. Child headed households indicated that they lived in one room with boys and girls sharing a room leaving them crowded, vulnerable and in depression. One participant noted that, *'Living in one room with my brothers is very uncomfortable as there is no privacy, personal space or peace.'* Thus the researcher noticed that orphans and vulnerable children living conditions are unfavourable to their social, emotional, physical and spiritual well-being and development.

The findings of this study also showed that water challenges and poor hygiene were some of the barriers which made OVC vulnerable to attaining better living standards for themselves. About 75% of the respondents from the interviews highlighted that they walked a long distance in some instances to more than a kilometre to fetch water. These long distances in search of water placed a heavy burden on the OVC who in the households are expected to take the responsibility of fetching water for the family. During the dry spell of the year 2020 water levels went down in the near boreholes and wells leading to the adolescent girls fetching water in unsafe wells contributing to water borne diseases like diarrhoea. The girl child was also expected to stand in long queues which extended to them fetching water during the night making the AGYWs vulnerable to sexual abuse, decreased health and well-being. The majority of OVC households especially child headed families respondent that they bath at least four times per week as they cannot afford to buy soap which can sustain the whole family. Other households indicated that they used bush toilets leading to poor disposal of waste contaminating the environment for instance polluting nearby rivers. This led to outbreak of diseases in communities due to poor personal and environmental hygienic conditions.

Quality of life

Quality of life is understood to be the standard of health, comfort and happiness experienced by an individual according to the oxford dictionary. The following are the indicators of quality of life, health, education, basic rights, access to food and clean water among others. From CCWs and VHWs feedback, the researcher found out that Chiweshe community was characterised by poverty which is a threat to a normal livelihood of orphans and vulnerable children. During interviews conducted 85% of the OVC acknowledged that they only survived on one normal meal per day as caregivers struggled to provide the normal three

nutritious meals per day. Child headed households narrated on how they could sleep without eating anything decreasing their health conditions. One respondent from ward 11, a girl aged 16 described that, *' as the eldest in family of 4 we slept without anything to eat due to the fact that l could not find a piece job like herding cattle so as to get at least one meal of sadza and vegetables for my siblings and l.'* In most cases the researcher found out that a girl child left as the head of the family to care for the younger siblings resorted to being sex workers in order to get money to cover for all the expenses to satisfy their needs.

From research findings child headed orphans lacked adequate clothing as they had no means to provide for themselves. Other OVC left in the care of grandparents or relatives expressed how they felt left out when other children from the same household were given new clothes by their parents. An AGYW aged 13 from ward 3 lamented that, *'l felt like l was not part of other children of my age. I felt ashamed to walk around outside because other girls made fun of me by laughing and teasing me calling me dirty because l had torn clothes and no shoes on.'* Therefore, according to this research OVC experienced psychological abuse affecting their sense of belonging and self-esteem to uplift them to become resilient, determined and development oriented to access their individual needs in life.

Health services

Good health and wellbeing was a major challenge to the community of Chiweshe. The following dimensions have been a challenge to OVC in Mazowe district, accessibility, availability, adequacy and acceptability. OVC in Chiweshe highlighted that issues to do with accessibility were a major challenge to them. Problems related to accessibility include long distances to the nearest health centre, scarce public transport, lack of other means of transportation like bicycles proved to be a major barrier to access health care services. Other major issues related to affordability obstacles were discussed by adolescent girls from ward 3

Goteka, such as unavailability of money to pay at their nearest clinic called Bare, no alternative such as crops to sell or barter with for money in cases of emergencies. One student from Nyachuru secondary school a girl aged 15 responded that, '*Following an incident in which l broke my leg, my grandmother had to sell maize which was meant to sustain us up to the next farming season in order to pay for my hospital fees leaving us with nothing to eat.'* This shows that some households ended up resorting to other copying strategies like selling valuable assets for health care services in times of emergencies.

In addition, poor nutrition has contributed to health deterioration for children living with HIV. This vulnerable group contributed that, living with HIV without any nutritious food available led to malnutrition and a very high viral load contributing to death in some circumstances. Generally malnutrition has a made a number of OVC to abscond school because of hunger and starvation. Children selling sex to secure basic needs for their livelihoods also noted that they suffered from STIs with them not being able to access health care in time due to distance. On sexual reproductive health, adolescent girls expressed how they missed out on school due to the unavailability of sanitary wear leading to depression in some cases. One adolescent girl from Kakora secondary school in ward 10 said that, '*One day l came to school without any sanitary pads and ended up messing the desk and my uniform. My classmates laughed and mocked me for not wearing a pad. I felt humiliated and cried all the way home. Since that day l made it a vow that whenever lm on my menstrual periods, l would not go to school because l cannot afford to buy pads for myself.'* Following up on such cases the researcher found out that a number of adolescent girls fell into depression due to the negative comments from their peers leading to low self-esteem.

Religious beliefs have also been a barrier to OVC access to health care services. In Chiweshe the Apostolic sect is widely dominant leading to a number of OVC not accessing the health care they deserve. The church deprives children their right to be vaccinated against the killer

diseases which are free and easily accessible during vaccination campaigns done in every ward and this has led to high child mortality rates for OVC under 5. Orphans and vulnerable children live with an unknown HIV status as they refuse to be tested due to their religious beliefs therefore leading to opportunistic infections around the district. The above picture clearly shows how the health status of OVC has been a barrier to a healthy livelihood.

Poverty Reduction

Poverty reduction being one of the UN Sustainable Development Goal 1 which states that by 2030 there should be a reduction of poverty in all its dimensions to at least half the proportion of men, women and children. The poorest and the most vulnerable should have equal rights to economic and social resources, access to basic services such as health, education, transportation and control over other resources in the society. The researcher found out that this is not the case with the vulnerable children in Chiweshe rural as they face many barriers to have access to material and social resources required for a means of living. Social protection was one key concept noted during the course of the study. It is anticipated in the social protection literature that social protection may play a role not only in ensuring consumption smoothing among the poor, but also promoting livelihoods according to Sabates-Wheeler and Devereux (2011).

The study results showed that people with disability in Chiweshe lack social protection in a number of ways to be mentioned. Prior to their challenges, the Department of Social Services provides food for the disabled but rather not taking into account issues around the children active participation in education, health and employment. Vulnerable children from ward 11 described how they are not independent to meet their specific needs and engage in social participation without being discriminated against in the society. The study also showed that girls had more difficulty in accessing basic services than their male counterparts due to social

stigma. Discrimination related to being identified as children living with HIV made the vulnerable reluctant to access services provided such as on ART adherence services in fear of stigmatisation from their peers. Therefore this has left the disabled and CLWHIV children vulnerable to the unfavourable environment that threaten the quality of standards of living, health status and basic level of income security increasing the levels of poverty hence no social development or a sustainable livelihood.

Research findings also reviewed that the community of Mazowe rural has most vulnerable children who live in poverty and are deprived to their elementary rights. Poverty consequences are very significant to vulnerable children as they experience poverty differently from other privileged children in the communal areas of Chiweshe. The research showed that children who are exposed to poverty have many struggles like food shortages and access to education which are detrimental to their health status and education impacting their long term development. Food deprivation and no adequate nutrition are the major barriers leaving children prone to life threatening diseases, low performances in school, lag behind in physical size and most importantly never get a second chance to education hence, likely to be unproductive adults in the near future.

In most farming areas of Chiweshe such as the Forresters, accommodate a number of migrants vulnerable groups who lack identification for social protection. From the study, OVC highlighted that most of their parents died either maternal, paternal or both died from the consequences of HIV/AIDS leaving them in the care of distant relatives or no one at all. This led to them lacking any form of identification documents such as birth certificates to prove their identity hence, trouble in accessing social protection services provided such as education, health and social transfers in cash to guarantee food and income security, adequate nutrition and other key services improving resilience to fall into deeper poverty.

Conclusion

The chapter outlined on the various drivers such as poverty, child marriages, malnutrition, cultural norms to mention but a few. These drivers have led to OVC engaging into child labour, selling sex, increasing their vulnerability in accessing education support, quality of life, better standards of living, health services and poverty alleviation. Therefore, in trying to enhance the livelihoods of OVC the pathways project comes in with different intervention strategies to be unpacked in the next chapter.

CHAPTER 2

PATHWAYS PROJECT OVC INTERVENTION STRATEGIES

INTRODUCTION

After looking at the livelihood vulnerabilities of OVC it is the scope of this chapter to unpack the OVC intervention strategies of Pathways in Chiweshe community. The chapter will look at a brief overview of the Salvation Army Pathways Project and outline the intervention strategies implemented in 17 wards on the targeted OVC beneficiaries. Following the vulnerabilities of OVC in Chiweshe, Pathways Project intervenes with various activities to enhance OVC livelihoods. These strategies are grouped under the Pathways four domains which are stable, safe, health and schooled. Each domain focuses on providing different intervention strategies which include ART adherence, support groups, referrals, IMBC, SILC, Study clubs sessions, school fees assistance, stationery support, Sinovuyo, Better Parenting Plus (BPP), Child rights education, Birth registration assistance, Community dialogues, Cognitive Behavioural Therapy among others.

Salvation Army Pathways overview

The Salvation Army Pathways project aims to revitalize Zimbabwe's HIV and child protection systems so that Orphans and Vulnerable Children (OVCs) can become healthy, stable, safe and schooled. Pathways support HIV-affected and infected people to sustainably mitigate the impact of the virus on the households and their communities by 2022. The Salvation Army Howard Mission Hospital is part of the PATHWAYS consortium- a USAID funded OVC project aimed to build OVC resilience and getting to zero new HIV infections in 9 HIV and GBV burden districts in Zimbabwe. The organisation is the local implementing partner (LIP) of Catholic Relief Services. In Mashonaland central, the organisation is helping

children and their caregivers to navigate from the impact of poverty through functional pathways. A child centred, family based approach through generated evidenced based models/interventions is being maximized to address the complexity of child welfare cases and control the HIV epidemic in children in line with UNAIDS 95:95:95 targets. Zimbabwe is one of the ten sub Saharan African countries which were selected to implement the PEPFAR supported Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program. DREAMS under Pathways, the program seeks to reduce HIV incidence amongst AGYWs aged between 15-24 years. The DREAMS component comprises of services like education assistance, SILC and SINIVOYO. The organisation aims to build the following by December 2022, 14,952 HIV-affected orphans and vulnerable children (OVC) and OVC household members have the knowledge, skills, social support, and access to services to enable them to mitigate the impact of poverty on their lives, 2042 households are economically resilient and provide positive parenting and a safe home environment to protect the health and wellbeing of the children in their care and that communities are competent. Pathways is delivered by expert partners which include, Musasa, International Youth Foundation, Child line, Salvation Army, JF Kapnek Trust, Insiza, Mavambo, JHWO and Caritas.

The pathways projects targeted population at risk include;

- 0-2 positive or exposed babies
- Children living with HIV (0-17 years)
- Adolescents who are sexually active
- Teen mothers (15-19 years)
- Adolescents exploited, neglected and emotionally abused
- Adolescents selling sex

- School dropouts
- Adolescent girls in high GBV areas (hot spot areas).

STABLE DOMAIN

SILC services

The economic strengthening department offers Savings and Internal Lending in Communities (SILC) services. The SILC programme implemented by the Salvation Army Pathways Project in Chiweshe community has the major aim of bettering OVC livelihoods through the stable functional pathway. OVC caregivers are recommended to have savings which can sustain their daily activities without selling any of their valuable assets in times of crisis. They are offered basic training with the help of field agents and CCWs on how to conduct savings procedures as a strategy for financial inclusion. Group formation which is followed by intensive monitoring and technical support up to the share out meetings are all visible strategies incorporated in the SILC programme.

In addition, findings of the research show that in Chiweshe rural the programme is well known as 'Mukando' by all OVC caregivers. In ward 3, Goteka village one of the caregivers expressed her joy after receiving her individual share. The caregiver had saved a total of $78 and received a total of $124.80 as her individual share. The caregiver highlighted that she was going to use her share to pay fees for her grade 6 teen girl and remaining funds were to be used to buy food to sustain them during the Covid -19 lockdown. She went on express her joy by saying, *'I am so happy my child!, I thought this project is not productive at all but l received my share out today, l can now pay Grace's school fees who is in grade 6 and buy food stuffs during this covid-19 pandemic. We are going to survive.'* Despite the increasing rate of inflation, OVC caregivers realised their profits ranging from 60% to 90% of their savings. Other savings groups from wards 11, 3 and 1 that conducted their share out meetings

reviewed that their usage of funds will be directed to fees payment, capital for small IGAs, purchase of inputs for the next farming season, purchase of stationary, and uniforms, purchase of food among others.

Fig 2.1 OVC caregivers SILC share out meeting in ward 3

Child Optimised Financial Education (COFE)

COFE is a very unique and financial education intervention strategy implemented in 17 wards in Mazowe district. Pathways Project targets and support OVC caregivers to learn about planning and saving for the vulnerable children in their care. It generally focuses on three aspects of child protection in financial planning which are child-sensitive, HIV sensitive and social protection. The study noted that under social protection, families learn on savings and are now being able to choose between needs versus wants. From setting goals and financial planning caregivers are taught on how to earn and manage their income as it affects the children's safety. Results showed that the majority of caregivers in Chiweshe have registered their children in school and have managed to access birth certificates for the beneficiaries. Child labour has minimised as caregivers are taught not to take loans in

exchange with child labour. Thus, financial planning has brought about better sustainable livelihood outcomes in OVC households.

Under HIV sensitive approaches, COFE looks at the impact of HIV on the finances of OVC households. From the research conducted, caregivers are learning on ways to be HIV sensitive in financial planning. The various ways in which caregivers are notably engaging in are, caregivers are considering the needs of children living with HIV by supporting them in treatment and care through saving money for transportation, and antiretroviral therapy treatment. They are also helping children under their care to be tested for HIV and stay HIV free. Saving money for buying nutritious food for CLWHIV is another finding noted by the researcher. Caregivers are also monitoring if the money brought home by an adolescent girl is not generated from selling sex to safeguard their health and well-being.

Child-sensitive approach under COFE looks at the needs and well-being of all OVC. During the course of the study the researcher noted that, this strategy looks at children with chronic illnesses, not biologically related, children with disability and all genders hence, financial planning is necessary to manage all the expenses equally. Financial planning under child-sensitive strategy has helped OVC caregivers in Mazowe district to plan on the livelihoods for all for example safe housing, education in terms of exam fees, tuition fees, uniforms and finally health and nutrition on issues around nutritious food, clinic fees and medical supplies among others. Therefore, COFE has helped OVC and their caregivers to manage their finances in a HIV sensitive, child-sensitive and safe household through accessing financial education, planning, setting goals, depicting the differences between needs versus wants, savings plan and understanding different lenders in the society to mention but a few.

Income generating activities (IGAs)

Nutritious gardening

The study revealed that gardening is improving nutritional needs to adolescent girls especially children living with HIV. This is increasing the health and well-being of OVC in the district. From OVC gardens, surplus produce is sold therefore earning about $100 to $500 Zimbabwean dollars per month. One adolescent girl responded that, *'l planted lettuce from the seeds which my mother bought for me from her SILC savings. I sold my lettuce and saved up to $10 USD which l am going to use for my personal needs.'* The researcher noted that from these earnings, beneficiaries buy their personal basic needs like bathing and washing soap, body lotions and sanitary pads among others. This project has reduced the risk of children being forced into child labour to earn money.

Fig 2.2 OVC Nutritious lettuce garden

Poultry Management

DREAMS issues poultry projects in Mazowe district schools to help OVC source funds for their education expenses and other basic needs. From the findings of the study, Kanyemba secondary school is a good example which grasped the project and is a number of helping

OVC in the area. The project helps OVC in Kanyemba to manage and sell their livestock to earn money for school related expenses and other basic requirements at home. The project has been well established and OVC have embraced it with much gratitude to the Salvation Army's efforts to help alleviate poverty in their ward.

SCHOOLED DOMAIN

Education Subsidy

Under Education subsidy intervention DREAMS under the Pathways project supports at risk AGYWs with direct fees assistance and examination fees in cooperation with MoPSE. The priority is for the AGYW to complete schooling through the formal education platform. The program also supports non-formal education options such as Part Time Continuing Education (PTCE). The main idea being to reduce the idle time they spend at home which might expose them to risks such as early marriages and new HIV infections and early pregnancies.

From the interviews conducted, the Education Officer contributed that DREAMS project under Pathways supports about 1 640 AGYWs with tuition and examination fees payment in 95 schools (primary and secondary). AGYWs from vulnerable and ultra-poor households are supported with education assistance in achieving the DREAMS girl child oriented goal of creating a determined, resilient, empowered, AIDS free, mentored and safe child focused to a better sustainable future. Findings showed that, all education beneficiaries are enrolled through the DREAMS AGYW profiling process assessing the vulnerability of each client. This process is done to determine the kind of assistance each individual requires such as reintegration into formal school, non -formal education, vocational skills, other services offered by Pathways. In addition, all beneficiaries receive progression, retention and attendance tracking to ensure transparency and account for each and every child who is in school. Before, fees payment beneficiary list stamping and partnership agreements between

the beneficiary school and the Salvation Army are conducted to process fees payment for the formal and PTCE students.

The researcher noted that during attendance tracking carried out on a monthly basis all grievances from the students affecting their attendance in school regularly are recorded and solutions are proffered to ensure better results. The OVC grievances such as food shortages, no sanitary wear, illnesses, labour in the fields among others contributed to their absence in school, therefore the organisation followed up and addressed all the challenges. Children who would have eloped are also followed up and in cases of abuse referral services are provisioned and layered to the Department of Social Services and Musasa project.

Stationery Support in the form of text books for the new curriculum, books for writing, pencils, pens, rulers, mathematical sets, markers among others are provisioned to all education beneficiaries in their respective schools. Food distribution to children living with HIV at most is distributed to help and maintain their nutritious status and limit any serious health damages hence, improving the attendance of OVC. Study clubs sessions are helping OVC to improve their academic performances through homework clubs and revision sessions. Therefore, Pathways project is thriving to offer quality education services through its aforementioned intervention strategies thus ensuring sustainable livelihood outcomes in the lives of OVC in Chiweshe Rural.

Birth Registration

Pathways project assists OVC in acquiring birth certificates. The budget caters for all travel expenses and all costs needed at the registration centre. In ward 11, Nyachuru a girl aged 16 noted that, *'I am grateful to Pathways for helping me in accessing a birth certificate, I can now successfully write my exams without any disturbances from the school authorities'* Moreover, 5 girls from ward 11 Nyachuru secondary school appreciated the efforts being

made by the project as they also successfully acquired their birth certificates and can now enrol in school without any difficulties. This has improved OVC livelihoods as they can now have access to basic education which is in line with SDG goal 4. By having an identity and sense of belonging a future ahead has made adolescent girls positive to one day support their caregivers and secure a brighter future which can sustain their livelihoods for the times to come.

SAFE DOMAIN

Child Rights Education

Adolescents and children between the ages of 6-17 years are targeted with Child Rights Education. The sessions target about 14 952 adolescents and children in Mazowe rural. The research reviewed that sessions are delivered through the comic book approach known as "Kuzvarira" which brings out a story of a girl who was victim of child marriage and was helped by her class teacher to access post GBV services from various service providers. Some of the children alluded that it was a good story that is educative on how children should handle cases related to early child marriages and that they should not fear threats from perpetrators. As the community cadres were conducting child rights with children they noted that most of the children loved the sessions as they portrayed real life examples that they are encountering in their day to day lives in their communities.

Sinovuyo sessions

In line with the above DREAMS under Pathways which targets adolescent young girls offers Sinovuyo sessions in Mazowe district. Sinovuyo family-teen caring is rolled out in a bid to prevent and eliminate violence in adolescent girls between the ages of 10-14years. The study reviewed that the sessions are being implemented in HIV/GBV hot spot areas to help curb

violence against adolescents. The model builds social assets in girls that safeguard them against new HIV infections. The Sinovuyo wave sessions are rolled out to 1000 caregiver-teen pairs and are currently attending the sessions. Feedback from the Sinovuyo facilitators reviewed that the program is receiving strong buy-in from key stakeholders as evidenced by an ECD teacher from Hermistone Primary in Chiweshe who joined the sessions to learn and later share the knowledge with all adolescents at her school. In Bare, during the pre-program assessments, one AG disclosed that she was selling sex and is 14 years old. Her mother is a female sex worker thus the AG became vulnerable and exposed. The case was referred to the Case management and Education officer so that she is linked with relevant service providers for the AG to be assisted in rehabilitation. During an interview with the Case management Officer she narrated the story of the "The fearless teen",

'A teenager girl managed to reveal her sexual abuse case which happened in Rusape and was moved to Nzvimbo in Mazowe district to cover up the abuse. The case seemed to have been covered up before the child attended Sinovuyo sessions in Nzvimbo. The teen revealed her feelings after attending Sinovuyo sessions were she exposed her abuse case. The teen revealed her ordeal during the check in session where she fearlessly revealed her sexual abuse case. The case is still under investigation in partnership with the Department of Social Services, Musasa project and the Victim Friendly Unit.'

Therefore, these sessions are indeed investing life skills to OVC in Chiweshe rural. The young girls and boys are building their own capacity to respond to the shocks of life, communication skills, confidence are some of the skills capacitated to OVC during the sessions with life skills which can be used in their day to day lives as they grow up. The sessions also reveal their vulnerability to abuse to which the project steps in to reduce the impacts of the abuse and prepare the OVC for a better livelihood outcome with reduced vulnerability and an improved well-being.

Cognitive Behavioural therapy, Life skills and Psycho social support services

CBT is another intervention strategy implemented by the project in Chiweshe to ensure a safe livelihood for OVC. The CBT counsellors per each ward counsel OVC who have been abused sexually, stigmatised, or faced any form of physical, emotional abuse or neglect. The researcher noted that during the sessions, psycho social support lessons conveyed to the beneficiary enhancing mental development of the OVC to respond to threats surrounding them. Life skills taught during sessions empowered the girl child to be self-sufficient and make informed decisions towards a sustainable future. From the research findings, notably during the covid-19 period, CBT sessions were conducted using the telephonic strategy. OVC were enlightened on the dangers the lockdown would pose to them. Issues like being abused by family members were addressed to. Fear of being diagnosed with covid-19 was sensitized to OVC on the negative thoughts that might lead to suicides. The researcher from the interviews conducted found out that CLWHIV who stressed on whether they were going to access their ART medications during this period were addressed to in order to eliminate feelings of anxiety or depression among OVC and their caregivers.

HEALTH DOMAIN

The researcher observed that access to health care services is a major developmental issue in the context of Zimbabwe. Pathways project in cooperation with MoHCC have provisioned services under health service delivery as it is a key issue which needs to be addressed to ensure sustainable livelihoods to the orphans and vulnerable children together with their caregivers.

WASH

Study findings revealed that, Water, Sanitation and Hygiene as an intervention strategy is a key community health issue complementing to the United Nations Sustainable Goal 6 which stresses on clean water and sanitation. WASH addresses essential, equitable, universal and sustainable hygiene practices such as drinking safe and affordable water, access to improved facilities and services like solid waste management and sage management of human excreta. These services have contributed to an improved hygiene response in the wards visited by the researcher. OVC are now evidently safeguarded to an improved quality of life and good health and well-being.

Adherence support

From the interviews with the Health and Community linkages Officer the researcher learnt that Pathways project is working with people who are living with HIV/AIDS supporting them so that they reach the last 2 (95s) of the 95:95:95 UNAIDS goals. The 2nd goal articulates that people living with HIV/AIDS should all be initiated on ART. As such Pathways project support client to be initiated on ART through referrals to clinical partners. To achieve the last 95 of viral load suppression, Pathways project offer HIV adherence support and HIV Treatment Age Appropriate Literacy to all beneficiaries living with HIV/AIDS. HIV adherence support is knowledge and support that is on how OVC can live a healthy positive life. This is through educating clients to take their medication on a daily basis at the same time as they would have been told at the health facility as well as eating healthy food. Children living with HIV/AIDS are also encouraged to go for viral load testing after every 6 months to check on the number of virus copies.

Findings of the study reviewed that two hundred and nine adolescents and children living with HIV were provided with routine adherence support by community cadres. The CCWs built on the health domain training conducted by MOHCC, DSW, CRS and Salvation Army

during Financial Year 19 (FY19) provides adherence services to children living with HIV. From the interviews, the Health Officer said that, '*we as a team conduct routinized visits to children living with HIV and in one occasion we reviewed that a 10 year adolescent boy from ward 24 Mazowe, had continuous high viral load above 12 000 copies/ml and was complaining of severe headaches. The child was provided with emergency transport to visit the district hospital (Concession) for further management. The organisation provided the child with emergency funds for all the services.'* Therefore, this intervention strategy has helped to sustain CLWHIV health status through the monitoring processes and monetary funds in case of emergencies hence, creating better opportunities for OVC in the community.

Regular monitoring of developmental mile stones

The researcher also noted that, Pathways project intervenes to under five children who are monitored for normal growth and development so that any deviation from normal is attended timely. In this regard, VHWs from different wards assess the developmental milestones of all the OVC under their ward. The study reviewed two cases of malnutrition in Nyachuru ward 11 and ward 23. One of the children weighed 7kgs at 1 year 7 months. The child was provided plumb nut and received further management through the VHW. The other child, a double orphan infant from ward 23-Mazowe was enrolled into IMBC to improve care from the caregiver. The clinic was advised to refer the child to Concession hospital for nutritional care. Therefore, the Pathways intervention strategy has indeed enhanced OVC livelihood in Mazowe district as there is reduced child mortality through health care services being offered complementing to the SDG3 which emphasizes on good health and well-being.

Integrated Mother Baby Course

The IMBC intervention strategy focuses on caregivers and mothers of OVC beneficiaries. Through the course of the study, the researcher noted that IMBC is a project that seeks to

improve the well-being of pregnant women, mothers and their children<2 years old. Support visits are conducted to assess the well-being of the mothers and child through mood scales. A total of 30 PMTCT mothers with children less than two years old are reached per ward through support and supervision visits conducted. The study found out that mood scales for the majority of mothers changed from sad to happy faces. This indicates a positive change in the mental stability of PMTCT mothers thus putting them in better position to manage postpartum stress which is common during breastfeeding, reducing the risk of infecting the child with HIV and ensuring a better sustainable future for the vulnerable children.

Sexual reproductive health and rights

In addition, Pathways project targets DREAMS AGYWS in schools, where they are offered SRHR sessions. The social, economic and psychological impacts of HIV/AIDS on OVC increase their vulnerability to new HIV infections through early onset of sexual activity, commercial sex and sexual abuse. Therefore, SRHR sessions prepare OVC to make informed decisions about their sexual reproductive health. Through focus group discussions AGYWs expressed how they are taught on caring for their bodies during their menstrual periods. The project distributes re-usable sanitary pads to all AGs in Mazowe district with the purpose of improving the hygiene status of the vulnerable children.

Conclusion

The chapter outlined the Pathways Project's several intervention strategies in improving the livelihoods of OVC in Chiweshe Rural. The strategies which fall under the pathways' four domains include safe, schooled, health and stable. These domains have various interventions which consist of education support, birth registration, SILC, COFE, income generating activities among others. These interventions have contributed to better standards of living, basic quality education, quality of life, health services delivery and poverty reduction to the

lives of OVC at large. Therefore, the civil society is indeed effectively enhancing the livelihoods of Orphans and Vulnerable Children in rural communities.

CHAPTER 3

EFFECTIVENESS OF PATHWAYS OVC INTERVENTION STRATEGIES

INTRODUCTION

The last chapter of the study presents the successes of the Pathways Project in enhancing OVC livelihoods through visible livelihood outcomes noted from the study. Secondly, the chapter will highlight Pathways challenges in trying to improve the livelihoods of OVC. Lastly the chapter will unpack recommendations to the organization to suggest ways in improving livelihood strategies to OVC beneficiaries in the district. Conclusion to the study from the findings and discussions presented in the research will be outlined in relation to the objectives of the study.

Successes of Pathways Project in enhancing OVC livelihoods

Livelihood outcomes

More income security

The intervention strategies by the Pathways project have improved the income security of OVC beneficiaries in Chiweshe. In line with SDG1 which states that there should be no poverty by 2030, Pathways' interventions have increased OVC household income reducing their vulnerability to the shocks and trends presented by the society. Through SILC services, Child Optimised Financial Education, and several income generating projects, the income security for various households has improved notably. OVC through income accumulated by their households has helped alleviate poverty standards with the beneficiaries now being access to their basic needs for their day to day necessities such as education, buying soap to bath daily for hygiene purposes, buying food and uniforms to mention but a few. Hence,

Pathways project has enhanced the standards of living and quality of life of OVC in Chiweshe community.

Food security

Pathways project intervention strategies such as IGAs, SILC and food provision have evidently increased the food security status of OVC complementing to the UN SDG1 which emphasizes on zero hunger to the vulnerable population by 2030. Nutritional gardens and poultry programmes have also provided support to nutritionally vulnerable children therefore, contributing to a health livelihood. From the interviews conducted a girl from ward 11 said that, *'I am now presentable in front of my friends at school because of my physical appearance. I can now afford to eat three times a day, oh what a great joy!'* Hence, food security has improved the attendance rate of children in school. Food security has also improved OVC quality of life as there is evident access to basic needs contributing to sustainable development of every child.

Increased well being

In support of achieving SDG3 on good health and well-being, Pathways Project through its health domain intervention strategies has improved the health uptake and service delivery in Chiweshe. Issues of availability, affordability, accessibility and acceptability have been addressed by the interventions increasing the health status of OVC beneficiaries. The researcher from interviews conducted found out that organisation in their budget have funds which sponsor all emergency related illnesses. Child mortality has significantly reduced especially to children living with HIV, ART adherence services and other treatment and care services offered have increased child well-being and reduced opportunistic infections in district. Improved nutrition status has reduced malnutrition cases therefore, reducing the risk

of absence in school or involvement in extracurricular activities essential for child development.

Quality education

Quality education complementary to SDG4, pathways project through the schooled domain strategies have enhanced OVC livelihoods. The researcher found out that investing in OVC education has improved adolescents coping strategies to livelihood vulnerabilities which pose as threats to their sustainable development oriented goals. CCWs contributed that education has also empowered a number of AGYWs to make informed decisions concerning their lives and future. In one of the interviews a form 1 AG from Kanyemba secondary school responded that, *'I got 7 units in my grade 7 2020 national examination and came out as the best student at Kanyemba primary school. I am happy with my achievements and owe them to Pathways which paid for my fees up till now.'* Therefore, from the response, Pathways project has guaranteed a better and sustainable future for the AG through providing her with the opportunity of acquiring basic education. Employment opportunities for the majority of non-formal students were noted down during the research. One success story from kanyemba village got the researcher's attention, in which the respondent said that,

'As a young mother l am grateful to DREAMS for paying my school and examination fees. I managed to write all subjects paid for and passed. I am happy because I am now working as a volunteer for Red Cross since my qualifications were relevant to the job description.'

Therefore, education assistance by the Salvation Army has created hope and better opportunities ensuring a better livelihood for OVC in the Mazowe district.

Reduced vulnerability

Complementing SDG 5 on Gender equality, vulnerability of OVC has been reduced through intervention strategies under the safe domain. Social protection services, addressing social stigmatization and discrimination child rights education and coping mechanisms to achieve safe livelihood assets for OVC in rural communities is a great achievement noticeable in Chiweshe. Findings showed that the girl child is now being offered chances in making decisions for herself especially in terms of being married off at a young age while being deprived of the right to education. Caregivers are now more literate in investing in the girl child in the same way as their male counterparts therefore reducing the rates of early child marriages and teenage pregnancies. From the interviews, community cadres contributed that, vulnerable children in the society have now become confident and resilient to discrimination from their peers. The researcher noted that sessions conducted have made a number of teenagers fearless and self-driven to challenge the drivers to their vulnerabilities. A number of cases of abuse have been referred to the Department of Social Services and Musasa project, results review that cases were resolved in a civil manner with perpetrators being arrested. The coordination of organisations to reduce the vulnerability status of OVC in Chiweshe has enhanced the lives of the vulnerable children.

Challenges faced by the Salvation Army Pathways Project in trying to improve OVC livelihoods

Community Resistance

The Salvation Army Pathways Project in some parts of Chiweshe Rural faces community resistance. This is attributed to ignorance from community members around the district such that sometimes the targeted groups may not understand the essence of the project and fail to accept it which at times affects the targets to be met by the organization. About 11 wards in Chiweshe communal area in encompassed with the Apostolic Sect which has different

religious and societal norms which affect the uptake of services by beneficiaries. The religious bands fail to take part in the various intervention strategies being implemented by Pathways. For example, some households refuse to enrol the girl child in school to access basic education but prefer to marry them off at a young age depriving them access to livelihood capabilities needed in life. They view marriage as the solution to improve their livelihood status with gifts such as cash crops being offered to them as part of the lobola payment. Resistance has left a number of OVC unable to access livelihood assets in the form of basic education, good health services, knowledge and skills to respond to the shocks of lives and enhance their livelihoods. Children with an unknown HIV status refuse to be tested; those on ART fail to adhere to their medication leaving the children living with HIV vulnerable as no one monitors their viral load copies leading to high child mortality rates.

Covid 19 pandemic

The emergence of the covid-19 pandemic in FY20 coupled the challenges on the Pathways project implementation process. Service provision was largely disturbed by the lockdown restrictions thereby all field work was put on hold. The project adopted the telephonic service delivery as a strategy so as to reach to all the targeted beneficiaries. From the interviews conducted to the Salvation Army staff, the researcher noted that the telephonic strategy being a new and alternative strategy brought a number of constraints in service delivery. In one of the interviews the Programmes coordinator said that, *'This process is indeed time consuming and very expensive compelling us to re align our budget to allocate funds for communication such as buying airtime for CCWs, VHWs and the office staff.'* In addition, some beneficiaries due to their location, cannot access network to communicate with their cadres, facilitators or social workers to seek immediate help and to be offered the services they require. Other beneficiaries cannot afford to purchase mobile phones, making it impossible to reach them.

Face to face interaction to carry out capacity building meetings and sessions like CBT could not be held and this left a number of OVC vulnerable to abuse cases, malnutrition and prone to serious health disturbances among others.

Budgetary constraints

Donor funding comes with conditions to specific targets which at times do not directly impact into issues that require immediate attention. The Salvation Army being an implementing partner does not receive direct funding from USAID hence, limited only to use the allocated funds for the specific interventions stated. However, some important services for instance, buying HIV testing kits and uniform allocation so as to reach a higher number of OVC beneficiaries does not have enough funds due to the limited budget allocation. In a way the top-down approach has impacted negatively on the organisation which has more local knowledge on the needs of the beneficiaries. Not embracing the grass root perceptions has led to the poor and vulnerable children to suffer due to the consequences of lack of additional funds therefore, a reduction in the service provision for the targeted population.

Economic Instability

Another challenge noted during the course of the study is the economic instability of the country affecting the sustainability of the Pathways livelihood interventions. The high inflation rates prevalent in Zimbabwe make it difficult to sustain the IGAs which generate income to OVC livelihood. This has left the beneficiaries' households vulnerable again due to the political and economic trends which pose detrimental obstacles to a sustainable future for many livelihoods.

Western borrowed interventions

Western borrowed models shape most of the organisation's programs. The top down approach is noticeable in programs imposed on communities instead of approaching the communities from a community based approach (bottom up approach). Most interventions for instance the SILC and parenting interventions which at times makes it difficult for acceptance by the society as they may in some instances diverge with societal values and norms.

Recommendations and suggestions of alternative or improved strategies to the Pathways project

Recommendations in line with findings from the study are to be presented proposing suggestions of alternative or improved strategies to Pathways project to enhance OVC livelihoods in Mazowe district;

- The project should apply for other grants so as to incorporate many services related to the implications of various situations faced by OVC in the district for instance, capacitating remote areas with ICT services to improve the social and physical capital of OVC beneficiaries.
- The organisation has to improve its networking with the Department of Social Services to ensure that child protection and social protection has been guaranteed to every OVC beneficiary especially the neglected disabled children to facilitate child participation at all levels of the livelihood context.
- Improve understanding of community coping strategies is another recommendation for the Salvation Army. From the study community advocates indicated on how the vulnerable people fear that organisations come with solutions for them without understanding the nature of the community initiatives available hence, seen as an act of disrespect. Therefore, understanding first the local knowledge on how the

community responds to the needs of OVC is essential for the organisation to design a framework for response to beneficiaries building their capabilities towards a sustainable livelihood and promote participation for all.

- Capacity building meetings feedback especially from the facilitators, VHWs and CCWs should help the organisation in strategically developing their goals and challenge their donor to expand intervention programs and scale-up responses from the beneficiaries.

CONCLUSION OF THE STUDY

This study was able to unpack the livelihood vulnerabilities of Orphans and Vulnerable Children in Chiweshe. In addition, the research outlined Pathways Project intervention strategies targeted to OVCs. Successes, challenges and recommendations pertaining to Pathways as an organisation were also outlined in the study.

The research under the first objective outlined the livelihood vulnerabilities which OVCs encounter. Structural drivers such as child marriage, poverty, malnutrition, cultural and religious norms, stigmatisation, lack of money and no social protection have made OVC vulnerable in accessing basic necessities in the form of good standards of living, basic education, health services, quality of life and poverty alleviation. Under the second objective, the researcher unpacked intervention strategies to enhance OVC livelihoods in Mazowe district. The project complements the United Nations SDGs in helping the vulnerable to live a comfortable life. Pathways project in coordination with other key stakeholders implement services under its four main domains namely, health, stable, safe and schooled. Various services which fall under the above mentioned domains include, SILC, COFE, income generating projects, WASH, ART services, CBT, education assistance, birth registration, stationery support and SRHR services to mention but a few. The services have contributed to

various enhanced livelihoods as OVC have become resilient, confident and self-driven to acquire a better future for them and generations to come. Addressing the third objective, the study unpacked the livelihood outcomes which include more income security, food security, reduced vulnerability and improved health and well-being showing how Pathways has enhanced the livelihoods of OVCs. The research also addressed to the challenges which the organisation encounter in terms of service provision, issues like community resistance and budgetary constraints arose. Recommendations to address to various gaps noticed during the research period were also noted down. The civil society has in deed filled in the gap of addressing the needs of OVC in rural areas which has promoted sustainable development socially and economically. Therefore, the civil society has played a vital role in enhancing the livelihoods of Orphans and Vulnerable Children.

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Interview with OVC from Forrester Farm, 25 June 2021

Interviews with OVCs from ward 11, 19 June 2021

Interviews with OVCs and OVC caregivers from ward 3, 29 June 2021

Interviews with OVC from ward 10, 29 June 2021

Interviews with Pathways project staff and stakeholders, 18 June 2021

APPENDICES

Appendix 1: Informed Consent

Dear respondent,

My name is Tatenda M Chinembiri an Honours student in Development Studies at Midlands State University. My research focus is on the effectiveness of Pathways Project is enhancing OVC livelihoods in Chiweshe. I would like to engage you with the understanding that participation is voluntary, no personal information will be revealed and you are free to withdraw from the research at any time without having to give a reason and without consequences. You are free to ask and seek clarification about anything related to the study. You have the right to remain anonymous in this research as your ideas have are important for this study.

Name of Researcher: Tatenda M Chinembiri

Contact Details: O782471939

Declaration of Consent

I…….consent to participate in this research as l have understood the content and nature of the research project. I have signed below in the presence of my caregiver.

Interviewee's signature……. Date……..

Caregiver's signature……. Date……...

Interviewer's signature…….. Date……...

Appendix 2: Interview guide for OVC

My name is Tatenda M Chinembiri a fourth year student at Midlands State University doing BA Honours Degree in Development Studies. I am carrying out a research on the effectiveness of the Pathways project intervention strategies in enhancing OVC livelihoods.

Participation is voluntary, the information collected will be confidential and only used for academic purposes.

1. How old are you?
2. What is your village and ward name?
3. Who is the head of your family?
4. How many siblings do you have?
5. How best can you explain challenges you face in terms of accessing your basic necessities?
6. Which project are you part of under Pathways (DREAMS)?
7. How have you benefited from the project and has your livelihood status improved for the better or not?
8. Can you describe your feelings and thoughts before and after the intervention of Pathways Project?

Appendix 3: Interview guide for OVC caregivers

My name is Tatenda M Chinembiri a fourth year student at Midlands State University doing BA Honours Degree in Development Studies. I am carrying out a research on the effectiveness of the Pathways project intervention strategies in enhancing OVC livelihoods.

Participation is voluntary, the information collected will be confidential and only used for academic purposes.

1. Which village and ward are you from?
2. How many children do you look after?
3. Which project are you part of and how has your household benefited from it?
4. Any concerns in your care for OVC?

Appendix 4: Interview guide for Pathways project staff and other stakeholders

My name is Tatenda M Chinembiri a fourth year student at Midlands State University doing BA Honours Degree in Development Studies. I am carrying out a research on the effectiveness of the Pathways project intervention strategies in enhancing OVC livelihoods.

Participation is voluntary, the information collected will be confidential and only used for academic purposes.

1. What projects are being implemented by your organisation?
2. How many wards do you operate in?
3. What is your targeted population?
4. How do OVC benefit from livelihood intervention strategies you implement?
5. Any success stories noted during implementation?
6. How effective are the strategies in enhancing the livelihoods of OVC in the district.
7. What are the challenges facing the organisation during service provision?
8. Is there anything else you would like to share related to your view on OVC livelihood concepts?

Appendix 5: Questionnaire designed for OVC

My name is Tatenda M Chinembiri a fourth year student at Midlands State University doing BA Honours Degree in Development Studies. I am carrying out a research on the effectiveness of the Pathways project intervention strategies in enhancing OVC livelihoods.

Participation is voluntary, the information collected will be confidential and only used for academic purposes.

SECTION A

1. Sex Female [ ] Male [ ]
2. Age in years

9-15	
15-20	

3. Education (Tick where applicable)

	Formal	Non formal	Out of school
Primary level			
Secondary level			

4. Type of Child (tick where applicable)

Maternal orphan	
Paternal orphan	
Double orphan	
Disabled	

Child living with HIV	
Child headed	
Other (specify)	

Section B

1. What challenges do you face in accessing the following;

a) Health Services

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b) Quality of life

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c) Standards of living

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d) Basic education

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e) Poverty reduction

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2. What are the livelihood outcomes have you gained from the project you are part of?

i. Health domain

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ii. Safe domain

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iii. Stable domain

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iv. Schooled domain

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